

Consultation Response



National Outcomes Review: Consultation Response June 2023

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations across Scotland. VHS exists to create a healthier, fairer Scotland served by a thriving voluntary health sector. We work to improve people's health and wellbeing by providing an effective national network for health charities and other third sector organisations actively supporting people's health and wellbeing. Our members and network include a range of medium and large condition specific organisations, smaller community organisations, as well as social enterprises.

In preparation for this consultation VHS held a Members Meet Up to discuss the National Outcomes and highlight the consultation to our members. We heard from the Scottish Government about the review and from the campaign A Scotland That Cares about creating an outcome on care. We had 41 attendees join the meeting, highlighting the importance of this review to our membership. An anonymised note of the meeting can be [accessed here](#) and the insights shared have been fed into our response.

Ultimately VHS agrees with the Scottish Council for Voluntary Organisations that the Scottish Government needs to be better at evidencing how policies and activities contribute to and align with the National Indicators and National Outcomes. At our VHS Members Meet Up on the National Outcomes, it was highlighted that third sector organisations put significant resources into aligning work plans, ambitions and outputs with the National Outcomes and report extensively on the indicators. There was a feeling among organisations that these efforts often go unrecognised and there were questions about where all this data reporting on the National Indicators goes. At present, there are significant gaps in the equalities data, which could be remedied by the use of rich data from the third sector. Some organisations questioned whether the statutory sector put the same level of resource into aligning with and reporting on the National Performance Framework. Monitoring the alignment of work in the statutory sector with the National Performance Framework should be more consistent. It was felt there was a danger the outcomes were just another thing that fell to the third sector.

A significant topic of conversation during our meeting was the implementation gap between policy ambitions and the reality on the ground. Members recognised that the National Outcomes must be ambitious but in the context of post-pandemic recovery, the cost of living and rising inequalities the outcomes seem increasingly less achievable. There needs to be much stronger leadership on the National Outcomes from government and accountability when policy fails to achieve the intended goals. There needs to be a renewed commitment from government to achieving the National Outcomes or wider stakeholders are at risk of losing confidence in the implementation of the National Performance Framework.

2. Do the current set of National Outcomes fully describe the kind of Scotland you want to see?

No, we believe there should be an additional outcome on care.

“We want Scotland to fully value and invest in care because carers deserve fair health.” – VHS’s motivation for supporting A Scotland That Cares

VHS supports the campaign to establish a National Outcome on care and echoes the response drafted on behalf of the campaign. The pandemic shone a light on the role of care, be that formal or informal, in our communities. Carers themselves face massive barriers to achieving fair health outcomes and are at risk of experiencing health inequalities. Richard Meade, Director of Carers Scotland and Northern Ireland, spoke to the Cross Party Group on Health Inequalities in December 2022 about the health inequalities experienced by unpaid carers. He highlighted that carers experience greater risk of stress, anxiety, depression, physical health problems, multimorbidity, severe disease and premature death. These issues are likely exacerbated by social isolation and loneliness, financial constraints and lack of support. Richard drew on a Carers Scotland’s report on The State of Caring in Scotland, it found one fifth of carers reported bad or very bad physical health, which rose to 25% for those who care for 35+ hours. Furthermore, 27% of carers reported bad or very bad mental health, rising to one third of those caring 35+ hours.¹ None of these issues are currently recognised or monitored as part of the National Performance Framework.

The Scotland That Cares campaign encompasses all forms of care, whether for adults or children, whether for those with or without additional support needs, and whether paid or unpaid. It encompasses the quality of the care experienced by individuals, and the quality of life this provides. The physical, financial and mental health outcomes of unpaid carers are something that should be much more closely monitored by government given the significant contribution carers make to society. We should be better monitoring the health inequalities carers face as part of the National Performance Framework.

The proposed outcome also encompasses those experiencing care, which we strongly welcome. We should be tracking progress on the quality of care we provide in Scotland, the quality of life of those experiencing care and their wellbeing. Monitoring the voice and influence of those experiencing care is also crucial, especially with regards to the care they receive. We should be creating services and care which are truly person-centred. These proposals must of course be tested and developed in collaboration with carers, care workers and those experiencing care. Establishing this new outcome could represent a significant shift in the way the government and society values care, as currently it often feels like an afterthought.

3. Does each individual National Outcome (set out below) describe the kind of Scotland you want to live in?

We have not provided comment on all of the National Outcomes, but would like to underline that all of them link to people’s health and wellbeing. We believe health should be more strongly threaded through the outcomes, especially in outcomes such as economy and fair work, where it is notably absent. The underlying determinants of health are largely social, economic and environmental, so each National Outcome has a crucial role to play in helping people achieve and maintain long and healthy lives. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an

¹ <https://vhscotland.org.uk/cpg-health-inequalities-december-2022-meeting/>

impact.² We have provided insight on the health, communities, poverty and human rights outcomes, as these link very strongly with our work.

