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Dear Gillian

Health, Social Care and Sport Committee Report: Tackling health inequalities in Scotland – 28 September 2022

I want to thank the Health, Social Care and Sport Committee for the work it has undertaken during spring and summer as part of its inquiry into health inequalities. I am aware that a number of participants, from a range of organisations and sectors, including the Minister for Public Health and senior officials, participated during evidence sessions. It is clear from the Committee's comprehensive report that these sessions proved to be informative.

As the report acknowledges, inequalities in health are determined by wider, socio-economic factors, such as poverty. Tackling poverty is fundamentally important and requires a cross-government and, indeed, a cross-sector approach. Everybody in society has a role to play if we are to overcome our nation's longstanding health challenges, which affect the lives of our people so disproportionately. This is crucial, given the ongoing impact of the pandemic on our most deprived communities and the unfolding cost crisis, which risks exacerbating these problems.

The Committee may have noted last month's [report](#) from the Glasgow Centre for Population Health and the University of Glasgow, which found that people across the UK are dying younger as a result of excess deaths due to austerity - with people living in the poorest areas hit hardest. It states that an additional 335,000 deaths were observed across Scotland, England & Wales between 2012 and 2019. As I said at the time, these figures underline the true human cost of austerity and reinforces the need for the UK Government to change course from its current proposals. The recent Autumn Statement from the Chancellor of the

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Exchequer does not go nearly far enough and we remain deeply concerned about the UK Government's welfare policies.

We are working through the implications of the statement and will announce our own plans on tax and spend for the year from April 2023 at the Scottish Budget a few weeks from now, in December. However, households across Scotland are paying a steep price for the economic mismanagement of the UK Government; with average household disposable incomes forecast to fall by 7% in real terms according to the Office for Budget Responsibility. This would erode just under ten years of earnings growth, taking real incomes back to the level of 2013 – a devastating indictment of the UK Government's management of the economy.

Whilst Westminster holds most of the powers needed to tackle this ongoing crisis, the Scottish Government (SG) is doing what it can within its devolved powers and fixed budget to support our people and communities. We will continue to advocate against actions by the UK Government that exacerbate inequality and are harmful to the public good. Our recent Programme for Government outlines measures to mitigate the impacts of the cost crisis - including work to tackle child poverty, support financial wellbeing alongside social security payments not available anywhere else in the UK, such as the Scottish Child Payment.

I have set out the SG's response to each of the Committee's asks in an annex to this letter. I am also outlining here some of the key work being progressed across health and social care which I believe the Committee will find particularly relevant in relation to how we are tackling health inequalities in Scotland.

Strategic reform: Care and Wellbeing Portfolio

I refer to the Committee's call for an overarching strategy to reduce health inequalities. You will recall that senior officials, who participated in the private evidence session with members on 24 May, referred to our Care & Wellbeing Portfolio (CWP) work. This is our overarching integrated strategic reform process within health and social care, which aims to bring coherence to - and accelerate progress on - efforts to improve population health, reduce health inequalities, and create a more sustainable health and care system.

CWP provides an opportunity to take a systematic approach to planning and delivering care and wellbeing with portfolio objectives focusing on coherence, sustainability and improved outcomes. It uses the evidence-based Marmot conceptual framework as the overall model for understanding and measuring efforts to improve population health. The framework is clear on the breadth of factors that impact on people's health and wellbeing - many of which, as the Committee will appreciate, go beyond what the health and social care system itself can deliver.

All programmes within the CWP will seek to reduce health inequalities. The following programme workstreams have been prioritised by the Care & Wellbeing Portfolio Board and have a specific focus on addressing health inequalities:-

- i. The **Preventative and Proactive Care programme** is a key vehicle for improving people's outcomes ahead of the establishment of the National Care Service (NCS). This includes work on wider, enhanced and more holistic support to citizens such as the establishment and rollout of the Getting It Right for Everyone (GIRFE) Framework.

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- ii. The **Place and Wellbeing** programme, which my officials also highlighted at the evidence session, brings together a range of work focussed on supporting local level action to reduce health inequalities and improve health and wellbeing with a long-term preventative focus. A key priority of the programme is supporting health and social care bodies to operate as effective anchor institutions by redirecting wealth back into communities through their commissioning and purchasing of goods and services; workforce and employment capacity; as well as creative use of their facilities and land assets. Our aim is to make it easier for them to employ locally, buy locally and think about how their facilities can better serve their community - thus supporting a reduction in poverty and inequality.

