Public Health Scotland

Public Health Scotland - HSCS inequalities inquiry follow-up brief

Submitted on behalf of Claire Sweeney, Directorate of Place and Wellbeing.

Gillian Martin MSP

Convener, Health, Social Care and Sport Committee

The Scottish Parliament

Edinburgh

Sent to: **Susan.brown@parliament.scot**

Your reference: HSCS Committee inquiry into health inequalities – Scottish Government and Public Health Scotland briefing sessions – May 2022

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Dear Convener,

Public Health Scotland welcomed the opportunity to attend the first of the HSCS Health Inequalities Inquiry evidence sessions. Our representative, Claire Sweeny, Director of Place and Wellbeing committed to sharing further details on specific issues that were raised in the discussion, all of which you will find within this document.

Public Health Scotland would welcome further opportunity to discuss any of the topics in detail and thanks the committee for their time.

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1. Purpose

Public Health Scotland (PHS) is Scotland's national public health agency. We work to protect, prolong and improve the health of our population. Scotland experiences enduring health inequalities. Addressing these will require collaboration across the whole system. PHS works across the system, using our data and evidence to support effective action. We welcome the opportunity to support the Health, Social Care, and Sport Committee Inquiry on health inequalities.

At the evidence session on the 31st of May, Claire Sweeney, Director of Place and Wellbeing, PHS, committed to sharing further details on specific issues that were raised in the discussion. These are set out below.

2. Everyone benefits from closing the inequality gap

Health inequalities affect everyone. It is not just about the gap between the richest and poorest. Each ‘slice’ of the population if lined up in order of social and economic status, does less well in health terms than the most affluent slice i.e. it’s a gradient not just a gap between top and bottom. If you use one measure of inequalities, life expectancy, this means that the further down the socio-economic gradient you are the lower your life expectancy.

Evidence, based on the work of Wilkinson and Picket (summarised **here),** suggests that addressing the gradient by reducing wider social and economic inequalities, is likely to have benefits for all of the population. NHS Health Scotland (a legacy body of PHS) identified the measures likely to be effective at achieving this **here**.

There is less evidence that focusing solely on lifting the poorest out of poverty, to reduce the gap, would deliver the same benefits across the whole population.

PHS also believes that everyone has a right to the highest attainable level of health and that as a society we will all benefit if everyone has the same opportunity to live a long and healthy life.

3. Homelessness, ending destitution and supporting refugee and asylum seekers

Access to safe, secure and affordable housing is a building block of healthy communities. Homelessness, rough sleeping and destitution are known risks to physical and mental health and wellbeing. People refused asylum are particularly vulnerable to destitution. PHS has argued that local authority support to house all people, including those with **No Recourse to Public Funds** (NRPF) should continue throughout the pandemic and beyond. Without sufficient support, we risk further increasing health inequalities and endangering the health of some of the most marginalised people in Scotland.

Resuming negative cessations of asylum support puts already vulnerable people at risk of homelessness and exploitation if they do not or cannot return to their home country. PHS has expressed serious concerns about the negative cessation policy and does not support decisions to evict individuals from their accommodation.

3.1. Improving service access for refugee and asylum seekers

Other work PHS has contributed focused on refugee and asylum seekers aims to improve access to services:

- PHS contributed to the design and development of the **Access to Healthcare – GP Registration cards**. These cards were designed to assist refugees and asylum seekers (and also Gypsy/Travellers and people experiencing homelessness) when registering with a GP. This was to address the common issue raised by these marginalised communities that they often found it difficult to register with a GP. Feedback on the cards has been positive.

- PHS, in partnership with Health Boards, developed the **NHSScotland Interpreting, Communication Support and Translation National Policy**. The purpose of the policy is to provide guidance on NHSScotland responsibilities to patients and carers who require support from interpreting or

translation services. It will help to ensure that patients and carers have equal access to excellent patient care by helping staff to understand patients' and service users' healthcare needs.

