

CLOSING THE GAP: MAKING HEALTH INEQUALITIES EVERYONE'S BUSINESS

KEY MESSAGES FROM VHS'S ANNUAL CONFERENCE

11 NOVEMBER 2015



INTRODUCTION

The VHS report *Living in the Gap: a voluntary health sector perspective on health inequalities in Scotland* was launched in March 2015. It analysed our sector's contribution to reducing the impact of health inequalities, using data from a survey of 150 voluntary organisations. It presented our sector's insights into the lived experience of people affected by health inequalities, through 10 case studies. It highlighted the opportunity for more effective upstream working through stronger collaboration, resourcing and partnership working across sectors.

Following a 6 month programme of regional seminars and other work to promote and discuss *Living in the Gap*, we finished the year with our conference on 11th November: *Closing the Gap: Making Health Inequalities Everyone's Business*.

CLOSING THE GAP CONFERENCE

The purpose of the conference was to make Scotland's health inequalities a much greater priority for policy and interventions, to inform VHS's future work and to promote a partnership approach. Our 126 delegates were drawn from the third sector, NHS and other parts of the public sector. The day included presentations from public and voluntary sector perspectives, a political discussion panel and round table discussions. Our Chair was Trisha McAuley, whose task was to ensure everyone present took responsibility for make the closing of the health inequalities gap 'my business' as well as 'our business'.

VHS would like to thank NHS Health Scotland for their support as conference sponsor.

CLAIRE STEVENS, VOLUNTARY HEALTH SCOTLAND

My Business is to highlight the role of the third sector in tackling health inequalities

1. Addressing health inequalities shouldn't be Mission Impossible, but we need to be bold, and to act as though time has run out - because it has for those living in the gap. We must take responsibility and make it out business to suppress inequality.
2. What is the third sector contribution? It provides services, creates social capital, builds networks, and levers additional resources and support for people at a local level. It targets interventions at those furthest from mainstream help, and helps shift power and resources towards those who need them most. It helps people overcome social isolation, loneliness, stigma and barriers to mainstream services; and it helps give voice to people's lived experience and reality.
3. VHS's draft manifesto for suppressing health inequalities says we should:
 - Change public perceptions of what health care should be, and prioritise those who need is greatest, not those who shout loudest.
 - Insist on significant political leadership that goes beyond rhetoric, delivers long term thinking and prioritises the prevention of inequalities for investment
 - Challenge ourselves to always ask 'so what?' Involve the hardest to reach, our children and young people in shaping solutions.
 - Challenge health and social care integration players to be radical, serious and accountable in addressing health inequalities. Require, and deliver, partnership working between sectors.
 - Mobilise a third sector voice, create a direction, and build new alliances – including with business and employers.

SHIRLEY LAING, SCOTTISH GOVERNMENT

My business is a Fairer Scotland

1. Early experiences can have lifelong effects - not just on cognitive and emotional development, but on long term physical health as well. A growing body of evidence now links significant adversity in childhood to increased risk of a range of adult health problems, including diabetes, hypertension, stroke, obesity, and some forms of cancer.
2. Tackling health inequalities is fundamental and a key priority for the Scottish Government. Healthy life expectancy has been gradually increasing in Scotland, yet there remains a significant gap between the most and least deprived areas.
3. Employment does not guarantee a route out of poverty- 19% of working adults are still in poverty in Scotland.
4. 'Pockets. Prospects. Places.' These are key to the Child Poverty Strategy 2014-2017 which is developing a Scottish approach to child poverty.
5. Creating a Fairer Scotland: discussions and events were launched in June 2015 and a Social Justice Action plan due to be published in Spring 2016.

ANNE JARVIE, COMMISSION ON HOUSING AND WELLBEING

My business is the effect that housing has on wellbeing

1. The Housing & Wellbeing Commission set up by Shelter Scotland was very clear that there is a housing crisis in Scotland - which is a health crisis.
2. Do not underestimate how quickly a person's housing status can change, and never underestimate the effect this has on mental and physical health.
3. Poor housing and a lack of a home have a huge impact on all areas of people's lives, children in particular. Homeless children in temporary accommodation miss an average of 55 school days a year.
4. Housing should be a full and equal partner in health and social care partnerships. The new bodies should be accountable for a joint budget, which should include funding for all relevant housing services, and be given challenging targets that reflect the housing contribution to relevant National Outcomes.
5. Find out more about the Housing and Wellbeing Commission Report:
Commission videos: <https://vimeo.com/129898123> <https://vimeo.com/129903400>
Website: www.housingandwellbeing.org Contact: commission@housingandwellbeing.org

