Consultation Response

voluntary health scotland

Health, Social Care & Sport Committee Inquiry on Health Inequalities
March 2022

Background

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. We work with our members and others to address health inequalities and to help people and communities live healthier and fairer lives. Our members and network include a range of medium and large condition specific organisations, smaller community organisations, as well as social enterprises.

VHS routinely use the definition of health inequalities provided by Public Health Scotland: "Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups… Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives."[1] We also welcome our membership's much simpler description of someone affected by health inequalities: "You get sick sooner and more often, and you die younger".

The pandemic shone a light on the significant impact health inequalities have on our communities. These inequalities have always existed and organisations like VHS have been saying "now is the time to act" for years, but we have seen no real progress in the last decade. Seven years ago, we highlighted a need to change public perceptions of what health care should be, and prioritise those whose need is greatest, not those who shout loudest. We need significant political leadership that goes beyond rhetoric and delivers long-term thinking and a sustained investment programme in the prevention of inequalities.[2]

In our experience the third sector is already tuned into this agenda. Our member organisations are frequently taking action to reduce inequalities and reach under-served communities, but we face barriers in doing so. The third sector is expected to plug gaps in a health system that is struggling to meet demands, but voluntary organisations are not recognised or sufficiently resourced to meet this demand. Third sector and voluntary organisations are often the final safety net for people unable to access support elsewhere, but many organisations are at breaking point. We as a sector know how to tackle health inequalities, but we are not being given the tools to do so.

We now need a national mission to tackle the health inequalities crisis, similar to the determination we have seen to tackle the climate crisis. This needs to be at the top of the everyone's agenda, we need to make tackling health inequalities everyone's business.

[1] http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities
[2] https://vhscotland.org.uk/how-to-actively-suppress-health-inequalities/

1. ***What progress, if any, has been made towards tackling health inequalities in Scotland since 2015? Where have we been successful and which areas require more focus?***

Going by the latest statistics from the Scottish Government, progress to tackle inequalities is stagnant if not worsening. According to the most recent statistics the gap in healthy life expectancy for males has increased since the start of the time series, from 22.5 years in 2013-2015 to 23.7 years in 2018-2020.[3] The gap for women in the most and least deprived areas in 2018-20 was 23.6 years. Life expectancy between the most and least deprived has widened for both women and men.

Public Health Reform

Tackling health inequalities requires a radical shift in approach and real determination which is yet to be seen. There is no singular policy that will fix the problem, it requires system wide thinking and consistent consideration in every aspect of government policy and across sectors.

We welcomed the programme of public health reform and the introduction of Scotland's public health priorities:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

Making progress towards these ambitions may have been stalled due to the vast resources that were diverted into handling the public health response to the pandemic. Now is the time to regroup and deliver on these priorities with a specific focus on health inequalities.

National Mission to Tackle Drug Deaths

In January 2021 the First Minister announced a new national mission to reduce drug related deaths and harms supported by an additional £50m funding per year.[4] This provides an example of the level of determination needed to tackle health inequalities. We have seen increased funding, more accountability from government and effective cross-sector collaboration through the naloxone programme. This was the first step towards progress, but it will require long-term determination and collaboration. We now need to see the same ambition applied to tackling health inequalities.

2. ***What are the most effective approaches to tackling health inequalities and how successful is Scotland in pursuing such approaches?***

Proportionate Universalism & Active Outreach

Many of the findings and recommendations in landmark reviews, led by Michael Marmot for the Health Foundation, into health inequalities in England apply to Scotland, including the need for policies and delivery broadly founded on 'proportionate universalism'. This means that care needs to be best where it is needed most.[5] The Marmot review recommended

[3] https://www.gov.scot/publications/long-term-monitoring-health-inequalities-march-2022-report/

[4] national mission to reduce drug related deaths and harms

[5] https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/pages/2/

universalist policies with effort proportionate to need.[6] This approach would go some way to tackling health inequalities, but it also needs to be combined with an active outreach by services to those "missing in health".

NHS Forth Valley – Active Outreach

Within the health service, one effective approach to tackling health inequalities is use of active outreach to communities underserved in health. This involves taking public health interventions to the communities who are often "missing in health". A tangible example of this from the rollout of the COVID-19 vaccine programme was the NHS Forth Valley example.

