

The national intermediary and network for voluntary health organisations in Scotland

# Key Messages



## Voluntary Health Scotland at the Gathering: Catalysts for Change- The Role of Third Sector Leaders in Health Creation



Voluntary Health Scotland hosted an event as part of SCVO's two-day event, The Gathering. Our event was held on the 5<sup>th</sup> February at the EICC. We were fully booked on the day and welcomed nearly 100 delegates.

The event was a lively panel discussion, chaired by Prof. Kezia Dugdale, Associate Director, Centre for Public Policy, the University of Glasgow.

### Panelists:

- Angiolina Foster, Chair, Public Health Scotland
- Richard Meade, Director of Devolved Nations, Carers UK
- Justina Murray, Chief Executive, Scottish Families Affected by Alcohol and Drugs
- James Jopling, Director for Scotland, Parkinsons UK
- Tejesh Mistry, Chief Executive, Voluntary Health Scotland

Kezia Dugdale welcomed everyone to the event and asked each of the panel members to make a short 4-minute opening statement to outline what we need as a catalyst for change to create better, fairer health outcomes.

## Angiolina Foster, Chair, Public Health Scotland

*‘The connection between poverty and ill-health is not inevitable - we can make the change’*

Angiolina highlighted three key points:

- 1- We need to recognise how stark and shameful Scotland’s health inequalities are. We must acknowledge that our life expectancy is the lowest in Western Europe. Evidence shows that people in our most disadvantaged communities die 10 years earlier than those in our better off communities. The gap in **healthy** life expectancy between our least and most disadvantaged communities is 26 years. However, the connection between poverty and ill-health is not inevitable. We can make the change.
- 2- We need to value the creation of health as much we value the delivery of health care. In the words of Lord Nigel Crisp, ‘Health is made at home and hospitals are for repairs.’ We need to build support for the prioritisation of **health creation**, so that it figures strongly in our public and political discourse, including in the Scottish Parliament. Vital to understand that Health is created in communities. This is where the strength of the third sector lies - you are experts and should be treated as such.
- 3- A cross-sectoral, sustained push on prevention is essential; this is where we can be hopeful and upbeat that we can make a change. Many illnesses are preventable, and this prevention agenda plays to the strengths of the third sector. For the first time in decades, prevention is central in political thinking at a UK Government, Scottish Government and Scottish Local Government level. It will not be easy, but it is doable.

## Richard Meade, Director of Devolved Nations, Carers UK

*‘We have a room full of people desperate for change, we all need to be that change’*

Richard outlined the issues for unpaid carers in Scotland and started by saying that unpaid care is turning into a public health crisis. There are over 620,000 unpaid carers according to the most recent census; however, we know the real number is much higher. Carers are providing the equivalent of £15.9 billion of care annually. If unpaid carers decided to stop caring now, then the entire health care system would collapse before dinner time - that is how vital they are.

Yet we don’t take care of carers; they are more likely to have unequal health outcomes and struggle with poor physical and mental health. Poverty is deeply entrenched for them. Recent statistics show that 28% of unpaid carers are living in poverty. Caring is also a gendered issue - carers are more likely to be women. Two thirds of us will become carers in our lifetimes.

What do we need to change?

- We need to recognise and value the role of carers.
- We need to put a system in place to support them.
- We need to stop tolerating poverty.
- We have to provide adequate financial support for our carers.
- We need to invest in the health and social care system to plug the huge gaps filled by unpaid carers.

How can get employers to support carers?

35% of carers did not get a single day's break last year.

We can be hopeful though; we have a room full of people here desperate to be that change and we all need to be that change.

### Justina Murray, Chief Executive, Scottish Families Affected by Alcohol and Drugs (SFAD)

*'We celebrate the wee victories - the small steps in the right direction matter.'*

Justina focused on the importance of leadership. She said that leadership is essential - relationships, partnerships and networks are so important.

All our work is relationship-based and within that, as leaders, we need to bring a permissive management culture and celebrate creativity. There needs to be a high tolerance of risk to be able to try the new things for the people we work with.