Outcome: We are healthy and active

Specifically with regards to the wording of this outcome it currently reads as though being “healthy and active” is a personal choice and this outcome is largely the responsibility of individuals. The outcomes should be designed so everyone in society can help achieve them and in this case work towards achieving fair health outcomes for everyone. It is worth acknowledging that people with life-limited conditions, illness, disability or disease face huge barriers to good health. The onus for achieving good health does not solely lie with the individual, it is a societal responsibility. Our environment, services, community, workplace, industry, educational institutions and government all need to be working towards enabling positive health outcomes. We will not achieve better health outcomes by solely focusing on the individual and the NHS, we need to be thinking much bigger than that. There needs to be more of a pivot towards collective responsibility in the outcome on health, with a recognition that not everyone can be healthy and active.

More generally, the outcome on being healthy and active does describe the Scotland we want to live in however our members have highlighted that the ambitions of the outcome seem incredibly distant from reality on the ground. We recognise that the outcomes must be ambitious and achievable, but in the context of the cost-of-living crisis and years of austerity it is incredibly difficult to see the path to achieving these outcomes. For example, with regards to the NHS, there is no mention of tackling the systemic barriers to accessing care that some of the most marginalised communities face. Equally there is no mention of people having a say in the care they receive.

Recognising the third sector as a partner

The National Outcome on health recognises the importance of taking a whole system approach to promoting good health and activity. This is welcome and should be maintained following the review. To achieve a whole system approach, partnership working must be systematically embedded across NHS, third sector, government, community planning, health and social care and academia. As such, the third sector must be recognised as a key partner in the delivery of health and social care and in the wider National Outcomes. At present the third sector is not recognised for its role in delivering the outcomes, despite the vast efforts of organisations to align with them.

The implementation gap

Equally, it is welcome that availability of affordable healthy food is being prioritised as part of the ambitions on targeting harmful health behaviours. Access to healthy food is essential to tackling health inequalities, but there is a significant implementation gap between policy which is being implemented by government and the ambitions of this outcome. VHS has long been calling for action to tackle the obesogenic environment along with partners such as Obesity Action Scotland. However, policy continues to fall short when it comes to outcomes. For example, there was the opportunity for health inequalities impact assessments to be built into planning decisions as part of NPF4, but this was not taken forward. To tackle the obesogenic environment and access to healthy food action from government needs to be much stronger. There needs to be more of a commitment to achieving these outcomes.

Tackling health inequalities

One of the starkest examples of the implementation gap in Scotland is the persistence of health inequalities despite ambitions to reduce inequality across government policy. There is currently no explicit mention of tackling health inequalities in the National Outcomes on

² <https://www.who.int/news-room/questions-and-answers/item/determinants-of-health>

health nor in the National Indicators. While the outcome on health links to the UN Sustainable Development Goal on equality, there is no specific mention of tackling inequality. We appreciate that reducing inequalities is one of the overall aims of the National Performance Framework, but we believe it is a missed opportunity not to make this explicit in the outcomes on health. There is very limited equalities data available in relation to the outcome on health. There needs to be a significant shift in how this data is collected and reported otherwise key inequalities will continue to be missing from the National Performance Framework. Without a clear measurement of inequalities, worsening outcomes for the most marginalised will be hidden behind improvements for those least marginalised.

There have been two substantial reviews of health inequalities in Scotland in the last year, which found inequalities to be deepening for those most marginalised in society. The Health Foundation's review highlighted a number of key determinants which illustrate these worsening inequalities. It would be beneficial for these to be monitored as part of the National Indicators going forward to track progress on tackling health inequalities. The Health Foundation highlighted three particular areas of concern:

- Prevalence of drug-related deaths in Scotland: The overall rate of drug deaths increased from 6.2 per 100,000 in 2001 to 25.1 per 100,000 in 2020. This has been driven by the increase in deaths in the most deprived areas to 68.2 deaths per 100,000 people in 2020 – 18 times as high as in the least deprived areas.
- Health and experiences of infants and children in their early years: Relative and absolute inequalities have widened for infant immunisation uptake and risk of obesity at the start of primary school. Absolute inequalities widened in low birth weight, relative inequalities have widened in infant mortality and development concerns at age 27–30 months.
- Health and socioeconomic outcomes of young and middle-aged men: Suicide, alcohol and drugs are leading causes of death for men aged 15–44 years old, accounting for two-thirds of absolute inequalities in total mortality at that age. Socioeconomic trends also point to younger men being at greater risk of poor future health through reduced earnings potential.³

Cross-cutting approach

The Health Foundation's report also highlights the socioeconomic influences on health. It notes that income is perhaps “the most key determinant of health” because it enables people to access other determinants of health” such as quality housing and higher educational attainment. There should be a clearer link between the outcomes on economy, work, climate and our health. The Scottish Government committed to undertaking a “Health in all policies” approach following the Scottish Parliament's health inequalities inquiry. The National Outcomes are an opportunity to make tackling health inequalities everyone's business. In general, there needs to be a much stronger link between each of the outcomes to ensure those of us working in health are also thinking about climate outcomes, culture, work and vice versa.