There is a critical question as to what CWP offers to the wider strategic context around addressing inequalities. My officials are involved in proactive cross-portfolio discussions on what a 'whole of government' preventative approach might look like. We recognise the importance of collective action to improve health and wellbeing outcomes, and are exploring areas of focus and mutual benefit. Through our collaborations so far we have identified joint working opportunities in early years, tackling climate change and the role health and social care can play in improving our approach to health equality and economic inactivity. We have much more to do but I feel we are moving in the right direction and so I hope the Committee are reassured by this.

Mental health

Mental health and wellbeing is also a significant priority for us. Our mental wellbeing is influenced by many factors such as our home life, our work and our income. We know that some groups of people experience poorer mental health and wellbeing because of social or economic factors that they cannot control. This is more pertinent than ever with the increased cost of living.

And so we are therefore committed to developing a new Mental Health and Wellbeing Strategy in the coming year - building on the implementation of our Mental Health Covid Transition and Recovery Plan. The new strategy will allow us to look ahead to make sure we are doing the right things to meet changing mental health needs over the coming years: it will set out a clear vision for future population mental health, wellbeing and care, and our priorities to help us get there. The scope of the strategy will be wider than our previous work in this space: with an increasing focus on wellbeing and prevention, and will consider how the strategy can take account of social factors and inequalities that may impact a person's mental health and wellbeing. Again, we know that a cross-government effort will be required to achieve this and we will be working closely with colleagues across different portfolios, and relevant stakeholders, to inform our approach to this important work.

Health in all policies approach

I note the Committee's interest in our plans to apply health inequalities impact assessments (HIAs) and a health in all policies (HIAP) approach. Firstly, the CWP is already adopting such an approach - to shape and strengthen work underway on child poverty, delivery of the National Strategy for Economic Transformation (NSET) and early years programmes in education and justice. Officials are working collaboratively to embed health and wellbeing considerations into climate change policy-making, including in the upcoming Climate Change Plan.

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Despite not being a statutory requirement policy teams in parts of government, public bodies and wider stakeholders continue to undertake HIAs. They are currently being implemented in the development of a number of policies in Health, including; the Diet and Healthy Weight Delivery Plan, the Tobacco Action Plan and the Alcohol Framework.

We recognise, however, HIAs are not always carried out in the most effective way to help inform and influence policy direction. My officials are therefore working closely with Public Health Scotland (PHS), utilising their vast expertise in this area, to explore better ways to embed the consideration of health issues into decision-making at national and local level. This includes coordination, governance and promotion of a HIAP approaches; with clear evidence of impact to support implementation and appropriate monitoring and evaluation tools. PHS has also recently established a small Health Impact Assessment (HIA) team to increase capacity and support for partners at local level. As part of this, they will be updating and rationalising the existing suite of guidance into one set.

Going forward, and similar to the Welsh Senedd's approach, officials will consider focussing on the use of HIAs in Scotland. The standard steps used in an HIA process are recognised internationally and can be applied flexibly – the specific areas of impact assessed, types of evidence and scale of the work are adapted and proportionate to each proposal and context. I believe flexibility is important and would incentivise organisations to complete assessments more robustly. At this stage I would not wish to make this a statutory requirement, as I want to encourage meaningful consideration of health impacts across the work of the public sector. I do not want to create an environment where this process is reduced to a mere 'tick-box' exercise.

I want to be clear here that I am not suggesting that we rule out use of HIAs completely. Some organisations, such as NHS Lothian, have actually adopted an integrated impact assessment process that meets legal requirements and includes wider health determinants. Whilst the statutory assessments - Equality Impact Assessments and the Fairer Scotland Duty Assessments - consider differential impacts on groups of people, the focus is usually on whether these populations will achieve the intended outcomes of the policy without systematic consideration of wider impacts – which is what we need to understand.

HIA practice in Scotland routinely includes consideration of protected characteristics and socio-economic status, irrespective of whether the HIA templates are used. PHS has recently undertook a HIA on the population health impacts of the rising cost of living. The assessment has made several informative suggestions for actions stakeholders, including national and local government, can take to help mitigate the impacts resulting from this current crisis. The HIA will be available on the PHS website next month.

Future design and delivery of public services

I note the Committee's call for government to take more proactive steps to ensure the future design and delivery of all public services addresses the needs of those experiencing disadvantage. The recommendations and principles of the Christie Commission (2011) report still hold true today and whilst progress has been made, admittedly, we need to do more to meet the scale and breadth of the challenges we face.

