Key Messages

Session One: Collaboration for Change

Tejesh Mistry, Chief Executive, Voluntary Health Scotland

- Tejesh opened the conference and thanked exhibitors, speakers and the conference collaboration partner, Public Health Scotland (PHS).
- He reflected that as a sector we need to be less risk averse and open to opportunities. He also reflected that effective collaboration means that we need to be open to sacrifice, and that change can take time so patience may continue to be required.
- He emphasised that the conference feels like a crucial moment to make a difference, and that as a sector we need to recognise our own control, power and networks.
- He highlighted that VHS members can come together as a powerful coalition for change.
- Tejesh then shared details of the new VHS Strategic Plan for 2025-2030.

Jenni Minto MSP, Minister for Public Health and Women's Health

- Ms Minto reflected that the conference is an opportunity to build connections.

- She stated that the third sector is vital, and that the government and VHS share an ambition to reduce health inequalities.
- She stated that the 10-year Population Health Framework (PHF), developed in partnership with COSLA, is reliant on collaboration with the third sector.
- The commitment to develop a National Social Prescribing Framework in the PHF reflects recognition that social prescribing is the bridge between the NHS, local government and the third sector. The Scottish Community Link Worker Network, led by VHS, is evidence of this.
- Ms Minto spoke about vaccinations, and how they have changed public health for the better. She issued a 'rallying call' to the third sector, as a trusted voice in communities, to help increase vaccine uptake for marginalised groups.
- She spoke about the Women's Health Plan, published in 2021, and shared that the next phase is to be published in January 2026.
- She reflected that VHS strives to be bold and urged conference attendees to use the time to move forward and collaborate for change.

Johanna Davies, Head of Health and Social Care at Wales Council for Voluntary Action

- Johanna shared a 'Problem Tree' diagram detailing the health challenges in Wales and reflected that there will likely be a lot of overlap in Scotland.
- WCVA are supporting efforts to review the economic contribution of the third sector to health and social care in Wales.
- The Welsh National Framework for Social Prescribing was launched in 2023, shaped from the grassroots by the third sector.

- The role of the third sector has been further recognised by the Wales School of Social Prescribing who have also developed a glossary of terms to reflect different models of social prescribing in Wales.
- The term 'Social Prescribing' is not widely liked in Wales because it doesn't reflect the variety of models, but Johanna reflected that we can challenge terminology whilst finding consensus.
- Sustainable funding is critical, and the Welsh government have refreshed their code of practice for third sector funding.
- WCVA will be asking candidates in the upcoming Welsh parliament election to support their manifesto.
- Wales has ambitions to become the first Marmot Nation.
- Johanna finished with a call to action for delegates to connect and identify opportunities for collaboration.

Questions

- Susan Hunter, Befriending Networks, asked Johanna about approaches to social isolation and loneliness in Wales. She shared that a lot of action is at a grassroots level and not well understood at a strategic level. She further reflected that just because we can't always evidence value, we should be able to agree that certain activities have sufficient impact to invest.
- Louise Christie, Scottish Recovery Network, asked about the involvement of people with lived experience in Wales. Johanna spoke about the impact of volunteers with lived experience supporting people in hospital wards.
- Pasna Sallis, Weekday WOW! Factor, asked how greater learning between Wales and Scotland can be supported, and Johnanna spoke about Agile Funding provided by the Welsh government to support this type of activity.
- Robin Ireland, Obesity Action Scotland, asked about progress regarding the Wellbeing of Future Generations Act. Johanna reflected that it has been hard for the public sector to shift focus and that the Act hasn't had the impact desired because it has 'no teeth'. She also reflected that we don't need policy to bring about change.

- Nick Ward, Change Mental Health, asked why the term ‘social prescribing’ is unpopular in Wales. Johanna reflected that it ‘medicalises’ activity that is not delivered in that way.