As a sector, everything we do is about change. Within Scottish Families, we use a range of programmes to support families, including CRAFT (Community Reinforcement and Family Training). This supports family members to make changes such as positive communication, boundary-setting and self-care. More often than not, these changes lead to wider positive changes across the whole family. We, as organisations, can't and should not accept the way things are now for the people we work with. We are supporting people because it's the people and families that matter.

We try and influence policy to be more inclusive for our families. We flip our thinking and we celebrate the 'wee victories', the small steps in the right direction matter, and can feel like big changes for families.

Our sector also has a role to play in bringing a reality check to the question of change. Politicians like to visit third sector services and projects, which is great, but this does not show them people's everyday experience of public services.

It is the importance of the voices of lived experience; this is what holds decision makers to account and what will bring about change that is both meaningful and authentic.

### James Jopling, Director for Scotland, Parkinson's UK

*'We need to treat people as people, this is vital to keep at the heart of change'.*

Parkinson's UK conducted an audit looking at the delivery of care for people with

Parkinson's. The audit enabled people receiving care to review the services and use their suggestions to improve them. It was important to use that trusted voice as the conduit between patients, the NHS and communities.

We need to remember that as a sector, we have the toolkits and we are the subject matter experts. We need to use that to make sure people get better care. We try different approaches at Parkinson's UK to make improvements for the people we work with. We have NHS professionals in our network- to connect voices with third sector.

We need to treat people as people. This is vital to keep at the heart of change.

We don't pretend to be the NHS or replace it; however, we make the effort to improve it and make the lives of people living with Parkinson's better and that is equally as important.

Physical activity is so important. Creating opportunities for this outside the NHS and/or care settings is important, doing things that matter to people is important. Doing things that make a difference is important. We mustn't lose sight of the fact that what we do matters.

## Tejesh Mistry, Chief Executive, Voluntary Health Scotland

*'We need to be tenacious as a sector, with gumption!'*

Health creation is important and we need to focus on behaviour change. Change management is what the third sector does every day. Where do we pitch realism versus trying to be ambitious? It is important to be ambitious for the sector and ambitious for the people we serve.

Hope is important to keep hold of, the hope is there. We are proactive and agile and we can see the steps we need to take. Having fire in the belly is important and we have strong values. From a leadership perspective we need be tenacious with gumption. We have that purpose, that idea of creating moments for the communities we serve; this can be a powerful way to create meaningful change.

We talk about whole system approaches; the National Care Service is one example of where we need to work cross-sector. However, these are too big, too complex and we are not shifting them into practice and reality for the people they are meant to support. So, what do we do to make the big-ticket items work? Can we take a different approach? We need strategies, milestones and accountability. Can we find the realistic steps and work beyond the parliamentary cycle because this is really important.

### Questions and Discussions:

Q. We have big goals which are answers to complex situations. We have come across people in the system who say, 'it's just too hard' to go for the audacious goal. What do we say to those people?

*‘If you are not up for it, get out of the road... everything looks impossible until it happens’*

**Angiolina Foster**- We need a sense of our own agency- especially those who are in leadership roles. We need to break down the big tasks into bite-size chunks and make sure we celebrate the “wee victories”. The UK Government’s Health Mission is twofold - to fix the NHS and to fix the nation’s health.

Scotland has the emerging Population Health Framework. This offers the opportunity to place social prescribing on a more structured and stable footing for the first time. Let’s find what is doable and get on with it!

**James Jopling**- The big, future goals are important; however we also need to make sure the people we work with get what they need now. We need immediate action- the big picture stuff can still be implemented but we need to improve peoples’ lives now.

**Justina Murray**- Language is important. We can’t continue to call people a burden or a drain on resources, everyone has a right to health. We need to acknowledge rights. We need to flip it to get a rights respecting attitude across the public sector.

**Tejesh Mistry** - We need to change the narrative and go for the big audacious goal.

**Richard Meade**- We need to pay attention to the ‘leap of faith column’ when it comes to costs. The government gets lost in the costs v long-term savings. We need to be brave as leaders and move beyond the political cycle.

