



Living in the Gap: a voluntary health sector perspective on health inequalities in Scotland

While Scotland's health is improving, the gap in health outcomes between the most and least advantaged groups in society is widening. We call this gap, health inequalities.

Living in the gap pulls together material from a wide ranging survey of the voluntary health sector about health inequalities in Scotland and illustrates the role of the sector through a series of case studies.

The report shows a vibrant, diverse and committed sector, making a difference to people's lives on a daily basis. The question posed is, 'what difference is the voluntary health sector making in addressing and, more importantly, redressing health inequalities?' Overall, the answer is 'a significant difference.' Examples are given of the positive interventions being made. Commentary is made by the sector about barriers and frustration. Recognition is given to the sector's capacity to mitigate impact for individuals, families and communities, and its aim to work further upstream before inequality sets in. Finally, the report focuses on the key issues facing the sector in its health inequalities work and possible ways forward.

Background

The overall health of the Scottish population has improved over the past 50 years¹. Scotland's former Chief Medical Officer, Harry Burns, has stated that there is nothing inherently unhealthy about the Scots; indeed, for most of the past 160 years, life expectancy has been average compared to several Western European countries². However, against this backdrop, health inequalities have increased dramatically, with the differential in life expectancy between those in the poorest and those in the most affluent areas providing a stark indicator. These inequalities are the product of various forces – economic, social, and historical. But they are not inevitable and they can be redressed.

The report demonstrates that the role of the voluntary health sector in tackling inequalities still appears to be insufficiently recognised or understood. Lacking the scale, volume and resources of the public sector, its programmes and activities are

sometimes presumed to be peripheral and insubstantial. *Living in the gap* challenges that presumption and places the sector's work in the context of developing public policy and firmly alongside the roles and activities of the other sectors. A significant amount of more detailed mapping remains to be done but it is clear in this report that the voluntary health sector is a key contributor in tackling health inequalities in Scotland, and that it has much more to offer.

Methodology

A qualitative and quantitative study was commissioned by VHS from *The Lines Between*.

A mixed methods approach was adopted, comprising:

- Context review
- Electronic survey
- Workshop observations
- Interviews and case studies
- Analysis and reporting

The content of the survey was informed by discussion with VHS members through a series of seminars and was designed to produce a snapshot of activity within the sector. It was distributed electronically to VHS members and partners and resulted in 161 responses. In addition, ten case studies were identified, interviewed and written-up, providing detailed illustrations of the sector's activities across Scotland and a range of issues.

Policy Context

Health inequalities were described by a former Chief Executive of NHS Scotland as '*probably the most complex (problem) that we face (with) no simple solution*'³. The direction of policy over recent years reflects this, moving outward from a health-specific focus to engaging with economic and social solutions. Recent research suggests that, for example, redistributive tax interventions have greater impact on reducing health inequalities than those focused on individual health behaviours⁴. Consequently, the allocation of resources is not straightforward, particularly

as the Scottish Government has limited powers in terms of welfare, tax and the economy, a fact noted by the Convenor of the Scottish Parliament's Health & Sports Committee in a debate on inequalities:

*'Even when we had the money, did we spend it wisely? Despite significant investment, in-work poverty is rising, educational attainment is falling and the health gap between different parts of the country is widening*⁵.

In 2007, the Scottish Government sought to make progress on health inequalities by establishing a Ministerial Task Force to identify and prioritise practical actions. Three social policy frameworks were published over the following two years – Equally Well, Early Years Framework and Achieving our Potential – all seeking to address the underlying causes of inequalities. The role of Community Planning Partnerships was put at the centre of driving progress across all fronts. This was followed by a focus on preventative spending and the establishment of the Christie Commission, which resulted in the Scottish Government committing to making a critical shift towards prevention and placing a greater emphasis on the importance of 'place' in addressing inequalities.

This commitment was reflected in the establishment of a number of 'Change Funds' designed to shift the focus from mitigation of symptoms to tackling root causes. The integration of health and social care functions under the Public Bodies (Joint Working) (Scotland) Act 2014 embeds this shift in a commitment to opening new ways of collaborative working and investing.

The Scottish Parliament's Health & Sport Committee's report on Health Inequalities⁶ in early 2015 reflected on the lack of impact of policies to date and the changes needed, including under new devolved powers, to make a real difference to the health inequalities gap.

Main Findings

According to respondents, the third sector works closely with the population groups that are thought to be at most risk of experiencing the effects of health

inequalities. These groups faced key challenges linked with health inequality, e.g. social isolation, barriers to accessing services, stigma. The report illustrates a sector making a difference to the lives of people living in the health inequalities gap by supporting improvements for individuals, families and even communities who would otherwise have an even lower level of health and wellbeing than the general population.

