

# **Cross Party Group on Health Inequalities**

## **Briefing Note: a survey of CPG views on existing and emerging health inequalities associated with COVID-19**

**May 2020**

### **Introduction**

VHS is Secretary to the Scottish Parliament's CPG on Health Inequalities and we organised the group's first online meeting on 14th May 2020. Anas Sarwar MSP, Co-Convenor of the CPG chaired. 78 group members and guests participated in a discussion about the impact of COVID-19 on health inequalities in Scotland, with guest speaker Diane Stockton, Acting Director of Place and Wellbeing, Public Health Scotland. There were also brief inputs from Kavari Qureshi, of the Global Health Policy Unit, University of Edinburgh, and from Alison Keir, of the Royal College of Occupational Therapists. There was an opportunity for around 16 attendees to ask questions and make comments. Diane Stockton's presentation is available on the VHS website, as are the draft minutes.

After the meeting, VHS sought feedback from the 78 participants via a short online survey, asking them for their additional views on what they thought should be done about existing and emerging inequalities associated with COVID-19 and who should take responsibility. This paper presents responses from the 20 people who replied, with comments organised thematically.

### **What do you think should be done about existing and emerging inequalities associated with COVID-19?**

#### **Root causes**

"There needs to be a focus on addressing the root causes of the inequalities and these were not caused by COVID-19 - they were there beforehand".

#### **Leadership and joined up approaches**

"Need high level leadership on this - I think lots of organisations, public, private and third sector, have many workers across the board who recognise the issues and are ready to work together, and ready to place this agenda at the centre of their work, but we have been talking about these issues for a long, long time already and in the end not much changes. I hope that the 'reset' offered to us by the COVID19 crisis is not wasted. The structural factors that embed health inequalities in our society need to be addressed with a lot of political will and power behind them."

"It would be positive to identify areas of work that different organisations are working across and how to join up thinking and approaches."

"Raising the issue, acknowledging them, work together to tackle them."

## **Social and economic systems**

“COVID-19 has highlighted again the growing inequality in health and also the contributory causes. When the crisis has passed we must consider a firm strategic plan to take action with timescales. This has economic and a range of social aspects.”

“Inequalities have always been there. We need to put more money into health and social care. Give people decent benefits. Raise taxes. Educate and inform everyone. Give people hope.”

“It used to be said that 'money is the route of/to all evil'. I always took this to mean that greed and avarice weren't nice qualities, resulting in exploitation. Which of course they do/can. Lack of money and its related lack of opportunity, hope and dignity, is also 'evil'. Remove all student debt (including all those who have graduated and still have debt) to stimulate the housing market and help young people feel hopeful. It will also encourage young people into higher education and adults to retrain/learn. COVID-19 has shown our vulnerabilities and a future without hope.”

## **Redistribute wealth, allocate resources**

“Major efforts to redistribute wealth and narrow income gap, major investment in early years, education and family support (social work, etc). Plus investigation in to BAME disparities which don't seem to be explained solely by socioeconomic disparities.”

“Ensure resources are available to mitigate the results of COVID 19.”

“A spotlight has been shone on fragile economic systems, and under investment. What can be done? Either - Universal Credit must be less punitive (less individual fault), and take responsibility for an economy that isn't creating sustainable meaningful jobs/opportunities, and increase payments. Abolish bedroom tax and build council/social/affordable housing and increase the minimum room measurements. Support a Basic Universal Income as a way to ensure all of us can meet our basic needs.”

## **Plan differently**

“Needs a whole new plan not seen before. What we have had and have is not working for the majority.”

“I think for any policy or new service we need to build in how this may address health inequalities, ensuring that we keep targeting this so we can reduce and hopefully eradicate over time.”

“Acceptance of the problems and an action plan to implement effective and measurable outcomes put in place. With agreement of the actions taken and a time specified follow-up to ensure progress has been made. A deadline should also be made to disseminate the information to parliament and the CPG. Lessons learned should not be forgotten but rather acted upon to ensure any future such emergencies will not so adversely disadvantage the population.”

## **Mental health**

“A greater emphasis on people’s mental health and relevant support needed.”

## **The most excluded**

“A look into drug related deaths and prevention. Identifying how migrant groups have their needs met.”

## **Disabled people and intersectionality**

“Needs inter sectional level data so we can understand the full picture to make decisions based on accurate evidence. At the very least there should be data on disabled people (recognising the different impairments) and paid or unpaid carers. The data needs to reflect both the COVID-19 linked death and the excess deaths. People most affected by the loss of essential services e.g. disabled people and others who support them, must be part of deciding on what happens next. They will need their services reinstated urgently to enable them to do this.”