**Angiolina Foster**- Everything looks impossible, until it happens. We must believe it’s possible, find like-minded people and then do something about it.

Three things drive change:

1. Planning and budgets
2. Accountability - how our performance is measured
3. Freedom that people are given to try change

The building of population health isn’t currently part of our performance and accountability frameworks. It needs to be.

**Q. Being a Catalyst: What is the learning you are taking forward and what changes are you making?**

*‘Tiny victories are born in the smallest of places - being able to eat peas without stigma - a small thing but really important.’*

**Richard Meade** - We need to do more to show our value to government. We are seen as less than we are and we play a huge part in health creation. We bring a great deal to the table and we are not treated fairly; we don’t get valued as we should. We are partners and we should be treated as such. We need to make the case to government.

**Justina Murray**- Taking a faith-based approach, not necessarily in a religious way. We need to challenge back and have faith in what we do. I am thinking of the movie 'Love Actually' and the scene where Hugh Grant as the British PM stands up to the American President. As a sector we need to be more Hugh Grant!

**Tejesh Mistry**- There are practical steps where members have had conversations with funders and can see the potential savings. We need to provide more practical examples of that.

**Angiolina Foster**- My learning from last year is that some people find it easier to be hopeful than others. There are people in all sectors who are simply exhausted and who require help to boost their spirits. One way of doing this is to demonstrate that progress is possible, even with our toughest challenges like health inequalities. To this end, Public Health Scotland is working with Sir Michael Marmot's Institute of Health Equity and local partners to address health inequalities in the three Community Planning Partnership areas of Aberdeen City, South Lanarkshire and North Ayrshire. We want third sector colleagues to join us (with your gumption and tenacity!) to work with us.

**James Jopling**- Tiny victories are born in the smallest of places and we need to remember that wee things can be at the heart of big issues. We can't forget the fact the little things matter. For one of the Parkinson's groups, being able to eat peas in a restaurant without the stigma or worry of spilling food is what mattered. Being able to eat peas- a small thing but an important one to people.

**Questions from the floor:**

1. What is the role for academia working with the third sector?
2. How can we develop as a single voice and collaborate, especially around funding?
3. What are we doing to affect health change in schools?
4. We need to be bolder about articulating the third sector's contribution to the economy and our role in wealth creation. How do we get that message heard?
5. The role of community media in how we work - how do we share our stories, successes and solutions to the wider population and tell the stories of what we do?

*'NHS is often in the role of fixing; the third sector is in the role of connecting and nurturing.'*

**Angiolina Foster**- NHS is typically in the role of fixing. The third sector is in role of connecting and nurturing. We can crunch the numbers around waiting times, but we also need to tell the stories of harder-to-measure value add. Can we harness the 'power of peas' as James mentioned, the value in being there and responding to deeply human needs.

**Richard Meade**-The partnership potential with academia is huge- we need to work together to demonstrate and value our partnership. Capturing lived experience is

vital and the third sector should be involved in setting the academic agenda. In terms of funding, we should be identified and funded accordingly to the value we add.

**Justina Murray**- We need to communicate success. We held a Families Awareness Week to celebrate our families and raise awareness. Authenticity is important to the charity. It was impactful as it ended up being driven by them. So, let's flip the narrative.

**James Jopling**- Physical activity is important and schools have such an important role in this. Many younger people disengage from physical activity at a young age due to their experiences at school and find it difficult to pick back up. Physical activity has a role in the prevention work around poor health and we need to utilise that potential.

**Tejesh Mistry**- We all know of the mental health challenges of young people; practical skills and physical activity can help with this. It is also important to explore the emergence of new technology and the role that third sector can play in this.

**Kezia Dugdale** thanked all the speakers and reminded us that the Glasgow Centre for Public policy have great resources too including the spotlight podcast.

## Voluntary Health Scotland

Please contact Lauren Blair, Events and Engagement Lead at Voluntary Health Scotland with any questions:

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