

Prevention: The Golden Ticket to Tackling Scotland's Health Inequalities

Tuesday 10 February 2026

Key Messages

Introduction

Voluntary Health Scotland Chief Executive, Tejesh Mistry, welcomed everyone to the session and introduced the 4 panellists:



- Ally Boyle MBE, Chair, Public Health Scotland
- Susan Hunter, CEO, Befriending Networks
- Dr. Carey Lunan, GP Chair - Scottish Deep End Project
- Celia Tennant, Chief Executive, Inspiring Scotland

Tejesh started by quoting Margaret Mead:

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

- What is prevention?
- 80% of health is made outside of healthcare, and as Lord Nigel Crisp stated, health is made at home. It is also made in communities, workplaces and families.
- Our personal relationships are very important to our health and prevent small problems becoming bigger ones.
- Our everyday behaviours are also important - eating, sleeping and keeping moving and active will help to reduce stress. Our ability to attend checkups is important and we know the [impact of missingness](#) in our society.
- Behaviour change is also important in terms of our health - how do we create the conditions to make adopting new behaviours easier?

- There are three [defined levels of prevention](#) - primary, secondary and tertiary. The Third Sector has a natural focus on primary prevention.
- Why now? The publication of [Scotland's Population Health Framework](#) VHS's [Manifesto for Health Creation](#) and our [Strategic Plan 2025-2030](#) call for a prevention-focused health system.

Panellists' Top 3 Priorities

- Tejesh asked the panel for their top 3 priorities to support shifting to a prevention-focused system and explained that the audience would vote on their top 3 from these at the end of the session.

Carey Lunan

1. We need to create the conditions for trust-building in healthcare - '***trust is our currency.***' - this includes combating misinformation and prioritising in-person appointments.
2. We should make it equally easy for everyone to access healthcare when they need it, regardless of their personal circumstances.
3. We need to create the conditions to enable a '**more than medicine**' approach - and turn away from the '**pills for ills culture.**' Community Link Workers and financial inclusion support within general practice help people to access support in their communities.

Celia Tennant

1. We need to reach into every aspect of our lives and change culture and practice. This is everyone's business. We need humility - '***we are all experts.***'
2. We need to address the socio-economic determinants of health as soon as possible.
3. Healthcare must be easy to access for all. We need population-level data to help us understand where we should be investing beyond health and social care systems.

Ally Boyle

1. We need to deliver collective determination - determination to work around the systems.
2. We need to see the '**eradication of institutional arrogance**' - stop doing things *to* people and instead *ask them* what they need.
3. We need to celebrate progress and success. Life can be grim for people. Let us celebrate our successes where we can.

Susan Hunter

Susan introduced her asks by reflecting on the theme of the event of prevention as the 'golden ticket' to addressing health inequalities and exploring lessons we can

learn from the health outcomes of the children in Charlie and the Chocolate Factory. She reflected that much of health is about chance, not choice.

1. **'Behaviour matters'** - let's view prevention as a human behaviour, we all have a part to play to help others and make changes.
2. We need a healthy, dependable and thriving eco-system of interconnected organisations and systems (supporting equity and enabling choices)
3. Community organisers, community workers and community leaders are vital.

Panel discussion

Tejesh - When we talk about behaviours, whose behaviours do we mean? Do we mean us as individuals, or communities, or the government?

Susan - it is about everyone's behaviours and creating the conditions for people to thrive in spaces where they feel safe and included. **'Choice is really important.'** Whether it is about going to the gym you want to go to, or to your choice of day centre.



Carey - adopting healthy behaviours is not equally easy for everyone to do. If you live in a deprived area, you may not have many healthy choices around you and it is more expensive to eat a healthy diet. Government has a responsibility around legislation and product placement. People also face strong cultural and language barriers. **'The third sector's knowledge is really important.'**

Celia - it is everyone's responsibility. People are struggling day-to-day and it is hard to live in Scotland right now. We need to throw everything with humility at those people. Accessibility is important and all systems need to work together. **'The third sector is a public health army.'**

Ally - We speak about reaching people 'upstream', but everybody is in the river all the time only some people have life jackets and maps, others are navigating rapids without knowing how to swim. It is everyone's responsibility; however, people's choices are constrained by poverty and exclusion. We need to stand up for people and remove institutional arrogance. We need to provide support and determine where to target that effort, i.e. **proportionate universalism**. We need to **design the system with people** to create the environment where everyone can thrive.

