**Voluntary Health Scotland Response**

**Lord Smith of Kelvin’s Commission on the Devolution of Further Powers to the Scottish Parliament**

**Introduction**

Voluntary Health Scotland is pleased to engage with the Smith Commission to articulate our members’ views on the future of devolution in Scotland.

We are the national intermediary for a network of voluntary health organisations and workers. We have a diverse and rich membership ranging from large national health charities to small, local service providers, and members’ interests span service planning and provision, prevention, early intervention, self-management, advocacy, and support for service users and carers.

This response includes a range of perspectives from our member organisations. It has been informed by conversations in the voluntary health sector specifically around devolution and the future vision for Scotland, and our wider programme of engagement around health inequalities. Over the last 2 years, Voluntary Health Scotland has worked extensively throughout the third sector to:

* raise awareness of health and social inequalities
* examine and evidence the third sector contribution to tackling these inequalities, and
* promote the need for cross-sectoral and cross-issue working, through a range of policy areas and between statutory, voluntary and independent sectors.

**Health inequalities**

Different groups of people in Scotland have very different health outcomes and experiences. The gap in health outcomes between the most and least advantaged groups in society is widening. This is what we meant by the term, health inequalities. People who may be disadvantaged, have a lower level of income or a lower level of education are more likely to have greater health problems, be sicker for longer and die at a younger age than more advantaged groups.

Evidence shows us that these inequalities manifest at the earliest stage in life, and their impact builds throughout a person’s life. The inequality gap between our most and least deprived communities is clearly evident in children’s health statistics: low birth weights (31% vs 13%), dental health issues (81% vs 54%) and obesity (25% vs 18%). Research from the Social and Public Health Sciences Unit[[1]](#footnote-1) also shows that these health inequalities continue to widen until around the age of 60, at which point the most deprived/disadvantaged start to die. Looking specifically at areas in Glasgow, a man living at Jordanhill can expect to live nearly 76 years, but a man living in Bridgeton is only expected to live 62 years.

In Scotland, we have a range of policies and strategies in place to tackle these inequalities. But it is increasingly apparent that we are not doing enough. The good news is that health inequalities are not inevitable and they can be solved. However, in order to do that, we need to be able to create conditions that will enable a fair and equal society.

**Health and social inequality is one of the biggest challenges for Scotland.**

**How can devolution help tackle this problem?**

Improving health isn’t just about working in the health sector. People’s daily lives are affected by a complex set of social, economic and political determinants and conditions. We need to be able to work across sectors to eradicate poverty and change the conditions that contribute to poor health. Mechanisms in Scotland need to be able to address the wider environment to prevent health inequalities, and tackle the fundamental, structural causes to eradicate inequality. Tackling the fundamental causes will involve policies that redistribute power, money and resources and prioritise social equity and social justice.

We strongly recommend that the Smith Commission take these considerations into account and put people at the heart of any conversation around devolution. Recommendations for devolved powers should adequately reflect the need to tackle health inequalities, and concentrate on the priorities, needs and health outcomes of the Scottish people. This should be the starting point for all considerations around devolved powers.

**A successful future**

Success means better societies and better opportunities for everyone. We believe this success means that:

* inequalities and poverty are abolished
* people are at the heart of decisions that affect their lives
* structures are focused on improving people’s lives, and
* people can realise their potential and contribute fully to society.

In Scotland, we have a chance to shape this vision and create the conditions that will enable Scotland to flourish. However, it is imperative that we get this right, it is imperative that we make a better future for everyone in the long run.

**Timescales**

During the referendum campaign the three pro-UK political parties committed to a timetable on agreeing further powers for the Scottish Parliament, concluding with the publication of draft clauses in January 2015. We are concerned that this is a challenging timetable, which does not reflect adequate time for public engagement and consultation, transparency and accountability. The process of successful devolution that has people at the heart of decisions, above financial and political considerations, may be a longer process than the political timescales allow. We are not sure that it is possible for effective and meaningful devolution to be created within timescales currently structured. On behalf of our members, we urge the Smith Commission to ensure that its recommendations focus on creating the best outcomes for people and that this is reflected in timescales for future action.

**Constitutional affairs**

In order to have meaningful impact, the Scottish Parliament needs to have appropriate legislative competence. Where powers are to be devolved, agreements should be in place to allow for coherent policy making and legislation, and its delivery. Devolved powers should not merely reflect administrative duties or allocation of funding, Scottish Parliament should be able to utilise its own abilities, and not be constrained by factors such as the ‘parity principle’ as seen in Northern Ireland. We agree with the Scottish Government, that the Sewel Convention should be given statutory force.

**Devolved powers**

Any devolved powers should be centred on how to make lives better for the people of Scotland. The focus should be on the reduction of poverty and poor health and having the mechanisms to meaningfully address this. These mechanisms should focus on tackling the root causes of inequality and ensure that all people in Scotland have access to stable income, adequate and healthy food, education, appropriate services to meet their needs, and a good standard of housing. They should also support people to meaningfully participate in society and reduce stigma and barriers that prevent this participation.

On behalf of our member organisations, Voluntary Health Scotland proposes that the Smith Commission’s considerations could focus on the further devolution of powers in the following areas.