- During the pandemic PHS worked with the Scottish Refugee Council to develop a **statement of facts on Covid-19**. This included accurate and accessible information about the vaccination and tackled some of the common myths. The information was provided in a number of languages.

- We are working in partnership with Minority Ethnic Carers of People Project (MECOPP)and Scottish Government to develop public health messaging for ethnic minority communities. The aim of the work is to develop more appropriate processes for the development, testing and dissemination of accessible information, to ensure communities who do not have English as a first language are able to help inform health messages. Initial focus for this work is with African and African Caribbean communities.

3.2. Informing Policy

- PHS developed a position statement on the impact on health of homelessness and destitution for people with No Recourse to Public Funds (NRPF), in response to the UK Home Office request for advice on restarting their policy (known as negative cessations) to evict refused asylum seekers from asylum supported accommodation. (Full **statement** for information). This statement has informed COSLA and Scottish Government guidance during the pandemic.

- We are working in partnership with Scottish Government and COSLA to support delivery of the **Ending Destitution Together strategy**. The above-mentioned position statement supports the aims of the strategy.

- Throughout partnership work with 4 Nations colleagues, we contributed to the development of the UK guidance 'Afghan relocation and resettlement schemes - Advice for primary care'

- PHS are members of the Primary Care Health Inequalities Development group. The group is taking forward recommendations from the Primary Care health inequalities short life working group to maximise primary care's role in reducing health inequalities and inequity across Scotland's communities.
- PHS report **Inclusion health principles and practice: mitigating the impact of Covid-19** outlines how a human rights-based approach will support recovery from COVID-19. It aimed to prevent and mitigate unintended negative impacts of the pandemic response on the most marginalised.

4. Accessible public health information

An important principle of a public health approach is understanding and addressing barriers to access, for those most likely to experience inequalities. PHS applied this principle to our role in developing public health information for the public during the pandemic. We worked to broaden the production of accessible information for diverse and so-called hard to reach groups and communities. Alongside national advertising PHS also used existing networks to share public health information with groups including BME, eastern Europeans and those using British Sign Language. A great deal of work has been focused on translations and other formats (audio, large print, Easy Read) to ensure informed consent resources are accessible for all, with some resources translated in up to 36 languages.

Further information on our work on COVID-19 information and vaccination materials is outlined below and is also available on the **NHS Inform website.**

4.1. Refugee and Asylum-seeking communities

The Scottish Refugee Council (SRC) advocated the vaccination programme to the populations they support. They highlighted that COVID-19 vaccine information leaflets may not be accessible despite being available in the required languages. PHS worked with SRC to co-produce a statement of facts about COVID-19 vaccination, tailoring it for specific community by addressing reasons for hesitancy.

The statement confirmed that no immigration checks are required to receive the COVID-19 vaccination and NHS Scotland does not pass patient details to the Home Office for the purpose of immigration enforcement. SRC translated the statement of facts into appropriate languages and community members were filmed reading it. The films were then shared widely.

4.2. African, Caribbean, and Black communities

PHS has engaged directly with many organisations and local community representatives working with those in the African and Caribbean communities. The building of these relationship particularly around encouraging the update of COVID-19 vaccine was greatly welcomed. PHS also worked within local Health Boards and GP practices and community organisations including Black and Ethnic Minority Infrastructure in Scotland (BEMIS); Scottish Refugee Council (SRC); Council of Ethnic Minority Voluntary Sector Organisations (CEMVO); Asylum Health Bridging Unit, and the British Islamic Medical Association (BIMA). We also link with organisations to understand the wider issues affecting the African and Caribbean communities and sit on the African, Caribbean and Black Inclusive Vaccinations Group.

4.3. Polish communities

PHS recognises that voluntary sector colleagues are well placed to help develop and deliver targeted messages to communities, and to address specific concerns or barriers people may have in taking up vaccination. Working in partnership can support equitable vaccination uptake. Public Health Scotland has worked with several organisations to achieve this. One example is partnership work with Feniks – a charitable organisation that supports the integration and wellbeing of the Central Eastern European Community in Edinburgh. We worked together to support their information campaign to ensure COVID-19 vaccination messages reach the Polish community in a way that was meaningful to them. Feniks have hosted several webinars with professionals through a variety of partnerships, providing accurate and

up-to-date information to the Polish community. We also co-developed a social media toolkit with Feniks.