## **Health and social care**

“Investment into health and social care as well as more on prevention and tackling inequalities (fundamental cause including the local economy)”

“They [health inequalities] need to be identified, monitored and clearly taken into account when planning any exit from lockdown, and when resuming health and social care functions that have been limited or dropped entirely during the pandemic.

## **Environment and physical activity**

“Encouraging people to be and remain physically active is crucially important - it is one of the few things people are permitted to leave home for at the moment - and will help to address inequalities both now and in the future.”

“In particular we should look out for unintended consequences, e.g. if we open up "socially distanced" outdoor activities which happen to be the pursuit of certain social strata, what are the consequences for health inequalities for those whose pursuits (e.g. contact sports) remain closed?”

“Welcome the messaging on activity - particularly walking - and its mental and physical health benefits. A concern is that opportunities are not equally distributed - and this concern will continue as we come out of lock down. Getting better local environments for more people will be important. Dealing with transport is a big issue - many people don't have access to a car - and more car travel makes health inequality worse. Walking and cycling can take some of the strain. Rescuing public transport - particularly bus travel - is important but a challenge with social distancing.”

## **Collaboration and research**

“Gathering together the different strands of work across sectors, including research, into a single resource would be helpful.”

“Keen to explore how student projects could be part of the solution. Support for VHS [voluntary health] organisations with marketing, fundraising, digital strategy, research capacity, volunteers studying Physical Activity & Health who need experience and research clients etc.”

### **Libraries**

“In the immediate: libraries should be opened to ensure access to IT for education and information”.

### **Who should be responsible for taking action?**

#### **UK Parliaments**

“Now more than ever the UK parliaments must work together to find solutions that help everyone to be sustainable, not just the most vulnerable or the super rich. COVID-19 is a catastrophe; there is no place for short term or future proofing solutions to be strapped to separate political agendas or the aggrandisement of personal egos. At this time we must make sure that everyone is ok.”

#### **All sectors, governments and parties**

“The UK and Scottish Government but they obviously need to have popular support and ongoing public engagement.”

“All elected politicians not simply those in power it must be cross party wide with input from all stakeholders. Dissemination of those with responsibility and the actions, and timescale of those actions should also be made available.”

“It needs to be a collaborative approach involving all sectors; all political parties and a long term approach which is not subject to changing politics. The Scottish Government must be pivotal but I think that the new public health body should take the lead with the powers and resources to take action. An emerging theme from the CPG was that the crisis had made different sectors etc work together bringing their experience and resources and going forward we should consolidate this and truly look for integrated services.”

“Scottish Government, COSLA, Health Boards, Local Authorities, Health and Social Care Partnerships, MSPs, Community Planning Partnerships. Also the UK government has the responsibility to respond to concerns from the devolved administrations about potential inequalities resulting from COVID-19 and from U.K. Govt responses to COVID in reserved matters.”

#### **Local partnerships**

“Scottish Government, Local Councils and community planning partnerships like the Edinburgh Partnership. Needs to a body that has oversight of many sectors and can be held accountable.”

“Integrated Joint Board, NHS, Edinburgh Council, Scottish Government”.

## **Scotland working together**

“Everyone across governmental and civic society, including also private sectors. You are right to talk about addressing inequalities rather than just health inequalities as health inequalities are an effect of inequalities.”

“Government to get money into health and welfare. I think Scotland is slowly moving into being a more compassionate country. Third sector can do a lot to educate, inform and help. Everything has been slipping for 40 years. I believe Scotland needs to be independent. I have been very impressed with the Scottish Parliament and how COVID-19 is being managed. I cannot see any other way forward for this country.”

“Government, third sector organisations, local authorities. Everyone individually has a role to play.”

“Scottish Government, COSLA, local authorities, NHS Boards, Community Planning Partnerships, Health and Social Care Partnerships, third sector - everyone!”

“Combined efforts from UK/Scottish Government, 3rd sector, media, public and private sector.”

## **Public Health Scotland**

“Public Health Scotland should lead.”

“Government, local authorities, other public agencies (Public Health Scotland, Transport Scotland), NGOs, funders. But it's important to involve communities in identifying and being part of developing what is needed in their area.”

“Scottish Government and Local Authorities as they hold the relevant data. This might done through a body like Public Health Scotland, or not.”

“Collective action is required via focused, place based working groups aligned to the Public Health Scotland framework. Identifying a lead organisation funded to provide direction and secretariat would be essential”.

## **Third sector**

“An opportunity for a forum/space through Voluntary Health Scotland to share without it being too onerous.”

“Scottish Government and Voluntary Health Scotland to highlight the impact.”

“Both Governments and the Third Sector could champion/lobby for this change to be coordinated outside of government policy as an independent plan and then presented to all parties.”

**For more information about meetings of the CPG on Health Inequalities contact**

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