NHS Forth Valley in collaboration with Scottish Ambulance Service, local authorities and the third sector implemented an assertive outreach vaccine programme for homeless groups, asylum seekers and refugees, and gypsy travellers. This collaboration meant that in late March NHS Forth Valley was able to take the vaccine to three supported accommodation sites and a gypsy traveller site. Over the course of three days, they vaccinated 105 individuals, facilitated 4 new GP registrations, issued 11 take-home Naloxone kits, helped arrange urgent mental health support and signposted to services like addictions support, food banks and financial aid. 95% of the individuals vaccinated had never previously engaged with an immunisation programme, e.g. flu vaccine or shingles vaccine.[7]

This was an incredible example of the universal vaccine offer also being targeted at underserved populations. One of the significant successes is the individuals vaccinated who had never previously engaged with the immunisation programme. That is a significant barrier successfully overcome. Moreover, the additional support provided through GP registrations, naloxone kits, mental health support and signposting to other services enables people's right to health and could lead to successful early intervention and prevention.

Plymouth – Bringing Services Together

Another success story from the pandemic was a joined-up whole system preventative approach in Plymouth[8]. They held a day-long event which provided homeless people not only with the opportunity to be vaccinated but with hot food and opportunities for advice and practical support in relation to Hepatitis C and sexually transmitted diseases, housing, GP and dentist registration, and even a vet service for pet dogs. We commend this forward thinking, assertive outreach to colleagues in Scotland.

This one stop shop builds trust in health services in partnership with community organisations. It also allows for interventions which people experiencing significant hardship may not prioritise for themselves. Another similar example of this which comes from the third sector is the Simon Community Scotland Hub in Glasgow. This hub allows people to access a wide range of support all 'under one roof' from expert providers. These include financial and legal support and advice, counselling and digital support as well as health and well-being services.[9]

Bringing services to underserved communities goes some way in starting to address health inequalities. This kind of outreach and collaboration needs to be consistently built into our health offering on a much bigger scale.

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[6] https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

[7] https://vhscotland.org.uk/wp-content/uploads/2021/04/Research-Briefing-Reducing-Inequalities-One-Vaccine-at-a-Time-April-2021.pdf

[8] https://vhscotland.org.uk/wp-content/uploads/2021/04/Research-Briefing-Reducing-Inequalities-One-Vaccine-at-a-Time-April-2021.pdf

[9] https://www.simonscotland.org/news/design-at-heart-of-well-being-ethos-of-new-advice-and-support-centre-for-homeless-people/

3. *What actions would you prioritise to transform the structural inequalities that are the underlying cause of health inequalities?*

We agree with the Short Life Working Group on Primary Care Health Inequalities that this cannot be tackled through a singular policy intervention. Health inequalities considerations should be prioritised within and added to existing streams of work.

Equalities and Human rights

There needs to be a conscious effort to help people understand their right to health. Action needs to be taken to ensure that the social determinants of health, such as housing, education, social support, employment and childhood experiences, work for people's health not against them. People from more marginalised communities need to be made aware of their right to health. Voluntary Health Scotland is part of the Inclusion Health Partnership who recently published a report on the lived experienced of marginalised communities during the pandemic. It found people were experiencing stigma and exclusion when accessing services, and participants were not aware of their right to health. These findings suggest there is a need to do more to ensure everyone's right to health is respected and realised through appropriate legislation and implementation of policy.

Social Justice and Social Security

Tackling the socio-economic pre-determinants of health should be made a focus. This committee inquiry is taking place during a particularly challenging time for families across Scotland. The cost of living is about to really hurt households and not enough is being done to mitigate against this impact according to campaigners. The Resolution Foundation estimates a further 1.3 million people are set to fall into absolute poverty next year, including 500,000 children – the first time Britain has seen such a rise outside of recessions.[10] This would be devastating for families. People without access to good housing, food and heating will experience poorer health outcomes. This will have a knock-on impact on health services and charities already struggling with the demand for support. Tackling poverty needs to be a priority for government.

Economy & Fair Work

Linked to tackling poverty, businesses and employers need to be actively involved in the agenda, because health inequalities are undermining sustainable economic growth and Scotland's prospects of being wealthier and safer as well as healthier and fairer. In other words: make health inequalities everyone's business; prioritise inequalities for investment; and require, and deliver, partnership working between sectors.

