

Health Inequalities – Third Sector Briefing Paper for the Ministerial Task Force

In 2008 Equally Well highlighted a number of priorities and recommendations to identify actions to reduce widening health inequalities in Scotland. However, recent reports from the Public Audit Committeeⁱⁱ, Audit Scotlandⁱⁱⁱ and Glasgow Centre for Population Health^{iv} amongst others, highlight the complexity of the issue and the slow progress being made, with significant challenges remaining in some of the most deprived areas.

As representatives of a wide range of third sector interests, we welcome this opportunity to engage directly with the Ministerial Task Force on Health Inequalities. As national intermediaries we collaborate strategically to ensure that the third sector, community and service user experience is fully taken into account in shaping national policy. We welcome the reconvening of the Task Force to review the effectiveness of current policy, respond to new information and knowledge about what has worked to narrow inequalities, and to listen to community views on the best way forward^v.

Introduction

As part of Equally Well, the Task Force recognised the important role of the third sector in tackling health inequalities:

“Third Sector organisations can be very effective in addressing the wider factors underlying health inequalities. Where Third Sector services demonstrate that they contribute to meeting local outcomes and priorities, they should be given the resources by their funders and commissioners to allow services to be maintained, developed and made more financially sustainable”.

Given the nature and extent of increasing health inequalities, the third sector recognises the urgency of working together, and with public sector partners, in shaping and implementing policies that have direct impact and bring about significant change for those people directly affected.

We also share the view of Harry Burns, Chief Medical Officer, that short-term and piecemeal projects will not make significant inroads into narrowing the health inequalities gap. The CMO has highlighted the importance of long-term sustained funding and political support for initiatives.

Themes

NHS Health Scotland highlights the following three recommendations, taken from the *WHO Final Report of the Commission on Social Determinants of Health*^{vi}, that should be pursued to reduce health inequalities:

- To measure and understand the problem
- To improve daily living conditions
- To tackle the inequitable distribution of power, money and resources

At a meeting on the 9 April 2013, third sector representatives met to discuss the priorities and challenges for the sector, and the evidence base surrounding asset-based approaches, community development and partnership working. The main themes we identified echoed the recommendations from NHS Health Scotland. Building on these, we agreed that the following themes should form the basis of our discussion with the Task Force on the 16 April 2013:

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1. The third sector has a track record and rich evidence base of supporting community-led/person-centred solutions with a focus on capacity building and empowering people, self-management and asset-based approaches, and the subsequent impact of this on health inequalities. However, this is still not well understood by all public sector partners and consequently the third sector is not effectively harnessed as a resource in terms of the health inequalities agenda. Grassroots initiatives, such as befriending schemes, community hubs, lunch clubs and walking groups, build social capital and can help prevent and reduce inequalities. Further work needs to be undertaken to articulate the contribution of the third sector to narrowing the gap around health inequalities, as well as how to measure initiatives and projects, and use this evidence to inform on a larger scale.
2. There needs to be discussion around a joined-up approach to address the need for working at all levels to tackle the inequitable distribution of power, money and resources. There should be a holistic approach, starting up-stream, to address the underlying causes of health inequalities and prevent them undermining people's life chances. There should be a focus on preventative work and early interventions; this requires looking at the wider determinants of health including children's pre-birth and early years, education, income, employment, housing, transport and social networks.
3. There also needs to be discussion around mainstreaming and scaling up successful third sector approaches, particularly within the current economic climate. The third sector is still far from being an equal partner with the public sector in terms of planning, commissioning and service delivery, due to structural and cultural challenges. There should be an increased focus on capacity and partnership at a strategic and operational level, as well as the awareness of what is available locally to enhance health provisions. Addressing the wider determinants of health requires multi-disciplinary and multi-agency working if real progress is to be made tackling health inequalities; there should be a focus on public participation and co-production, and public-social partnerships.

We also identified the following areas for consideration:

- The need for effective and equal working relationships and partnerships between the third sector and public sector, in particular at community planning partnership and health and social care partnership levels.
- A more integrated, joined up and focused approach across key areas including health, social care, education, employment, housing, justice and sport.
- The barriers to healthcare that can adversely impact on health outcomes for particular groups, e.g. people with mental health and long term conditions, and BME and LGBT communities.

Contributors

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- ⁱⁱ (2013) Public Audit Committee, 1st Report, 2013 (Session 4) Report on Health Inequalities http://www.scottish.parliament.uk/S4_PublicAuditCommittee/Reports/paur-13-01w.pdf
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