

# Sounding Board: Health Inequalities: 17 October 2013



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## Introduction

Voluntary Health Scotland's mission is to maximise the impact of the voluntary sector on people's health and wellbeing throughout Scotland. Working with a wide range of voluntary organisations, central and local government bodies, health boards and other groups, our focus is on building and promoting the sector's influence.

As part of our commitment to building a fairer, healthier and stronger Scotland, Voluntary Health Scotland held a Sounding Board on Thursday 17 October 2013. The purpose was to examine and discuss the third sector contribution to narrowing health inequalities in Scotland. This also formed part of the first Challenge Poverty Week, and mark the Annual United Nations Day for the Eradication of Poverty.

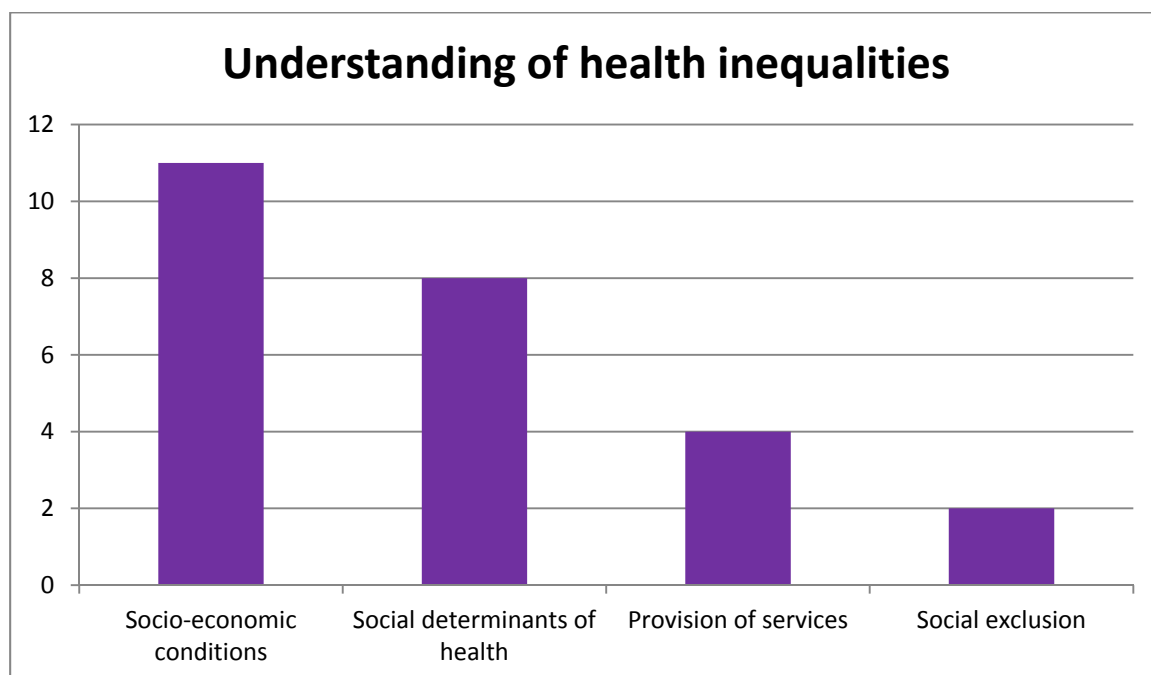
27 representatives from across the voluntary, statutory and academic sectors, attended the Sounding Board. NHS Health Scotland, The University of Edinburgh, and ASH Scotland presented on the day and this was followed by group discussions to discuss what people understand by the term health inequalities, explore opportunities and challenges experienced within the third sector, and determine what additional support is needed.

# Findings

## What is your understanding of health inequalities?

### “Early death, sick more”

We asked attendees at the beginning of the Sounding Board to discuss in groups what people’s understandings of health inequalities were. These were written on post-it notes and displayed at the front of the room. Many post-it notes described a range of answers, while some specifically focused on one main issue.



