

Key Messages



Shaping the Future of our Health and Healthcare: The Big Debate 30th November 2023

Introduction

The Big Debate was a thoughtful, and thought-provoking, conversation between a panel comprising five VHS Trustees, ably facilitated by publisher John McGill. The audience was 30 third sector delegates, drawn mainly from the VHS membership. Held at the Scottish Storytelling Centre in Edinburgh as part of VHS's AGM, the Big Debate was designed to explore current and emerging issues in our healthcare systems and provision, through the lens of the third sector.

This paper summarises the key messages from the debate.

Facilitator: John McGill

John leads Ettrickburn, Scotland's communications consultancy specialising in Scottish health, social care and life sciences. He is also founder and publisher of www.healthandcare.scot, a dedicated news channel for the health and social care community in Scotland.



Panellists were asked to consider the question, *what do we want the future of healthcare to look like and how do we get there?* John's introduction pointed out that the intention was that the Big Debate would not only be informative for delegates today, but would help inform VHS in the development of its new three year strategy in 2024. Each panellist was invited to highlight their burning health issues, and to respond to follow-up questions from John, with the floor then opened up for contributions from delegates.

Panellist 1: Maureen O'Neill OBE

Maureen is VHS's Vice Chair and is the Director of the Scottish charity Faith in Older People. She has nearly 40 years' experience of working in the voluntary sector in Scotland, with significant expertise in ageing and older people. She is a Board member of the Royal Society for the Support of Women of Scotland, a grant giving body. She has particular interests in the spiritual care of older people, mental health, dementia and loneliness and isolation.

Maureen's opening points:

- How do we really combine health and social care and get real equality between services, staff and provision of funding? Care providers struggle, and care home staff don't get the recognition they deserve.
- We start a lot of new things in Scotland, but we don't implement them properly, and then we start over and do it all again.

John: Are there any obvious solutions to this? We have health boards and NHS Scotland, but we don't have a single care board.

Maureen's response:

- There is no quick fix, this will probably take 30 years to turn around.
- It's about more than money, it's about treating staff as equal partners, whatever kind of care they provide. Many social care staff are NHS trained. Many are registered, qualified staff.
- In Northern Ireland there IS a joint department responsible for health, social care and housing.

Panellist 2: Rob Murray

Rob has just completed a three year term as VHS's Chair, having previously served as Treasurer. He is the Scotland Director for British Red Cross and was previously CEO of Cancer Support Scotland. Prior to that he had a senior role with the charity Changing Faces. In the past he has also worked in Scottish politics. In his free time Rob is a very active volunteer with the Scouts and is studying for a Masters in Business Administration.

Rob's opening points:

- The Red Cross is known worldwide for its international humanitarian work, but the British Red Cross is also the provider of home based services across Scotland, e.g. supporting discharge from hospital.
- As former CEO of NHS England Nigel Crisp says, it's time to take off our NHS spectacles and do things differently – health begins at home, not in the NHS. We need to flip healthcare on its head and support people in their own homes to live longer and better. It is not right that you can earn more working in a supermarket than as a social care worker.
- The third sector must be a critical partner in the new National Care Service. The NCS needs to have a joined-up approach to health and social care and be collaborative: the NHS must not be seen as the lead partner.

Panellist 3: Billy McClean

Billy is a VHS Trustee and is Head of Community Health and Care Services at South Ayrshire HSCP and NHS Ayrshire and Arran. He is responsible for the design and delivery of adult services involving over 1,000 staff, a range of commissioned services and a budget of over £100 million across Health and Social Care in South Ayrshire including adult and older people, mental health, learning disabilities and sensory impairment.

Billy's opening points:

- Ageing well needs to be a top priority, as in South Ayrshire where the strategy is to ensure people thrive in older age. Focus less on health and social care provision and much more on creating and sustaining places, communities and transport that support older people to stay well. Ensure the third sector are key partners in the strategy.
- Primary prevention and early intervention are crucial, and third sector excels at this as it spots people early who are starting to struggle or becoming frailer, e.g. the third sector foot care service in South Ayrshire.
- Inequalities have to be addressed. In South Ayrshire this is through locality planning, where the partnership fully involves both third and private sector in order for it to work properly.