**Welfare**

The Smith Commission’s considerations should centre on creating the conditions for a fairer welfare system that supports all people as and when they need it. *Re-thinking Welfare: Fair, Personal and Simple*[[2]](#footnote-2)highlights the importance of an effective social security system to social cohesion and the health, wellbeing and life chances of its population. The expert working group noted that Scotland’s social security system should be a safety net, and importantly, a springboard to a better life wherever that is possible. There should be a focus on supporting individuals and ensuring that conditions do not marginalise or exacerbate inequalities.

**Employability and job support**

The Smith Commission’s considerations should centre on creating the conditions to support people to find employment and support them within that employment. This should include employment and employability policy which addresses job creation, employment conditions, training and improving working conditions.

The World Health Organisation[[3]](#footnote-3) highlights the important role played by employment relations and conditions as a key social determinant in shaping health inequalities. The Institute of Health Equity (IHE)[[4]](#footnote-4) show that spending time not in employment, education or training (NEET) has a detrimental effect on physical and mental health. This is due to an increased likelihood of unemployment, low wages, or low quality work later. This effect is greater when time spent NEET is at a younger age or lasts for longer and occurs more often among more disadvantaged or deprived societies. Their research shows that reducing the proportion of people NEET could help to reduce health inequalities. Further devolved powers (and making full use of existing powers) to address job creation, employment, training and working conditions could make a valuable contribution to reducing health inequalities related to social determinants of health.

**Equality and human rights**

The Smith Commission’s considerations should centre on creating the conditions to make Scotland an equitable and equal place to live for everyone. There should also be significant focus on developing and empowering the population to participate in decisions that affect their lives.

**The** NHSScotland Quality Healthcare Strategy[[5]](#footnote-5) shows a clear commitment **to understanding the needs of different communities, eliminating discrimination, reducing inequality, protecting human rights and breaking down barriers that may prevent people accessing services. This commitment should underpin all equalities legislation.**

The Scottish Government has stated it will continue to implement the Public Sector Equality Duties in Scotland regardless of UK government changes to the Equality Act. The ability to maintain and enhance these rights in legislation would be integral with positive developments in social policy in Scotland, underpinning social justice.

**Taxation**

The Smith Commission’s considerations should centre on whether greater control over tax raising powers would further increase equality in Scotland. NHS Health Scotland[[6]](#footnote-6) notes that action to reduce economic inequalities and policies which use legislation or taxation are more likely to be effective at reducing health inequalities in Scotland.

The Marmot Review[[7]](#footnote-7) highlights that the taxation system in the United Kingdom disadvantages those on lower incomes. The benefits of lower direct tax rates for those on lower incomes are cancelled out by the effects of indirect taxation. People on low incomes spend a larger proportion of their money on commodities that attract indirect taxes. Devolution of the tax and benefit system could enable Scottish Parliament to do more to redistribute income, reduce poverty. This could reduce the social gradient and provide a minimum income for healthy living standards and pathways for moving upwards, therefore tackling social and health inequalities.

Considerations could also focus on whether control over tax raising powers would offer increased opportunities to make decisions about how to fund devolved issues in the future, for example, health and social care. If devolved, the Scottish Parliament could ensure that raised funds are used to reduce inequalities and empower people to live healthier lives.

Considerations could also focus on health related taxes as a way to improve public health and reduce health conditions that include obesity, heart disease, diabetes and a range cancers. This may include any tax levied at a higher rate on items that are considered unhealthy, for example, junk food, sweetened drinks and tobacco products. However, any such considerations should be examined to ensure this does not have a detrimental effect on communities, for example, some evidence suggests that reducing access to energy dense foods could lead to increasing food poverty.

**Conclusion**

We hope the Smith Commission considers devolving certain aspects surrounding the wider determinants of health. This could create the conditions to effectively and holistically tackle health inequalities in Scotland by reducing poverty and poor health. We believe that devolution in certain areas could make a significant contribution to tackle these issues.

However, this needs to be accompanied by an appropriate framework for the Scottish Parliament to allow for coherent policy making and legislation, and be undertaken within a suitable and appropriate timescale.

Improving the lives of people in Scotland is a lengthy process that requires sustainable commitment and political will. Devolution could be the starting point for that process. We urge the Commission to build on the will for change and improvement demonstrated by the people of Scotland through the referendum campaign.

**Further Information**

Should you wish to contact Voluntary Health Scotland regarding the contents of this response, please direct enquires to Susan Lowes, Policy and Engagement Officer at susan.lowes@vhscotland.org.uk, 0131 474 6190.

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1. http://www.biomedcentral.com/1471-2458/11/947 [↑](#footnote-ref-1)
2. http://www.scotland.gov.uk/Publications/2014/06/7760/0 [↑](#footnote-ref-2)
3. http://www.who.int/social\_determinants/resources/articles/emconet\_who\_report.pdf [↑](#footnote-ref-3)
4. https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/355771/Briefing3\_NEETs\_health\_inequalities.pdf [↑](#footnote-ref-4)
5. http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf [↑](#footnote-ref-5)
6. http://www.scotland.gov.uk/Resource/0041/00412226.pdf [↑](#footnote-ref-6)
7. http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review [↑](#footnote-ref-7)