The national intermediary and network for voluntary health organisations in Scotland

Key Messages

voluntary health scotland

Voluntary Health Scotland Annual Conference
The Health Creators Summit

October 2023

The Voluntary Health Scotland (VHS) annual conference saw over 120 delegates joining us at Dynamic Earth in Edinburgh from across the third sector, NHS, Scottish Government, Scottish Parliament and beyond. We chose to host a Health Creators Summit, bringing together the people who create good health in our communities. The concept of health creation was borrowed from Lord Nigel Crisp, who provided the opening keynote address of the day and told us we are part of a global movement putting change into action. We heard from a range of inspirational speakers about how we build a healthy and health-creating society while reducing inequalities. Tackling the social determinants of health was a key theme throughout along with the power of the third sector in creating fair health. Sessions focused on mental health, social isolation and loneliness, health inequalities and our annual poster competition shone a light on the work of the third sector in communities.

Welcome from Conference Chair

Richard Meade, Director of Carers Scotland and Carers Northern Ireland, provided a warm welcome as chair of the summit. He spoke about VHS being at the heart of public health development and why he had chosen to join our network. He emphasised the importance of tackling health inequalities and provided an insight into the specific challenges unpaid carers faced. Introducing the theme of the day, he spoke about the role of everyone in the room in creating health in communities and tackling inequalities.

Conference Overview, Chief Executive of Voluntary Health Scotland

Claire Stevens, Chief Executive of Voluntary Health Scotland, set the scene for the Health Creators Summit by painting the picture of everything the third sector did to support people's health and wellbeing. She spoke about everything the sector did to create good health and help mitigate the impact of poor health and inequalities. However, she stressed this was an uphill battle as the health system was designed to be reactive not preventative, and consequently we were failing to tackle the root causes of poverty. She also spoke about the significant challenges third sector

organisations faced without reliable and sustainable funding amidst growing demands.

She challenged the room to think about whether we were really working as inclusively as we could be with communities and those who were least well served. She quoted Leanne McBride from Chance 2 Change in Drumchapel, who was at the conference:

You keep talkin
aboot us
in jaggy words
we don't understand.
We keep dyin
while you keep talkin.

Claire finished by encouraging us to ensure the day wasn't just about words, but that the conversations and connections made led to greater understanding, collaboration, actions and change.

Keynote Address Lord Nigel Crisp, independent member of the House of Lords

Richard Meade introduced Lord Nigel Crisp, independent member of the House of Lords, who had worked and written extensively on global health. He welcomed the suggestion from Lord Crisp's book 'Health is Made at Home, Hospitals are for Repairs' that we should take off our NHS spectacles and turn to communities to create health.

The System: Lord Crisp began by setting out where we were in terms of health and wellbeing globally and in the UK. He noted that whilst in the UK our population was getting older, some other countries were getting younger. He warned our health system was in crisis, but as were most health systems in the world following the pandemic. He felt this was partly because we were seeing business-like organisations, like the NHS, responsible for health. He spoke also about the epidemic of exhaustion among health workers and challenging external factors such as war and climate change.

International Examples: Lord Crisp felt the elite in higher income countries had a lot to learn from lower income countries and the same could be said for our communities in the UK. The elite could be learning a lot from our most deprived communities. He provided some examples of public health interventions which had created better health for people:

- **Kangaroo Care** in Brazil was based on the idea of tying the baby to the mother or care giver for flesh-to-flesh contact. This was found to have the same impact as high dependency care but was much more affordable.
- **Mothers2Mothers** in South Africa was a programme aimed at preventing mothers passing HIV onto their children. It trained mentor mothers to help inform other mothers in their community about how to avoid passing HIV on to their children. Mentor mothers were more likely to be listened to in their communities than professionals, because they came from the community itself. Lord Crisp explained people take their opinions from people they know.
- **The Toronto Birth Centre** merged the use of western medicine with the traditions of the indigenous population to great success.
- **BRAC** in Bangladesh was set up to support the "ultra poor" and started by empowering women through classes in villages. It is one of the biggest voluntary organisations in the world, helping support the health of women and children, without explicitly being a health organisation. They identified income for women as an issue and set up a micro-finance bank. We heard BRAC University was now one of the best public health universities in the world.
- **Community Health Workers** work through community in-reach and are generally women with about three months training in family planning and public health. They existed all over the world under different names, including India, Pakistan and Africa, but there were now three areas of England where they operated too. In Westminster, London, the four community health workers had been mentored by their Brazilian counterparts.