John: Is this strategy replicated across the Ayrshires? Is any of this the role of the NHS?

Billy's response:

- Each Ayrshire has an approach that meets its particular needs. You need a national framework and guidance but a local delivery approach.

Panellist 4: Christine Carlin

Christine is a VHS Trustee and a member of Changing the Chemistry, a peer-led charity focused on improving diversity of thought in the boardroom. Since joining the Third Sector in 2015 Christine has worked at a senior level in UK and Scottish charities. Previously she worked as a senior civil servant in the Scottish Government, including in Education and the Third Sector and also spent eight years with the Scottish Prison Service, where she led multi-million £ procurements and held roles as Director of HR and Director of Estates.

Christine's opening points:

- Personal experience as an unpaid carer for a family member has opened her eyes to the shortfalls in care. "Fighting for care is tough".
- Bureaucratic, petty rules imposed on paid carers and the service they are permitted to give dehumanise the care-giving experience for both giver and receiver.
- Carers are talented and caring people, doing an amazing but unrewarded job.

John: so how can we demonstrate the value of good care? And can the third sector deliver better care than local authorities?

Christine's response:

- As a society we need to recognise that prevention is not a sticking plaster, it is an upstream essential. Giving paid carers permission to do extra things above and beyond a restrictive list of tasks, allowing them to be and act as a human – that would be preventative work.
- The third sector is a highly motivated provider, but there ARE also good council services. Part of the problem is that we have so many different structures to work through/around – a huge number for such a small country.

Panellist 5: Jennifer Forsyth

Jennifer was elected as a VHS Trustee at its 2023 AGM and is a champion of VHS's Health Policy Officers Network. She is Obesity Action Scotland's Policy and Evidence Manager. She has a decade of experience working in public health policy and wider public policy, and has enjoyed roles at Cycling Scotland, Scottish Health Action on Alcohol Problems (SHAAP), and Skills Development Scotland. She is also a Trustee at her local foodbank.

Jennifer's opening points:

- We must shift to a prevention-led approach in health and healthcare and accompany this with increased resources directed at prevention.
- Get better at talking about money – demonstrate the economic costs to society of ill-health and the savings that can be made to the economy and society if we do something about it.
- Shift our economic model towards one which values human and planetary health and away from current focus on growth at any cost/for the sake of growth. Scottish Government is committed to a wellbeing economy, but can they make it for real?
- Demonstrate to politicians that the public are supportive of legislative action –we need more brave politicians willing to think long-term and take the necessary action



- Build our strength in numbers – partnership and collective working is crucial, and something the third sector is very good at.

(Jennifer's full speaking notes are available separately from VHS on request, and discuss obesity, health and prevention more fully).

John: Oxford University's Emeritus Professor John Bell has pointed out that our 1950s model of the NHS is no longer fit for purpose. How well does the third sector demonstrate the economic value of what it does?

Jennifer's response:

- Obesity Action Scotland does make the economic arguments, based on robust evidence, but we need to do more and do it better.

