 **MSP BRIEFING**

**HEALTH INEQUALITIES DEBATE, 26 MARCH 2015**

**Introduction**

Voluntary Health Scotland (VHS) is the national intermediary and network organisation for the voluntary health sector. VHS works with its members to strengthen the voice, profile and influence of the sector. The sector works closely with the population groups that are thought to be at most risk of experiencing the effects of health inequalities.

**Key points**

* The voluntary health sector recognises the need for a new approach to tackling inequalities and has the insight, experience and potential capacity to be part of a new approach
* Any new approach must include a commitment to continue to support people to cope with the impact of inequalities in the present, i.e. continuing to tackle the lived experience of inequalities
* Tackling inequalities is only possible through partnership.

**Momentum**

There is a visible momentum in the drive to tackle (health) inequalities in Scotland. The Health and Sport Committee’s recent report was preceded by NHS Health Scotland’s Briefing on Health Inequalities for the 2015 General Election; and was followed by VHS’s own report, ***Living in the Gap*** *– a voluntary health sector perspective on health inequalities in Scotland*. Across these activities and others, there is a common acknowledgement that, in order to achieve long term change, policy and practice needs to move beyond health to embrace the core economic and social determinants of inequalities. This is the ‘new approach’ called for by the Health & Sports Committee. Policy will be focused on reversing and ending inequalities and the types of intervention to deliver this outcome will include: maximising household income and resources; and increasing economic and employment opportunities for women and families[[1]](#endnote-1).

**Implementing the ‘new approach’**

However, in scaling up the vision – to tackle the social and economic determinants of inequalities - we still need to encapsulate the detail of the lived experience. As inequalities become a macro, cross-sector and cross-agency concern, the ways that we deal with the day to day reality – living in the gap – is in danger of being pushed to the margins. ***Living in the Gap*** documents some of that reality and makes the case for an enhanced role for the third sector in addressing inequalities in Scotland. The report found that:

* Voluntary health sector activities mitigate the negative effects of health inequalities; and although this may primarily be downstream work, it is essential in terms of the lived experience
* The third sector takes a wraparound approach – holistic, person centred, joined up, responsive – and this creates significant opportunities in responding to the needs of our most vulnerable individuals and communities

Through a number of case studies the report also details the experience of living with health inequalities, e.g. Circle, which supports families across Scotland, offered this insight:

‘*We supported a single mother to undergo treatment for Hepatitis C that*

 *she had previously ‘put off’ for two years because of fears about being able*

*to care for her children over the lengthy recovery. Her support*

 *worker researched treatment types and identified alternative*

 *medication with a shorter convalescence time-span and the mother*

 *engaged with this treatment as a result.*’

Until health inequalities are ended, there needs to be a recognition that a considerable percentage of effort towards that end will be focused on mitigation and prevention. The single mother supported by Circle will continue to need that support towards recovery in order to ensure that the impact on both her and her children is lessened.

**Partnership and change**

In order to forge the most effective interventions to address health inequalities, the quality of partnership needs to improve. According to ***Living in the Gap***, the voluntary health sector is too often a junior partner, with the statutory sector setting the agenda. An Audit Scotland report echoes this: ‘Overall… frontline staff [i.e. in the third sector] felt excluded from partnership working aimed at tackling health inequalities’[[2]](#endnote-2). Audit Scotland states that ‘reducing health inequalities requires effective partnership working across a range of organisations. However, there may be a lack of shared understanding among local organisations about what is meant by health inequalities and greater clarity is needed about organisations’ roles and responsibilities.’

Our findings reinforce this point. The effectiveness of current systems and relationships – Community Planning Partnerships, Third Sector Interfaces – is questioned in ***Living in the Gap***. Systems are often too remote to feel relevant to the actual work of the sector. Equally there is concern that major changes stemming from health and social care integration may be too concerned about structure and not about optimising impact at the front line. The third sector and the public sector need to find solutions which will generate trust and underpin mutual progress. Developments such as locality planning and the Place Standard could be instrumental in making this happen. The integration agenda and the partnership structures need to focus on mutuality for the benefit of those in need.

1. Health Inequalities Briefing – Early Years, NHS Health Scotland [↑](#endnote-ref-1)
2. Health Inequalities in Scotland. Audit Scotland 2012. http://www.healthscotland. com/topics/stages/early-years/index.aspx [↑](#endnote-ref-2)