Health Creation: Lord Crisp explained that the title of his book was a quote from the man who ran the Ugandan health service. It was about the idea of making health, he felt we could create health in communities through families, employers, businesses, governments and schools. Everyone has a role in health creation, it's about promoting the causes of health (salutogenesis), not just the causes of disease (pathogenesis), and creating the conditions for people to be healthy. He spoke about the importance of physical, mental and social wellbeing, noting that we'd only really focused on physical health until recently. Mental health was starting to get parity of esteem, but we have some way to go on social health.

The Solution: He outlined that the causes of health were social networks, meaning and purpose, and this had been proven through studies. Autonomy and belonging were also vital along with access to nature. Voluntary organisations help facilitate this creation of health. Lord Crisp said this health creation needed to start from relationships or shared experiences and then build systems to support it. This should be vision and purpose led, not driven by train-track plans and targets which tended to trap us. Importantly, health creation needed communities to take control, not have outside voices making all the decisions.

Practical issues: Lord Crisp acknowledged that there were some practical challenges in working collaboratively. Establishing a shared focus could be tricky between statutory and voluntary sector organisations as governments often had key performance indicators which weren't shared. He also said it could be challenging starting action on a certain area but achieving something different. He gave an example of a local police officer who started a youth led group to reduce vandalism, which ended up having the added benefit of creating better health in the community. However, the police officer found himself having to justify his reduction in arrests due to the way police targets worked.

Throughout his presentation Lord Crisp stressed the need for health policy to create healthy communities and NHS policy separate to this. He felt that health should be considered in all policy areas, be it housing, energy or food. He ended by encouraging everyone to think of themselves as agents of change and curators of knowledge. He recognised that the kind of change he had described required a significant shift in the way we think about health. He said the biggest change which was needed was inside our heads, it's how we understand health and our needs.

Questions:

- **Policy Silos**: Tilly Robinson-Miles, Food Train, spoke about policy issues being looked at in silos, citing food policy. She asked how we change systems at the top to make better policy for the ground. Lord Crisp recognised this as an issue for all governments. He cited his Healthy Homes Bill, recently rejected by one vote in the House of Lords, which he hoped might come back to Parliament for further consideration, as an example of working across different policy areas. He felt we needed to think about government rather than departmental legislation sometimes. He stressed that we needed health policy, not NHS policy, and this was often the approach taken in lower income countries.
- **Evidencing Impact:** Sophie Bridger, Chest, Heart and Stroke Scotland, echoed points made about the importance of community led interventions and peer support but she felt these were often dismissed as "nice to do" and not recognised as an essential part of health policy. She asked how we communicate the effectiveness of these public health approaches. Lord Crisp felt we had to use the tools of the existing system and professional education was key to this. He felt if all doctors, nurses and health care workers understood health creation we would see a huge difference. He said journals and networks were all essential for communicating these benefits. He felt this question was key to how we get the social element of health into the mainstream.

- **Epidemic of Exhaustion:** Ellie Wagstaff, Marie Curie, asked how we inspire the change we seek in the context of the epidemic of exhaustion. Lord Crisp said professionals were motived by making a difference in the world, but there were also demotivators, such as not having enough money. He explained with the

junior doctors' pay disputes they may have felt like they weren't making a difference. He said we needed to get behind the doctors as they had the solutions and it's not all about targets.

