Community Development Trust
Healthy n Happy

SCHW community led!

Health Inequalities Review Guidance

Name: John Cassidy

Address: Healthy n Happy Community Development Trust, Aspire Building, 16 Farmeloan Road, Rutherglen, G73 1DL

Organisations:

Scottish Communities for Health and Wellbeing (SCHW) & Healthy n Happy Community Development Trust

Phone number: 0141 646 0123

Email address: john.kcassidy@ntlworld.com

1 What is the character of health inequality in Scotland/your area? What do health inequalities mean/how are they manifested in the lives of communities and families across Scotland?

The previous CMO's annual reports 2010 and 2011 provide an excellent picture of health inequalities and their causes across Scotland. It is interesting that the main emphasis in the reports is on generating health. SCHW contributed a significant section to the 2010 report. Generating health is a central purpose of SCHW. In particular SCHW focuses on producing appropriate responses to these situations, events and circumstances that take individuals to bad places where they lose hope, any sense of direction and experience much reduced resilience and ability to cope.

The GPs at the Deep End Report 8, Social Prescribing (2010) categorise the situation stating 'bereavement, poor housing, homelessness, domestic violence and many other social and political problems are becoming packaged as medical issues (packaged as stress, nervous disability etc).' They add that this medical pathway appears to be the only channel by which people can attempt self-betterment or even survival in a hostile environment.

It is therefore it not too surprising that Scotland has a mental health crisis that occupies much hospital time (Can be up to 40% of hospital beds). Early intervention in the journey to seriously poor mental health is critical and it is in this kind of activity that community led

organisations, embedded in and trusted by their community make the biggest impact on quality of life. In working to improve the quality of life of many individuals community led organisations deliver an approach which includes people who do not traditionally access health services; influences more responsive health services and builds effective partnerships between public service agencies individuals and communities.

2 What role can health and other public services play in tackling health inequalities?

Public services can recognise in policies and budgets the critical importance of community led health improvement in bringing about the interventions which have a major impact on the lifestyles, attitudes to health and wellbeing and overall quality of life of individuals and their communities. This is especially true in communities and neighbourhoods which are struggling in these difficult economic times.

3 Are there any specific policies, initiatives or research evidence from Scotland, UK or internationally that you would propose to tackle health inequalities?

Scottish Communities for Health and Wellbeing has made an offer to the Scottish Government (See details on website www.schw.co.uk) to turn the rhetoric of community approaches, asset based strategies and real partnership working into world leading practice in community-led health improvement. The offer has its basis in sound evidence and years of experience and expertise in communities. Also see the SCHW website for references to policies and research studies which have influenced our offer.

4 What can be done within current devolved arrangements to tackle health inequalities?

Medical and Social Health Models: Redressing the Balance

It is the time to redress the balance between the medical and social models of health. Unless this balance is redressed the NHS will continue to struggle with the consequences of having no national strategy for embedding the social model of health into our national health and wellbeing improvement strategies. The NHS is a world leader in the medical responses to illness. GPs participating in the social prescribing project (GPs at the Deep End) acknowledge the strength of the medical model, however alongside this they also acknowledge the limitations and the importance of non-medical community resources that assist people to build the resilience and positive ability to improve their own health.

The social model of health is the appropriate one for tackling those long term health and wellbeing conditions which arise from a range of psychological and social causes and which are tackled most effectively through local community-led interventions which can be maintained over a long period of time and are effective in reducing the need for medical interventions and hospitalisation. This means alongside medically aligned resources such as counselling, addiction services, exercise schemes, physiotherapy, or carers support there are pathways into non-medical interventions such as writing or creative arts groups, volunteering opportunities, employability services and educational opportunities.

Case Study: Healthy n Happy Community Development Trust (HnH)

> ***"It was like a deep black hole that I couldn't get out of, but I didn't want to give in to it and become its slave,*** *so after months of this torture I finally made the appointment and I went to see my doctor.*
>
> *She was brilliant from the start. Encouraging me, understanding me and above all, she listened to me. After counselling I was encouraged to come along to HnH to a stress management course called Changes.*
>
> *It has given me a lot more faith in myself and has definitely put me back on the road to recovery. I have done M H awareness and M H first aid courses with HnH and I am more involved in my community than ever before.*
>
> *I volunteer with various things such as helping to write a book to do with mental health, radio broadcasts and a 'Tell Your Story' group where we share our journey with mental health to various community groups.*
>
> ***HnH has helped me to get me back on track mixing with people and joining in with my community, but most importantly it has given me a voice to talk about mental health openly.***
>
> *Although still not fully recovered, the training has made me stand up against the darkness of depression and the fight is still going on. It tries to come back and it will be a while before I can lead a life free from my anti-depressants, but with the help of my doctor, Healthy n Happy, my wife and my family the darkness of depression is on the back foot."*

Sustainability

The Government response to long term debilitating conditions will not be effective if it continues to be based on short term campaigns, short term funding programmes, expecting to scale up test sites or pilots and failing to recognise and sustain investment in the potential and effectiveness of community led health and wellbeing improvement organisations.

