

Key Messages



Members Meet-Up – Broader Reach and Stronger Voice 26 January 2023

In November 2022, Voluntary Health Scotland (VHS) published [Broader Reach and Stronger Voice: Reflecting on the inclusivity of the COVID-19 vaccine programme and collaboration with the third sector](#). This was a qualitative study asking our member organisations and wider network about the inclusivity of the COVID-19 vaccine programme and collaboration with the third sector.

Following on from this, on Thursday 26 January 2023 we held a Members Meet-up on the topic of collaboration and partnership working, with a focus on vaccines, screening and other public health interventions. We were joined by 26 attendees from the voluntary and public sector, and we heard presentations from:

- Kimberley Somerside, Policy and Engagement Lead, VHS
- Dr Lewis Clarke, Research and Policy Officer, HIV Scotland

Claire Stevens, Chief Executive of VHS, opened the event by explaining the history of VHS's involvement in vaccine inclusivity and our previous research on the topic. She highlighted VHS had been working to ensure an inclusive approach was taken since the COVID-19 vaccine began to be rolled out back in 2021.

Kimberley then spoke about VHS's most recent research on vaccine inclusivity and partnership working, followed by Lewis who spoke about HIV Scotland's experience of partnership working in response to mpox. We also heard from other VHS members and public sector partners about their experience of partnership working and the challenges facing the third sector.

Kimberley Somerside, Policy and Engagement Lead, Voluntary Health Scotland

Previous Research: Kimberley began by reflecting on the previous VHS research on 'Vaccine Inclusion: Reducing Inequalities One Vaccine at a Time' and the recommendations it made on:

1. Coherent, timely and accessible public health communications
2. Collecting and analysing local data about uptake of Covid-19 vaccine by different communities and groups
3. Conducting active research into the ongoing vaccine programme
4. Developing a rolling programme of outreach vaccination clinics, services and events
5. Providing accessible, affordable transport to vaccine centres and clinics

6. Involving third sector and community partners more in the planning, communications and delivery of public health interventions.

She noted the Scottish Government Vaccine Inclusive Steering Group took on all these recommendation except number 5 on providing accessible and affordable transport.

New Research: Kimberley then spoke about the findings from VHS's most recent research, [Broader Reach and Stronger Voice: Reflecting on the inclusivity of the COVID-19 vaccine programme and collaboration with the third sector](#). The research illustrates that organisations supported a wide range of people and groups to access the vaccine, the most being people with disabilities and health conditions. There was a significant amount of resource and time channelled into supporting the rollout from third sector partners. The wide range of support provided by organisations can largely be divided into:

1. Supporting the provision of information
2. Enabling people to access the vaccine.

Partnership Working: Kimberley reflected on some of the positive stories of partnership working, including from Glasgow City Health and Social Care Partnership and Terrence Higgins Trust. Many third sector and community organisations disseminated vaccine information to the people they support, and some were involved in partnerships to create more accessible versions of the vaccine information or alternative ways of communicating. Others directly supported vaccine delivery teams.

Inclusion Approach: Another key reflection was that one size does not fit all with public health interventions. Respondents appreciated the vaccine programme was developed at pace but highlighted some approaches did not suit everyone. These issues ranged from accessibility to having culturally appropriate messaging. Kimberley emphasised there were calls for future vaccine programmes to take the vaccine to under-served communities. This was especially pertinent with organisations supporting people experiencing homelessness or issues with alcohol or drug abuse. For example, bringing vaccinations to hostels and community mental health and addiction services.

Kimberley finished by outlining the recommendations in the report which were most relevant to partnership working. These recommendations are all available in the slide presentation and full report.

Dr Lewis Clarke, Research and Policy Officer, HIV Scotland

Mpox: Lewis outlined how HIV Scotland situated itself in the response to the emerging mpox outbreak in the summer in 2022. He explained how the language and understanding of mpox developed throughout the outbreak and how HIV Scotland knew it had an important role to play as a conduit for the voice of community members. They met together with Public Health Scotland, NHS partners and other third sector organisations to discuss their potential role and reach in terms of responding to the outbreak.

Partnership Working: HIV Scotland developed outputs that could be disseminated through Pride events in 2022 and took a sounding from the community on how they wanted to receive public health information on mpox. They held a community discussion with LGBT Health and Wellbeing, Clinical Senior Leadership, Terrence Higgins Trust and Waverley Care. A mpox social media toolkit was then developed in partnership with PHS. Lewis emphasised the importance of getting the language and terminology right, for example whether using “passing it on” was easier to understand than “transmission”. Its important to use language which resonates and is culturally aligned with the community you are trying to reach.

He noted that this partnership working was especially effective as they were able to **“harmonise their differences in pursuit of a shared goal.”**

Lewis explained that partnership working can look different depending on how partners are working together and getting their message across. He illustrated this in his presentation:



SHARE Survey: Lewis finished by highlighting HIV Scotland’s ongoing Scottish Government funded research on the [Sexual Health service Access, Resilience, and Expertise](#) of residents in Scotland to inform future Sexual Health and Blood Borne Virus services in line with experiences/perceptions after COVID-19.