Key messages from the wider discussion with the panel

- The wealth inequalities leading to health inequalities in our poorer communities are stark, in the experience of the Community Renewal Trust. In Muirhouse in Edinburgh, fewer than fifty people are registered with dementia, because the local population doesn't live long enough to get dementia.
- We must do the maths of prevention and get across the message that health is for our whole lives, not just something that needs policies and services focused on illness. If everyone had good work, food and education, then obesity (for example) and the health problems it creates would be much diminished.
- The NHS delivers a 'once for Scotland' service very well. Would a single NHS Board be more effective/efficient? Local authorities do local engagement and solution finding well, and the third sector excels at the person-centred, personal level. Does 'scaling up' and 'rolling out' work, or is that too top-down, what we need is more 'community-up' and locally targeted approaches. Billy McClean said that inside the NHS it already feels like a single national board, and that you will always need local management and planning, however the overall system is constructed.
- Funders need to look less at getting straight-line outcomes from the third sector and trust us more. Some organisations are now withdrawing from tendering for services, as the conditions are too onerous. Single year funding makes it impossible to plan ahead.
- Funders/commissioners should value a provider's contribution, particularly to prevention and early intervention. Charities like LifeCare in Edinburgh are the early warning system for people at risk – they notice if an elderly client's lights aren't on when they visit, that the heating isn't on, that the person is getting shakier on their legs, and they take early action. How do you put a price tag on this kind of contribution?
- Some charities, e.g. British Red Cross, can and do evidence the return on investment for funders, though admittedly large charities are in a privileged position in terms of capacity for this and for developing 'new product lines' to meet commissioners' requirements.
- We should value ourselves more as a sector and be clearer about those areas where we add particular value, e.g. our sector's workforces rarely take strike action. Covid demonstrated the third sector's ability to turn on the head of a pin and ramp up its offer: the public sector couldn't do that. Are we capitalising on the achievements of our sector during Covid, or are our public sector sponsors forgetting these already?
- Are third sector intermediaries doing enough to evidence the sector's contribution and return on investment in relation to health? Something for SCVO, The Alliance and VHS to come together and work on?
- We are propping up statutory services, we run things on a deficit, it is assumed our passion for people and causes will keep us going come what may: we need a red line denoting what we are prepared to deliver and no further. Trade unions could really help us

change our mind-set and approach. We shouldn't be fearful of trade unions, our Boards should give trade union recognition and see that as a positive thing, as Living Streets has done.

- As a society we measure GDP, and there are many 'failure activities' that boost GDP and are therefore 'valued' – e.g. the more food we consume the better it is for GDP - but over-consumption drives obesity and related health problems, costing the public sector in the long term.
- The council tax freeze is frankly 'bonkers', and the Scottish Government's pledge to absorb the cost of the freeze belies the government's constant assertion that it has no money. We should be bold in arguing for some disinvestment in the public sector in order to re-invest in the third sector. There has been a very large investment, according to Scottish Families Affected by Drugs and Alcohol, in NHS treatment provision for drugs and alcohol dependency, but why do we pour money into treating health problems once they are entrenched rather than invest in prevention earlier on? The recommendations of the Christie Report are yet to be taken on board.
- The third sector is disparate in terms of size and capacity, and smaller organisations are very disadvantaged in the tendering landscape, especially when asked to tender for services that they themselves have developed at great effort and over a long period of time. Volunteers are still assumed by the Scottish Government to be cost-free: we have to constantly challenge this. The government's winter pressures plan barely mentions the third sector but in practice its successful delivery relies heavily on our sector.
- Let's see the National Care Service as an opportunity, as the plans are still so unformed and unclear that there is scope to really press for the third sector's status to be an equal partner in the NCS.

What single improvement do we want to see in 2024?

Rob: Take off our NHS spectacles, promote the contribution of the third sector, get back to basics and what happens at the grassroots.

Jennifer: Be really vocal about our sector's value and economic impact, work even more with academic institutions on the evidence base.

Christine: Be more strategic as a sector – a lot of us serve on different government and other working groups, and we should share this intelligence amongst ourselves more consistently, use it as leverage collectively, and ensure government listens to more than 'the usual suspects'.

Billy: Seize the opportunity to get involved in shaping the National Care Service now! He will take back his reflections and learning from today's debate to South Ayrshire HSCP's adult services board, to argue for much more equal partnership working with the third sector next year.

Maureen: tackle unnecessary (resource-draining) bureaucracy – address the multiple layers of decision making – remove those that duplicate or add no value, and ensure the NCS isn't simply an expensive rehash/rebranding of what exists already.



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