11 responses referred specifically, or included reference to, socio-economic conditions, relating to poverty and position in society.

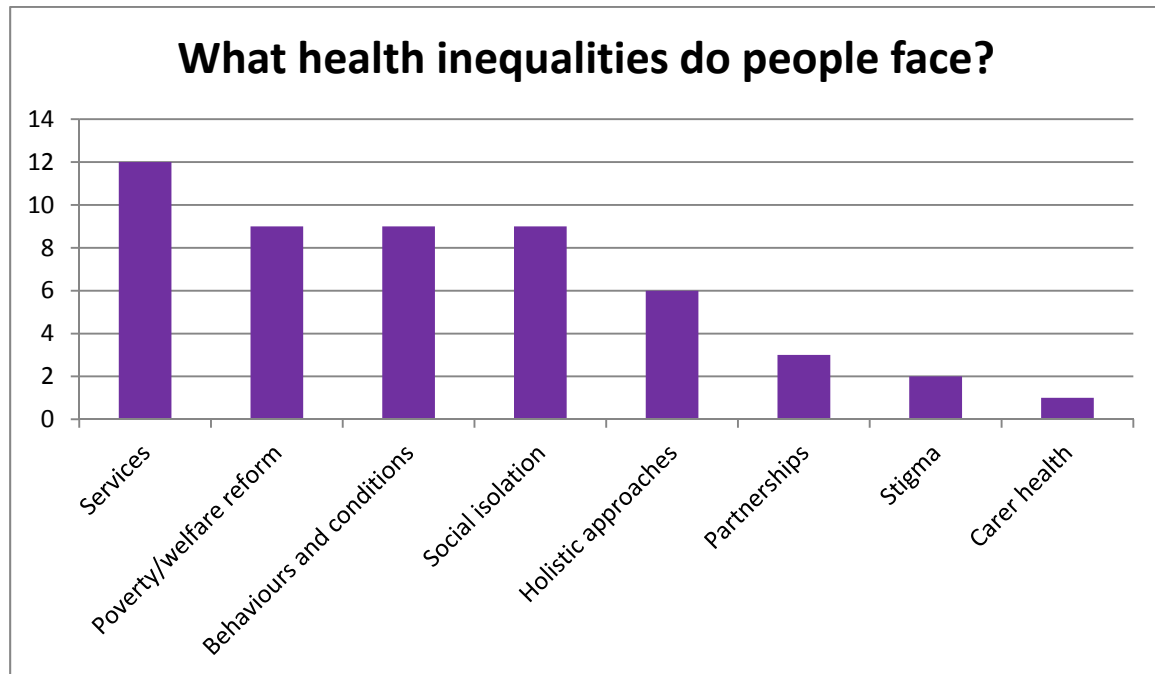
8 responses described a situation referred to differences in the health of a population based on a range of factors, more commonly known as the wider social determinants of health.

4 responses referred specifically to disadvantage relating to uneven levels of health service provision across Scotland and/or take up of these services.

2 responses referred exclusively to social exclusion, isolation and being trapped in situations beyond individual control.