Conversation with Professor Devi Sridhar, Chair of Global Public Health, University of Edinburgh

- Tejesh asked Devi where is the power, why is change not happening, and what does effective collaboration look like?
- Devi reflected that where we see positive change, that this is driven by collaboration and grassroots action. She reflected that people like the status quo, and that change comes from presenting positive solutions.
- Tejesh asked how important it is for the sector to engage with the media. Devi reflected that social media has become more important, and this can be tricky to navigate because it is a ‘messy ecosystem’. She stated that the third sector needs to engage with all forms of media in a constructive way.
- Tejesh asked Devi for examples of prevention that have been successful globally. Devi spoke about Japan having the world’s highest life expectancy, and also examples in Europe including Finland, Denmark and the Netherlands, and shared that in most instances it is about community-based care and prevention.
- The UK spends much more on acute care, and Devi reflected that we’re not going to ‘treat our way through an ageing population’. However, prevention is slow moving so more difficult to get media or political attention.
- She also reflected on the importance of social connection for health, which was reflected during the Covid-19 pandemic.
- Tejesh asked Devi if we have enough data. She reflected that we have a few centuries worth of data on how to reduce the burden of illness. Politicians make political problems technical by insisting on more data before taking action. We need to be more solution focused.

Questions

- Dr Kainde Manji, Stirlingshire Voluntary Enterprise, asked what Devi's message to 2026 election candidates would be. Devi reflected that political parties are in a 'race to the bottom' regarding immigration which has led to a shift away from issues impacting people's lives. To influence election candidates, we need to 'reframe the debate'
- Lorraine Gillies, Planet Youth, asked how we address siloed working in Scotland. Devi reflected that there is 'no magic wand' and suggested that everyone involved needs to agree 2-3 early actions, how these are implemented and what success looks like. She also reflected that everybody needs to 'feel like they are winning'.
- Robin Ireland asked how we make braver interventions to improve child nutrition in Scotland. Devi reflected that children with obesity are significantly more likely to become adults with obesity. A key action is improving school lunches and addressing affordability of healthy food.

Session Two: Inclusive Cross-Sector Collaboration

Professor Nicola McEwen, Director, Centre for Public Policy

- The purpose of the Centre for Public Policy is to connect decision-makers and other key stakeholders with academic research. They undertake research and analysis, host the Spotlight podcast, and a policy evaluation hub is also in development.
- Health is consistently a high priority for the electorate, alongside the economy. Independence has fallen as a priority, whilst immigration has become more important to the electorate.
- A preventative approach to health cannot just be about health, but the wider determinants are not viewed as highly as a priority.
- The NHS in Scotland has a poor relative performance compared with England, which reflects wider gaps in health outcomes between the two nations. This is an issue because the funding for the Scottish government is 'based on arithmetic, not need' through the Barnett Formula.

- Health and social care takes up 40% of SG resource budget, and the fiscal position is very challenging with a spending gap of over £1 billion set to grow. As such, investment in prevention is a necessity.
- Nicola cautions that the election is still a long way away, but she predicts a fragmented and polarised parliament where collaboration will be difficult between parties, and between parliament and the government.
- Her wish-list includes prevention-focused budgets, 'disinvest to reinvest', and greater use of Citizens Assemblies.

Questions:

- Nick Ward from Change Mental Health asked for Nicola's thoughts about the integration of health and social care. She reflected on the tendency for the government to govern in siloes, which can lead to government interventions competing with one another. Such systemic challenges should be addressed by developing a solid evidence base.
- Sophie Bridger, CHSS, asked how the third sector can be part of discussions around where to disinvest. Nicola acknowledged that disinvestment often negatively impacts the third sector despite the sector offering 'the stuff we know is working'. She said that we need to address accountability challenges and align this with data on what works.
- Sovay Fitzpatrick, We Are With You, asked how the third sector can benefit from the reallocation of resources when so much is locked up in the NHS. Nicola reflected that the third sector often fights for the fringes of budgets, and that we need to instead target core budgets by influencing budgeting from early stages.

Panel: Inclusive Cross-Sector Collaboration

Chair:	Billy McClean, Chief Officer Renfrewshire Health and Social Care Partnership (HSCP)
Panellists:	Susie McClue, Senior Connecting Families Development Officer, Scottish Families Affected by Alcohol and Drugs Sarah Galloway, Scottish Families Affected by Alcohol and Drugs Nick Ward, CEO, Change Mental Health Karen Garrott-Russell, Engagement Lead, The Stroke Association Scotland Neil Gardner, Stroke Association Scotland

- The panel chair, Billy McClean asked for the panellists experience around multi-agency collaboration.
- Karen from The Stroke Association shared the example of Hospital Hubs. Many stroke survivors feel 'abandoned' when they leave hospital. The Stroke

Association worked with NHS staff to involve volunteers in hospitals. Feedback was that volunteers gave hope to stroke survivors.

