



RCN Scotland Response to Health, Social Care & Sport Committee Inquiry into Alternative Pathways

Submitted: Thursday 31 March, 2022.

Public Health Scotland define health inequalities as the “avoidable and unjust differences in people’s health across the population.”

Some variations in health may be naturally occurring and unavoidable. However, health inequalities are defined as such when they affect certain groups in a way that is unfair and avoidable.

The Committee would like to hear stakeholders’ views on the following questions:

1) What progress, if any, has been made towards tackling health inequalities in Scotland since 2015? Where have we been successful and which areas require more focus?

Health inequality remains a significant problem in Scotland. The reasons behind it, manifestations and potential solutions are complex and wide ranging. In general, deprivation and social inequality are central drivers of health inequalities; this means that everything from employment status, income, education, quality of housing and wider community services can have an impact on the quality and length of people’s lives. Social inequality is a driver for health inequalities in much wider groups of people including women and people from ethnic minority backgrounds.

For nurses, health inequalities present a real challenge. Nurses treat patients with multiple long-term conditions such as diabetes, heart and lung problems, dementia, arthritis, etc., and assist with wider problems linked to social deprivation. They are confronted daily with the consequences of social conditions on the health and well-being of the communities they care for. In many circumstances nurses are not only addressing the direct health needs of patients but trying to promote positive physical and mental health where the social and physical environment may be high unemployment, high crime, a lack of opportunity and a lack of green space.

Across the UK, awareness of health inequalities, particularly for those from minority ethnic backgrounds, has certainly improved. There is less clear evidence for progress in tackling these inequalities since 2015.

In 2015, RCN Scotland produced a report entitled *Nursing at the Edge* [<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2015/sco-pol-nursing-at-the-edge-main-report-time-to-change-report.pdf>] which outlined a range of systemic health inequalities which existed in Scotland and considered the opportunities which existed to address these in light of the planned integration of health and social care. The report made a series of recommendations around what integration bodies should do to reduce health inequalities, including a need to ensure the workforce is in place to run services and the importance of long-term funding arrangements and for evidence to back up funding decisions.

2) What are the most effective approaches to tackling health inequalities and how successful is Scotland in pursuing such approaches?

NHS Health Scotland carried out a Health Inequalities Policy Review in 2014, which identified the point that “Actions that are more likely to be effective in mitigating the effects of health inequalities at an individual level may require redesign of public services. They include targeting high risk individuals, intensive tailored support for those with greatest need, and a focus on early child development.” While steps have certainly been made to progress in this area, particularly a focus on early development, the central point remains true. It is important that policies to reduce health inequalities at the individual level are evidence based, which can then be adapted by local bodies for their area.

Beyond this, a vital point is that the effectiveness of any approach will continue to be severely constrained by a lack of available workforce. Policy makers in Scotland could identify the most effective approaches to tackling a variety of health inequalities, but those policies won't succeed without the health and care workforce in place.

3) What actions would you prioritise to transform the structural inequalities that are the underlying cause of health inequalities?

Tackling Health Inequalities was one of the four themes which formed part of RCN Scotland's *Protect the Future of Nursing* manifesto [<https://www.rcn.org.uk/protect/influencing-priorities>] ahead of last year's Scottish Parliament elections.

RCN Scotland's manifesto suggested two areas to prioritise in order to tackle health inequalities; mental health services and BAME health inequalities.

With significant demand and high levels of nursing vacancies in the mental health workforce, we know that mental health services were under significant strain before the pandemic.

Mental health nursing vacancies have been rising over the past 5 years and have almost doubled since before the pandemic (from 712 WTE vacancies to 1,377). Currently more than 12% of mental health nursing posts are unfilled.

The national standard is that 90% of people referred for psychological therapies should start treatment within 18 weeks. However, this has never been met and the percentage of patients meeting this target has hovered at around 75%. As the largest staff group in the NHS mental health workforce, nursing staff play a key role in the delivery of services. Growing the mental health nursing workforce is therefore vital for reducing waiting times and increasing access to services.

Like other health services, the pandemic has caused disruption to the delivery of mental health services, including diagnosis and treatment. Worryingly, there is also growing evidence of the impact of the pandemic on mental health, particularly on groups already suffering pre-existing inequalities, with bereavement, social isolation, financial worries and social upheaval creating new demand for services as well as exacerbating existing conditions [See for example, <https://www.mentalhealth.org.uk/scotland/coronavirus/impacts-covid-19-vulnerable-groups>] RCN Scotland is also concerned that there needs to be early identification and support of nurses who have developed illness such as post-traumatic stress disorder (PTSD) due to the pandemic, whether through personal or work-related issues.