## What health inequalities do the people you support face?

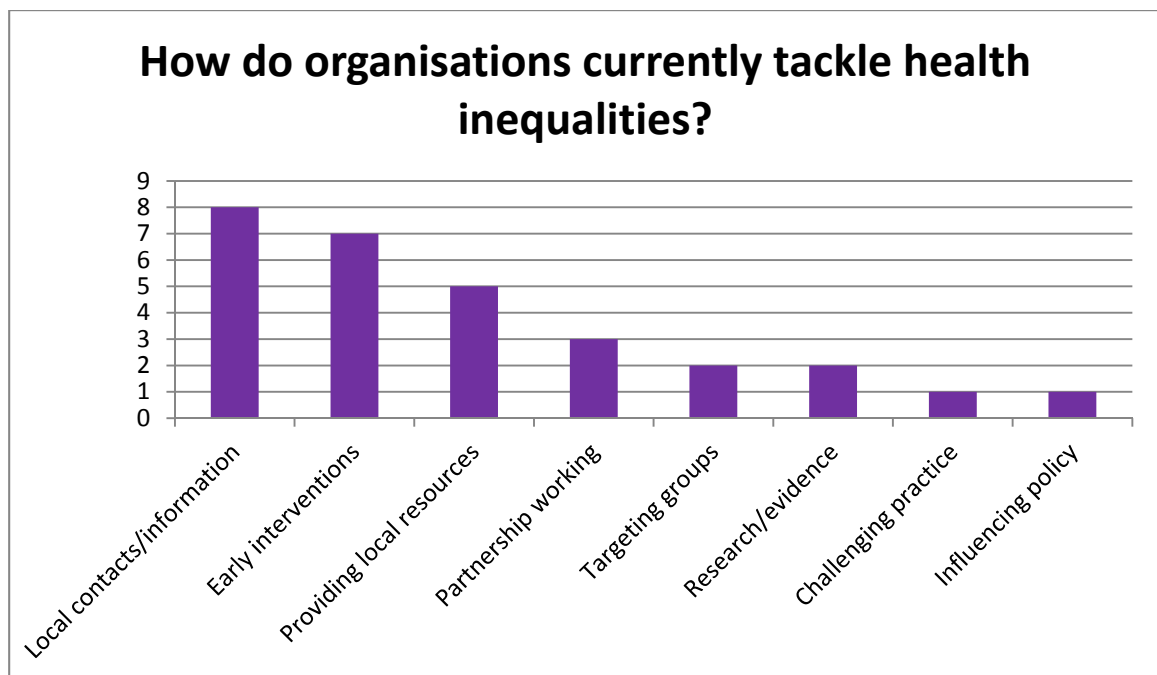
In groups of 4-6, we asked attendees to discuss the health inequalities that the people their organisations support are currently facing. The following themes emerged (in order of most incidence):



1. Services – these responses discussed the difficulties accessing appropriate services and highlighted the divide between systems of health and social care. They also accentuated the issue of ‘postcode lotteries’ and unequal distribution of services across Scotland, including different funding and support systems.
2. Poverty – these responses discussed the basic and cyclical effects of poverty on an individual, but also the wider impacts of welfare reform and austerity measures.
3. Behaviours/conditions – these related to specific health-related conditions such as heart disease, cancer and mental health. It also included reference to behaviours, such as physical activity and addictions.
4. Loneliness, social isolation and associated stress – incorporating individual psychological issues, support needs and, personal and community networks.
5. Holistic approaches – these referred to a more whole person approach to health and wellbeing, looking at culture, self-perceived quality of life and wider familial circumstances.
6. Partnership – this specifically relates to the lack of joined-up working across health and social care and the role of the third sector.
7. Stigma – this relates to cultural perceptions of people receiving support.
8. Carers - this relates to neglect of carer’s health and wellbeing.

