# Response ID ANON-1ZYV-5PGU-U

Submitted to Inquiry into health inequalities
Submitted on 2022-03-31 16:38:27

## About you

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3 What is your name?

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Organisation

## Organisation details

6 Name of organisation

Name of organisation:
Community Health Exchange (CHEX)

7 Information about your organisation

Please add information about your organisation in the box below:

Community Health Exchange (CHEX) is part of the Scottish Community Development Centre and promote community-led health as a means for tackling health inequalities.

We work with community-led health organisations, Local Authorities, the NHS and Scottish Government, sharing best practice, develops tools and resources and support a network of community-led health organisations across Scotland.

Locally we encourage networking of community-led health organisations and support them to share learning and good practice. With those in the NHS and Local Authorities we encourage partnership working with community-led health organisations. At Scottish Government we advocate for community-led health as part of the solution to Scotland's health inequalities.

We provide information and training opportunities promoting the benefits of community-led health. We host the tutor network for Health Issues in the Community (HIIC), an interactive training course used to increase understanding of community-led health.

CHEX is funded by Public Health Scotland

## Question page 1

8 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?

Please provide your response in the box provided.:

Recent health inequalities statistics show that significant health inequalities persist in Scotland according to a range of key indicators https://www.gov.scot/news/health-inequalities-statistics-released-7/

Some more positive trends are evident, but this cannot hide our overall failure as a country to address our glaring, tragic and avoidable health inequality.

The Scottish Government rightly points out that Covid-19 is likely to have had an impact on this data. However, in 2019, prior to the pandemic, CHEX

highlighted that, since 2012, the decline in mortality had stalled across the whole population of Scotland and had actually risen in the most socioeconomically deprived areas. See 'On Target for 2030?: An independent snapshot review of Scotland's progress against the United Nations Sustainable Development Goals' https://www.chex.org.uk/news/article/how-scotland-doing-against-goal-3-un-sustainable-d

We believe that those living in poverty and/or who are marginalised will continue to experience poorer health than other groups unless there is a national drive, led by the Scottish Government, to eradicate the inequality that persists in Scotland. This is the first key recommendation in our response.

Furthermore, an approach which has both been successful yet, at the same time, requires more focus, is community-led health. This is as an effective model and way of working that helps people who experience the poorest health and social outcomes to identify and address the issues important to them and that affects their health.

This includes community organisations representing all communities whether geographic- or identity-based and focused on a wide range of themes, not just health. It also includes community development practitioners in public, voluntary and independent organisations.

Community-led health uses a social model of health to frame the support and services they provide to local communities. Their approach is characterised by ongoing engagement with people and communities to understand how issues affect their health and empower them to take action, both formally (engaging in decision making processes) and informally (through peer support and personal development).

The purpose of working with and alongside people and communities to identify the range of factors that affect their health is to help mitigate and provide immediate support to those struggling at the deep end of inequalities. By helping people to overcome stresses and improve their immediate circumstances it can build their capacity to cope and thereafter, build their potential for collective action that seeks to improve circumstances for others. Where this happens it can help others from falling into the deep end and makes a contribution to the prevention agenda as outlined in the Christie Commission Report 10 years ago.

Until we address the prevention agenda, that is targeting public resources and interventions more upstream to prevent problems later, we will fail to reverse the trend of worsening inequalities. This means a radical shift in the resourcing of health services, the vast majority of which are currently spent treating disease and illness. We understand the utmost importance of being able to access the good quality health services that people need and want. However, the use of most resources at the 'firefighting' end of health is arguably perpetuating inequalities. Therefore, more needs to be done to support people to have good health for more years, and to support them to help themselves through action that is independent of the health service which tends to dominate this agenda.

This current focus of resources also means that whilst we believe localised community-led health support and services are a lifeline for many local people experiencing hardship and a poor quality of life, the nature of investment in this approach is short term and piecemeal which sadly means community-led health is falling short of reaching its potential. It means that local organisations doing excellent work at putting communities to the fore of this agenda will really only be mitigating the worst effects of inequalities in our most marginalised communities instead of helping to reverse the trend.

The second key recommendation in our response is that the resourcing of community-led health by the Scottish Government should be at least doubled.

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

Please provide your response in the box provided.:

NHS Health Scotland (now Public Health Scotland) set out the most effective approaches to tackling health inequalities in a 2015 publication, 'Health inequalities: What are they? How do we reduce them?' (http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf).