- **Funding:** Leanne McBride, Chance2Change, described their community group as working together for change and fighting for the wee man. She asked how community groups were supposed to do this work while fighting over the same pot of money. Lord Crisp recognised there needed to be more money for organisations. However, he also felt it was important that big voluntary organisations were careful not to crush smaller ones. He stressed the importance of relationships in this context. He said money was a great facilitator, but it's not always needed at the start, it's the people that are important. Leanne agreed, saying Chance2Change had created magic on nothing in Drumchapel, but they were fighting to keep the lights on now. It's the funding that's the challenge and community organisations don't want to take money from other important organisations in communities.

Panel discussion: A Connected Scotland Discussion about Social Isolation and Loneliness

- Paul Okroj, Director of Stakeholder Engagement and Service Development, Chest, Heart & Stroke Scotland (CHSS)
- Kevin McGowan, Strategic Lead for Equality and Inclusion, Scottish Government
- Adam Stachura, Head of Policy and Communications, Age Scotland
- Susan Hunter, CEO, Befriending Networks
- Rob Murray, Scotland Director, British Red Cross

Paul Okroj, Chest, Heart and Stroke Scotland, chaired the panel discussion on social isolation and loneliness. He noted this was identified in the most recent VHS Members Survey as the most pressing issue organisations are having to deal with. He highlighted that in 2018 'A Connected Scotland' was published, and social isolation and loneliness were recognised as public health issues. He explained loneliness could affect anyone at any age, and worryingly in Scotland 44% of people rarely or ever met people socially. He felt we needed to get social isolation and loneliness back onto the public health agenda. He welcomed the Scottish Government's Mental Health and Wellbeing Strategy focusing on reducing stigma and emphasised the importance of making connections for our wellbeing.

Paul invited panel members to outline the key issues around social isolation and loneliness from their organisation's perspective.

Government Perceptive: Kevin McGowan, Scottish Government, said the root cause of social isolation was inequality. He felt people needed to have the opportunity to overcome the barriers they face and importantly build relationships. He explained that A Connected Scotland was about creating communities of interest and geography, allowing opportunities for people to connect. Befriending, volunteering and physical activity were all identified as key to this. He felt the pandemic brought social isolation and loneliness into sharp focus, especially the inequalities faced by some groups such as people on lower incomes, disabled people and young people. He recognised this was a cross-departmental issue and equally it couldn't be fixed by only government. He highlighted the work of the Social Isolation and Loneliness Advisory Group chaired by the Minister for Equalities, Migration and Refugees. He also noted the Social Isolation and Loneliness Fund of £3.8m which would help 53 community groups and organisations over the next three years.

National Conversation: Susan Hunter, Befriending Networks, felt tackling social isolation and loneliness was about making connections in communities and getting a national conversation about loneliness underway. She said the measurements and indicators of success were challenging as we needed to be thinking long term.

Refugee and Asylum Seekers: Rob Murray, British Red Cross and Chair of VHS, felt we had come a long way but there was still a lot to do. He highlighted the experience of the refugee and asylum-seeking community when they arrive in Scotland. They were often trapped in accommodation with no access to the healthcare system and no recourse to public funds. They face huge social isolation and loneliness because they face so many barriers to making connections in communities. He felt the government needed to recognise the role of the third sector in supporting this community.

Digital Barriers: Adam Stachura, Age Scotland, said a strategy on its own was never enough. He recognised the many crises we had faced since A Connected Scotland was published but felt we shouldn't use these as an excuse. He also felt we should be talking about social isolation and loneliness in every policy area. He noted the challenges of the increasingly digital world for social isolation and loneliness. Age Scotland's Big Survey for 2023 found that 82% of over-50s preferred face-to-face GP appointments. However, we were increasingly seeing a move towards digital service delivery which would intrench inequalities.