Again, I want to highlight the work of the CWP programmes across health and social care which will all be taking a person-centred approach to their work through co-design and other engagement activities. This will ensure their work is driven by the key issues and

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perspectives from those using and delivering services. Plans are being put in place to understand where, and ensure that, people with lived experience of using and/or delivering care services are both heard and involved in decision making. This work is being coordinated through the CWP Co-Design Enabler, led by the Office of the Chief Designer, and is aligned to - and building on - similar work being undertaken for the NCS.

Other major reform programmes in recent years also demonstrate our person-centred approach. Notably, the new Scottish social security system, built from the ground up, is already delivering twelve benefits, seven of which are new – based on dignity, fairness and respect and informed by feedback from over 2,000 people in our Experience Panels. And more recently our commitment to Keeping the Promise, the Covid Recovery Strategy and Best Start, Bright Futures are further examples of our inclusive approach to policy delivery.

The Deputy First Minister has also been a vocal advocate of ensuring our interventions are person-centred - recognising the importance of supporting our people and addressing poverty through policy. This was at the forefront of his mind when setting the recent Budget. The upcoming review of the National Performance Framework (NPF), as Scotland's Wellbeing Framework, will further facilitate this approach to policymaking. Officials will work collaboratively across portfolios to achieve the National Outcomes in a coherent way.

Health and work

I can advise that we are continuing to take forward implementation of the recommendations of the 2019 Review of Health and Work Strategy. This work was delayed due to the shift in our priorities at the beginning of the pandemic and we recognise that COVID-19 and the cost crisis has had a significant impact on employee health. We are currently adapting our existing means of support to employees and employers on health matters, to better reflect the changed situation caused by these events.

We have re-affirmed our commitment to review – and update - the 2019 recommendations within the refreshed Fair Work Action Plan which will be published early next month. As part of this work, joint-working is being established with teams in health and social care, the wider Scottish Government and UK Government partners, such as the Health and Safety Executive and DWP. Ministers are aware of the complex interactions between economic inactivity and health outcomes, and so work is also underway to consider how health and employment services can best align, including the role of No One Left Behind and the Health and Work review follow up, to support individuals to sustain or to re-enter employment.

Future scrutiny and action

I noted with interest the Committee's suggestion to develop a toolkit and best practice guidance to enable policymakers to determine the impact of policies on health inequalities and mitigate unintended consequences. My reference to the work we're undertaking with PHS to implement a HIAP approach, including updating of guidance around impact assessments, will form part of such guidance.

The Committee will wish to note that officials are in the early stages of discussions and planning on what an effective toolkit might look like. We intend to develop a toolkit and associated guidance next year working in conjunction with key internal and external stakeholders. Coherence will be key: we'll want to align this work with other, similar approaches being undertaken across government. For instance, the development of the Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot



Wellbeing Economy Toolkit, targeted at local authorities, as part of our commitment in the NSET recognises the importance of reducing inequality towards making the economy more resilient. Officials will work closely together to strengthen the inextricable policy links between economy and health, whilst ensuring we avoid duplication.

As part of our analytical efforts, we are drawing on emerging insights and data from PHS and other experts to understand the impact of the cost crisis on health. This will help to improve decision-making - ensuring our interventions are targeted where they are most needed and can have the maximum impact going forward.

I trust the Committee will find this response and the detail set out in the annex helpful and informative. I am under no illusion that we have much more to do in order to overcome the nation's health challenges and its wider consequences. Strong leadership, effective collaboration, as well as effective implementation of good practice is vital. I am confident that the range of work I have outlined above, and that set out within the annex, will provide this and will help to drive the change needed to reduce health inequalities in Scotland.

Please do not hesitate to get in touch if you require any further information.