Tejesh - Do you see progress and where are the opportunities for change?

Ally - I have seen lots of progress in my work with Scottish Fire and Rescue Service (SFRS) where firefighters supported people in a prevention-centred way. The £4million spent on early years intervention made a tangible difference. Breastfeeding Towns were driven by the community and voluntary sector and we

need to celebrate these successes. Despite this, there are still people saying prevention doesn't work. We need to celebrate the successes, as can be seen in the Chief Medical Officer's Realistic Medicine Casebook

Susan - the role of befriending, even in later stages of life can make a difference if we intervene early enough. **'We've got the gems, we just need more of them.'** We have lots of data already to demonstrate our impact.

Celia - there is no shortage of impact. It is about what can we do to change policy? We are inspired by the voluntary sector and there is no shortage of hope. **'We need a revolution.'** Inspiring Scotland gave out £4million of mental health funding to the voluntary sector. 71% referrals came from statutory sector but only 5% funding came from the statutory sector.

Carey - the [Inclusion Health Action Project](#) which provides additional funding GP practices to support 'missingness'. This has enabled practice teams to become more compassionate and curious. Cervical cancer screening is an example of where take up has increased.

Tejesh invited Kainde Manji, Deputy CEO of Stirling Voluntary Enterprise (SVE) which manages the CLW service in Stirlingshire and Tony Channing, a practising CLW in Stirlingshire to comment.

Tony - a holistic approach to health is a huge part of prevention. Their team sees people with lots of different issues, including physical and mental health, struggling to find or stay in work, financial issues. These can become bigger issues if not dealt with early.

Trust and time to build this is a key part of CLWs' work with their clients. A client might not be willing to disclose something until after 3 or more appointments with a CLW. If there isn't continuity of care, these issues might not get addressed at all.

Kainde - SVE have a genuine partnership with the HSCP, there is not a huge amount of money but the cumulative returns are massive. 15 years on from Christie - it is too late for little change; **'we need nothing short of full-on transformation.'**

Questions from the Audience

1. David Stewart, Clackmannanshire Economic Regeneration Trust. We can't choose between prevention and crisis. There isn't enough money and the sector is desperate to do more. What can we do this year to stop the same thing happening next year?

Susan - often these discussions are with people who are already onboard. We need to speak to people outside the sector.

Celia - there is huge spend in the health system and we are seeing a huge increase in numbers of third sector organisations applying for funding. We had 307 applications for 10 creative communities funding awards. We need to shift the

money - statutory services are not always well-placed to deliver the support we need.

Ally - we need to turn off the tap and eradicate poverty. The benefits system is too complex.



2. Seamus Stout, Community Foundation for Planetary Healing. The first level of prevention is connecting people to good food and nature. His 3 priorities would be:

- Cross-regional cooperation to enable access to local food and regenerative agriculture. How healthy we are isn't about how much we spend on healthcare but how little.
- Green classrooms.
- Support farmers.

3. Sophie Bridger, Alcohol Focus Scotland. People don't have choices. *'Responsibility isn't proportional to power.'* We have power as a sector, but other organisations have more power and need to take responsibility. Where is the power?

Ally - we need to constantly prod and be determined. Our [Public Health Scotland 10-year Strategy 'Together We Can'](#) will require us to work alongside people to achieve its goals.

Carey - we need to translate words into action and look at our own roles as individuals and voting citizens. We shouldn't underestimate the impact we have to raise people's voices and provide effective collective advocacy for people's wellbeing. *'The data plus the narrative can bring this together.'* We need to take the politics out of health and create conditions of trust. We need to address the socio-economic determinants of health and create conditions for a 'more than medicine' approach.