Questions:

- **Unpaid Carers**: Ann Pike, Carers of West Lothian, spoke about the social isolation and loneliness unpaid carers faced, especially without access to respite care. Kevin recognised her points and said he was trying to work more closely with the health policy teams on this.
- **Stigma:** Alan Eagleson, Terrence Higgins Trust Scotland, asked about social isolation in the context of stigma due to a long-term condition and comorbidities. He asked how we tackle stigma across multiple different health issues. Susan felt it was about normalisation, negative connotations and the need to create safe spaces. She said social isolation and loneliness needed to be more than a footnote. Rob added that we had done so much on destigmatising mental health but not social isolation and loneliness. He highlighted that 50% of the working age population felt lonely in the workplace, noting it wasn't just an issue for older people. Adam highlighted that closing community spaces would increase loneliness. However, he also challenged us to question whether these spaces were being used as best they could be. He felt the answer was sometimes about better using spaces in communities and creating environments for good health. Kevin said his Director General did a lot of work on mainstreaming strategies, especially for people with protected characteristics, across different policy areas.
- **Diverse Voices:** Eunice Simpson, West Lothian African Women's Network, noted that black and ethnic minority communities often faced increased levels of poverty. She asked how we get these less heard voices into policy making. Adam said that the people who had a route into policy making needed to go out and find the people without a voice. He highlighted that Age Scotland facilitated the Scottish Women's Ethnic Minorities Forum. Rob agreed we needed to do much more on diversifying our sector. He highlighted the work of the British Red Cross Voices Network which enabled communities to put forward their voice in a more powerful way than the British Red Cross could. He stressed that engagement needed to be meaningful, not tokenistic.

- **Good Practice**: Nick Ward, Change Mental Health, highlighted all the different models for tackling social isolation and loneliness and made the case for better shared learning. He also noted the importance of building independence not dependence on services. Adam said we needed to scale up the projects that worked and think critically about funding for new or innovative projects.
- **Funding:** Tilly Robinson-Miles, Food Train, asked whether funding decisions could prioritise social isolation and loneliness. Rob felt we needed to have an honest conversation about what we were funding as a society. He encouraged us to take off our NHS spectacles and invest in communities. Kevin noted that every fund his department operated was heavily oversubscribed. He expressed hope that the Scottish Government's Fairer Funding principles would deliver for communities.

- **Planning**: Maureen O'Neill, Faith in Older People, asked about how we could consider social isolation and loneliness as part of planning decisions. She noted new housing developments were being built without any community hubs. She questioned where the idea of community development had gone. Kevin felt there was a role for national and community planning in this. Adam added that this was why cross-departmental policy development was so important. He questioned whether we were building enough homes in the right places. Rob felt the impact of planning decisions on health inequalities was still not being recognised despite us having had this conversation in policy development for many years.

Rob Murray closed the panel discussion by quoting Margaret Meade:

> *"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."*

Keynote Address Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health and Social Care

The Cabinet Secretary began by outlining the nature, scale and challenge of health inequalities in Scotland. He said these were driven by the social determinants of health and the healthcare system couldn't fix these problems, only deal with the consequences. He recognised the situation didn't look like it was going to improve, mortality rates were increasing and inequalities widening. For the last decade economic policy had been having a direct impact on health outcomes and without changing this policy he felt a preventative healthcare system wouldn't work. He suggested that many politicians wouldn't know what a preventative healthcare system meant in practice.

The Cabinet Secretary explained that tackling these issues sat outwith health policy. He stressed that we needed to have an unrelenting focus on tackling the social determinants of health, thinking a lot about the consequences of economic policy. He felt we needed to be thinking more about the legacy of our work, and that we weren't articulating the impact of economic policy enough.

He said for the last ten years the social safety net had been eroded. He encouraged us to be a collective voice to address these issues and drive system change. Like previous speakers, he felt we couldn't expect the NHS to continue soaking up these issues. He warned the health system in its current state was not sustainable with the increasing burden of disease and increasing inequalities. We needed system change to deliver better outcomes for the future.

