

The national intermediary and network for voluntary health organisations in Scotland

# Key Messages



## VHS Annual Conference 2024: Scotland's Vital Health Sector 23 October 2024



Voluntary Health Scotland hosted their 2024 annual conference on the 23 October 2024 at Dynamic Earth in Edinburgh. The event welcomed over 130 attendees from a range of roles and organisations who work to mitigate health inequalities across Scotland. The focus of the event was the vital role we collectively play in creating fairer health outcomes. Throughout the day, the event heard from a range of inspirational speakers, facilitated round table discussion, viewed and voted on the Annual Poster Competition and visited a variety of exhibitors.

### Session One: Scotland's Vital Health Sector?



#### **Welcome from Jane-Claire Judson, Conference Chair**

Jane-Claire Judson, Chief Executive of Chest Heart and Stroke Scotland, welcomed everyone to the conference and congratulated VHS on its 20-year anniversary. She introduced the theme of the conference and reminded delegates that 'we often deal with the really hard end of things, but we want to stop things from happening early & make sure people are getting the best out of their health & the best potential out of their life.' She recognised that VHS is key to raising the profile of the third sector.



### Conference Overview, Tejesh Mistry Chief Executive, Voluntary Health Scotland

Tejesh Mistry set the scene for the conference with an acknowledgement that it is a difficult time for the sector. However, he welcomed the challenge of delivering the change needed for the sector and ensuring its role in reducing health inequalities is not only understood by government but can be continued and

expanded through funding.

Key to this is understanding that the effects of years of austerity and poverty, above all, damage health. Tejesh urged politicians to move beyond words and 'get behind the work we do'. He talked about the importance of political will and an understanding that the third sector is a huge part of the system in delivering health and addressing health inequalities across Scotland. He added that 'a different type of conversation' and asking challenging questions of the sector itself was also needed. 'There's nothing to fear from doing the right thing and that's the message our politicians need to hear, too.'

He concluded his welcome by saying that an important part of today will be about taking back the reflections of delegates and sharing those messages with ministers.



### Keynote Address - Professor Linda Bauld, Chief Social Policy Advisor, Scottish Government and Co-Head of Centre for Population Health Sciences, University of Edinburgh

In her keynote address, Linda emphasised the importance of translating evidence into policy and practice. She acknowledged the enormous pressures currently facing public health. The UK

is an outlier on recovery from the COVID pandemic on several key indicators, including life expectancy. However, she emphasised that it is possible to change this. She spoke about the importance of the community-led health & wellbeing workstream in the Scottish Government's care and wellbeing work. Work is underway to collect good quality case studies outlining preventative work which will be used to increase influence and capacity and encouraged the audience to get in touch if they wanted to contribute. She also outlined the work taking place currently on the development of a Population Health Framework for Scotland which will be launched at the end of the year. She finished by inviting the audience to take a look at the [Scottish Prevention Hub](#) and outlining the world leading 'Our future health' work.

[View the PowerPoint presentation here.](#)



## Keynote Address Martyn Evans, Chair of the Scottish Police Authority

Martyn Evans began his keynote by citing David H. Bailey who asks how elected governments can always act in the public interest. The role of the Scottish Police Authority (SPA) and the quality of its work depends on the professional ethics of senior police officers. Martyn reiterated that it is the same in the voluntary

sector. He urged the sector to seek out 'unusual friends' to ensure it is appealing to the widest range of stakeholders in its attempts to reduce inequality and health inequalities.

He stressed the importance of ensuring that we listen to service users and VHS has an important role to support its members to make this happen. Martyn told the audience that he felt that there could be more effective sharing of information between the voluntary sector and Police Scotland's vulnerable persons' database which would improve outcomes for people.

Martyn recommended the [OECD website](#) as a useful source of information on inequalities and comparators across countries and suggested that further exploration of OECD wellbeing data could be a useful source of information for the sector.

### Questions

*Promoting Positive Health: Sophie Bridger from Chest Heart and Stroke Scotland, raised the point that while we are very good at articulating what we want to avoid (e.g. alcohol, smoking) how do shift our focus to good things, i.e. the health promoting agenda?*

Martyn Evans suggested we think about what we actually want and not to waste time speaking to people who already agree with you, seek out those who don't! For the sector to be more successful, Linda encouraged the audience to speak with 'one voice' to be more successful in influencing politicians and bringing about change. She added that amplifying that voice more widely is vital too, saying that politicians rarely change unless the public demand is there.