National Outcome: We live in communities that are inclusive, empowered, resilient and safe

The outcome on communities is central to the socio-economic determinants of health. Where we live, our community, housing, transport, access to greenspace and activities are fundamental to creating good health, which is recognised in this outcome. It is welcome that this particular outcome also recognises the importance of investing in the communities that need it most, it would be beneficial for this approach to be taken in the other outcomes such as health to reduce inequalities. Reaching out to those most likely to be missing from or hardly reached by health services is key to tackling inequalities.

³ <https://www.health.org.uk/publications/leave-no-one-behind>

The importance of volunteering is mentioned in this outcome, but the role of the third sector and its workforce, including paid staff and volunteers, in supporting our communities is not. Having a thriving and sustainable voluntary sector would be of particular benefit to our ambitions for communities. At present the sector is facing significant demand for services combined with increasing operational costs and cuts to services. The role of the sector needs to be recognised, especially given the significant resource organisations put towards achieving the outcomes. The pandemic highlighted the importance of the third sector in supporting communities, without a thriving third sector communities will lose a vital element of their resilience. We support the SCVO's calls for the third sector to be better recognised in the outcomes and for an indicator to be established for measuring progress towards achieving a "thriving and sustainable voluntary sector."

We would welcome the addition of accessibility and affordability as part of the ambitions on sustainable planning and transport as we know this is a significant barrier to participation and good health in communities.

The inclusion of older people in this outcome is welcome, however our members have highlighted to us the benefit of taking an intergenerational approach in communities. We understand Generations Working Together plan to make the case for greater recognition of intergenerational practice throughout the outcomes, which we would also support. This was something raised at our members meet up on the National Outcomes. It is also worth noting a number of our members are very disappointed that there is no longer a Minister with specific responsibility for older people and are concerned that this means older people's health and wellbeing have been downgraded as a Scottish Government priority.

It is welcome that the communities outcome includes ambitions to "ensure no-one is isolated, lonely or lives in poverty or poor housing". However, this currently sits in a paragraph focused on older people. This may not be the intent of the wording, but it currently reads as though this is an issue solely for older people. It is worth highlighting that people of all ages can be at risk of social isolation and loneliness, particularly those living in the margins. Loneliness and social isolation are often triggered, exacerbated and maintained by the social and economic circumstances in which people live including the level of resources such as financial power, knowledge and social capacity that are available to them.⁴ This should be clarified or made explicit as part of this outcome.

National Outcomes: We tackle poverty by sharing opportunities, wealth and power more equally

This outcome is fundamental to achieving all the outcomes and the overall purpose of the National Performance Framework. It is welcome that the link between poverty and health is recognised here. We are seeing positive steps towards tackling poverty through the establishment of Social Security Scotland and support specifically designed to tackle poverty and inequalities. These are the kinds of policy interventions which can be measured, monitored and evaluated in terms of their impact on poverty.

National Outcome: We respect, protect and fulfil human rights and live free from discrimination

The Scottish Government plans to incorporate multiple key United Nations human rights treaties in upcoming legislation. This will be an incredibly important time for the people of Scotland to understand their rights and be able to access them. Currently the outcomes don't include anything on educating people on their human rights.

Furthermore, this review of the outcomes is an opportunity to make explicit the government's commitment to taking a human rights-based approach to policy development.

⁴ <https://vhscotland.org.uk/the-zubairi-report/>

We are starting to see a human rights-based approach being taken forward by some policy makers, but not consistently or universally. If we want to have a truly fair and equal Scotland we must ensure policy making is participative, accountable, non-discriminatory, empowering and legal. By imbedding the PANEL principles in the National Outcomes, we would see a significant step forward in taking a human rights based approach to policy making.

4. What, if anything, would you change about the National Outcomes?

The outcomes need to link better with each other as previously discussed in this response.

The National Indicators also need to be significantly improved in terms of the reporting on equalities data, including SIMD. We should be able to view the National Indicators through an intersectional lens, but this is not currently possible due to the lack of data and the inability to cross-analyse.

Most importantly though, we need to bridge the growing implementation gap we are seeing between policy ambitions and reality on the ground.

5. Complete this sentence: “I would like to live in a Scotland that...”

I would like to live in a healthier, fairer Scotland that has a thriving voluntary sector.

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