4.4. Muslim communities

PHS recognises that vaccine confidence and informed consent can be amplified through the support of trusted community voices. Ramadan was identified as a time of behaviour change, which may create additional barriers to vaccination uptake in the Muslim community. Through a partnership with British Islamic Medical Association, Muslim Council for Scotland, the Scottish Government and Public Health Scotland, a webinar was delivered to faith leaders, healthcare professionals and members of the Muslim community in April 2021. The webinar was promoted via a WhatsApp message. Key messages were delivered including confirming COVID-19 vaccination does not invalidate fasting, ways to manage side effects during fasting and myth busting around common issues such as fertility, pregnancy, breastfeeding and vaccine safety. Materials for faith leaders and key members of the community to share were highlighted and where to access them.

4.5. Engaging with those with sight loss or deafness

PHS views the gathering of feedback from lived experience as a key element of service improvement. Discussions with the Royal National Institute of Blind People (RNIB) Scotland provided useful insight into the invitation process and the layout of the letter. Public Health Scotland worked to amend the letter, so its accessibility was improved.

During 2021, vaccination appointments have been held at a range of venues across Scotland – remote, rural, and urban. Some Health Boards have provided travel vouchers with appointment letters to remove any financial barrier for people to attend their vaccination appointment. Other Health Boards have offered community transport to help people get to clinics – this option was highlighted in the national appointment invitation letters.

4.6. Marketing

A great deal of work has been focused on translations and other formats (audio, large print, Easy Read) to ensure informed consent resources are accessible for all. On occasions, the COVID-19 for example, resources have been translated in up to 36 languages.

More emphasis has also been put into digital and video content. The way in which translations are formatted on NHS Inform changed, for easier access and promotion. Also, dubbing has been used for video content, where previously only translated subtitles were made available.

4.7. Vaccines Uptake

During the pandemic, we have supported provision of vaccination information in areas of high deprivation via intermediary organisations:

Supporting the Scottish Ambulance Service (SAS), we have connected with them to ensure that vaccine information leaflets to support informed consent are available in different languages and formats as the mobile vaccination buses have visited different areas of Scotland, including areas of high deprivation and where vaccine uptake has been lower. We have heard from SAS that the vaccination bus has provided opportunities for people in these areas to have a conversation with the healthcare professional about getting the vaccine, answering questions, and at times going ahead with vaccination via the bus.

Throughout the rollout of the COVID-19 vaccine programme, uptake data has been monitored by PHS to identify different rates of uptake in geographical areas and among specific communities. This work highlighted a lower uptake of COVID-19 vaccine in some communities and this information allows PHS to focus on reaching groups to build vaccine confidence and reduce any practical barriers to accessing vaccine information or services.

Our PHS report "**An inclusive approach to flu and COVID-19 vaccination service delivery in Scotland: Recommendations**" highlights the importance of trusted

intermediaries. By helping to build knowledge of Third Sector organisation staff and volunteers, they can play a key role in supporting their communities to understand vaccine information by sharing information in the most appropriate language or format to help increase awareness of the vaccine offer and support informed decision making. Trusted community members can signpost accurate information and help dispel myths. During the pandemic, our PHS team developed and continues to regularly maintain information on our **COVID-19 vaccine information and resources page** on our PHS website. Our webpages aim to support the wider workforce (i.e. people working within the NHS, local government and staff and volunteers working in the third sector), helping them to support their communities to be fully informed about the COVID-19 vaccine programme and to access accurate information to help build vaccine confidence in their communities.