- Nick from Change Mental Health spoke about some of the barriers to multi-agency collaboration, including Community Link Workers based in GP practices in the Highlands being denied access to NHS WiFi. He reflected that we need to persevere and learn from partnerships that are not successful.
- Nick also spoke about the recent challenges around HSCP funding in Edinburgh, and how funding decision-making was reactionary out of 'panic' rather than being informed by evidence. There is an important role of the third sector in working together to educate decision-makers and change the narrative.
- Billy then asked the panel about patience, perseverance and power in the third sector.
- Susie McClue from Scottish Families Affected by Alcohol and Drugs spoke about valuing lived experience in third sector recruitment as a way to share power. She suggested we in the third sector should be 'more Robin than Batman' in amplifying the voices of lived experience.
- Sarah Galloway, also from Scottish Families, spoke about her experience of influencing decision-makers from a perspective informed by her own lived-experience, and that she 'knows her worth', but said that language can be a massive barrier to participation and spoke about the 'class divide' affecting power.
- Neil reinforced this view, reflecting that people with lived experience can provide an 'instant connection', and should have the power.

Questions

- One delegate asked about the importance of relationship-building. Karen and Nick both reflected that relationship-building is key to achieving greater power, with Nick adding that the third sector is 'full of powerful people' who often don't even realise their power.

- Barri Millar from St Johns asked how we deliver partnerships that actually work. Susie reflected on the difference between traditional and agile partnerships and suggested that we need to work 'peer to peer' in an environment where learning is central.

Session Three: Intersectionality in Health

Energiser: Weekday WOW! Factor

- Delegates were led in a song and dance by representatives from Weekday WOW! Factor, an organisation that facilitates Daytime Discos and other opportunities for social connection for over 50s.

Dr Audrey MacDougall, Chief Social Researcher, Scottish Government

- Audrey explored the role of research and data in tacking health inequalities.
- Audrey challenged the concept of a 'hierarchy of evidence' and instead spoke about the need to review and triangulate multiple different evidence types and sources – qualitative and quantitative evidence both have their place.
- The data regarding health inequalities is complex given the many determinants of health and the need to adopt an intersectional lens – this means there should be no 'one size fits all' approach to policy.
- It is also important to recognise that the determinants of health are often both a cause and consequence of health outcomes.
- Audrey shared the Policy Cycle and stressed that data and evidence should feed into every stage, not just the beginning and end.
- She reflected that in Scotland we are 'really good at starting things' but often don't follow through or learn – data should inform implementation as well as policy, and the third sector is an 'absolutely invaluable' source of qualitative data and insight.
- The Equality Evidence Strategy aims to improve the breadth and quality of equalities data to allow for intersectional analysis.

- Audrey reflected on the VHS Manifesto call for the 'meaningful, sensitive inclusion of voices of lived experience' and shared the Scottish Government's Participation Handbook as a useful tool for this.
- The government has also published Learning from 25 years of preventative interventions which reflects the government's commitment to prevention.
- Regarding collaboration, Audrey concluded that collaboration is not always straightforward due to disparate interests and funding challenges, but reflected on the importance of organisations like VHS to bring people together.

Questions:

- Johanna Davies reflected on the fear of sharing evidence of 'failure' and that the need to prove cost-effectiveness can hamper learning. Audrey reflected that value for money is not just about the cheapest option, it also must work!
- Dani Hutcheon from Glasgow Caledonian University asked about pathways to feed evidence into the government. Audrey advised that this is trickier for the third sector and advised delegates to use their existing contacts in policy teams. Tejesh added that organisations like VHS can also have an important role in showcasing third sector evidence.
- Louise Christie from the Scottish Recovery Network reflected that third sector data is not valued in the hierarchy of evidence and asked how the sector can influence government to widen the scope of evidence. Audrey again stated the need to utilise existing contacts.
- A final question asked if we have enough data. Audrey reflected that we have a lot of data but a lack capacity to interrogate and make best use of it.

Manira Ahmad, Chief Officer, Public Health Scotland

- Manira reflected on the wider trajectory of Scotland's health, that health is not improving and the population is ageing. The health burden is increasing considerably.