Questions:

- **Third Sector Partnership:** Sophie Bridger, Chest, Heart and Stroke Scotland asked how the third sector could be recognised as an essential part of the healthcare system. The Cabinet Secretary agreed the third sector should play an essential part in the system. He felt the system focused too much on secondary and primary care when the patient should be the central focus. He said the system was designed to support the NHS, not the patient. He felt we needed to rethink how we deliver health and social care in partnership with the third sector. He wanted us to move beyond pilot projects and short-termism to develop long-term strategic partnerships which deliver better outcomes. He suggested a better way of designing services would be outcome focused for different patient groups along with scaling up the third sector.

- **Funding:** Leanne McBride, Chance 2 Change, asked how we tackle structural inequality and enable collaboration when the third sector was all fighting for the same pot of money. The Cabinet Secretary said the answer to this question sat among the third sector audience. He felt we needed to be thinking about what was best for people in our communities and asked how organisations could avoid competing with each other. Leanne explained that fighting for funding was the main part of her job now as a community facilitator. Michael Matheson then explained the lack of funding in the system was a consequence of austerity.
- **Community Link Workers:** Alison Leitch, Edinburgh Community Link Worker Network, highlighted that housing and social issues made up most of the problems the link workers in Edinburgh were dealing with. She highlighted the benefits of the third sector being linked into primary care, but stressed the need for investment. Michael Matheson said he had met with Community Link Workers in Glasgow recently and recognised their essential role as part of the primary care team. He said the Scottish Government was looking at their funding model for Community Link Workers, but stressed the huge gap in government finances they were facing. They were looking into ensuring the resource was being deployed into the areas of greatest need.
- **Funding:** Helena Richards, Carr Gomm, made the case for longer term funding of three to five years for third sector partners. The Cabinet Secretary explained the financial pressure the government was under, noting they only received their budget on an annual basis. He encouraged attendees to reach out to him with ideas for how to create a more strategic partnership between the third sector and the NHS.

Keynote Address Angiolina Foster CBE, Chair, Public Health Scotland

Health Inequalities: Angiolina Foster provided a sobering presentation on the state of health inequalities in Scotland. She warned that premature deaths in the poorest communities were increasing at a steeper rate than others. She drew attention to graphs in her slides which showed people in our poorest communities were living a third of their life in poor health and the relationship between poverty and ill-health in Scotland was much starker than in other countries.

Primary Prevention: She said that the link between poverty and ill health could be broken and the case for health creation had never been more compelling. She felt we needed a shift towards primary prevention morally, economically and for the sustainability of public services. The burden of disease was forecast to increase by 21% by 2043 if we did nothing, so we needed big system change. She shared that when making the case for prevention she was often told "it would be nice, but we don't have the money." She cited an IPPR report which found the cost to Scotland's healthcare providers to tackle poverty related illness was £2.3bn a year. She questioned whether we were making the right decisions with the money we had.

Success Stories: Angiolina highlighted some positive examples of public health interventions such as ChildSmile which saved the NHS £5m over eight years. She also highlighted that Hep C was due to be eliminated in the next year in Scotland. She cited the Community Link Worker programme as an area of outstanding promise which had already been delivering success but was under threat. She questioned whether we were truly driven by tackling poverty if we choose to disinvest in what's working.

Changing the System: She felt that the NHS sometimes medicalised poverty due to the pressures its under. She emphasised the need for us to rethink how the healthcare system worked and what we were investing in. She said big actions needed a national decision point and the system needed to fire the starting gun for everyone to get behind this change. She ended by saying Public Health Scotland wanted to have a more strategic partnership with the third sector through primary prevention and encouraged attendees to reach out to her. She said hope alone wasn't a strategy, we all needed to be agents of change and curators of knowledge.

Questions:

- **Primary Prevention:** Christine Carlin, Voluntary Health Scotland, highlighted the need for us to do more on early years interventions, citing data on children's diets and exercise. Angiolina suggested we needed a formal accountability framework for primary prevention. She said this didn't need to be Audit Scotland's job, but there needed to be a mechanism holding us to account on primary prevention.