Claire Stevens said PHS officials had talked in detail about the partnership working on mpox at a meeting of the SIP CIAG because the partnership enabled much more targeted messaging and resulted in enhanced take-up of the vaccine.

Wider Discussion

Misinformation: Hilda Campbell, COPE Scotland, raised concerns about discourse on excess deaths associated with the COVID-19 vaccine and the vaccine programme being “rushed through”. She questioned whether there was any work ongoing to continue tackling “vaccine hesitancy” and this kind of dialogue. Lewis highlighted the importance of having resources that resonate with the communities you are trying to reach in vaccine programmes. We need to think about where people are accessing information about the vaccine and who they are likely to be talking to about it. Its about using the voices that resonate most with people. Jane Oliver, PHS, noted PHS would always put information out there that makes vaccine benefits clear, but PHS wouldn’t address particular mis and dis-information points.

COVID Recovery: David Stewart, Fedcap, underlined the importance of supporting earlier health interventions. He noted Fedcap had a small grant to develop a mental health programme in Falkirk for children with learning disabilities. Fedcap would be providing 1:1 support to around forty individuals to increase their mental strength, aspirations and awareness of their rights. They are looking to work with partners on this, so urged anyone interested to get in touch.

Challenges in Partnership Working: Lynn Williams, Glasgow Council for Voluntary Sector, was concerned about the power imbalances of partnership working with the third sector. She emphasised the significant work the third sector put in to responding to the pandemic and supporting communities, but questioned whether this was recognised. She felt the sector wasn't being valued, especially following the most recent Scottish Government Budget. She highlighted there were significant resource challenges facing the sector and charities were having to stop a lot of their preventative and partnership work. With regards to the current crisis in the NHS and social care, Lynn felt the voices of lived experience and voluntary sector were not involved and lessons had not been learned from the pandemic. She did however feel there was genuine and ongoing co-production taking place in the development of the National Care Service, which was promising.

Resource Challenges: Lynn and David then spoke about the need for sustainable funding models for the third sector to foster development and sustainability. Trevor Lakey, Health Improvement and Inequalities Manager, Greater Glasgow & Clyde Health Board, echoed concerns about short-term and small grants and how this impacts the voluntary sector. He noted the significant work the voluntary sector did during the pandemic and provided assurances that he and his colleagues in public health were championing the cause for more sustainable resources for the sector. More broadly he felt we needed longer term thinking, a better settlement and we need to collectively lobby for this.

Community Transport: Elizabeth Campbell, Handicabs Lothian, highlighted the significant role community transport played during the pandemic, working in partnership to help people attend appointments and delivering food to people. She stressed so many people were still living in isolation and they couldn't reach them all due to a lack of resources. She noted the third sector had an appetite to work in partnership, but with pandemic challenges, fuel costs and increasing demand it often felt like there wasn't capacity to do this. Gillian Hallard, RNIB Scotland, noted RNIB were providing travel grants for people with sight loss to get to appointments and encouraged people to access them. The RNIB Emergency Grant Scheme (Medical Transport) for people with Sight loss in Scotland can be accessed by calling their advice line on: 0303 123 9999.

Partnership in Screening: Gillian Hallard, RNIB Scotland, spoke about her experience in partnership working through the Equity in Screening Programme. Her role in this partnership working was primarily to ensure that any information on the screening programmes was accessible. There were lots of third sector partners involved in this group all working to make screening programmes more equitable. She outlined the different barriers to participation the group was looking at, including

stigma, embarrassment, accessibility, caring responsibilities and homelessness. She emphasised the group was making sure the NHS was engaging with the communities that support people who may be missing from screening programmes. Some of the specific solutions they were looking at were increasing the accessibility of appointments, ensuring telephone appointments were still available and allowing someone to support patients attending appointments, especially those with learning disabilities. The group was still developing recommendations. Gillian emphasised that increasing accessibility was about going to where people were.

Limited Resources: Multiple people during the meeting raised sobering concerns about the funding challenges facing the third sector. There was a conversation about the challenges for third sector organisation in applying for grant funding, as the system required you to fit into specific categories and criteria based on geography, size and delivery which wasn't always possible. There was then a point raised about having to compete for funding and how this hindered partnership working in the sector. It was noted that many organisations were losing their funding in the recent budget decisions by councils, and this would inevitably result in reduced service provision and increased waiting times.

Lewis provided some closing remarks, noting the importance of public sector organisations communicating with the third sector about *how* they can work in partnership and engage on important issues with communities, while recognising the resource involved in this. Lewis noted partnership working could be big and small, from public health campaigns to dropping colleagues an email to share resources and information. Kimberley echoed Lewis's points, noting partnership working was often reliant on person-to-person relationships which can be challenging in situations where staff move around. She expressed a need for continued partnership working so that relationships can develop. We also need to show our impact as a sector to illustrate our work during these challenging conversations about resource. Rebecca Kennedy, Playlist for Life, reiterated that a knowledge exchange on how best to engage with partners would be really valuable.

For more information, please contact Kimberley Somerside, VHS Policy and Engagement Lead: kimberley.somerside@vhscotland.org.uk



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