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Your ref: HSCS Committee inquiry into health inequalities – Scottish Government and Public Health Scotland informal briefing session – 24 May 2022

16 June 2022

Dear Convener

Thank you for your letter of 25 May to my colleague Asif Ishaq following the informal briefing session my colleagues, Shirley Laing and Claire Sweeney and I, took part in. I offered to reply with further information on some of the specific areas we discussed and the Committee has enquired about.

Ethnicity

Firstly, regarding data on uptake of COVID-19 vaccinations, vaccine programme ethnicity data collection is giving us more robust information than was previously available. Before, existing data came from incomplete sources such as hospital records or test and protect records. The high volume of people coming through the vaccination programme will improve the robustness of this. By using Census categories, ethnicity captured will be standardised which offers us a chance to better understand existing racialised health inequalities, and to more effectively tailor health services. Since the data collection through the vaccination programme began in November 2021, ethnicity has been assigned to 3.5 million people (86.5% of vaccination records).

Regular reporting on this data carried out by Public Health Scotland (PHS) shows us where uptake continues to be lowest - such as in the Polish, African, and Black/Caribbean ethnic groups. This has led to targeted outreach work to reduce barriers to vaccinations in these and other under-served communities. PHS has produced an insights paper in response to the data detailing community-specific forms of outreach to improve uptake in the African, Pakistani and Polish communities which has been shared with Health Boards and which I understand PHS will share with you separately. The Boards have used this information to tailor vaccination delivery. All NHS Boards have dedicated inclusion plans within the vaccination programme; outlining how they will actively offer vaccination to people who may face barriers to uptake including certain ethnic minority communities, and those living in

areas of deprivation. This outreach work has included offering vaccinations in places of worship, trusted venues and community settings to reach groups unlikely to attend mass vaccination clinics. For example, the Scottish Ambulance Service have used mobile vaccination units to attend Gypsy/Traveller sites.

The Scottish Government (SG) has responded to the data by commissioning research which looks at vaccination engagement across various ethnic minority communities with lower uptake, including African, Black/Caribbean, Polish, Gypsy/Traveller and Pakistani groups. This includes funding for research being conducted by Dr Josephine Adekola of Glasgow University, whose research is specifically focused on African and Black/Caribbean communities. National Clinical Director, Jason Leitch, recently supported this work by participating in a documentary discussing this research, the insights from which are expected later this summer. We would be happy to share those insights with the Committee when available.

Experiences of discrimination

We discussed intersectionality during our session and the Committee requested more information from Claire Sweeney on PHS' work to improve support people, from particular groups, with No Recourse to Public Funds (NRPF). We know that homelessness, rough sleeping and destitution are known risks to physical and mental health and wellbeing. And people refused asylum are particularly vulnerable to destitution. It is important, therefore, that local authority support to house all people, including those with 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.

PHS has also developed a position statement on the UK Home Office policy of negative cessations of asylum support which it argues 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 policy and does not support decisions to evict individuals from their accommodation. The statement also supports the aims of the Ending Destitution Together strategy and we are working closely with PHS and COSLA to support its delivery. 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' 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 aims to prevent and mitigate unintended negative impacts of the pandemic response on the most marginalised.

<u>Mental health</u>

We touched on mental health. We are working to ensure everyone's right to access appropriate mental health care is realised and continue to increase our investment in crucial services and infrastructure. The pandemic has put some communities disproportionately at risk and having more adverse impacts on the mental health of some groups of the population.

Our Mental Health Transition and Recovery Plan commits to making the mental health of these groups a priority. The Plan, backed by a £120 million Recovery and Renewal fund, lays out specific actions to better understand and address the mental health inequalities faced by these groups including women and girls, older people, LGBTI and minority ethnic groups. As part of that, £21 million was made available in 2021/22 through the Communities

Mental Health and Wellbeing Fund. A further £15 million has been made available for a second year of the Fund for 2022/23. This fund supports small grass roots groups and organisations to deliver community activities focused on improving mental health and wellbeing. It has a particular focus on addressing inequalities exacerbated by the pandemic and meeting the needs of the most at risk groups locally.

£250k has also been invested in the Mental Health Foundation's Covid Response Programme which aims to work alongside trusted non-mental health organisation partners to deliver evidenced informed mental health interventions at scale. This is specifically focussing on selected groups who have been significantly impacted by the pandemic and lockdown - including lone parents, minority ethnic groups and those with long term physical health conditions. Further, we have established an Equality and Human Rights Forum to provide advice on the implementation of the Transition and Recovery Plan and wider equalities work within mental health policy. This includes representation from women, disabled and LGBTI groups. We are now engaging with the Forum and wider organisations, to better understand and respond to the mental health inequalities that have been exacerbated by the Covid-19 outbreak. This work will inform our upcoming Mental Health Strategy, due to be published at the end of this year, which will take full account of the experiences of marginalised equality groups facing mental health inequalities.

