



Festival of Politics 2024

Health Creators: Health Inequalities in Scotland



21 August 2024



Voluntary Health Scotland and the Cross Party Group on Health Inequalities hosted an event exploring health inequalities in Scotland as part of the Scottish Parliament 2024 Festival of Politics. We were joined in the Scottish Parliament by our panel and attendees to discuss health creation.

The event was chaired by Emma Harper MSP, Co-convenor of the Health Inequalities Cross Party Group. Our panel discussion aimed to explore how we work together to create good health for all. Health inequalities mean that people living with social, economic and physical disadvantages are more likely to experience ill-health and die earlier.

The discussion centred round the right to health, barriers, and access to health services and how these specifically impact race as well as the prison population, and those living in poverty.

Panellists' introductory comments

Tejesh Mistry, Chief Executive, Voluntary Health Scotland

“The grass isn't always greener on the other side, but it is where you water it”

This is a challenging climate for many and there is no escaping that austerity has hit hard. Health inequalities are stark in many statistics and the link with poverty and health has never been more apparent. Differences in life expectancy between the most disadvantaged and least are widening across Scotland. This is particularly apparent for healthy life expectancy with a difference of nearly 26 years. The picture is bleak and the issues are vast and complex; social determinants of health create this picture. We must make sure we understand the difference between health equity and health inequality.

Social connections and physical activity are key in health creation. There are endless opportunities for this in communities especially with third sector organisations. We need to ensure that we value and fund our third sector organisations as they are a vital part of the health and wellbeing of Scotland and are part of the solution.

Maree Aldman, Chief Executive Officer, Amma Birth Companions

“AMMA say lived expertise rather than lived experience, because that's what it is.”

Amma Birth Companions work to support the perinatal period, providing an important support network where there is none, for marginalised women. Black women are four times more likely to die during the perinatal period and Asian women are twice as likely to die. Amma's work is tailored to what is needed for that individual- childcare, translation, food etc. They find out who the person is and what matters to them. Communities are key to health creation. Sometimes health interventions don't look like health interventions, for example, a gardening group, can provide a variety of support opportunities.

It is important that the voices of the most marginalised are heard at local and national decision making. Often those without a voice are disproportionately negatively impacted by policies. We need to ensure that we are involved in strategic influencing on a local and national basis. We need to value the importance of lived expertise being involved across discussions. The 'Glasgow effect' is still as important now as ever - people in the east end of Glasgow heal from wounds more slowly than people in other parts of Glasgow.

Peter Kelly, Chief Executive Officer, The Poverty Alliance

“Prevention and health creation lies in grassroot community organisations; they are our sources of hope.”

The latest national statistics on drugs deaths in Scotland were released today. Deaths have increased, which is a stark reminder of the impact on peoples’ lives. You are 16 times more likely to die from a drug-related death if you come from a disadvantaged community. Healthy life expectancy is 45 years for men in the most deprived communities.

The picture is grim. Poverty is an injustice and health inequalities are an injustice which is why we should be angry. Third sector organisations working in communities are health creators. They are sources of hope in the bleak landscape that the statistics paint. Prevention needs to have its proper place in government policy and be funded appropriately.

Danny Boyle, Parliamentary and Policy Officer BEMIS

“To understand health creation, we have to acknowledge that poverty and inequality are health destroyers”

41-51% of children in minority households live in poverty. The impact of inequality and austerity is destructive to health. Health creation is about how we construct ourselves as a society and engage with each other and that includes everyone in society. We must consider that hostile environment that leads to physical and mental health trauma.

Decision makers do not always respect marginalised communities. Decision making at local and national government level has a responsibility to consider the wider ripple effect of budget decisions and the unfair impact these have on those already vulnerable. There has been a recent diabolical upsurge in racist rhetoric in the UK. There is a significant mental health and physical health impact for those who are being attacked.

Wendy Sinclair-Gieben, His Majesty's Chief Inspector of Prisons for Scotland

“What happens to those in prison also happens to their families and the ripple effect is felt in our wider community”

What happens in prisons is very much hidden and mostly stays hidden. Many families are left impacted by this and there is a large amount of stigma attached to the family. Our prison population in Scotland is high and someone going to prison can often send their family into deprivation and poverty. We need to consider the health of the prison population if we are to successfully address health inequalities.

Some quite basic needs are sometimes not met, like being able to attend a scheduled health appointment in prison. Prison does not have a good reputation at treating both physical and mental health issues effectively, however steps are being taken to try and improve this.

Therapeutic, holistic and nurturing environments that teach a healthier way of life are key to supporting prisoners. Prisoners with strong prisoner-staff relationships have the best results. Effective early intervention and prevention while taking a person-centred approach are fundamental to improving health inequalities.

Discussion session key points:

- The NHS is vital to solving health inequalities and has had some amazing achievements. The NHS is part of the solution but not the whole picture.
- Prevention is essential and we need to fix the structures which surround the NHS and which lead to people turning up at NHS's door in the first place. The health service used to take up around 30% of the total Scottish budget. It is now 40%, approaching 50%. This takes away resources from local government and community services.
- Scottish Government is currently looking at the National Care Service (NCS) which provides an opportunity to reshape and design the NCS to support health creation.
- We need to reframe how we think of the NHS and race equality. There is no primary or secondary health care in the NHS in Scotland without inward migration. Our public sector services would be crippled without migrants.
- A sense of belonging and community are important for health. Scotland is diverse; a positive and inclusive culture around this supports health.
- We need to work with people to understand their experiences. Using people with lived and living experience is an important part of service design and delivery. We need to know the difference between presenting the voice of lived experience and having some power behind it. We need to give local communities more power.
- Fair funding for the third sector is essential to support people to be ultimately healthy and happy in their community.
- We must also acknowledge the enormity of the contribution of volunteers to health and wellbeing.
- Misinformation can damage communities. Its impact during COVID was evident and it is becoming more dangerous and damaging to society.
- Racialised health inequalities were exacerbated during the pandemic, one of the most crucial of these being vaccination uptake. However, vaccination uptake increased due to direct investment into vaccine information within community organisations.

- We know effective partnership working is essential; however, we don't always know what this looks like. The right people need to be in the room.
- How can we support people within their communities? Community Link Workers and social prescribing are key.
- We need to raise the profile of the third sector, while being conscious of the role it plays. It is vital to delivering care in communities but often thinks of itself primarily as a service provider.
- How do we prioritise financial and political levers to reduce health inequalities? We need to address poverty first.
- We need to acknowledge the importance of technology in addressing health inequalities and our health system needs to make better use of this.

About Voluntary Health Scotland, Secretariat of the Cross Party Group on Health Inequalities

We're passionate about what the voluntary health sector can achieve for people's health and wellbeing throughout Scotland.

We are the national voice, intermediary and network for voluntary health organisations in Scotland. We're passionate about what the voluntary health sector can achieve for people's health and wellbeing. We work with our members and others to address health inequalities, to improve health related policy, systems and partnership working, and to help people and communities to live healthier and fairer lives.

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