## What are you doing to tackle these?

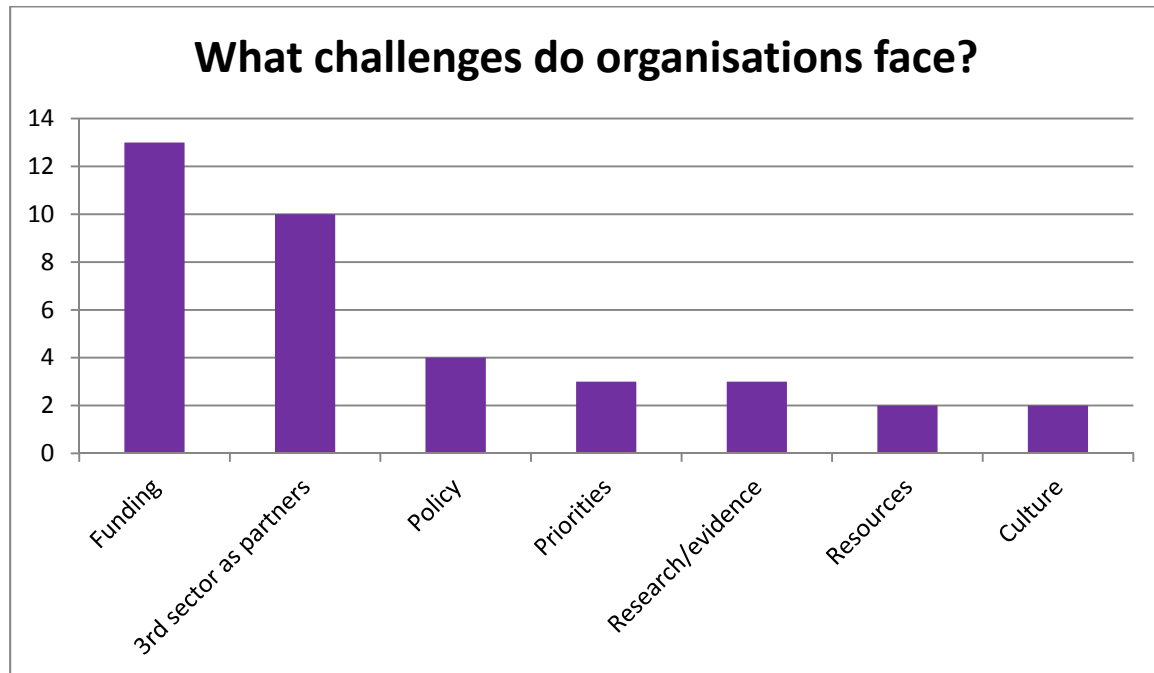
In groups of 4-6, we asked attendees to discuss the activities organisations undertake to tackle health inequalities for the people they support. The following themes emerged (in order of most used strategies):



1. Local knowledge/community – these responses specifically related to third sector organisations utilising specific local knowledge and working with communities to build capacity and provide community based opportunities.
2. Activities focused on early interventions, prevention and the reduction of harm, focusing around person-centred support. This includes incorporating a holistic approach and seeing individuals as a whole, rather than focusing on one aspect of care.
3. Providing local resources – this includes providing support and services, providing information and signposting, awareness raising, and offering local funding and training opportunities.
4. Partnership working – examples working with local partners to deliver health and social care.
5. Targeting – these responses specifically related to using community based knowledge to effectively target and prioritise disadvantaged groups.
6. Research/evidence - this includes commissioning and undertaking research to provide an evidence based to undertake new interventions. Providing evidence to show that not all groups and/or services can be ‘mainstreamed’.
7. Challenging poor practice within existing health and social care services.
8. Influencing local authority and Scottish Government policy at a number of levels.

## What challenges does your organisation face when addressing health inequalities?

In groups of 4-6, we asked attendees to discuss the challenges that organisations face when addressing health inequalities. The following themes emerged (in order of most incidence):