Since January 2022, the PHS Vaccine Confidence, Informed Consent and Equity Team send regular monthly email updates to more than 100 community and voluntary sector organisations about the COVID-19 vaccine programme. Some of these organisations work at a local level supporting people in deprived areas, such as the Deep End GP network and the Poverty Alliance.

5. Whole System Modelling

PHS's Whole System Modelling Service (WSMS) is developing a model of the Health & Social Care system in Scotland. Our work on whole system modelling (WSM) is world-leading, enabled by Scotland's healthcare data infrastructure. It has offered insight during the peaks and troughs of healthcare and social care demand throughout the pandemic. In the next three years we plan to scale up this work to provide new insights and to enable Scotland to remobilise and plan its health and social care services as a single service.

This aims to provide a baseline model of the demand and capacity of the system over coming months and years. This will both help assess the robustness of the system in meeting future demand and provide a position against which we can evaluate different scenarios. It also gives national, regional, and local leaders and

services planners insight into which parts of the system have capacity or are under pressure.

One area this capability can support is in modelling the impact of early public health intervention in averting subsequent demand on health and care services. The WSMS will be working with NHS Boards, Health & Social Care Partnerships and Scottish Government to model the wider system impact of a range of interventions and alternative models of care to help establish an evidence base that can ensure we invest in the right interventions.

6. Dental Health

On Tuesday 26th April, PHS published a **report** on the impact the pandemic has had on dental services and oral health in Scotland. It was found that due to the anticipated risks of transmission associated with receiving dental care, services have been significantly impacted, with patient access increasing only very gradually over the past two years. Two key findings are:

- socioeconomic inequalities in access to these dental services, while apparent before the pandemic, have increased in the most recent months
- with access in schools and care homes disrupted, two of the oral health improvement programmes, Childsmile and Caring for Smiles, have seen huge reductions in numbers.

7. PHS Approach to Marmot Cities

Marmot Cities make up part of the work of the UCL **Institute of Health Equity**. The Institute builds, convenes, and supports global networks, working to decrease health inequities through action on the social determinants of health. Specifically, Marmot Cities is a network of local city authorities in England, working in-depth to develop a 'Marmot' approach.

The approach advocated by the Marmot Review broadly reflects the approach adopted by PHS. While we do not specifically follow the Marmot City model, we do use our position as Scotland's public health agency to promote a focus on social determinants and prevention with a mind to increasing life expectancy and reducing health inequalities. Specific work on place, localised working and city region deals are all part of our work relevant to increasing capacity in the network and promoting work which is very much in line with Marmot's approach. It is important to note that the local deployment of public health resources (staff and budget) is different in Scotland. Resources in Scotland are deployed to territorial health boards which are not always co-terminus with local authorities. Our approach reflects this difference.

8. PHS Contribution and Plans for Community Wealth Building

Community Wealth Building (CWB) is a people-centred approach to local economic development, which redirects wealth back into the local economy, and places control and benefits into the hands of local people. Developed initially by the **Democracy Collaborative** in the United States (led by Ted Howard), it has been subsequently championed in the UK by the progressive economics think tank **Centre for Local Economic Strategies** (CLES).PHS contributed to the test sites for CWB in Scotland and developed a program of work to support Anchor organisation, initially partnering with SG on supporting health and social care as well as wider partners in their development as Anchors. The program of work includes economic policy support through the development of metrics, impact assessment, fair work, local procurement, wellbeing, and inequalities in growth deals. Moreover, defining and measuring inclusive economy, capacity building at local level, whole regional approaches to child poverty and CWB strategy development.

Examples of this work against the CWB key principles includes:

- Plural ownership of the economy: We are undertaking a systematic review of available evidence on what impact (if any) plural ownership may potentially

have on the inclusivity of the economy. This also may raise opportunities to look at the scope within reserved contracts and procurement powers.

- Making financial power work for local places: PHS have partnered with the Glasgow City Region Partnership to develop a model for our support for local economy and wellbeing, for growth deal teams and CPPs and our offer on local economic strategy and impact on inequalities.