It is vital that mental health services are prioritised as part of remobilisation and recovery. RCN Scotland welcomes the government's focus on mental health through the Mental Health Transition and Recovery Plan and the additional funding that has been announced to support the plans' delivery. However, while work to increase understanding of the impact of the pandemic on mental health and wellbeing must continue, it is clear that growth in the mental health workforce is required to meet current and future demand.

The pandemic has had a disproportionate impact on individuals and health and care staff from minority ethnic groups. Covid has uncovered and exacerbated existing structural and institutional inequalities and highlighted the lack of adequate data to monitor the needs of different minority ethnic groups.

The lived experience and early research into Covid has found that people from an ethnic minority background were generally more likely to require hospital treatment, and subsequently die from Covid. Since the roll out of vaccines, this inequality has been further exacerbated by lower uptake of vaccines and boosters amongst people from an ethnic minority background.

Early in the pandemic, RCN Scotland successfully championed the need for clear guidance to ensure minority ethnic health and care staff have specific risk assessments to ensure they have adequate protection. We expect all employers to be proactive in ensuring the safety of staff during this pandemic and beyond. Employers must conduct comprehensive and continuous equality impact assessments on all staffing issues relating to Covid.

In July 2020, the Scottish Government asked Health Boards to signal their commitment to addressing any concerns or anxieties minority ethnic colleagues had as a result of the pandemic and to set-up minority ethnic and other staff networks, where they were not already in place. According to the Scottish Government's recent update report on the Race

Equality Action Plan, results show that further action is needed to tackle racially motivated bullying, harassment and discrimination.

RCN Scotland recognises that work is underway to establish a National Minority Ethnic Network, which will comprise of the Chairs of local minority ethnic staff networks and external experts, and will focus on three key areas: employment, workforce culture and mental health. This work must continue at pace now that we are almost a year out from the election.

RCN Scotland welcomed the establishment of the Scottish Government's Expert Reference Group (ERG) on Covid and Ethnicity and called for full implementation of the recommendations, particularly around improving data and on systemic issues and risks. Implementing the recommendations, with prioritisation across government departments, is vital for tackling the deep-rooted health and socio-economic inequalities that minority ethnic communities face.

The Scottish Government accepted the ERG recommendations and in September 2021 published the Race Equality Immediate Priorities Plan (IPP) which seeks to act as a vehicle to implement the ERG recommendations, however RCN Scotland is not aware of an update on progress. The Committee may want to see this information from the Scottish Government.

In addition to these two areas, there is a growing recognition of the extent of health inequalities suffered by many women. The RCN supports any moves to recognise the injustice caused to women and girls, simply by virtue of their gender and roles they assume in our community and acknowledges work in this area from the Scottish government, most notably in terms of the work around the Women's Health Plan. RCN members repeatedly raise concerns about the fact that women often feel they are not listened to and face barriers to accessing services. There is also a real need to improve the quality and accessibility of information and education on women's health and to maximise women's health in the workplace, including for those who work in health and social care.

4) What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland?

As discussed above, the pandemic has uncovered and exacerbated existing structural and institutional inequalities particularly in terms of mental health and the impact on individuals from minority ethnic groups.

Perhaps uniquely amongst other health services, demand for mental health services will have both been impacted due to the suspension of services and the impact that has on the severity of patients' conditions, but the pandemic has also directly impacted on the mental health of many. We know that people from certain groups are more likely to suffer with poor mental health issues and so the pandemic will, in all likelihood, further widen this health inequality.

As discussed in our response to the inquiry into alternative pathways, the change in the way people access primary care has also worsened existing inequalities. Alternative pathways

points. Those with poor health literacy, typically from groups who already suffer health inequalities are less able to identify or 'label' what is wrong with them and therefore less able to identify and self-refer to alternative pathways. Furthermore, the move to accessing services either over the phone or online risks further increasing health inequalities amongst those who find it difficult to or have no means by which to access services in that way.

A further impact of the pandemic has to be the impact of the nursing workforce, a predominantly female and predominantly lower paid workforce (all nursing staff below the top of a Band 5 Agenda for Change pay scale earn less than the median pay for full time employees in Scotland and nursing has high levels of part time employees). Making up the majority of the health and social care workforce in Scotland, women have led the response to the pandemic.