Stigma in community pharmacy settings

On the issue of stigma in community pharmacy settings, we are very disappointed to hear of the experiences reported by people accessing methadone or other opiate replacement therapies, and would not condone such practice. The benefit of our community pharmacy network is its role in treating all of society and the provision of a fully accessible service to patients and members of the public for healthcare advice and access to their prescription medicines. As the experts in medicines, pharmacists and their teams are well-placed to provide a person-centred approach to treatment as part of a wider package of pharmaceutical care.

Furthermore, there are clear standards for the pharmacy profession to adhere to, not only in patient safety but also fairness and respect. The Medication Assisted Treatment (MAT) standards have been developed to ensure that people are offered a person-centred, holistic treatment plan as part of a rights-based approach. Implicit to this is identifying ways of reducing stigma. Implementation of these standards will enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. I made the Chief Pharmaceutical Officer for Scotland aware of the specific issues raised by the Committee and she has raised the issue directly with the relevant Health Board's Director of Pharmacy and with Community Pharmacy Scotland, who represent pharmacy owners, and is also considering if there are any specific actions that can be taken forward to address the issues shared by committee members.

Specific Conditions

Respiratory health

We are committed to ensuring that everyone living with respiratory conditions, including Asthma and Chronic Obstructive Pulmonary Disease (COPD), receives the best possible care and treatment to enable them to live longer, healthier, and independent lives. Our Respiratory Care Action Plan for Scotland, which covers five respiratory conditions – COPD, Asthma, Bronchiectasis, Idiopathic Pulmonary fibrosis and Obstructive Sleep Apnoea - sets

out our priorities and commitments for driving improvement in prevention, diagnosis, care, treatment and support for people living with respiratory conditions including asthma.

One of the priorities from the Plan is to improve access to meaningful respiratory data. A Data sub-group has been established to take this forward; working towards a core respiratory dataset that will enable us to understand where people's needs are not being met and inform service improvements. This will allow us to better explore any areas of concern.

We recognise that the inequalities experienced by those who face the most disadvantages are unfair and unjust. That is why we will continue to pursue equity for people who experience disproportionality poorer health outcomes. Tackling health inequalities around respiratory disease, treatment and care is therefore a key focus of our work to ensure a more targeted approach to supporting key groups of people including through, for example, our Women's Health Plan, published in August 2021, which underpins actions to address health inequalities by raising awareness around women's health.

Diabetes

In relation to Diabetes, our 2018 Framework for the Prevention, Early Detection and Early Intervention of type 2 diabetes set out the importance of reducing health inequalities. All NHS boards are required to involve patients and communities in the design, delivery and evaluation of new pathways and services. We know that excess weight is one of the most modifiable risk factors for developing type 2 diabetes. We also know that significant health inequalities exist in relation to developing type 2 diabetes, particularly related to ethnicity and deprivation. Work is underway to reduce health inequalities in relation to type 2 diabetes prevention and weight management services outlined as follows.

- We have set a delivery milestone for 2022/23 for boards to ensure that Equality Impact and Fairer Scotland Assessments are completed for all their adult and child weight management and type 2 diabetes prevention programmes. This will allow them to take in to account changed circumstances and delivery as a result of COVID-19 and consider the continued equity of their services. We have also set a milestone for boards to complete and implement a mitigation plan to address the inequities and gaps identified through these assessments that is most suitable for their population. These milestones are conditions of funding allocations for weight management services for children, young people and adults. Boards have been asked to consider health inequalities in their implementation plans and provide detail on how they will support our Programme for Government commitment to significantly reduce diet-related health inequalities.

- We have undertaken a research and service design project to find out how those living with overweight or obesity in our most deprived areas access weight management services and to what extent they meet their needs. This was the first step in understanding how we create services which can be tailored to meet the needs of the Scottish population.

- Through our funding of the Type 2 Diabetes Prevention Framework, three health boards (Tayside, Dumfries & Galloway and Forth Valley) have implemented type 2 diabetes or weight management programmes delivered by Oviva. A further two boards (Grampian and Lanarkshire) are awaiting information governance clearance from their board to implement in these areas too. These programmes are delivered by dietitians and offered in 22 different languages to meet the needs of minority ethnic groups who are at higher risk of developing type 2 diabetes. The evidence from these programmes is also demonstrating that they better meet the needs of younger working age people and men.