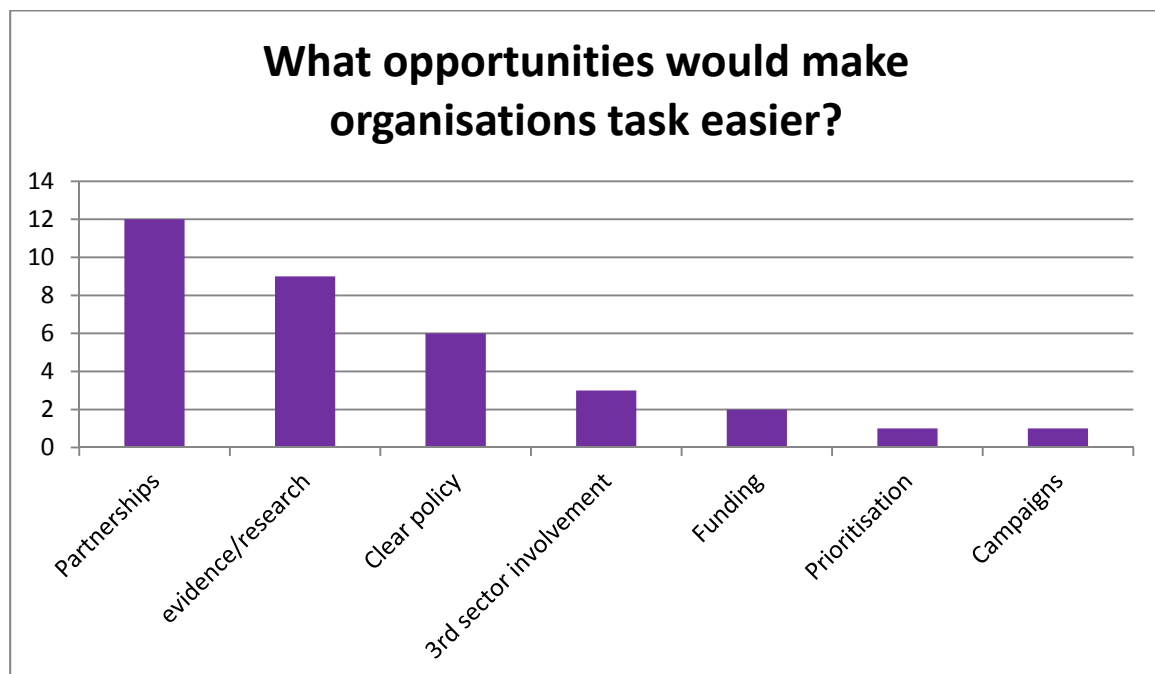


1. Funding – these responses indicated a number of challenges relating to accessing funding and fulfilling different systems and structures across statutory bodies, competition, providing evidence and demonstrating impact to funders, and the perceived preference for funding ‘new’ projects.
2. Third sector as partners – a large number of responses focused around the engagement of the third sector as a strategic partner. Concerns were raised about the complex landscape of organisations, equality in partnerships, cultural barriers, and a lack of respect for third sector partners.
3. Scottish Government/policy approaches – these responses indicated a concern for the prevalence of ‘top-down’ policy priorities that centre around medical models of health, do not engage communities, and purportedly influence behaviour change without having direct contact with service users.
4. Prioritisation – these responses referred to the structure of the third sector and its capacity to ensure that organisational priorities are transparent, ensuring that portions of populations/niche populations are not overlooked or effort duplicated between organisations.
5. Research/evidence – these responses indicated that there was no coherent evidence base across the sector to demonstrate effectiveness and evidencing impact.

6. Resources – this response indicated that there was a perceived lack of accessible information and training opportunities within the sector to tackle health inequalities.
7. Culture – these responses indicated the need for a culture shift to change existing beliefs about the sector and challenge stigma.

### Can you identify any opportunities that would make your task easier?

In groups of 4-6, we asked attendees to identify opportunities that could make the task of tackling health inequalities easier. The following themes emerged (in order of popularity):



1. Partnerships – these responses focused around opportunities to work in partnership with the statutory sector using co-production, co-terminosity and co-location. It involves respecting each other as equal partners, strategic partnerships, joint working and shared agendas when developing and implementing national policies, and sharing information.
2. Evidence/research – there was a significant amount of discussion regarding the role of evidence and research in the third sector. In particular, linking with academics and researchers to provide robust, independent research and the associated challenges of this, measuring and demonstrating impact within the sector and across other sectors, and gathering or holding a national repository of third sector evidence.

3. Scottish Government and political priorities – these responses included the need for joined-up policies, reducing silos, integrated services and connections between them.
4. Third sector involvement – these responses followed on from partnership working and specifically looked at the value of voluntary work alongside other services and the capacity of third sector organisations to connect policy officials and researchers with local communities.
5. Funding – these responses included greater access to longer-term funding and spreading good practice where evidenced, and better funding for the third sector in relation to policy change.
6. Prioritisation – ensuring there is a clear focus on who and what to focus on to reduce health inequalities.
7. Campaigns – this response highlighted the opportunities for national third sector campaigns to support messages to tackle health inequalities.