Housing and Local Communities

The draft National Planning Framework 4 goes some way to prioritising people's health in local communities. However, it does not go far enough in tackling health inequalities in communities. We believe it needs to be strengthened by incorporating the Place and Wellbeing Outcomes created by the Spatial Planning, Health & Wellbeing Collaborative. These outcomes provide a solid foundation for systems thinking to improve the health of our communities and to also support climate targets and reduce inequalities.[11]

[10] https://www.resolutionfoundation.org/press-releases/33284/

[11] https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/planning-for-place-programme/place-and-wellbeing-outcomes

4. ***What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland? Please note, the Committee is interested in hearing about both positive and negative impacts.***

Access to Services

The Health Foundation's recent "Build Back Fairer" review for England found that the pandemic has disproportionately affected the UK's poorest areas and worsened existing health inequalities.[12] We have significant concerns about the backlog in care the pandemic has created. Along with the impact it has had on some people's confidence in presenting to services. This was detailed in the feedback from Chance 2 Change for the Short Life Working Group on Health Inequalities in Primary Care report.[13]

Barriers to Delivery

There was a brief moment during the pandemic when significant bureaucracy was removed, and voluntary organisations were able to adapt and support individuals at pace. During the pandemic's lockdowns much of the third and community sector adapted quickly to innovate and support people with a wide range of new and existing needs. In doing so they often benefited from funders and commissioners being more flexible about how grants and contracts could be used. This shows where there's a will there's a way for more effective partnership working, more trust and less bureaucracy.[14] We are starting to hear though that those barriers to service delivery have returned and disappointingly funders are removing this flexibility.

Social Care

In social care we saw people's care packages being cut or removed, and some cases these have not returned. There are significant challenges facing social care, especially with regards to staffing. One example which has presented an inequity in support is the recent decision to increase pay for adult social care workers and not children's social care workers, despite that may social carers often care for both.[15] This increase in pay is welcome but has left part of the sector behind. Social care workers in children's services have been facing the same pressures during the pandemic and are also facing recruitment challenges. The workforces in children's charities supporting disabled children and those with long term and/or life limiting conditions have faced what are arguably equally high levels of stress and challenge throughout the pandemic, but have not been recognised in the recent government announcements to improve pay and conditions. This could create a staffing challenge in children's social care and puts employers who provide both adult and children's services in a challenging position.

5. ***Can you tell us about any local, regional or national initiatives throughout the pandemic, or prior to it, that have helped to alleviate health inequalities or address the needs of hard to reach groups? How can we sustain and embed such examples of good practice for the future?***

Vaccine Information Fund

The Vaccine Information Fund from the Scottish Government facilitated by BEMIS was a positive example of collaboration and empowering community organisations to support the

[12] https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/pages/5/

[13] https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2022/03/report-primary-care-health-inequalities-short-life-working-group/documents/report-primary-care-health-inequalities-short-life-working-group/report-primary-care-health-inequalities-short-life-working-group/govscot%3Adocument/report-primary-care-health-inequalities-short-life-working-group.pdf

[14] https://vhscotland.org.uk/vhs-briefing-impact-of-covid-19-on-voluntary-health-organisations/

[15] https://vhscotland.org.uk/action-urged-on-underpayment-of-childrens-social-care-workers/

people they work with. These were grants up to £1,500 available to eligible organisations to create appropriate resources and activities.[16] This money could be used to host online engagement events about the vaccine, develop mother-tongue resources and more creative approaches to enabling vaccine uptake.

Micro-grants

Edinburgh Voluntary Organisations Council (EVOC) also distributed micro-grants on behalf of Edinburgh and Lothians Health Foundation to community organisations based across Edinburgh and the Lothians.[17] Organisations could apply for up to £500 to carry out grassroots activities in support of the COVID-19 vaccination programme and testing. The aim was to support people who face the biggest barriers to vaccination and testing, including issues concerning language, digital exclusion, transport, myths and misinformation, anxiety and fear. EVOC published an interim evaluation report which is available.[18] Successes from the programme included:

- Handicabs (Lothian) said drivers would take people to the vaccination centre and wait for them at the door. This provided a lot of comfort as drivers reassured nervous passengers, spoke with them and "had a laugh" to try and calm their anxieties about going out and getting the vaccine.
- West Lothian African Women Network (WLAWN) held a COVID safe event with speakers from the health sector and other experienced community persons to talk over vaccine and testing issues and answer questions. The event helped clarify some of the myths about the vaccine and encouraged many to take the vaccine if they had not done so already.

Embedding this practice involves collaborating meaningfully with voluntary health and third sector organisations while providing them with sufficient resources to support their communities.

6. How can action to tackle health inequalities be prioritised during COVID-19 recovery?

We agree with the Short Life Working Group on Primary Care Health Inequalities that a new Commissioner for Health Inequalities in Scotland should be established to provide dedicated national leadership to ensure a cross-sectoral approach.[19]

7. What should the Scottish Government and/or other decision-makers be focusing on in terms of tackling health inequalities? What actions should be treated as the most urgent priorities?