HILDA CAMPBELL, COPE SCOTLAND

My business is the lived reality of health inequalities

1. We are more aware than ever about the inequalities people face, our focus now has to be on addressing this.
2. November 13th is Kindness Day: how much kindness do we see in the 'systems' we currently have?
 - Are exclusive zero hour contracts where you don't know from one minute to next your income kind?
 - Is finally deciding you are going to see support for an issue which has been bothering you for some time only to be told you don't meet the criteria kind?
 - Is facing sanctions because you don't understand the system and the system doesn't understand your unique life circumstances kind?
3. In closing the inequality gap, we need to ensure people with lived experience of what it means to be poor can help us find new ways of creating a fairer society. We need to start seeing people as solutions as opposed to problems. We need to change our reticular activation system to start looking for assets and not deficits.
4. We are a great nation, full of great people and its time we started to close the gap by focusing on how we tap into local creativity to find solutions and new systems which are fairer for us all.
5. A reminder of the lived experience of those who are experiencing poverty in Scotland now- <https://vimeo.com/116403241>

POLITICAL DISCUSSION PANEL

Making health inequalities the business of politicians

JIM EADIE MSP, SCOTTISH NATIONAL PARTY

There is consensus across the Scottish Parliament on the priority of this issue. Too much of the health budget is locked up in NHS salaries, bricks and mortar, acute and emergency hospital care: need to unlock and shift these resources and tackle the determinants of health inequalities rooted in education, early years, housing, and employment. The SNP will prioritise health care and affordable housing. All parties are signed up to the drug recovery strategy.

JENNY MARRA MSP, SCOTTISH LABOUR

Scottish Labour will emphasise prevention: 1/3 of the Scottish Government budget is spent on health but 2/3 of health spending is on acute and disease. 50% of NHS resources are spent on 2% of the population. Be bold & ambitious in policies for public health: communities want them (e.g. support the smoking ban) & want to be healthier.

JIM HUME MSP, SCOTTISH LIBERAL DEMOCRATS

It is unacceptable that your postcode can determine your health outcomes. Good housing brings health and education benefits. We must take notice of the Commission on Housing and Wellbeing. Voluntary health organisations need support from politicians. Prevention is the key to ending inequalities.

JACKSON CARLAW MSP, SCOTTISH CONSERVATIVES

When the NHS was founded, diabetes and dementia 'didn't exist' so our biggest challenge is to shift to a preventative agenda. Take partisan politics out of health: build a strategic plan across parties. Scottish Conservatives hold no candle to the health reform agenda progressed by Westminster. Create employment opportunities, ensure age appropriate housing and bring about equality in mental health. Health visitors are a key to prevention. The voluntary health sector must be included.

ALISON JOHNSTONE, SCOTTISH GREENS

Greenspace, environment and planning are key to improving health. Tackle places where people live: far too many are unattractive, messy, overgrown and tatty. Set aside HEAT targets and obsession with waiting times and focus on making Scotland well. Establish a Healthy Challenge Fund and a living wage of £10 an hour. Introduce health inequalities impact assessments when taking decisions in neighbourhoods. We need organisations on the ground that are trusted: the voluntary sector gives that.

CAROL TANNAHILL, GLASGOW CENTRE FOR POPULATION HEALTH

My business is the health of the population

1. Level up. Recognise that achieving change among those with greater need may involve more intensive services/higher costs and that sometimes the most advantaged will also need to experience change.
2. Focus on causes not consequences. Act to reduce inequalities in life circumstances. Remove (price and other) barriers to access. Make positive outcomes and behaviours easier. Remember the fundamental causes of inequality.
3. Start young. Inequalities are evident even in the earliest years of people's lives, not only in outcomes, but risk behaviours that we know have longer-term consequences for health and development.
4. Target, tailor and positively discriminate in favour of disadvantaged people and place. Universal doesn't mean uniform. Consider proportional and additional approaches.
5. Build resilience. This will help reduce inequality with each new wave of challenge. Resilience requires networks, personal skills and a conducive environment.