- The Population Health Framework, and supporting documents, reflect the connection between PHS, the Scottish Government, COSLA and wider sectors but a key challenge is ensuring it is equitable.
- Manira shared the Intersectional Wheel of Advantage, produced by NHS Grampian for their anti-racism plan, as a fantastic illustration of inequalities.
- She reinforced the need for reform given projected spending on health.

Panel: Intersectionality in Health

Chair:	Manira Ahmad, Chief Officer, Public Health Scotland
Panellists:	Maree Aldam, CEO, Amma Birth Companions
	Alan Eagleson, Head of Services, Terrence Higgins Trust
	Marianna Medina, Member of the Scottish Youth Parliament
	Esther Moodie, Policy Development Officer, Feniks

- Alan Eagleson spoke about the services provided by the Terrence Higgins Trust and reflected that people are complex and don't fit neatly into boxes; however, the healthcare system is designed as if they do. He stated that the HIV epidemic in Scotland reflects wider health inequalities. Services need to be trauma-informed, person-centred and address stigma.
- Alan shared an example of a partnership with a manufacturer of healthcare products to pilot a postal HIV testing service – this has significantly increased testing rates in the BAME communities, and 25% of people using the service had never tested before.
- Esther Moodie spoke about the origin of Feniks in providing Polish language therapy to an organisation that provides a range of services for the Polish and Ukrainian communities of Edinburgh, as well as undertaking research and influencing policy to bring about systemic change.
- Esther shared the example of a partnership with NHS Lothian and the Polish Embassy to explore male suicide rates in the Polish community. Having

established a significant problem, they then worked with See Me to develop a campaign to address stigma – 'Shed your Armour, Show the Scars!'.

- Maree Aldam shared information about the services provided by Amma Birth Companions to migrants navigating maternity services in Scotland. She reflected that the people they support face multiple intersectional disadvantage, resulting in a 'constellation of biases' when accessing maternity services, resulting in poorer outcomes. They published a Birth Outcomes and Experiences Report exploring the often distressing experiences of 100 women, as reported by the volunteers supporting them. This report has led to training for midwives. Manira added that this 'award-winning' work has been a 'game-changer' as it got people in power to stop, listen and act.
- Maree reflected that system pressures affect everyone but have disproportionate impact on people with intersectional barriers and shared that Amma felt they had a responsibility to do something because it is 'life or death'.
- Marianna Medina MSYP shared information about the Scottish Youth Parliament Manifesto which has called for the NHS to be protected from privatisation, and for everybody to have an equal standard of healthcare.
- She further reflected that the future burden of health is 'scary' for young people, but stressed that it is important they can contribute to decision-making now. She spoke about a SYP resource, The Right Way, which supports decision-makers to engage with young people.

Questions:

- Ewan Macleod from Volunteer Scotland reflected on the 'deprivation gap' in volunteer participation and asked about the impact of the cost-of-living crisis more broadly. Esther shared that the cost-of-living crisis had had a particular impact on 'sub-communities' within the Polish community, e.g. lone parents and stated that migrant status can mean people are 'doubly marginalised'
- Manira shared plans within PHS to focus on employability through the Collaboration for Health Equity in Scotland (CHES), and a report is coming out next year.
- Maree reflected on the challenges in recruiting volunteers and acknowledged the 'level of privilege' Amma volunteers often need to have to be able to volunteer.
- Debbie Laing, a Community Link Worker in Clackmannanshire, asked if there is anything we can do to build trust with young people after the Covid-19 pandemic. Marianna again suggested that the Right Way resource is a good first step, and the need to use a mixture of digital and in-person engagement tools along with inclusive language.

- This led to a wider conversation about language as a barrier, and Esther reflected that it is not just about language, but about communication more broadly. For example, ‘phone appointments are often tricky because speakers of other languages lose all other forms of communication’.

Poster Competition

- Bushra Riaz, VHS board member, announced the winner of the poster competition as the Health and Social Care Alliance (The ALLIANCE).

Christine Carlin, Chair, VHS: Reflections of the Day

- Christine used an analogy of dancing to explore the requirements for effective collaboration and reflected that it needs all of us to be on the dancefloor with nobody left to sit at the side of the room.