- Fair employment and just labour markets: We are evaluating the impact of persistent precarious employment (lasting at least 12 months) on the health of working age adults, compared with more stable employment. This will support the contribution to Good Work and the Fair Work Action Plan.

    - Health Working Lives Review – We have undertaken a review of Healthy Working lives and will co-produce, with NHS Boards, a refreshed approach to tackling health inequalities. We are working with NHS Board Leads and DPHs to align with this review with the emerging Fair Work Action Plan and related programmes around health and work.

    - Widening access to quality work with local partners – We are working closely with the NHSScotland Employability and Apprenticeship Network, the NHS Academy and Local Employability Partnerships to improve ensure the range of workforce and employability opportunities at local level are maximised by the health and social care system.

Progressive Procurement of goods and services

- Sustainable Procurement Duty – We are working with colleagues to look at the current use of the Sustainable Procurement Duty and the scope and potential to positively impact on reducing health inequalities. This work will also align to the imminent consultation on Community Wealth Building Legislation.

- Testing local purchasing – as part of Anchors workplan with SG, PHS are establishing some test areas to look at alternative approaches to local purchasing at local and national level.

Socially productive use of land and property

- Property Transaction Handbook Review – NHS Lothian highlighted the current constraints within the Property Transaction Handbook, so, in partnership with Scottish Government, we are working with health facilities and public health teams to look at improvement actions that would help deliver anchor actions on estates and property.

Tools to support CWB and anchor organisations at local level

- Community Wellbeing Metrics - We are working with Scottish Government analysts to get a set of anchors and CWB measures that we can test and refine with some local areas. PHS have logic models drafted for CWB these will focus on metrics for LAs in first instance and these are being lined this up with SG, HSC led work. Discussions are ongoing with CPP leads and the Land Commission to set up some testing of these.

- Joseph Rowntree Foundation Anchors Institutions toolkit - PHS hosted a session with 7 NHS Boards on this toolkit. There is a lot of interest in the toolkit, to use it as a benchmarking and collaborative tool, but it does need adapting for our Scottish context. SG also attended and are interested in the potential for this to be included in the NHS Boards performance and planning frameworks. PHS are currently working with JRF to make necessary adaptations.

Focusing on the Anchor role as an employer we are supporting Health Boards in widening access to quality work. There is an opportunity to build on our contribution to a Fair Work Nation and increase our local economic footprint by aligning our Equality, Child Poverty, Fairer Scotland and Corporate Parent duties with our actions in creating a more inclusive and diverse workforce.

The Scottish Government will shortly embark on formal consultation for the content of the pending Community Wealth Building Legislation, as part of its wider **National Strategy for Economic Transformation**.

9. Adverse Childhood Experience (ACE's)

Adverse Childhood Experiences (ACE’s) are stressful events occurring in childhood. Preventing ACE’s should be seen within the wider context of tackling societal inequalities. A public health approach to childhood adversity recognises that we cannot prevent adversity in children’s lives without understanding the social, political, and economic environments which children live in and how decisions at those levels impact on the families and communities in which they live.

PHS convenes the Scottish ACE Hub for Scotland. We work in partnership with the members of the Scottish ACE Hub/Advisory Group on a programme of work that aims to provide national public health leadership to prevent and mitigate the impact on childhood adversity. Collaborating and embedding preventative work on ACE’s into the ongoing and working with partners to improve outcomes for children, young people, adults and families who come into contact with the justice system. There is also work ongoing to engage with communities to better understand the impact of the pandemic.

To achieve the aim of the programme we:

- Continue to collaborate with partners to develop and deliver on an action plan on ACEs in relation to justice settings and associated systems and processes.
- Work across PHS to improve knowledge and understanding of ACEs in order to ensure PHS activity supports the prevention and mitigation of ACEs.
- Continue to build on community engagement/development work to better understand the impact of the pandemic on communities and to understand which aspects of public health activity may have facilitated support for communities and where the gaps are. This will support a localised working/community development approach for the team and partners looking at how to improve how we translate data and evidence into action.