- Through the delivery of the Type 2 Diabetes Prevention Framework, the East Region Partnership (NHS Borders, NHS Lothian and NHS Fife) have partnered with the Minority Ethnic Health Inclusion Service (MEHIS) to fund training for community link workers in outreach services, who are delivering the accredited programme Let's Prevent Diabetes in several languages including Bengali and Urdu. This not only negates the need for interpreter services but allows the link workers to tailor changes to the programme to account for cultural, dietary and religious preferences.

Food

I also recall the Committee were interested in price comparisons in relation to fresh food as well as the prevalence of fast food in our communities. The SG funded Healthy Living Programme works with stores and wholesalers to offer promotions on healthier produce and has these sited in prominent selling locations. ensure that position is key in the store and that retailers are encouraged to site fresh at till point and in key selling locations. We appreciate that the cost of living crisis impacts shopping decisions in all sorts of ways. We have made sure that the recipes on the Scottish Government's Parent Club website are not just healthier but also easy to make, affordable and use minimal amounts of energy.

Furthermore, we are maintaining funding levels for the community food networks so that they can continue to support people struggling to access healthier food options following the pandemic. Community food networks help join up individual local initiatives to promote a healthier diet amongst disadvantaged groups, whether that be through lack of income, cultural barriers or due to poor skills, and provide a broad range of activities including: cooking classes, benefit checks, grow your own groups, cafés and food pantries.

Oral health

I referred to the Childsmile programme in regards to oral health of young people. In partnership with Health Boards and programme leads we are also taking forward Childsmile 'Plus' SIMD 1 and community focus, which will provide additional toothbrushing packs via Health Visitors, Childminders & babybox as well as a new cohort of Dental Health Support Workers for advocacy and focussed support. This is in addition to our Health Improvement Programmes for: the Homeless; Offenders; People with Special Needs; Older people living in Care Homes; and the Challenge Fund Legacy Food & Nutrition programme - with a focus on families living in vulnerable circumstances affected by socio-economic and race inequalities.

Long COVID

I know the Committee want know what is being done to support individuals with long COVID, particularly for those in employment. Fair Work is central to the SG's pandemic recovery. We encourage all employers to apply a fair and flexible approach to dealing with the impacts of COVID-19 in order to protect the health and wellbeing of their workforce. Salus, an NHS based provider of occupational health services, is working in partnership with Working Health Services Scotland to provide return to work services to people who have health conditions or injuries that are impacting on their work, including long COVID. These services are adapting to meet the additional needs required of them due to the pandemic.

The Healthy Working Lives programme, which is delivered on our behalf by PHS was paused during the COVID-19 pandemic SG is determining – in conjunction with PHS - how best to take the Healthy Working Lives programme forward in light of the changing needs of

the population coming out of the pandemic. Needs arising from the pandemic, such as support for those suffering from long COVID and mental health support, will be of particular focus as we adapt to the changed situation we find ourselves in. This will be in line with the commitments outlined in the Mental Health Transition and Recovery Plan I referred to above.

We know that flexibility in hours and location can be invaluable for those with caring commitments; those preparing for retirement; people with disabilities or who experience periods of poor health; and people balancing multiple roles or interests. Despite employment law being reserved to the UK Government, we are doing what we can to work with employers directly and through their representative bodies to explore ways of promoting and supporting flexible, agile and inclusive workplaces that benefit all employees. Last year we funded: Flexibility Works with £94,850 to support and promote the development of flexible and family friendly workplaces; and Timewise with £167,070 in 2021/22 to support delivery of their *'A Fair, Flexible Work Programme for Scotland'*. We are developing a programme of further support this year which will include offering vital advice and support to business and organisations on the benefits of flexible working practices such as working from home, hybrid and remote working. We will ensure any funding committed in 2022/23 will help to stimulate more quality flexible jobs in Scotland as a key driver for supporting these key groups.

We have also worked with NHS 24 to develop a dedicated microsite on NHS inform providing people living with long COVID with clear and accessible guidance on managing their symptoms. It includes specific advice on navigating a return to work and signposts to information developed by the Society of Occupational Medicine and the Advisory, Conciliation and Arbitration Service (ACAS).

I trust the Committee will find this response helpful. Please do not hesitate to get in touch if you require further information.

Yours sincerely,

Michael Kellet