Access to Community Space

Third sector and community organisations need affordable and accessible space in order to deliver services. Access to community space for charities, groups and networks must be re-established. Community organisations have been excluded from many public sector spaces since the beginning of the pandemic which limits the services and support provided in communities. We need to guarantee third sector, community and voluntary organisations always have access to public sector spaces. The pandemic highlighted the damage caused when people are cut off from services and support networks, especially in terms of social

[16] https://bemis.org.uk/vif/

[17] https://vhscotland.org.uk/micro-grants-to-third-sector-boost-covid-19-vaccines-and-testing/

[18] https://vhscotland.org.uk/wp-content/uploads/2021/12/ELHF-Vaccine-Funding-Interim-Report-Dec-2021.pdf

[19] https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/pages/3/

isolation and loneliness. The third sector has a vital role to play in supporting communities, but it must be given the space to do so.

Access to Services

All services provided by the NHS in Scotland, including mental health, specialist and hospital-based services, need to take deliberate practical action to ensure that the health care they provide is equally accessible to all and is not discriminatory in its impact on individuals and groups.

As part of the Short Life Working Group on Health Inequalities in Primary Care Chance2Change said some of its members had not been seeking medical support because they felt that during the pandemic, with people dying and the NHS being overwhelmed, that they don't matter. For instance, one of its members who had been clinically diagnosed with poor mental health is currently struggling with impaired hearing, which is having a profound negative impact on their communication. This shows the positive impact of peer-support as it was through discussion with the group that the person realised that they do matter and sought support through their GP. However, following a referral they have now been waiting six months for a consultation, which reinforces the person's original thought of 'I don't matter'. Further to this discussion the group also highlighted concerns that as a result of Covid-19 a range of appointments such as diabetes/stroke check-ups as well as cancer clinics are being deferred and/or cancelled having a massive negative impact not only on those that are 'vulnerable' now but the many that will become our 'future vulnerable'."

It is going to take a lot to rebuild trust in services and this comes while services are under unprecedented pressure.

Ethnic Inequalities in Healthcare

We would also like to draw the committee's attention to the report by the NHS Race and Health Observatory: Ethnic Inequalities in Healthcare: A Rapid Evidence Review.[20] This was a UK wide review but many of the findings and recommendations are applicable to Scotland. Ethnic inequalities in access to, experiences of, and outcomes of healthcare are longstanding problems in the NHS. There is growing evidence that non-white patients have poorer access to diagnosis and treatment and far too frequently experience race related discrimination and stigma in their health care. We believe that work needs to be done in Scotland to establish more evidence about ethnic inequalities in healthcare and to synthesise what already exists, translate it into actionable policy recommendations, and challenge leaders to act.

8. What the role should the statutory sector, third sector and private sector have in tackling health inequalities in the future?

Health inequalities go beyond the Scottish parliament and government. The role of the public, private and third sector must also be considered. This needs to be a national mission. It needs to be approached with the same determination as the climate crisis.

We have to get businesses and employers actively involved in the agenda, because health inequalities are undermining sustainable economic growth and Scotland's prospects of being wealthier and safer as well as healthier and fairer. In other words: make health inequalities everyone's business; prioritise inequalities for investment; and require, and deliver, partnership working between sectors.

We support the establishment of a new Commissioner for Health Inequalities in Scotland to enable cross-sector working. According to the Short Life Working Group on Health

[20] https://www.nhsrho.org/publications/ethnic-inequalities-in-healthcare-a-rapid-evidence-review/

Inequalities in Primary Care, health and social care services are most be effective if they rest on a foundation of strong community networks and organisations. These encourage support from family, friends and peers; build self-confidence and belief in entitlement to services; enable access to information about health and wellbeing, including digital resources; give support to assert rights and articulate needs; and nurture skills to create and sustain health and wellbeing. We believe the third sector and voluntary organisations must be central to efforts in tackling health inequalities, but also must receive sufficient and long-term funding for the task. Decision makers must trust the third sector to act in the interest of the communities we support and provide us with resources to explore innovative action to tackle health inequalities.

Finally, with regards to reducing inequalities it is important that the views of people with lived experience are gathered during consultations and inquiries. It is our understanding that an easy read version of the committee's questions was not available. In future it would be beneficial for parliamentary consultations to build this into their evidence gathering.

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