Who does the voluntary health sector work with?

The sector supports both people with particular health issues – diabetes, visual impairment, etc. – and also geographical communities and communities of interest. However, respondents emphasised that the work of the sector was cross cutting and responsive. An example was given of Fife Society for the Blind, an organisation that often supports individuals in coping with hearing problems, mobility issues or in recovering from a stroke. They have responded by working with clients to build confidence and alleviate social isolation. They also support unpaid carers.

Overall, organisations worked with more than one group and respondents suggested that this reflected the flexibility of the sector in being able to respond to complex needs.

Activities

In terms of the key activities of the sector, these ranged across: partnership working to improving design and delivery of interventions; providing information about health and referral to other health services; early intervention; advice and advocacy; recovery support.

Respondents recognised that health inequalities are manifestations of broad social and economic issues. In their responses they identify opportunities and challenges in working ‘upstream’ to prevent inequalities, acknowledging that, without a joined-up approach between all levels and sectors, no single intervention will provide a solution.

Strengths of the sector in addressing health inequalities

Overall, the strengths of the voluntary health sector in addressing health inequalities are highlighted including: the ability to engage

those vulnerable groups and communities that statutory services may struggle to reach; addressing access to services issues; asset-building, preventative and community-based approaches; innovative, flexible and holistic approaches; being able to get alongside those in need; commitment to partnership. Trust was identified as a key factor, i.e. relationships with service users have a non-statutory basis and are therefore built upon trust, word of mouth and having credibility within local communities.

Challenges

A number of key challenges were identified by respondents. Inevitably funding for the sector was one of these with issues around funding cycles, funder expectations and unhelpful bureaucracy being to the fore.

Beyond funding, however, the main challenges were: being able to evidence impact; over-demand for services; lack of understanding of what the sector has to offer and a dismissiveness of its importance; destabilisation of sector due to continual public sector change and reform. Most importantly, it was emphasised that only joint sector interventions could produce the best outcomes but that collaboration and partnership were too disjointed at present.

Opportunities

Respondents agreed that changes to the way that initiatives and organisations are funded could help support improved outcomes in relation to health inequalities. More generally, many considered that inequality needs to be given greater priority across policy and across sectors.

Particular emphasis was given to the importance of monitoring and evaluation of impact and the need for support to the third sector to develop and embed best practice. This report proposes that these changes would have a positive impact on funding.

Next steps

There is a visible momentum in the commitment to tackle inequalities in Scotland. Public agencies like NHS Health Scotland have moved beyond health to embrace the core economic and social determinants of inequalities. Likewise, the Scottish Parliament and the Scottish Government both acknowledge that a

health-only approach is insufficient even in relation to health inequalities. Voluntary Health Scotland (VHS) is also aligned with this consensus and *Living in the gap* is part of our contribution to the plentiful commentary and reflection on inequalities emerging in Scotland today.

However, in scaling up our vision, we also need to encapsulate the detail. As inequalities become a macro, cross-sectoral and organisational 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. This report provides part of that detail and draws from it an understanding of what we should do now – to make the voluntary health sector better at what it does best and more capable of doing what it needs to do in order to reflect the broader agenda of inequalities.

We need to continue to map the activities of the sector but more importantly we need to ensure that it has the tools and resources to make the greatest impact and to be able to measure that impact. Stemming from this report will be a programme of work in which VHS, in partnership with others, will support these developments.

¹Health Inequalities in Scotland. Audit Scotland, 2012.

²Harry Burns. Social failure, not lifestyle, has made Scots sick. *New Scientist Magazine*, Issue 3005, 24 January 2015

³Scottish Parliament Health and Sport Committee. Official Report, 22 January 2013. Col 3149.

⁴Informing investment to reduce health inequalities (III) in Scotland: a commentary. NHS Scotland 2014

⁵Scottish Parliament. Official Report, Meeting of the Parliament, 20 January 2015.

⁶The Scottish Parliament. Health & Sport Committee, Report on Health Inequalities, Published 5th January 2015.

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The 40 page report Living in the Gap includes ten case studies and was published by VHS in March 2015. Copies are available from VHS or downloadable from our website. The study was designed and conducted by Lorraine Simpson of The Lines Between, with Christine Carlin responsible for project management and additional writing. NHS Health Scotland provided funding and other support.



Registered Scottish Charity SCO35482
A company limited by guarantee SC267315

Designed by CGH Creative, West Lothian,
Printed by Digital Print Solutions, Edinburgh.
Published March 2015

www.vhscotland.org.uk