

Cross-Party Group on Health Inequalities

Thursday 11 September, 6-7.30pm

Minute

Present

MSPs

Emma Harper MSP
Brian Whittle MSP

Invited guests

Tejesh Mistry, Voluntary Health Scotland
Steven Sweeney, Voluntary Action South Lanarkshire (VASLan)
Allan Faulds, Health and Social Care Alliance Scotland (the ALLIANCE)

Non-MSP Group Members

Grant Aitken, Public Health Scotland
Salena Begley, Family Fund
Lauren Blair, Voluntary Health Scotland
Christine Carlin, Voluntary Health Scotland
Judith Connell, Kidney Care UK
Sarah Curtis, University of Edinburgh
Sarah Edwards, The Breastfeeding Network
Sovay Fitzpatrick, We Are With You
Sheena Fletcher, CHEX
Paula Fraser, VOX Scotland
Rob Gowans, The ALLIANCE
Roisin Hurst, Voluntary Health Scotland
Natasha Johnston, Pancreatic Cancer UK
Laura Jones, RNIB Scotland
Marianna Marquardt, Scottish Families Affected by Alcohol and Drugs
Ian McCall Paths for All
Scott McElvanney, Scottish Parliament
Rosie McNee, FEED UK
Anne Meikle, Versus Arthritis
Agnieszka, Morrison, Feniks
Justina Murray, Scottish Families Affected by Alcohol and Drugs
Paul Okroj, Chest Heart & Stroke Scotland
Nell Page, Salvesen Mindroom Centre
Vanessa Paynton, Art in Healthcare
Helen Reilly, QNIS
Bushra Riaz, Kidney Research UK

Arvind Salwan, Care Inspectorate
Katherine Smith, University of Strathclyde
Jennifer Stewart, The ALLIANCE
Kellie Thomson, Voluntary Health Scotland
Sarah van Putten, LifeCare
Catherine White, Alcohol Focus Scotland
Marta Wittek, Scottish Independent Advocacy Alliance

Non Group Members

Fiona Arnott-Barron, Cruse Scotland: Bereavement Support
Anuka Boldbaatar, NHS Lothian
Katherine Fennell, Tenants together Scotland
Taylor Folks, Fife Council
Michelle Gavin, Fife Council
Stephanie-Anne Harris, Edinburgh Community Health Forum
Sandra Lavergne, South East Scotland Transport Partnership (SEStran)
Una MacFadyen, PLUS Forth Valley
Kelsa McDonald, VoiceAbility
Julie McIntyre, Scottish Ambulance Service
Lucy Wharton, ASME
Becky Wood Recovery Scotland

Apologies

Miles Briggs
Carol Mochan

Agenda item 1

Annual General Meeting

Welcome and Apologies

There were two apologies for the meeting. The registration procedure for the meeting ensures there is a correct record of attendees.

Agenda item 2

Election of Convenors

The first item of AGM business is to agree our Convenors for the next 12 months.

It is proposed that Emma Harper MSP and Brian Whittle MSP are re-elected for a further term of office as co-Convenors. Proposed by Paul Okroj and seconded by Rob Gowans. We haven't received any additional nominations.

Agenda item 3

Appointment of Secretary

Proposing that Voluntary Health Scotland be re-appointed Secretary for the next 12 months.

Proposed by Anne Meikle and seconded by Allan Faulds.

Agenda item 4

Annual Return

VHS will prepare the Annual Return as required by the Scottish Parliament and will submit this once signed by a Co-Convenor. This will be publicly available via the CPG web page.

Agenda item 5

Approve minutes

Approved minutes of the previous meeting held on 21 February 2024.

Proposed by Rob Gowans and seconded by Lucy Wharton

Agenda item 6

Approve new members

The following organisations have requested to be approved as members of the CPG:

[NESTA Scotland](#)

[CHEX Community Health Exchange](#)

[Feed UK](#)

[Bipolar Scotland](#)

[We Are With You](#)

The above organisations were approved as members of the CPG.

