The national intermediary and network for voluntary health organisations in Scotland

Briefing Paper

voluntary health scotland

Health, Social Care & Sport Committee Inquiry - Tackling Health Inequalities in Scotland

Debate Briefing for MSPs by Voluntary Health Scotland
December 2022

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. We exist 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. VHS is secretariat to the Health Inequalities Cross Party Group (CPG). We are using this briefing to highlight the recent work of the CPG and give MSPs an insight into the areas of concern for the CPG.

We welcome the recommendations from the Health, Social Care & Sport Committee inquiry into health inequalities and were unsurprised by the findings. The committee found there had been a distinct lack of progress despite reducing health inequalities being a priority area of focus for all Scottish governments since devolution.[1] The committee heard that actions to date to reduce health inequalities have largely failed, with health inequalities widening instead of narrowing.

We understand that the committee can only influence the aspects of health inequalities that fall within its remit, and it will therefore be incumbent on other committees, MSPs and government Ministers to take forward the recommendations that sit beyond health and social care. We urge members of the committee and Health Inequalities Cross Party Group to encourage other colleagues in parliament to reflect on the health inequalities facing their constituents and how their own areas of work may impact these. We know health isn't created solely on the NHS estate, it's created through our communities, housing, education, employment, transport and social security system. Tackling health inequalities needs to be everybody's business.

In giving evidence to the inquiry, Professor Sir Michael Marmot argued that no single policy measure can be identified that would address health inequalities. Instead, he argued that every Minister should be a health Minister and it is necessary to "put equity in health and wellbeing at the heart of all policy making". We welcome the

[1] https://sp-bpr-en-prod-cdnep.azureedge.net/published/HSCS/2022/9/28/c2d290be-c302-4d47-8443-90394391f0bd-4/HSCS062022R11.pdf

Cabinet Secretary's commitment to a Health in All Policies Approach in his response to the committee's report and hope this will be reflected in the government's response to the committee debate on Wednesday 14 December.[2]

The committee called for an approach to tackling health inequalities based on Michael Marmot's concept of "proportionate universalism". This is the idea that action to reduce health inequalities must be proportionate, with more intensive action lower down the social gradient; but also universal, to raise and flatten the whole gradient. VHS supports this approach and has often discussed how resource distribution is key to tackling health inequalities.

In recent months extensive evidence has been published on the persistence of health inequalities in Scotland and the impact this has on people's lives. At the end of November, Cancer Research UK published research which found cancer death rates were a startling 74% higher in the most deprived populations than the least deprived. The report also estimated that around 4,900 extra cancer cases each year in Scotland were due to deprivation.[3] As of 2021, rates of diabetes among adults in Scotland are twice as high (8%) in the most deprived quintile as in the two least deprived quintiles (4%).[4] A recent study on health inequalities in kidney disease in Grampian also found "an overly medical approach to addressing these inequities (without focusing on social needs, health literacy, behaviour or access) is likely to be insufficient to close this inequity gap."[5]

Furthermore, in early December the British Medical Association published a report bringing together testimonies from doctors across the UK on their experiences of the impact of health inequalities the country is suffering. In the report a General surgeon in Scotland said:

> "During my conversation with my patient, they broke down and started to tell me about being unable to cope, having no money, and being in despair because they had paid for transport to the hospital, was leaving still in pain, and having to put out more money to get home with no answers. They reported that they weren't sure where their next meal was coming from and suicidal ideation due to bills."[6]

This is just one example from one doctor of the stark health inequalities in Scotland, but it underlines the need for action, not words.