The paper highlights that if we want to 'undo the fundamental causes of health inequalities', or prevent them from happening in the first place, we need to do the following:

Introduce a minimum income for healthy living

Ensure the welfare system provides sufficient income for healthy living and reduces stigma for recipients through universal provision in proportion to need (proportionate universalism).

A more progressive individual and corporate taxation.

The creation of a vibrant democracy, a greater and more equitable participation in elections and local public service decision-making.

Active labour market policies (e.g. hiring subsidies/self-employment incentives, apprenticeship schemes) and holistic support (e.g. subsidised childcare, workplace adjustments for those with health problems) to create good jobs and help people get and sustain work.

The paper also sets out required actions to prevent 'environmental influences on health inequalities'

Ensure local service availability and high quality green and open spaces, including space for play.

Drink-driving regulations; lower speed limits.

Raise the price of harmful commodities like tobacco and alcohol through taxation and further restrict unhealthy food and alcohol advertising.

Protection from adverse work conditions (greater job flexibility, enhanced job control, support for those returning to work and to enhance job retention).

Provision of high quality early childhood education and adult learning.

And, finally the paper provides a list of actions to mitigate the effects of health inequalities on individuals.

Training to ensure that the public sector workforce is sensitive to all social and cultural groups, to build on the personal assets of service users.

Link services for vulnerable or high risk individuals (e.g. income maximisation welfare advice for low income families linked to healthcare).

Provide specialist outreach and targeted services for particularly high risk individuals (e.g. looked after children and homeless).

Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes; avoid discrimination by language).

Maintain a culture of service that is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users

CHEX agrees that all these are important and, in particular, we would emphasise the importance of the first set of actions addressing the fundamental causes of health inequalities.

Some progress has been made on these actions in Scotland. For instance, there have been improvements in subsidised childcare, positive developments in terms of participatory democracy and, in 2021, the Institute for Fiscal Studies (IFS) found Scotland to have the most progressive tax policies in the UK.

Unfortunately, however, the progress in these areas is not enough to seriously tackle health inequality. As we set out below, Scotland needs to ramp up its efforts, through brave policy decisions accompanied by open and meaningful dialogue and communication with people in Scotland about the need for this policy.

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

Please provide your response in the box provided.:

Recognising that structural inequalities are the underlying cause of health inequalities is a good starting point. It is now time to go further and make the required structural changes to prevent health inequalities.

We believe that the only way this will happen is if eradicating inequality becomes the key ambition, or mantra, driving all levels of government. This is the only way that policy can be joined up and no part of government undermines progressive policy as so often happens.

Having such a clear message will also raise awareness of everyone in Scotland of how important an issue this is. In a similar way to Covid-19, when the message of government, on TV, social media and elsewhere, became the need to protect people's health, the message around inequality must reach everyone through a concerted national campaign.

It will also be vital to build on, or reflect on, the following recent developments in Scotland:

- Scotland's response to Covid-19. We say more on this in our response to q11.

- Democratic innovation. For instance, the Citizen's Assembly of Scotland (https://www.scdc.org.uk/news/article/2021/1/14/the-assembly-has-spoken) constituted a 'mini-public', carefully selected to reflect the diversity of views and backgrounds of people in Scotland. Through careful discussion, listening to a broad range of views from fellow participants and expert 'witnesses', the assembly was open to considering brave political choices that should encourage decision makers to go further than they have up till now. These included recommendations that are aligned with the key actions to tackle the causes of health inequality outlined above, such as:

A national minimum wage for people aged 18-24 should be increased to a national living wage.

A register of organisations' compliance with tax and employment measures using a "green/amber/red system".

Establishing an anti-poverty task force in every council area.

Greater use of citizens assemblies and other methods of deliberative democracy to inform decision making in Scotland.

There was a willingness to explore taxation as a means of redistribution of wealth.

- Climate change and climate activism – It is impossible now to seriously address structural inequality and health inequality without at the same time addressing climate change. The effects of climate change are distributed as unfairly as those of health inequalities. As another challenge that disadvantaged communities have to face, climate change (and its wider impact) is therefore likely to contribute to widening health inequalities. Furthermore, climate change and health inequalities share the same root cause – our unsustainable economic system. Whilst it is true that not enough is being done to address climate change, increased awareness of it's effects and causes has made it easier to say that we urgently have to radically change our economy and society.