Agenda item 7

Discussion topic- Third Sector and Health Inequalities

Presentations from:

- **Tejesh Mistry, Chief Executive, Voluntary Health Scotland (VHS)
The Vital Health Sector**

- **Steven Sweeney, CEO, Voluntary Action South Lanarkshire (VASLan)**
The impact of funding cuts on health #Keepthebeatalive
- **Allan Faulds, Senior Policy Officer- Health and Social Care Alliance Scotland (the ALLIANCE) Stretched to the Limit**

Tejesh Mistry, Chief Executive, Voluntary Health Scotland

- Tejesh outlined that there has been a lot of reaction from the third sector following last week's Programme for Government statement.
- The third sector is in a precarious position and this is a good time for a reset to think about why the sector does what it does. Essentially, it's because we see people struggling. There are increased mental health challenges, rising drugs deaths, food deserts and increased social isolation and loneliness.
- He attended the Edinburgh CLW Network meeting on 11 September where their GP clinical lead, Dr Peter Cairns, talked about 'basic needs not being met'
- Tejesh talked about how we are in a perfect fiscal storm. SCVO has been tracking what is happening to the third sector in relation to this. It has found that 60% of third sector organisations are having to use their cash reserves and 77% of third sector organisations are facing direct financial challenges around their costs and cash flows.
- There are ongoing issues around short-term funding and what that means for third sector organisations' services, their staff and the people they support.
- How do we work as a system and a society? In the sector we are seeing a power struggle between commissioning, public sector and the third sector. The sweet spot is in collaboration, using strengths from both sectors for the benefits of our communities.
- The key to the success of the third sector is to 'getting to the heart of what really matters'. We are using our skills to be person-centred and work constructively with people; the third sector's skillset is crucial.
- People are 'held' by third sector in their communities. If they aren't held in that community space, they are going back to using emergency services and joining waiting lists, or worse, going missing. Tejesh referenced a conversation with a speech and language therapist who used to say that 'people did not attend' appointments. However, they have now understood that is the wrong terminology. We should say that they were 'not brought, not held and not supported to access the service.'
- He reiterated that we need to think about those communities we support and share examples of the great stories we know where the sector has 'held people.'
- Brian Whittle spoke about the importance of the third sector and how the statutory and third sectors should work in tandem rather than the statutory sector holding all the cards. He did ask the group to consider whether there are too many third sector organisations doing similar activities and whether it is feasible for all third sector organisations to keep going?

Steven Sweeney CEO, Voluntary Action South Lanarkshire

- Steven started by saying that it can be difficult to articulate what a Third Sector Interface is and does.
- He outlined some of the key headlines from VASLan's activity report for 2023/4.
- One of their key challenges is that the direction from Scottish Government can be very subjective and it can be hard to quantify impact.
- Their [Keep the Beat Alive](#) campaign came about following feedback from organisations about deepening health inequalities and the importance of keeping the third sector going to mitigate these.
- To support their members, they knew they needed to take a risk and step into the campaign space to respond to what they were facing. Steven showed the group their campaign video which outlines the need for more collaboration with the public sector that will translate into real action. Their 3 asks are:
 - recognise our value,
 - be smarter about funding and
 - meaningfully engage with them.
- 100 local organisations were involved in co-producing the campaign
- The overall aim is to influence at a local and especially national level to ensure that the value and impact of third sector at a local level is recognised.
- Their campaign website has 4 [videos](#) featuring stories from people from south Lanarkshire.
- 24 third sector leaders in South Lanarkshire passed a motion to adhere to the campaign as much as possible, check where the Council is in meeting the asks and identifying what requires change.
- There are plans to work with NHS and build cross-party support, with a Parliamentary reception being held in January 2025.
- Education is one of the key building blocks for health and we need to reform education to meet young people's needs.
- The third sector is a significant employer in south Lanarkshire and cuts to jobs would have a massive impact on employment in the authority, especially if jobs are cut to save public sector roles.
- Availability of community spaces is key to supporting people in the community.
- If we want to provide the right conditions for the third sector to tackle health inequalities, we need proper strategic investment, open and transparent commissioning, long multi-year funding and proportionate reporting and evaluation.
- Brian Whittle commented that we often think in terms of statistics rather than people. How do we assess what success looks like?

Allan Faulds, Senior Policy Officer, The Health and Social Care Alliance

- Allan talked about their [Stretched to the Limit](#) report, looking at the cost-of-living pressures on the third sector, including rising costs associated between funding being secured and not.
- Short notice periods for organisations and staff have a detrimental impact which ripples down to the communities and services they support.
- Allan reiterated that we need to reflect on **why** we need a strong third sector and its importance to people's health and wellbeing.
- Brian Whittle asked about whether data is being used to shut services down?