5 How could we use further devolved powers to help tackle health inequalities?

Responding to the challenge of health inequalities does not rely on further devolved powers. It does rely on bringing about a major change in how we tackle generating health. The SCHW offer is built on using existing structures to support new structures to establish the effective delivery of the social model of health in struggling communities. The core of the approach is using the TSIs in every local authority area as a conduit for Government investment for a national network of community-led health improvement anchor organisations coordinated and monitored through SCHW.

6 What mechanisms can be deployed to better join up policy and public services to tackle health inequalities?

The key is a transformational change which establishes a new and appropriate balance between the medical and social models of health improvement across Scotland. The two approaches would operate as two sides of the same coin with mutual respect and co-operation, partnership, not competition and an understanding of one another's strengths and limitations. The absence of such an approach will continue to put unbearable demands on the current medical model of the NHS. Establishing 'NHS –Community' would take up less than 1% of the current NHS budget or around 4% of the current NHS health improvement budget. 'NHS Community' would initially involve an active network of over 100 community–led health improvement anchor organisations with over 500 staff and over 4000 volunteers. This is truly a community asset based approach to health generation. 'NHS Community' would be the most cost effective health improvement system anywhere!

7 What can be done to tackle the Inverse Care Law in health and other public services?

In areas with high needs, such as inner cities and deprived areas, there tend to be fewer doctors working with higher caseloads and sicker patients. Although GPs are encouraged to work in 'underdoctored' areas through a system of incentives, these have not enticed enough GPs to work in the poorest areas.

Other evidence suggests that there are problems with the service some GPs are delivering in deprived areas. For example, the National Survey of NHS patients' attitudes to General Practice showed that a significantly higher proportion of people living in deprived areas reported putting off a visit to see the GP because of inconvenient hours. Similarly, a significantly higher proportion of people living in deprived areas felt like making a complaint about staff - but had not actually done so.

Also, rates of immunisation, and screening for cervical and breast cancer, are significantly lower in people from more deprived areas - areas where cancer mortality rates are highest. The quality of treatment in general practice for people with chronic diseases such as asthma has been shown to be inadequate, with significantly higher admission rates to hospital for these conditions from deprived areas.

Additionally GPs at the Deep End (2010) have reported that they are aware of their relationship with the public in areas of deprivation, with some expressing discomfort that by being construed as the 'gatekeepers' for social resources as part of their current role. By continuing the status quo, under the guise of proving medical need through certificates or reports, GPs are concerned that they are actually perpetuating the cycle of dependency.

All of the above illustrates a clear need for change. There are basic allocation of resources issues for the NHS. The recent argument to have 'proportionate universalism' is a recognition of the growing need to target resources, however you present it. The SCHW offer

can make a really positive contribution to tackling the Inverse Care Law as community-led health improvement anchor organisations would be embedded in their communities, advocate on behalf of their communities, make effective local partnerships with the HNS trusts and local councils and most importantly would engage local people in ways which current public service find difficult or impossible but sometimes also find them easy to ignore!

8 Is democratisation of health services important in tackling health inequalities?

This is not the critical area of activity. Community led organisations are governed by local people to meet the circumstances of individuals and communities in their area. They are highly accountable to the local communities and are adaptable and responsive to changes in the local situation. The public service has been described as being characterised as a hierarchical type of culture focused on internal stability and adherence to rules and procedures rather one of flexibility, innovation and openness.. The SCHW offer provides an opportunity for health generation to be built round people and communities and to work in partnership to achieve, in a very cost effective way, better outcomes for those that use public services.

9 How could community development efforts be better supported to tackle health inequalities?

- *Changes in the culture of the public sector*
- *Increased trust between Government and local organisations*
- *Adoption of a common accessible language and understanding of roles and responsibilities*
- *No more short term budgeting for health generation in communities*
- *Reduce the risk averse culture genuinely support new ways of working*
- *Restate the commitment to health generation particularly in our poorest communities - reduce complacency around our major health problems*
- *Strong cross party support for sustained long term funding of "NHS Community"*
- *Support for SCHW's offer!*

10 How could resource allocation (this could be geographic and in other budget planning terms) to health and public services be re-allocated to tackle health inequalities?

Establish 'NHS-Community" as per the SCHW offer by 'bending' existing expenditure on health improvement. It would be the most effective cost effective investment that the Government will make. Only 4% of the current health improvement budget would help establish a network of community led health generating anchor organisations in over 100 of our most needy communities in which health inequalities are at their greatest. Each of these anchor organisations would use the Government's core funding investment (between £30,000 and £80,000 per annum depending on the size of the anchor organisation) to attract into health generation three times the annual Government investment in them and would establish effective social prescribing strategies in their communities. In this way the balance between the funding invested in the medical model of health improvement and the funding

for the social model of health generation would be somewhat redressed. Scotland could be an international leader in community led health generation.

11 What other ideas/thoughts do you have to help assist in tackling health inequality in Scotland.

Please return to Tommy Kane

Room MG11

Edinburgh

EH99 1SP

Tel 0131 348 6897

Tommy.kane@scottish.parliament.uk