- **HIV:** Alan Eagleson, Terrence Higgins Trust, highlighted the campaign to end new HIV transmissions by 2030. He warned Scotland could be falling behind the rest of the UK on this and asked how we keep up the momentum on important public health interventions. Angiolina said evidence was critical as it drove policy and investment decisions. She asked whether we were putting the information forward in a way that policy makers would listen to.

Accessing Adult Mental Health Services in Scotland

Mark MacPherson, Audit Director, Audit Scotland, provided a presentation on Audit Scotland's recent audit of adult mental health services. He said this had been described as one of the most important reports the Auditor General had carried out in his tenure. The report looked at access, progress and the management of resources. It found complex planning, workforce challenges and insufficient focus on the quality of services.

Access: On access to services, he highlighted the Scottish Government's commitment on access to mental health services through general practice, but he said progress had been delayed. He explained some of the inequalities people face in accessing services, such as language and cultural barriers. The audit found that mental health services needed to work more with other services such as housing.

Outcomes: In terms of the quality of services, Mark explained that waiting times provided only a very narrow insight. There was a big gap in information about the quality-of-service provision and outcomes. He felt we needed to be routinely publishing data on patient outcomes. He said Community Link Workers were important in this landscape and highlighted the important role the third sector played in the mental health workforce. However, he acknowledged the challenge of short-term funding which we'd heard about throughout the day.

Ultimately, he said much more work was needed if government ambitions were going to be realised. He said the delivery and workforce plans for the Mental Health and Wellbeing Strategy were going to be central to this change.

Questions:

- **Unmet Need**: Ailidh Macleod, Public Health Scotland, asked about whether the audit had looked at unmet need, or if future audits would. Mark said they didn't know the scale of unmet need. However, he felt the more they engaged with lived experience and other groups the fuller the picture would be.
- **Third Sector Engagement:** Ahmed Bagbaer, LINKnet Mentoring Ltd, asked how Audit Scotland worked with the third sector and Mark explained they routinely reach out to third sector partners for insights and publish audit programmes of work in advance.

Annual Poster Competition

Each poster entrant was invited to provide a quick fire two-minute presentation on their poster.

Make 2nds Count won the annual poster competition with their poster 'There's Always Hope'. It illustrated their Patient Trials Advocate service which aimed to inform patients with breast cancer about clinical trials available to them. They had 400 patient referrals with an 84% match for clinical trials.

The full poster finalists were:

- **Art in Healthcare**: Taking Art Home
- **The Breastfeeding Network:** Drugs in Breast-milk Service: Support in Scotland
- **Carers of West Lothian:** Supporting Ethnic Minority Carers and Disabled People in West Lothian
- **Edinburgh Community Food and LINKnet:** Eat Well for Oral Health
- **Make 2nds Count:** "There's always hope": improving access to clinical trials for people living with secondary breast cancer
- **Rowett Institute (SPICE):** University of Aberdeen: Social Prescribing for Improving Community Eating practices

Conference Close, Richard Meade Carers Scotland and Carers Northern Ireland

Richard Meade brought the Health Creators Summit to a close remarking on some of the sobering presentations we'd heard throughout the day. He emphasised the need for us to be thinking about the role of social determinants in driving ill-health. He quoted Michael Marmot, saying it was no good fixing someone then sending them back to the conditions which made them sick. He echoed calls made throughout the day for us to reframe how we think about health, urging us to take off our NHS spectacles. He called on us to look to people and communities as health creators, noting the success stories we'd heard throughout the day. He emphasised we could make a difference to people's health outcomes.

He closed by restating a quote we'd heard during the panel discussion, paraphrasing Margaret Meade: "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

Thank you from the Voluntary Health Scotland team to all our speakers, delegates, facilitators, exhibitors, poster entrants and helping hands who made our conference possible.

Our Exhibitors:

For more information, please contact VHS Policy and Engagement Lead, Kimberley Somerside: kimberley.somerside@vhscotland.org.uk or VHS Events and Engagement Lead, Lauren Blair: lauren.blair@vhscotland.org.uk

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