*Language: Justina Murray, Scottish Families Affected by Drugs and Alcohol raised the importance of using appropriate language. She spoke about missing people being described as a 'drain' on society and the 'burden' of disease.*

Linda Bauld stated that 'burden of disease', is an internal academic term, but acknowledged that we need to use different language when speaking with communities. Martyn Evans agreed that language is critical and we should be more inclusive. He suggested that we consider three things: framing, lateral thinking and advocacy, which are all important steps towards getting language right.

*Adult Protection: Marion Findlay from Volunteer Edinburgh questioned Martyn's Evan's idea of sharing data between Police Scotland and the sector via the*

*vulnerable persons' database. She said that we need to ensure the voluntary sector is represented on all Scotland's 32 Adult Protection Committees.*

Martyn noted that pluralism can be both a benefit and a burden and that mechanisms need to be in place to get that collective interest into areas where it can make a difference.

## **Session Two: Scotland's Inclusive Health Sector?**

### **Panel Discussion - Inclusion and Missingness in Health**

- **Professor Andrea Williamson, Professor of General Practice and Inclusion Health, at the University of Glasgow**
- **Roisin Hurst, Project Manager for the Scottish Community Link Worker Network**
- **Alison Leitch, Assistant Service Manager, Edinburgh CLW Network and Chair, Scottish Social Prescribing Network**
- **Dr Carey Lunan, GP Chair of the Scottish Deep End Project, Senior Medical Advisor on Health Inequalities and Mental Health at Scottish Government and Honorary Senior Clinical Lecturer at the University of Edinburgh**



**Professor Williamson introduced 'Missingness' which is about significant, enduring challenges. Her work on missingness has collected data from thousands of people who have scheduled an appointment at their GP practice. The focus for the project has been narrowed down to people who have missed two or more appointments over a three-year period. One in five people missed two or more appointments and these people**

**experience poorer health and used more hospital services as well as experiencing higher premature mortality.**

The likelihood of missing an appointment begins with a person's past experiences of seeking help, especially if their first encounter with the system was a struggle. People have complicated lives and have competing demands on their time, such as caring responsibilities or casual/insecure work, all of which influence their ability to attend. The physical challenges of getting to an appointment can be hard, e.g. the cost of bus fares. Mistrust and the stigma of someone's personal circumstances also impacts behaviour.

The team's early findings suggest looking at the issue through 'a missingness lens' but action requires resource. Practices and services need to take collaborative action with patients and trauma informed practice principles cover a lot of this. However, it is important that multidisciplinary teams have a good understanding and awareness of missingness and are supported to develop this.

[View the PowerPoint Presentation here.](#)

### Panel responses:

**Roisin Hurst** spoke about the importance of raising awareness of missingness. Services wouldn't think twice about making adjustments for physical disabilities by improving access, but what about consideration for those hidden relational injuries that people carry with them? She spoke about learning from the approach taken by Community Link Workers (CLWs) to supporting patients, i.e. using a person-centred, holistic and flexible approach.

**Alison Leitch** reflected that the proposed actions to address missingness are exactly how social prescribing works, i.e. flexible appointments and a choice of where to meet (e.g. in community settings). For Edinburgh CLWs, the first appointment with a patient is at least an hour and patients are relieved to know this. On the example of transport costs affecting attendance, the Edinburgh CLW network has funded bus tickets to help patients get to appointments.

**Dr Carey Lunan** started by saying that the policy work she is involved in is being designed with missingness in mind. A good example of this is the 'Inclusion Health Action Fund' in Glasgow, an additional resource for the most deprived GP practices to help them do things differently to address health inequalities. Some practices have brought people in for a longer appointment and this has been hugely successful. Read the [evaluation on the SG website](#).

### Questions

*Accessible information: Laura Jones, RNIB was surprised that accessible information wasn't mentioned and asked whether it had featured in the research.*

Professor Williamson stated that it had, and that the need for simple language, access and additional communication needs were all recorded.