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[2] https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-health-social-care-and-sport-committee/correspondence/2022/tackling-health-inequalities-in-scotland-report-cabinet-secretary-response

[3] https://news.cancerresearchuk.org/2022/11/28/cancer-research-uk-report-highlights-stark-cancer-inequalities-across-scotland/

[4] The Scottish Health Survey 2021 - volume 1: main report

[5] https://academic.oup.com/ndt/advance-article/doi/10.1093/ndt/gfac224/6649218

[6] https://www.bma.org.uk/bma-media-centre/doctors-raise-the-alarm-on-the-misery-of-the-nation-s-poor-health-caused-by-years-of-government-neglect-and-funding-cuts

Commissioner for Health Inequalities
VHS agrees with the Scottish Government's 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.[7]

The parliament has now undertaken two extensive inquiries into health inequalities and the Health Foundation is also due to publish its independent review into health inequalities in Scotland in early 2023.[8] We now need sustained and independent leadership to drive action to address health inequalities across government portfolios and sectors. The commissioner should be developed alongside people with lived experience of health inequalities and must be someone who has credibility with people who experience health inequalities.

The committee heard strong evidence to support its view that coordinated and preventative action is needed across different levels of government and a broad range of different policy areas to tackle health inequalities effectively. Responsibility for taking action falls within the remits of local communities and local government, the Scottish Government and the UK Government. Parliaments and elected politicians at all levels equally have a responsibility to ensure tackling health inequalities continues to be a focus. We believe a commissioner would aid accountability with this cross-governmental issue.

We acknowledge establishing a commissioner wasn't something which was explored by the Health, Social Care & Sport Committee nor included in the government's response. However, without independent accountability and guidance we will not be able to monitor the actions set out by government to finally start reducing health inequalities. We would highlight the success that the Children & Young People's Commissioner has had in raising public awareness, providing scrutiny, challenging and helping to ensure accountability and traction to get things done in areas impacting children's rights. We believe this level of leadership is needed to tackle health inequalities and a Health Inequalities Commissioner at the very least needs to be considered seriously.

Resourcing the Third Sector
In our experience the third sector is already tuned into health inequalities. The sector frequently takes 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 hope the upcoming Scottish Budget will include clear action to reduce health inequalities and work towards the Government's ambition of a Health In All Policies

[7] https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/
[8] https://www.health.org.uk/what-we-do/a-healthier-uk-population/mobilising-action-for-healthy-lives/health-inequalities-in-scotland-an-independent-review

approach. This needs to include sufficient, sustainable and multi-year funding for the third sector if it is to continue providing support for communities under the current economic challenges.

Health Inequalities Cross Party Group

In the last year or so the Cross Party Group on Health Inequalities held multiple meetings which have links to the findings of the inquiry. We would like to take the opportunity to encourage MSPs to join the Health Inequalities CPG, to keep tackling health inequalities high on the agenda and threaded through all areas of the parliament's work. Thank you to our current MSP members for their continued support and dedication to raising awareness of health inequalities in parliament: Emma Harper MSP, Paul O'Kane MSP, Brian Whittle MSP, Donald Cameron MSP, Bob Doris MSP and Carol Mochan MSP.

The purpose of this briefing is to give MSPs an insight into the areas of concern that the CPG has been focused on since its re-establishment in the new Parliamentary session:

- **Responses to the Inverse Care Law**: Dr David Blane, GP and Academic lead for the Scottish Deep End GP Project, talked us through the Inverse Care Law. He explained that most determinants of health lay outside the NHS, and the distribution of resource was an often-overlooked health determinant. The Inverse Care Law is about what could be done if resources were distributed according to need. During this meeting we also heard about the value of the Community Link Worker (CLW) programme in Glasgow, but that the NRAC formula did not consider deprivation and there was not enough resource to have CLWs in all Deep End practices.[9] The committee's report calls for CLWs to be embedded across all GP surgeries in Scotland. VHS would like to underline the importance of resourcing third sector organisations as part of this. Additionally, taking an approach of proportionate universalism would go some way to combating the Inverse Care Law.
- **Health in the Community**: Dr Carey Lunan spoke about taking community-based approach to addressing health inequalities, drawing on her experience at Craigmillar Medical Group and as part of the Deep End Project. She outlined how general practice can work as a natural hub in communities to support people. In Deep End communities, people develop conditions associated with old age much younger, people die earlier, the GPs have higher consultation rates and practitioner stress is higher. Many of these issues drive the Inverse Care Law. We also heard from Laura Wilson, Royal Pharmaceutical Society, about the role of pharmacy in tackling health inequalities. Pharmacists are accessible through various settings and have community teams embedded in the most deprived areas. She spoke about the multiple factors which can affect someone's use of medicines such as poverty, cultural barriers, education, geography and housing among other things.[10] During its inquiry the committee heard calls for much better integration of community assets with health services at a local community level.
- **Active approaches to health inequalities affecting children and young people**: Dr Avril Johnstone, Research Associate at the University of Glasgow, provided a presentation on the physical activity and health of children and

