Supporting communities to tackle health inequalities

CHEX Policy Briefing
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Tackling Scotland's health inequalities: A time for radical change?

In this paper CHEX brings together some recent policy statements and research findings around health inequalities in Scotland. These provide stark reading for anyone concerned with improving the health and wellbeing of disadvantaged communities. Within the documents there is a call for radical change in how Scotland tackles health inequalities. CHEX welcomes and supports this call for change together with greater recognition and backing for the contribution that community-led health approaches can bring.

Several important and influential publications relating to Scotland's health inequalities have been published in recent weeks; all have significance and implications for community-led health.

At the end of November, the recently re-formed Ministerial Taskforce on Health Inequalities met to examine existing evidence relating to how the difference in life expectancy and health outcomes for Scotland's population can be tackled. The group aims to investigate how to narrow the health gap between the richest and poorest people in Scotland. Chaired by Public Health Minister Michael Matheson, the Taskforce includes the Chief Medical Officer, Dr Harry Burns, clinicians, health experts, a local government representative and other Ministers. Included in evidence already presented to them is a paper from Gerry McCartney of Health Scotland, What would be sufficient to reduce health inequalities in Scotland?

In December, Audit Scotland produced a report, Health Inequalities in Scotland, which provides an in-depth analysis of the continuing health inequalities experienced by people in Scotland. Recommendations included reviewing the distribution of GPs and other primary care services so that disadvantaged communities are better served. Other recommendations include entreating CPPs "to work with local organisations to provide opportunities for individuals and communities to contribute to activities which may help to reduce health inequalities".

December also saw the publication of the annual report from the Chief Medical Officer for Scotland, Dr Harry Burns. Health in Scotland 2011: Transforming Scotland's Health focuses on the challenge of tackling health inequalities and of "creating health". There is much within the body of the report which supports new ways of tackling this "most significant issue". The disparities in health outcomes for children born in different socio-economic circumstances are dubbed "unjust" and a situation that "outrages a sense of fairness."

The common theme running through these reports and the establishment of the Ministerial Taskforce is that health inequalities need to be tackled at all levels – international, UK-wide, Scotland-wide and locally. Moreover, it should now be clear that the NHS cannot be expected to solve these complex problems alone. As the Chief Medical Officer says in his annual report, "new relationships and new ways of working together" are required and "it would be wrong to believe that the origins of health inequalities are simply a reflection of unequal access to healthcare or that their remedies could be found solely in the National Health Service."

An illustration that the burden of responding to Scotland's health inequalities cannot be laid solely at the door of NHS services comes from another report from last year, GPs at the Deep End. Compiled by GPs in Scotland's most deprived areas, this paper highlights the impact of increased austerity on GP practices and the communities they serve. Further significant cuts to benefits in 'welfare reform' are addressed in SCVO's recent paper, Welfare 'Reform' and Mitigation in Scotland, with proposals to alleviate the worst effects on people already experiencing poverty and poor health.

CHEX urges that any review of national strategies to tackle health inequality – including that of the current work of the Taskforce – should consider the vital contribution that community-led health organisations can, and do, make at a local level. CHEX defines community-led health as "an approach to health improvement that aims to support communities experiencing disadvantage and poor health outcomes to: identify and define what is important to them about their health; identify the factors that impact on wellbeing; and take the lead in identifying and implementing solutions."

We call for greater recognition at a policy level of the unique and complementary contribution that our sector makes to preventative, long term and sustainable solutions. Over the last two decades and more, community-led health organisations have supported communities to address and take action on local health priorities. Evidence from numerous case studies, evaluations and the national capacity building programme, Healthy Communities: Meeting the Shared Challenge, has demonstrated the fundamental value that this approach brings to: including people who traditionally do not access health services; influencing more responsive health services; and building effective partnership working between public sector agencies and community organisations.

The approach is recognised, to some extent, by key national policy makers. Minister for Public Health Michael Matheson recently told CHEX that making the necessary changes is not possible without "the knowledge, the abilities and the potential of all of Scotland's communities" (CHEX-Point magazine). Furthermore, the Chief Medical Officer states in his annual report that "an important aspect of improving wellbeing is to ensure communities have involvement in choosing and shaping the programmes in which they participate."

The community-led health sector remains under-utilised and under-resourced. Our sector is acutely aware of the challenge of meeting increasing demand with diminishing resources, a situation which is unsustainable.

CHEX will continue to highlight evidence of good practice in tackling health inequalities at a local level. We are especially keen that community-led health organisations are heard within the work of the Taskforce and welcome the news that Communities for Health and Wellbeing (previously Healthy Living Centre Alliance) has been invited to present at a Taskforce meeting. We also welcome the participation of civil servants providing the Taskforce secretariat in the Learning Exchanges between community and voluntary health sector organisations and civil servants from different SG Directorates which CHEX recently organised with our national intermediary partners Voluntary Health Scotland and Community Food and Health Scotland.

These are small steps that can be enhanced by creating many more opportunities to share learning between those who make policies and the recipients of these policies; explore new ways of collaborating that reflect the experience and expertise of communities and prioritise resources to sustain proven approaches that both alleviate the worst effects of poverty and assist community members to work effectively with statutory agencies in delivering responsive health services.

We welcome comments on this paper. Please direct them in the first instance to Andrew Paterson, CHEX and SCDC Policy and Research Officer, by email or phone 0141 222 4837.

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