- Brian outlined that the third sector has been under more pressure than ever. The powers that be are within local government or statutory services and less of this funding is filtering down to the third sector. This means that they are picking up more of the health burden with less of the finance, leading to them reaching breaking point.
- Is decision making at a council level using this data as a way of not funding organisations?
- Brian also outlined the importance of the third sector's role in supporting people's health and providing support that the statutory sector can't.
- He asked the group about the working relationship of the statutory and third sectors for the benefits of patients, whether people think they are spread too thin, how the third sector can work better together and how we measure success? Would it be worth trying to pull together a report around these questions? Ultimately how do we create an environment where the third sector is better funded and more integrated and appreciated?

Questions and discussion

- Paul Okroj from Chest Heart and Stroke Scotland commented that we need to think more strategically as a sector. He asked where the third sector voice was in the NCS consultation and emphasised that we can't keep being the passive sector. What can we do collectively in the next 5 to 10 years, starting with the NCS bill and what can the CPG do to help with this?
- Brian Whittle commented that we have a direct conduit here to make amendments to the NCS stage one bill. He would welcome direction from the group on how to interact with the bill and suggest amendments. **ACTION Brian Whittle and group to discuss follow up**
- Allan Faulds, The Alliance, referenced the work they have been doing with CHSS on the NCS bill, especially around ethical commissioning and how this supports the delivery of services. The Alliance has also been involved in discussions around recognising the third sector in economic strategy. Why has the 10-year commission on reform of local taxation not evolved as it could impact amount and sustainability of funding for councils which could filter through to the third sector?
- Tejesh Mistry, VHS, commented that there has been significant momentum previously around the wellbeing economy and community wealth building but that this is now stalling. This can be in some way attributed to the change in Cabinet.
- Brian Whittle commented that local taxation has been on the agenda for a long time. However, he did caveat this, saying that the need to raise more money doesn't equate to getting it. Strategic change is needed to change the mindset e.g. investing in education.
- Rob Gowans, The Alliance, expressed his frustration that we are still talking about early intervention and prevention 13 years on from the Christie report. We all agree what we need to do and we get lots of public commitments of support; however prevention spending still gets cut. How so we get that decisive shift to early intervention and prevention?
- Brian Whittle asked whether there is an increase in presentations to A&E because of third sector cuts?

- Steven Sweeney, VASLan, replied that there will be more people appearing at hospital as a result of third sector cuts and local and national leaders are now convinced that prevention works.
- Steven Sweeney disagreed with Brian's earlier comment about there being too many third sector organisations and stressed the importance of choice when accessing services. He reiterated the need to improve partnerships and develop local consortia. Local success is about people and what matters to people, it's about communities looking after themselves.
- Becky Wood – Recovery Scotland, talked about their work running two recovery communities. They work closely with statutory services and utilise both volunteers and low paid workers. She knows they make a difference and are loved by their community and can prove it with statistics. However, they are still expected to do more for less.
- Christine Carlin, VHS, commented on the lack of reference to the third sector in the Programme for Government.
- Roisin Hurst, VHS, commented on the role of the third sector organisations during Covid. The country would have collapsed without them so why can't the lessons learnt from this time be acted upon.
- Salena Begley, Family Fund, agreed that if we face a similar crisis in future, the country will need the third sector as a creative and innovative force.
- Brian commented that he would be happy to submit a letter to Cabinet Secretary for Health about the group's concerns regarding the omission of the third sector from the Programme for Government. Tejesh will also be meeting the Cabinet Secretary next month and will raise this too. **ACTION – Tejesh Mistry and Brian Whittle**
- The group were encouraged to email Brian Whittle or Emma Harper with any ideas to get this discussion into the conversations in chamber. Brian.Whittle.msp@parliament.scot and Emma.harper.msp@parliament.scot

Agenda Item 8

- Sarah Van Putten, LifeCare Edinburgh, asked about whether the CPG will be discussing the impact of winter fuel payments being stopped.
- Brian Whittle replied that he can take instruction from the group on this.
- Tejesh agreed that we could consult within the group and come back on this. **ACTION: Tejesh Mistry and Brian Whittle**

Agenda Item 9

Next meeting date:

TBC Tuesday or Wednesday in early December. **ACTION: Lauren Blair**