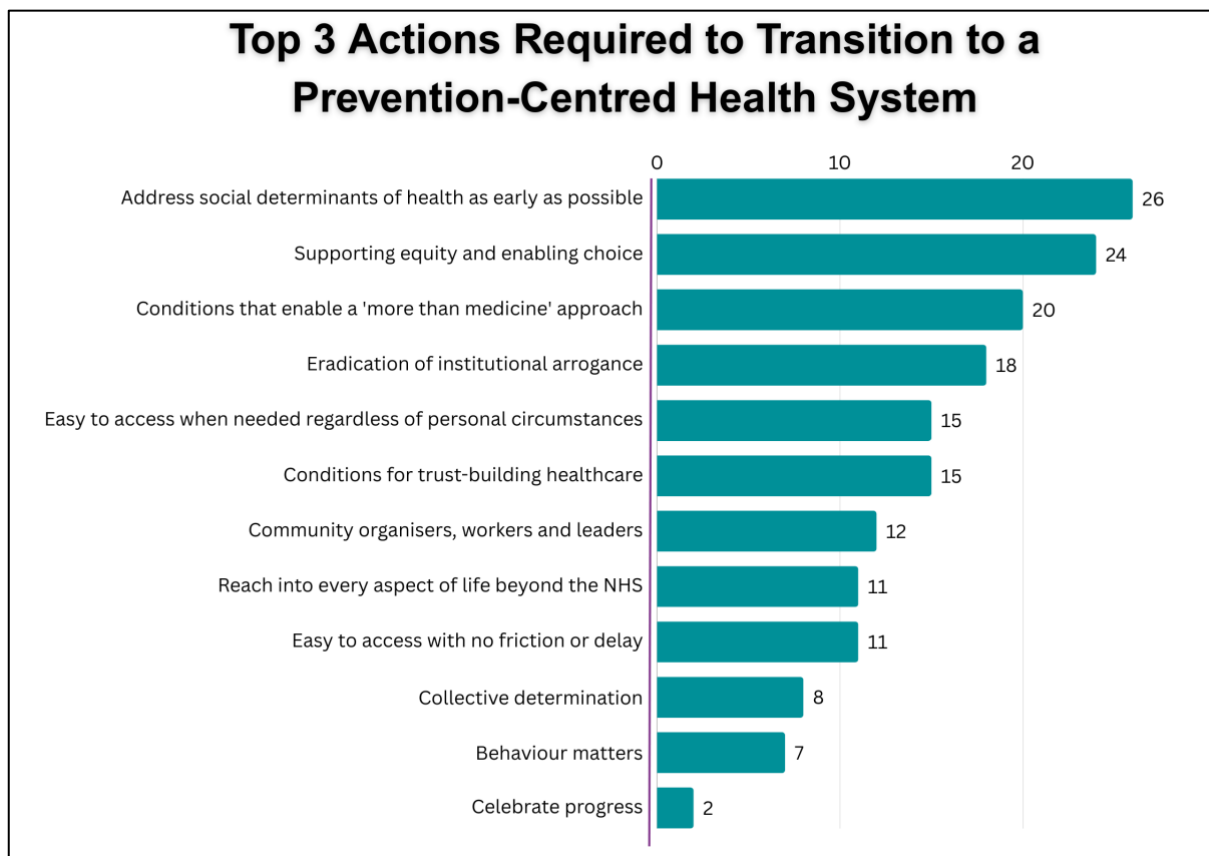
Panel's Conclusions

Susan - we are seeing indecision by people in power; we need to utilise our own agency.

Ally - use of language is important. E.g. seldom-heard v easy-to-ignore. ***'Let's not make it easy to ignore people.'***

Celia - - There is lots we can do together if we lead with hope.

Carey - The Aesop fable of the wind and the sun - we achieve more with kindness and hope than with force. We need to avoid getting overwhelmed by the world and ***'surround ourselves with people who inspire and challenge us. It's a marathon, not a sprint.'***



About Voluntary Health Scotland

We are a movement for health creation working to reduce health inequalities to enable the people of Scotland to live well. We believe that health is more than the absence of illness, and together with our members and partners we champion this belief. We collaborate to provide the national voice for third sector health organisations in Scotland.