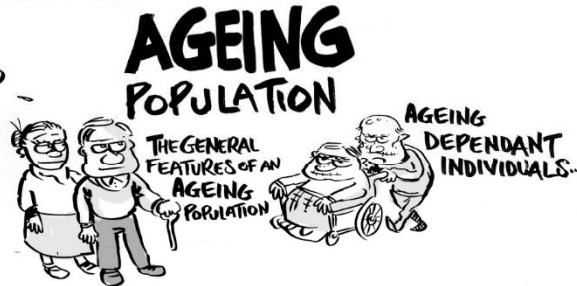


AN OPEN SPACE DISCUSSING HEALTH INEQUALITIES IN SCOTLAND AND WHAT THEY WILL LOOK LIKE IN THE NEXT 10YRS AND BEYOND

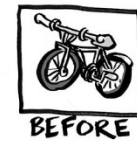
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WELL I BLAME
THE CROFT
CLEARANCES...



**CHRONIC
DISEASE
PREVENTION
& MANAGEMENT**



AGE, YOUNG
& OLD
SKILLS...



CHILD
POVERTY
RISKS...



This is a visual and written summary of an Open Space event on Health Inequalities that took place on 31st March 2015 at The Melting Pot in Edinburgh. The event was organised and facilitated by the Working Age/Adult Life Working Group of the Scottish Collaboration for Public Health Research and Policy (SCPHRP), University of Edinburgh. Funding for this event was part of the core funding grant provided to SCPHRP by the Medical Research Council and the Chief Scientist Office. Twenty-five people attended the event, consisting of eight from the NHS/healthcare, five from community/voluntary organisations, nine from academic research and three from other sectors. We generated the following clustered bullet points based on our theme for the day (below). Participants grouped and named the topics discussed, before voting on the topics they felt needed the greatest priority for more discussion on the day and in the future.

THEME

An open space to discuss what you think health inequalities in Scotland will look like in the next decade and beyond, particularly related to emerging risk factors, health/wellbeing outcomes and potential solutions.

#OpenSpaceHI

TOPICS

'TOP 3'

1. WELFARE REFORM & AUSTERITY (20% of votes)

- Public sector reform, welfare reform & austerity as health and inequality risks
- Declining safety net for the most vulnerable and increased risk of poverty
- Year-on-year cuts creating a reactive, rather than proactive, system in the public sector
- Family/child poverty impacts on parents' and children's health
- Welfare reform suffers from lack of person-centred support, demonises claimants and people are constantly assessed and scrutinised, especially claimants and recipients for disability benefits
- Stigma & media/public perceptions of welfare/benefits
- Impacts of welfare reform on mental and physical health?



- Problem of addressing poverty in the political context of ‘the underserving poor’
- Need to use new Scottish Parliament powers to ‘repair’ welfare safety net & have health inequalities perspective across policies/powers
- Need evidence-based advice services
- Need cross-sector collaboration, with sharing of practice, knowledge and evidence
- Everyone needs to be more pro-active in demanding change
- Need to stop demonising and placing stigma on people
- Need evidence of policy effects before national implementation
- Build on referrals/co-location of welfare rights advisors in the NHS
- Implementation and review of the NHS outcome focus plan to mitigate the effects of welfare reform

2. ECONOMIC & LABOUR MARKET POLICIES (16%)

- Money: opportunities it provides; facilities it offers; who has it/who hasn’t (individuals, councils, governments etc.); who decides what’s done with it?
- Risk of continuing precarious job contracts (e.g. zero hour pay)
- Need to reduce absolute & relative poverty in Scotland and worldwide
- Need to provide a clear description of the scale of economic policy change required and then build consensus around it
- Funders should look at the services they fund and if all employees are paid a living wage
- Need ‘meaningful’ jobs
- Difficulties in realistically achieving a living wage (can be dependent on area – different rates?)
- Make child care easily available and affordable to all (enough to let people have full-time jobs)
- Need health inequalities component to be included in contracts to ensure these have been considered and will be addressed e.g. public sector procurement
- Need increased awareness of the impact of insecure contracts



- Need new laws (and enforcement of these laws) to ban imposed zero-hour contracts and favouring employers' rights over employees' rights
- Need better regulation and a halt to the exploitation of internships and apprenticeships
- Develop and expand access to DWP Work Programme in a positive way
- Should align the living and minimum wage and promote its value and benefit to society
- We can learn from other countries' e.g. policy effectiveness in reducing health inequalities

3. THE GROWING GAP (15%)

- Health inequalities, and socioeconomic inequalities, getting wider between rich and poor
- Increasing numbers of children living in poverty
- Do we know enough about the effects of deprivation and socioeconomic inequality on migrant populations?
- Anti-immigration rhetoric keeping away skilled workers
- How do we ensure those most marginalised and excluded are not left behind?
- Gap being created by digital (il)literacy and access to knowledge and services
- Lack of quality physical environments (green space, play space and community space)
- Need to test interventions
- Need to take a person-centred approach
- Need to stop looking short-term and focus on long-term, sustainable approaches
- Need to redress the power imbalance in society
- Need to stop the misuse of statistics and biased reporting of evidence
- Make it everyone's business to reduce inequality
- Need more cross-sector collaboration and integrated and joined-up services



OTHER TOPICS

4. ASSETS: SOLUTION & RISK (14%)

- Need to focus on community assets/relationships/asset-based approaches
- Need more partnership working e.g. between NHS, Third Sector and employability services
- Perceiving communities as medicine may be a flawed concept, but it seems a positive way to start thinking about how to create better public health

But...

- Cuts in statutory service provision leading to an over-burdening of voluntary/community organisations who already have issues with securing enough funding
- Lack of resilience and self-management 'know-how'
- How can community and voluntary organisations be more influential in decision-making and be better resourced?

5. CHRONIC DISEASE PREVENTION & MANAGEMENT (11%)

- Increased risk of long-term conditions at earlier ages
- Comorbidities in ageing populations and the effects on NHS service delivery
- Need re-training/re-skilling of individuals with health issues, especially those in work
- New technology & research needed e.g. national lung cancer screening, research on mental health and suicide etc.

6. ISSUES THAT AFFECT RESEARCH (9%)

- Not enough understanding of the preventable nature of health inequalities
- Do we know enough about health outcomes for particular (marginalised) groups to plan effectively?
- Need to continue to build a knowledge-base about, and share, what works to reduce health inequalities



- ‘Lifestyle Drift’ – researchers and policymakers drift into a focus on behaviours or skills (e.g. parenting) rather than socioeconomic inequality
- Scotland’s research community (as well as all sectors) has few incentives or resources to work on policy and programme solutions (rather than just identifying risks) – UK funders lack interest in Scotland-only work and Scottish funders (e.g. Chief Scientist Office) have no priority calls for health inequality solutions
- Need a risk-based approach (directing resources to where the risk is greatest)
- Make health inequalities a part of everyone’s work through policy, job descriptions etc.

7. HEALTH & SOCIAL CARE INTEGRATION (8%)

- Health & social care integration needs a health inequality strategy
- Overlap with ‘The Growing Gap’

8. STIGMA (5%)

- Media exposure & the blame culture
- Overlap with multiple topics discussed above, especially ‘Welfare Reform & Austerity’

9. AGEING POPULATION (2%)

- People living with conditions for longer
- Overlap with ‘Chronic Disease Prevention & Management’



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