The impact of Covid-19 on women's health is a developing picture yet to be fully revealed. RCN members report that overall access to healthcare has deteriorated across service provision, as it has restricted access to healthcare, increased the burden of caring and increased childcare/home education responsibilities and put pressure on mental health and wellbeing as staff working in health and social care have been asked to work throughout this pandemic in the most challenging of circumstances. Efforts are being made to address staff wellbeing, but the impact of the pandemic is going to fall disproportionately on a group of people who already suffer from health inequalities.

5) Can you tell us about any local, regional or national initiatives throughout the pandemic, or prior to it, that have helped to alleviate health inequalities or address the needs of hard to reach groups? How can we sustain and embed such examples of good practice for the future?

As already identified, the pandemic has in many ways worsened not alleviated health inequalities.

Examples of good practice include elements of coproduction where it can be demonstrated that this has improved engagement, promotes self-management and social prescribing and offers accessible services as close to home as possible, particularly in rural areas where geography and poor transport links makes engagement more challenging.

One area where it should be achievable to embed good practice is over health inequalities suffered by those in a caring role. It has been observed that too often nursing staff neglect their own health. There is an opportunity to alleviate health inequalities suffered by female and BAME caring staff in particular, by embedding good practice towards staff health in the NHS, social care providers and other employers.

More widely, reducing health inequalities must be a cross cutting Government priority and the Scottish government must commit to a fully funded strategy to address the social determinants of health. An important factor in considering how to sustain and embed examples of good practice is to avoid silo thinking, both within the health portfolio but also in wider policy areas including social security, transport and housing.

6) How can action to tackle health inequalities be prioritised during COVID-19 recovery?

See answer 7

7) What should the Scottish Government and/or other decision-makers be focusing on in terms of tackling health inequalities? What actions should be treated as the most urgent priorities?

We have answered the two preceding questions together.

As mentioned above, the importance of addressing the staffing crisis cannot be overemphasised. No policies or approaches will be successful in tackling health inequalities unless the currently unsustainable staffing vacancies are addressed.

Services in the NHS in Scotland are currently being run with nearly 1 in 10 nursing posts unfilled. As we continue to have to treat significant numbers of Covid patients, both in hospital and in the community, we simply cannot run services as we did before the pandemic, let alone increase capacity as we seek to remobilise, with this level of vacancies. Staffing levels in the NHS and in social care are so problematic at the moment that it is a certainty that they will be exacerbating health inequalities.

The Committee will be aware that RCN Scotland considers the implementation of the Health and Care (Staffing) (Scotland) Act 2019 as a priority for the remobilisation of services. By helping to improve staffing levels, it will also help tackle health inequalities. Consideration should be given to including social deprivation and other key drivers of health inequalities in mechanisms which exist to calculate staffing establishment requirements in health, such as workforce tools.

8) What role should the statutory sector, third, independent and private sectors have in tackling health inequalities in the future?

RCN Scotland members work in all sectors and nursing staff will have a significant role to play in tackling health inequalities in the statutory, third, independent and private sectors in the future. The best approach to tackling this issue is to utilise a combination of providers from a range of sectors, utilising their respective strengths in approach.

The challenge will be ensuring we learn from best practice, navigate between nationally agreed standards and outcomes and the importance of a local approach and avoid silo thinking. Services which have been overlooked, such as mental health and community services, which are playing a crucial role in tackling health inequalities, must be properly resourced and adequately staffed. There is also an opportunity to promote the use of participatory type budgets that allow funding to be allocated to projects within local communities that support wider strategic aims.

As discussed above, efforts to tackle health inequalities will be held back by current staffing levels and tackling workforce shortages in the statutory and independent sectors in particular needs to be a priority. Scottish Ministers have been given a greater role in staffing

levels by virtue of the Health and Care (Staffing) (Scotland) Act 2019, including a duty to support staffing levels in order for health and care providers to meet the requirements of the Act. Implementation of this Act would therefore introduce a range of new duties on the statutory sector, including Scottish Ministers, which would have implications for efforts to tackle health inequalities.

The creation of a new statutory human rights framework, as proposed by the National Taskforce for Human Rights would also have implications for those suffering health inequalities and could provide a recourse for them on a human rights basis.

Further information:

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and voluntary sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect our members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With over 40,000 members in Scotland, we are the voice of nursing.

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