## Next Steps

### What can Voluntary Health Scotland, as a national intermediary, do to support you?

Finally, as a large group, we asked organisations how Voluntary Health Scotland can further support organisations to help them to tackle health inequalities. The group discussion identified the following:

- More of these kinds of meetings – with some scheduled for outside the central belt of Scotland.
- Providing opportunities for learning exchange between organisations, including sharing good practice, networking, learning what others are doing on the ground, and enhancing communications.
- Helping organisations demonstrate their value and evidence the effectiveness of interventions.
- Gathering information – publicising and bringing together information, research and evidence from a variety of different projects into synthesised papers, and reports for policy funding and research audiences. Putting this in the public domain and signpost where people can go to for further help.
- Translating policy information for other audiences and highlighting opportunities for influence and input.
- Providing more opportunities for policy, public sector and research audiences to engage with voluntary sector organisations.
- Helping to facilitate links between researchers and voluntary organisations.
- Advocate and lobbying activities on behalf of member organisations.

## Feedback

We contacted participants to find out what next steps they would be taking as a result of the Sounding Board. Here are some of their responses:

*We'll be thinking about how we integrate the new knowledge and develop our systems; processes and services as well as developing further partnership working*

*I will connect with some of the people I met with a view to future collaboration*

*Spread the word*

*Try to get everyone to narrow their thinking a bit into chunks as opposed to the big global picture of the word health*

*We just need to think about our work in a different way and think about our language and terminology*

*The need to engage across policy, third sector and research.*

## Contact

For further information about Voluntary Health Scotland and our work to tackle health inequalities, visit our website - [www.vhscotland.org.uk](http://www.vhscotland.org.uk) or contact Susan Lowes, Policy & Engagement Officer at [susan.lowes@vhscotland.org.uk](mailto:susan.lowes@vhscotland.org.uk) or on 0131 474 6190.



## Appendix 1 – Attendees

Frances	Bain	Paths for All
Clare	Beeston	NHS Health Scotland
Marjory	Burns	BHF Scotland
Sara	Collier	Children in Scotland
James	Evans	Voluntary Health Scotland
Sarah	Freeman	HIV Scotland
Elsbeth	Gracey	Community Health Exchange, CHEX
Matthew	Haggis	PF Counselling Service
Susan	Lowes	Voluntary Health Scotland
Michelle	Manzie	Scottish Care/Highland Third Sector Partnership
Gwenn	McCreath	Health in Mind
Colin	Millar	SPAEN
Audrey	Morrison	The Junction - Young People Health & Wellbeing
Lesley	Munro	Voluntary Health Scotland
Colin	Murray	EVOC
Lynn	Naven	Glasgow Centre for Population Health
Jacqui	Pollock	HIV-AIDS Carers & Family Service Provider Scotland
Tony	Redhall	Scottish Government
Tony	Robertson	Scottish Collaboration for Public Health Research & Policy (SCPHRP)
Tracey	Rogers	ASH Scotland
Owen	Siddalls	Edinburgh and Lothians Health Foundation
Katherine	Smith	The University of Edinburgh
Claire	Stevens	Voluntary Health Scotland
Claire	Tester	Scottish Government
Margaret	Totten	Counselling Services Scotland
Emma	Vinnie	Sleep Scotland
Liz	Watson	Befriending Networks

## Appendix 2 - Presentations

[Clare Beeston](#), NHS Health Scotland – Health Inequalities: What they are, where they come from and what we can do about them.

[Dr Katherine Smith](#), The University of Edinburgh – What do researchers think needs to happen to reduce health inequalities and what might be the role of third sector organisations?

[Tracey Rogers](#), ASH Scotland – The work of ASH Scotland in reducing health inequalities

The full presentations are available on the Voluntary Health Scotland website - <http://www.vhscotland.org.uk/third-sector-contributions-to-narrowing-health-inequalities/>