[9] https://vhscotland.org.uk/cpg-health-inequalities-responses-to-the-inverse-care-law-in-scotland/
[10] https://vhscotland.org.uk/cpg-health-inequalities-october-2022-meeting/

adolescents in Scotland. Avril outlined how the economic, physical and social environment impacted children's ability to take part in physical activity. Barriers included the employment status of parents or caregivers; access to green space and active travel infrastructure; and encouragement from the peers and adults around children. The inequalities among children in the most and least deprived areas were stark. Gillian Fergie, Research Associate at the University of Glasgow, spoke about her research with young people to explore their understanding of health inequalities through art, creativity and community.[11] During its evidence gathering for the inquiry the committee heard from several sources of the effects of poverty on children and young people.

- **Unpaid Care**: Unpaid caring as a social determinant of health was a key finding in the committee's inquiry. Our next Health Inequalities CPG meeting in December will be focused on unpaid carers and health inequalities, exploring the call for a development for a Respite and Recovery plan for unpaid carers.
- **Health inequalities in prisons**: Our first in-person CPG meeting since the pandemic will focus on health inequalities in Scottish Prisons. More information about our future meetings and how to join the Health Inequalities CPG is available here: https://www.parliament.scot/get-involved/cross-party-groups/current-and-previous-cross-party-groups/2021/health-inequalities

Dr Peter Cawtson, who features prominently in the committee's report, spoke at the CPG's annual parliamentary reception about his experience with Chance to Change in Drumchapel. Chance 2 Change is an established community peer support group, with historical links to Dr Cawston's GP practice but hosted and supported independently by Drumchapel Life/Yoker Community Campus. The group is led by peer facilitator, Leanne McBride, who was one of the founding group members. C2C worked alongside the Primary Care Health Inequalities Short Life Working Group as an expert reference group. During the committee inquiry Dr Cawston spoke of the importance of working to promote community assets and community cohesion as a means of building capacity, resilience and wellbeing. Dr Cawston ended the evening in parliament with a poem he co-authored with Leanne[12]:

Nae mair talkin.
You keep talkin
aboot us
in jaggy words
we don't understand.
We keep dyin
while you keep talkin.
Stop talkin
and listen.
Then dae what we ask.
Stop talkin
as if you knew better.
It's us that keeps payin
wi oor loved wans
and wur lives.

[11] https://vhscotland.org.uk/cpg-health-inequalities-active-healthy-and-creative-children-in-scotland/
[12] https://www. gov.scot/publications/chance-change-scotland-report-chance-2-change-expert-reference-group-lived-experience-primary-care-health-inequalities-short-life-working-group/

This briefing has been endorsed by:

Asthma + Lung UK Scotland
Barnardo's Scotland
British Dietetic Association (BDA Scotland Board)
Children's Health Scotland
COPE Scotland
Diabetes Scotland
EVOC (Edinburgh Voluntary Organisations' Council)
Faith in Older People
Families Outside
Food Train Scotland
Glasgow Centre for Population Health
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Health and Social Care Alliance Scotland (the ALLIANCE)
Home-Start UK
Kidney Research UK
Living Streets Scotland
Marie Curie
MRC/CSO Social and Public Health Sciences Unit
Obesity Action Scotland
Pasda
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RoSPA (The Royal Society for the Prevention of Accidents)
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Scotland Versus Arthritis
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