- Human Rights based approaches (HRBAs) - Increasingly we are seeing and hearing organisations across sectors acknowledge the importance of realising people's human rights and adopting human rights-based approaches in how they plan and provide services. This is very welcome. However, putting this into practice is marginal at best, and will continue to be so without the targeted resources required to support duty bearers in public institutions to fully understand their responsibilities to uphold rights and apply HRBAs in practice, and importantly for people and communities to understand their rights and how to hold duty bearers to account. Scottish Government plans to introduce a new Human Rights Bill that will incorporate four United Nations Human Rights treaties into Scots law, including legislation that enhances human rights for women, disabled people and minority ethnic communities will be a landmark in Scotland. If or when this happens, we would suggest a co-ordinated and resourced programme of support to help duty bearers and rights holders understand and enact this legislation as a means of tackling inequalities. Our experience of providing support to help communities and public bodies understand and respond to opportunities offered via the Community Empowerment legislation is an example of how this can be done. We would also endorse the recommendations from Public Health Scotland as a means of implementing HRBAs by public bodies and communities.*

*'Inclusion health principles and practice: An equalities and human rights approach to social and systems recovery and mitigating the impact of COVID-19 for marginalised and excluded people' https://publichealthscotland.scot/media/3130/inclusion-health-principles-and-practice.pdf

## Question page 2

### 11 What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland?

Please provide your response in the box provided.:

During the pandemic, our research with community organisations we have worked with has found that, while more and more people are experiencing financial hardship and mental health issues, it is those groups already experiencing poverty and poor mental health that are being hit the hardest. Organisations working in bottom SIMD (Social Index of Multiple Deprivation) areas have described how vulnerable communities will face a long recovery. Communities of interest and identity are also at increased risk, and our surveys have picked up on a growing level of mental health need from, for example, people with long-term health conditions, young people and refugees and asylum seekers. A recent report published by the Inclusion Health Partnership (comprising third sector, academic, public health and health protection colleagues and chaired by Public Health Scotland) on research conducted to develop and deepen the understanding of the lived experience of marginalised communities and how Covid-19 has impacted on wider aspects of health and wellbeing identified six cross-cutting issues experienced by different marginalised groups, including:

Human rights and health

Impact on mental health and wellbeing

Impact of the pandemic on sense of purpose and control

Access to statutory public services

Access to community, social support and social networks

Digital access.

https://vhscotland.org.uk/understanding-the-lived-experience-of-covid-19-for-marginalised-communities/

We would recommend endorsement of the key findings and recommendations as a means of responding to the inequalities experienced by marginalised groups and communities.

Furthermore, pre-existing grassroots organisations that were a key element of community resilience during the pandemic have been put under severe strain, with many facing immediate and long-term funding challenges. The rapid funding response from the Scottish Government and other funders has been welcome, but sustainability will be an ongoing concern, with organisations struggling to fundraise, carry out key-funded activity and meet increased demand. The impact of this on wider communities is already being felt, with organisations finding it harder to provide core services to those most in need.

More positively, we see two developments during Covid-19 as contributing to the foundations for addressing structural inequality, in a similar way to democratic innovation, climate change and equality.

The Scottish Government's response to the Covid-19 pandemic, which prioritised people's health and wellbeing ahead of economic growth. The urgency of the situation and the efforts to raise awareness of it helped to ensure people were largely on board with policy decisions that would have been

unthinkable before the pandemic. It is important to highlight this, as often there is a too easily taken-for-granted assumption that people will not support progressive policies out of self-interest.

The community-led response to the pandemic, which was a hugely positive aspect of the last 2 years. New and existing community organisations, including many organisations in the CHEX network, were a huge part of our country's response to Covid-19, helping to keep many members of the population safe and supported. In some cases, community organisations stepped in where public services were absent, and there were also examples of excellent partnership work between different sectors. Had the community response not been there, many people would have experienced adverse outcomes and demand on public services would be higher – immediately and further down the line.

12 Can you tell us about any local, regional or national initiatives throughout the 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?

Please provide your response in the box provided.:

Community-led health organisations are typically rooted in the communities where they work to a social model of health. They provide a range of services to meet local people's needs, help them to identify issues that affect their health, and support them to take individual and collective action on these issues. Although they can evidence achievement of positive health and social outcomes for people in their own communities, it can be difficult to gauge their aggregated impact on health, largely because they are so diverse and because of the difficulty in measuring this.