Eight challenges and opportunities for the voluntary sector:

1. Lobbying (to address the fundamental causes of inequalities).
2. Redistributing power (to address the fundamental causes of inequalities).
3. Providing good, fair work (to create a more equitable environment and opportunities).
4. Contributing to the economies & environments needed for wellbeing.
5. Mitigating the effects of deprivation (on individuals).
6. Expanding the range of outcomes that count (building social networks and self-esteem should be as important as measuring (ill)health outcomes).
7. Applying and generating evidence & insights (don't forget to tell the story and help to shift the balance of measures and metrics).
8. Working with - and outwith - the 'system'.

MORNING ROUND TABLE DISCUSSIONS

Our business is to discuss and generate ideas

COMMUNITY

Everyone needs to:

- Engage and empower communities - ask and listen
- Develop community hubs and healthy living centres
- Develop community AND health inequality champions, community knowledge workers
- Include vulnerable groups, and identify prevention routes
- Recognise people's own experience, and remember people want to be part of the solution

THIRD SECTOR

Needs to:

- Demonstrate leadership, be more assertive, extend its reach
- Get support to evidence its work, gain more recognition and respect

- Recognise and use the role of Third Sector Interfaces, build more inter-sector partnerships
- Take its place at the health and social care integration table
- Focus on outcomes, use improvement methods, do more preventative work

STATUTORY SECTOR

Needs to:

- Transfer NHS funding to the community; develop more social prescribing, make more use of Allied Health Professionals and pharmacies
- Make integration partnerships accountable on inequalities
- Use co-production methods, develop new approaches to make primary care more accessible, consider models like the House of Care/Wellbeing House
- Respect the third sector more: give the sector its place at funding and decision making tables
- Consider barriers, make values matter, develop prevention work, enable people have enough money to live healthy lives

JOINED UP STRATEGY AND ACTION

Needs to:

- Address early years, food, fuel and housing
- Mean cross-cutting departments and budgets – one pot of money shared
- Focus on what works well
- Make the cultural and attitudinal shift
- Consider the language of inclusion

AFTERNOON ROUND TABLE DISCUSSIONS

To close the health inequalities gap, together we will:

1. Start in the home.
2. Make sure that those affected by inequalities and the voice of the third sector continue to be heard loudly and boldly.
3. Stop and actively listen, start engaging communities in a different way that leads to action, continue to strengthen partnership working, promote kindness and compassion, challenge people in power.
4. Listen to people that matter, have a common purpose and equal partners in the community.
5. Listen to people's experiences about their WHOLE lives and advocate for change.
6. Become inequalities leaders: make sure it is everyone's business, on everyone's job description and be committed to action.
7. Prioritise: inequalities leaders in communities, positive propaganda (see people as assets), resourcing health and housing first.
8. Collaborate to ensure access to services that clients identify as appropriate to their health needs.

9. Start with the living wage and recognise that all individuals and communities are experts in their own lives, then ensure that participatory budgeting and co-production are at the heart of everything we do.
10. Build a shared consensus that inequality in Scotland is not acceptable.
11. Ensure stronger collaboration between the third sector and public sector partners and communities.
12. Continue to promote and work towards a radically different future where community involvement and empowerment are embedded as the norm.
13. Transform access to primary care and wellbeing.
14. Adopt a multi-sector approach to health prevention to empower people to self-manage their own health and wellbeing throughout their lives.
15. Be wellbeing activists in all aspects of our lives, and hold politicians and organisational leaders to account on action to tackle the determinants of health.



BEYOND THE CONFERENCE

VHS will work with its *Kitchen Cabinet on Health Inequalities* and members to shape these ideas into a health inequalities manifesto for action. We plan to launch this early in 2016.

What you can do:

- Join our mailing list for the Cross Party Group on Health Inequalities and attend its meetings – sign up with lauren.blair@vhscotland.org.uk
- Invite us to give a presentation, run a workshop or attend a discussion at your own event
- Read and promote the full report and case studies on the voluntary health sector's perspective on health inequalities: [Living in the Gap](#) or the [Executive Summary](#)
- Make use of our poster: [Living in the Gap Poster](#)
- [Join us now](#) to stay in touch. We welcome voluntary health sector champions from all sectors

For further information contact:

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We welcome new members from all sectors – [join us now](#).
www.vhscotland.org.uk/get-involved

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