Taking Scotland Forward - delivering a healthier Scotland – MSP briefing paper for 7th June 2016

The role of the voluntary health sector

1. *VHS is the national network and intermediary for Scotland's voluntary health organisations, large and small, national and local.* VHS's role is to promote greater recognition of the voluntary health sector and support it to be a valued and influential partner in health and care.

2. Voluntary health organisations are a key, but overlooked, player in delivering a healthier Scotland. Their work spans adult and children's physical and mental health, public health and health inequalities.

3. Voluntary health organisations include:

   - Voluntary sector providers of health and social care services
   - Voluntary organisations that carry out research, advocate and/or campaign on specific health issues, conditions and disabilities
   - Community-led organisations that promote and support health improvement and healthy living at a local level
   - Volunteer-led and user-led support groups of people with shared health conditions.

4. The sector supports people with specific health issues or conditions like diabetes and mental illness – as well as geographical communities and communities of interest. Its work is cross-cutting and responsive. For example, Fife Society for the Blind supports blind people who also have to cope with hearing problems, mobility issues or are recovering from a stroke; they work with clients to build confidence and alleviate social isolation and they support unpaid carers. This illustrates how the sector takes a person-centred, holistic and flexible approach to people's health needs.

Health inequalities

5. **The widest health inequalities in Western Europe**: Despite Scotland's health improving over recent years, the health prospects of a child born today - whether a few underground stops apart in Glasgow, or separated merely by a tram stop in Edinburgh – are largely determined by address. A child born in Bridgeton, not Jordanhill, or Bankhead, not Balgreen, can expect to get sick more and die younger.

6. **Lack of strategy**: The Scottish Government should commit to developing and implementing a comprehensive strategy for tackling health inequalities. Policies to date (including the 2009 Equally Well framework) have had little or no impact. The Scottish Parliament's Health and Sport Committee reported in 2015 that:

   "despite many well-intended initiatives, none have made any significant difference. Indeed,

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although health is improving, it is doing so less rapidly than in other European countries and although the latest figures are a little more encouraging, health inequalities remain persistently wide."

7. The strategy needs to be joined up with other strategies, including mental health, public health, and health and social care integration, and supported by clear communication and action plans. It should be driven by and accountable to Ministers. It must focus strongly on the prevention of health inequalities as well as their reduction and mitigation.

8. **The voluntary health sector is an asset and resource**: VHS has a wealth of evidence, through the 2015 *Living in the Gap* report and its role as Secretariat of the Cross Party Group on Health Inequalities, of the voluntary health sector's expertise and experience in addressing health inequalities. As well as providing accessible services and positively discriminating in favour of disadvantaged people and places, the voluntary sector works to tackle the fundamental causes of health inequalities, which are rooted in social and economic conditions. The sector contributes to the economic and educational opportunities necessary for good health, creates good places for people to live, and helps redistribute power and resources by involving the poorest and hardest to reach in finding solutions.

Public Health

9. **Strategy and partnership**: VHS represented the voluntary sector on the Public Health Review and welcomed the publication of the report of the Review (February 2016). Voluntary health organisations are clear that a radical national public health strategy is needed, one which will shift public health into an arena where the focus is health inequalities and where the role of local authorities, the voluntary and independent sectors are given far more weight.

10. **Partnerships**: Responsibility for public health needs to be shared widely across organisations, communities and individuals – there's a need for more coherent action and a stronger public health voice in Scotland, especially in addressing the social determinants of population health.

Integration of health and social care services

11. **Progress or risk?** With thirty-one new Health and Social Care Partnerships led by thirty-one Integration Authorities, the voluntary health sector has posed the question: do we also need fourteen health boards? The integration of health and social care could be the radical first step towards a new kind of NHS, helping transform it into a service that is health promoting and giving, rather than a service primarily for dealing with people's ill-health. Voluntary health organisations want to be part of this debate because a radically new kind of health service is what is needed. At the same time, voluntary organisations are very wary about further health board reorganisation at a time when the integration agenda is making new demands of it as well as offering new opportunities. There needs to be a debate.

12. **Integration authorities and health inequalities**: There is need for more clarity on what the role of Integration Authorities will be in addressing health inequalities and related causal factors such as housing, homelessness, social isolation and loneliness.

13. **The National Clinical Strategy** (published February 2016) has been branded by some voluntary health organisations as "underwhelming". There's a perception that it was put together without real consultation and with little sign that the Healthier Scotland Conversation was an influence on it. The Cabinet Secretary's report on the Healthier Scotland Conversation was published in March, i.e. after the National Clinical Strategy, so what assurances will the Scottish Government give that the views of Scotland's people and communities will in any way influence future health strategy?

Mental Health

14. **Prevention**: The approach to mental health in Scotland is largely an illness model focused on crisis-intervention and treatment. It must shift its focus to prevention of distress and the promotion of good mental health and wellbeing for everyone in Scotland, by right (as proposed by the [Scottish Mental Health Partnership](#)).

15. **Strategy**: Prior to the May elections, the Scottish Government was consulting informally and selectively on its next mental health strategy. With the SNP's manifesto commitment to creating a 10 year strategy, what now happens with the proposed shorter term strategy? VHS welcomes the Cabinet Secretary's proposal for a robust consultation process on the 10 year strategy and is keen to know exactly how the voluntary health sector will be actively consulted and engaged in this.

16. **Strategy content**: The next Mental Health Strategy must engrain a real (not rhetorical) shift to prevention; must be rights-based, must take a stigma-reducing approach and include measures to address social isolation and loneliness. Make it a strategy that will build social capital, community resilience and capacity to enable the most vulnerable to grow their social networks and connections.

17. **Social Isolation and Loneliness**: A recent study by the universities of York, Liverpool and Newcastle found that loneliness and social isolation have been linked to a 30% increase in the risk of having a stroke or coronary artery disease. The voluntary health sector is uniquely placed to work closely with the most vulnerable groups in our communities and should be consulted on how best to work within and across sectors to address this issue. Tackling social isolation and loneliness must be a key element of Scotland's next mental health strategy.

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