Edinburgh Community Health Forum comprises a range of community health initiatives who deliver services and support to people experiencing the poorest health and social Ensure healthy lives and promote well-being for all at all ages outcomes. The Forum worked with local authority staff administering Edinburgh's Inequalities Fund to create an evaluation model that would allow individual projects to show a collective impact on the health of local people and meet the priorities of local health agencies.

This is important because community-led organisations often report they feel undervalued and say they experience little recognition for the impact they have on health outcomes, especially when compared to local NHS or local authority departments with large budgets and resultant greater capacity to achieve population-level outcomes. This evaluation model shows that, by aggregating data from a range of community-led organisations, that these organisations have a significant impact on thousands of individuals, often those who are most marginalised and those who public agencies struggle to reach. The following infographic is a useful example of the collective impact of multiple community led organisations across the city of Edinburgh. https://echf.org.uk/demonstrating-the-impact-of-health-inequality-work-in-edinburgh/

The data therefore suggests that a shift in resources to invest in community-led health approaches/organisations would have a greater capacity to achieve policy aspirations than the current practice of concentrating the vast majority of resources on the delivery of health services.

From a community development perspective, there are many examples of local community-led initiatives that focus on supporting those most in need to improve their health and wellbeing. However well this work achieves positive health outcomes for local people, this will arguably only serve to mitigate the worst effects of poverty and austerity unless there is action at all levels to re-address imbalances in power, income and wealth.

To sustain and embed the positive work of community-led health, and building on recommendations in the recent Primary Care Health Inequalities Short-Life Working Group report*, we recommend the following:

- The Scottish Government at least doubles investment in community-led health and related approaches in the wider community sector, providing resources to back up new and emerging policy around empowerment, local governance, and human rights.

- This investment should be used to fund community-led activity and also community capacity building to ensure community-led approaches and organisations are strong for every community in Scotland. A great example of community capacity building is the Health Issues In the Community course, run by tutors across Scotland, and supporting people of all ages to develop the skills and knowledge to address the things that affect their health. Find out more at https://www.hiic.org.uk/

- That funding criteria and monitoring requirements place more trust in the sector to know what is best in their communities. Funding should be for at least 3 years, and the onus should be on commissioners and funders to understand how community-led health approaches at a local level contribute to tackling inequality at an aggregate level.

- That the work of the sector and the expansion in 'community spirit' shown during Covid-19 cannot be taken for granted. If the community sector is to continue playing a key role during recovery it will need to be adequately supported by the statutory sector and independent funders in order to fulfil this role. There is also the overhanging question of 'responsibilisation'. Important public services need to be paid for by a fair and redistributive tax system. Expecting communities to take on too much will lead to growing inequality.

* The Primary Care Health Inequalities Short-Life Working Group report recommends the following action:

"4. Develop a strategy to invest in wellbeing communities through local, place-based action to reduce inequalities."
https://www.gov.scot/publications/report-primary-care-health-inequalities-short-life-working-group/pages/6/

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

Please provide your response in the box provided.:

Following on from what we have said above, we believe that Covid-19 and the response to it has clearly shown that it is possible for policy makers to prioritise health and wellbeing above economic growth and to gain support for their policies. But, as with Covid-19, the focus of government at all levels

must be on eradicating inequality, and the message must be made clear to everyone.

A 2020 paper by Public Health Scotland and Glasgow Centre for Population Health made the following observation:

"It is interesting to compare the radical government action in the face of the COVID-19 threat but much less drastic policy interventions to reduce income, wealth and power inequalities (e.g. through social security benefit values, progressive taxes, ownership of capital, etc.) to reduce inequality-related mortality. The post-COVID-19 pandemic period should be used to 'build back better' and ensure that society and the economy in the future provides the basis to reduce social inequalities in health and all avoidable causes of death." https://www.medrxiv.org/content/10.1101/2020.05.04.20090761v1.full.pdf

We have already outlined the key actions we think should be part of this, although the reference in this question to Covid-19 presents an opportunity to expand on what we mean by supporting the community sector to tackle inequality.

Working at the front line of responding to coronavirus and other challenges, community organisations have shown they have the knowledge and will to respond constructively to local needs and are best placed to know what interventions are required now and in the future. They have a first-hand understanding of how different policies and decisions will affect the people they work with.