*Asylum Seekers: Fiona McHardy, SHERU commented on the disappointment felt by the change in SG policy regarding asylum seekers bus fare subsidy. She asked whether there were other particular areas of policy we should be focussed on,*

Professor Williamson argued that lifting people out of poverty is key. This 'missingness' study is in the right direction and it now feels like the argument is finally won, but the question remains as to who is brave enough to deliver change. Carey stated that community and primary care open systems are key and to achieve change, resource needs to be redistributed.

*Unpaid carers: Fiona Collie, Carers' Scotland asked about what can be done to improve accessibility for unpaid carers.*

*Knowledge cascade: Lorraine Simpson, The Lines Between Ltd. wanted to know how we can share learning on improving the language we use.*

Roisin stated that we need collaboration beyond this room. For unpaid carers it comes down to support and flexibility to ensure people can access appointments when and where it suits them. We can borrow from the learnings of the CLW model.

Carey Lunan stressed the importance of data. Dr Williamson suggested that giving carers a choice of interventions is really important. Alison Leitch said that their CLW data showed the highest disengagement is from the Scottish index of multiple

deprivation (SIMD)1. The personal needs of the patient are the most frequent reason for disengagement. She finished by stressing the importance of a national social prescribing framework upon which consistent data could be gathered nationally.



**Scottish Ballet Health** led an uplifting physical exercise routine best summed-up as, “take a deep breath and stretch!”.

### Session Three: Scotland’s Valued Health Sector?



#### **Afternoon Keynote Address Ewan Aitken, Chief Executive, Cyrenians**

Ewan advised that it costs public services £23k per person to move on from temporary to settled accommodation. If it is not done well and there is an eviction it’s more like £60k. Cyrenians’ work shows that when it’s done really well it costs less than £1k. Ewan posed the question around how do we help those who make

decisions about how money is spent to spend it differently?

He made the point that when we spend money badly, people die. In Edinburgh, decisions are made by the Health & Social Care Partnership and we will be told we have to follow these because of statutory requirements. Ewan argued that different choices can be made - how do we tell the story so that we spend money better? Homelessness can be predicted and therefore it can be prevented.

He argued that we know why people end up homeless and it’s time to turn our attention from coping with crisis to prevention through a public health approach. Cyrenians Public Health Approach is informed by the experience of 700 people placed in hotels during the COVID pandemic. They concentrated on help first; a person-centred approach and he argued that this is what we should be doing now and into the future. Ewan believes that homeless prevention is delivered by many organisations and projects that don’t realise they are doing that work.

Ewan presented case studies of Cyrenians’ services that are essential preventative projects, not ‘nice-to-haves’. He finished by saying that a ‘no wrong door approach’ is key. The new ‘Ask and Act duty’ will insist on conversations about housing circumstances. [View the PowerPoint presentation here.](#)



### **Roundtable discussion: Is the third sector in crisis and what can we do about it?**

Tejesh Mistry introduced the roundtable discussion session. Each table was challenged to collectively discuss and document actions they want to take forward from the conference to present to ministers- What do we need to change?

Some key points raised were:

- We need a shift in perception around money and resources. The Third Sector is essential, not a 'nice to have.' The funding, structures, policy and evaluation should reflect this.
- Public and community transport is crucial to address health inequalities and missingness. Free or subsidised travel for those who need it most would transform access to health.
- Person-centred care at the heart of our health system. Third Sector are experts in embedding the human experience at the heart of what we do. Scottish Government should learn from and work with third sector to embed this approach.
- Levy on supermarkets to fund public health initiatives: target those making profit to utilise this for public health good.
- We need to focus on health creation and healthy communities. Communities should be places for people; safe, quality transport, accessible, healthy retail etc.

### **2024 Annual Poster Competition: Winner- The Sorted Project**



The event closed with VHS Chair, Christine Carlin announcing the winner of the 2024 Annual Poster Competition. The Sorted Project won and were presented with their prize and certificate.

**The poster finalists:** [Read about all the finalists and view their posters.](#)

Action for M.E.

The Breastfeeding Network

CANDU (Dundee Cancer Support Network)

Living Streets Scotland

The Sorted Project

Scottish Partnership for Palliative Care

Voiceability

RNIB

## Thanks to our 2024 Exhibitors



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.

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