Community organisations, and community development approaches work with groups to support them to have more influence over decisions affecting their lives and their communities. It supports groups who are under-represented in democratic structures at all levels to participate. This includes, but is not limited to, younger people, women, ethnic minorities, LGBTQ communities, disabled people, and people experiencing poverty and disadvantage. Moreover, if this support is in place, innovative approaches to participation and empowerment can be fully realised (e.g. PB, the Community Empowerment (Scotland) Act and the Citizens' Assembly of Scotland).

It is therefore vital that the community sector is adequately represented in planning for recovery and putting this into action. It is essential, for instance, that their voice is heard when assessing how a course of action will impact on equality, inequality and human rights. Community organisations and the people they work with should also be involved in assessing the viability of measures, as they know the practical barriers to putting things into place locally.

For many of the same reasons, the community sector should have a key role in implementing measures arising from this planning. Community organisations are well placed to make messages accessible and tailor measures to suit the needs of their wider communities. As has been shown already during the Covid-19 pandemic, they can provide vital support more speedily and flexibly than other sectors have been shown to manage. They will have an essential role in getting the message out about, and supporting people through, the changes needed to 'build back better'. The trust and reach of community organisations will be a key resource and should drive change locally.

## Question page 3

### 14 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?

Please provide your response in the box provided.:

As part of a national drive to eradicate inequality, we think that resources need to be redirected towards prevention, partnership and participation. In keeping with the overall actions outlined already, the key actions for the Scottish Government are:

- The putting in place of a national drive to eradicate inequality, with an accompanying high level promotional campaign

- To establish innovative, purposeful and meaningful citizen participation mechanisms to deliberate on a fairer tax system and put forward policy recommendations for the Scottish Government and UK Government.*

- To implement a fairer, more redistributive, tax system to prevent health inequalities and other problems from emerging 'downstream'.

- Investment in the community sector and community development approaches - a doubling of current investment would be a great start and would be relatively small in comparison to inverstment in other policy areas.

*Critically, those at the sharp end of inequality and the community organisations that represent them need to be at the centre of this conversation. There is a danger that unequal power relations and our unsustainable economy will be re-created if the people who are most disadvantaged have no voice.

### 15 What role should the statutory sector, third, independent and private sectors have in tackling health inequalities in the future?

Please provide your response in the box provided.:

We want to see collaborative working within and between sectors at a local level to eradicate inequality. Any collaboration would have to be on as equal, as transparent and as supportive a basis as possible. There are good examples of effective partnership between the statutory sector and community sector during Covid-19, some of which can be found in the following documents:

https://www.scdc.org.uk/news/article/2021/11/18/connections-and-cross-sector-working-during-coronavirus

https://www.audit-scotland.gov.uk/publications/community-empowerment-covid-19-update

https://www.edinburghhsc.scot/whoweare/puttingpactintopractice/

In addition, local councils have experienced a real terms funding cuts in recent years with increasing demand for services, particularly from a growing older population. The continuous reduction in public funding makes it increasingly difficult for good statutory service provision and particularly difficult for organisations in our sector to tackle 'coal face inequalities' in the communities where they are most likely to occur.

The Scottish Government has progressed a range of welcome policies and initiatives aimed at empowering communities and encouraging collective action to tackle inequality at a local level, but there is little evidence as yet of this making a significant difference in practice. We recommend that the Scottish Government takes the following actions to ensure policy is implemented.

- Stronger legislation, or enforcement of existing legislation to make strategic planning focus on eradicating inequality. For instance, the Fairer Scotland duty should be strengthened or built on as it currently appears to be given little attention.

- Using stage two of the Local Governance Review to strengthen the power and influence of the community and third sector within local democracy.*

- Making a key focus of all planning be on eradicating inequality by stipulating this in the National Planning Framework 4.

- Ensuring that the application criteria for all Scottish Government funding criteria for regeneration projects includes a requirement for projects to be designed and delivered in partnership with local communities, including community and voluntary sector organisations, and also to have a clear focus on eradicating inequality.

- Increased funding for local authorities to provide or support services without which inequality is likely to increase, including community and voluntary sector support, public transport and culture and leisure services.

- Support and resource people's greater understanding of human rights-based approaches, and support for duty-bearers to uphold human rights

*The current Scottish Government Local Governance Review offers an opportunity to devolve power to the local level. There are different options available, including strengthening community councils (and making them more democratic) and creating new ways for communities and community organisations to have more power at a local level.