Yours sincerely,



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Recommendation	Response
The impact of inequalities	
Individual, community and group experiences	
<p>1. The Committee recognises the effect of inequality on individuals, families and communities and that there are a number of communities that are disproportionately affected by inequality.</p>	<p>As the report acknowledges, inequalities in health are determined by wider, socio-economic factors such as poverty. Tackling poverty is fundamentally important and requires a cross-government and cross-sector approach. Everybody in society has a role to play to overcome our nation’s persistent and longstanding health challenges which affect the lives of our people, so disproportionately. This is crucial given the ongoing impact of the pandemic on our most deprived communities, and, now, the unfolding cost crisis risks exacerbating these problems.</p> <p>Everyone in Scotland should have access to a decent standard of living and we have a particular responsibility towards those communities that are disproportionately affected by inequality. The remainder of our response outlines how we’re using our devolved powers to address the root causes of inequality, including how to support those communities who are disproportionately affected by it.</p>
<p>2. The Committee calls on policy-makers at all levels of Government to take proactive steps to ensure that future design and delivery of public services properly recognises and addresses the needs of those experiencing disadvantage. This approach should have the objective of reducing health inequalities including those resulting from multiple disadvantage.</p>	<p>As detailed throughout this response our approach to tackling health inequalities encompasses a full swathe of the Scottish Government’s devolved powers. As part of this, we will be utilising a health in all areas approach which seeks to address the multiple disadvantages that lead to inequality.</p>

Wider community and environmental influences	
Housing	
<p>3. The Committee has heard compelling evidence of the essential connection between access to safe, secure, affordable housing and positive health and wellbeing outcomes.</p>	<p>Housing costs, housing quality, fuel poverty and the role of housing in community life all influence health inequality.¹ Housing to 2040 seeks to address these challenges.</p>
<p>4. The Committee notes existing Scottish Government commitments to achieving net-zero targets and tackling fuel poverty and the crucial role of upgrading Scotland's housing stock in fulfilling those commitments. In responding to this report, we call on the Scottish Government to set out details of the actions it is taking to improve housing in this context, associated timescales and, crucially, what contribution it anticipates these actions will make towards addressing health inequalities.</p>	<p>Housing to 2040 is Scotland's long-term strategy for housing. It sets out a vision for what we want Scotland's homes and communities to look like by the end of 2040. That vision is where homes are affordable for everyone, where standards are the same across all tenures, where homes have easy access to green space and essential services, and where homelessness, child poverty and fuel poverty have been eradicated.</p> <p>We aim for all new homes delivered by Registered Social Landlords and local authorities to be zero emissions homes by 2026. This will mean accelerating the introduction of zero emissions heating systems ahead of the 2024 regulations coming into force. We continue to support affordable housing providers who wish to install zero emissions heating systems in homes delivered through our Affordable Housing Supply Programme, ahead of regulatory requirements in 2024.</p> <p>Since 2009, the Scottish Government has already allocated over £1bn to tackle fuel poverty. As we are now accelerating our investment with £1.8bn funding for heat decarbonisation and energy efficiency over this parliamentary term, we will continue to ensure poor energy efficiency as a driver of fuel poverty is removed. Our approach to decarbonisation and ensuring no one is left behind is routed in the fuel poverty principles that are set out in the Heat in Buildings Strategy. This makes it explicit within the strategy that actions will only be taken forward where they are found to</p>

¹ [Housing and health inequalities - Publications - Public Health Scotland](#)

have no detrimental impact on fuel poverty rates, unless additional mitigating measures can also be put in place.

The Fuel Poverty strategy sets out comprehensive actions for tackling the four drivers of fuel poverty. These are cross-government actions and ensures a collaborative approach is adopted. Addressing fuel poverty will also improve several other outcomes important for health. Living in poverty is difficult and stressful, and low income households will face financial, time and resource restraints, which worsens mental health and impacts the ability to live healthily. Fuel poverty directly and indirectly exacerbates health inequalities by impacting physical and mental health for adults and children alike.

Health impacts from fuel poverty are driven by households having to live in cold homes. Households in fuel poverty are less able to adequately ventilate their homes, which causes poor indoor air quality from particulate matter, damp and mould. As well as the risk of damp in cold homes, poorly fitted or single measure retrofitting can also exacerbate damp due to loss of ventilation. Cold homes are linked to an increased risk of developing a wide range of health conditions, especially respiratory and cardiovascular, as well as poor mental health and unintentional injury.

Since 2013, over 150,000 homes throughout Scotland have benefited from our energy efficiency programmes. We have helped more than 104,000 households through our Area Based Schemes and, since its launch in September 2015, Warmer Homes Scotland has installed measures, such as insulation and heating upgrades, in over 29,000 homes. We have made available renewable heat and micro generation measures some of which may be particularly beneficial to rural and island communities not served by the gas grid. These include: ground source heat pumps, micro-wind and micro-hydro systems. In addition to Warmer Homes Scotland and Area Based Schemes, the Scottish Government provides a range of loans and cashback grants to facilitate energy efficiency improvements.

<p>5. The Committee considers that further examination of the standard of housing in Scotland is necessary, including the quality and energy efficiency of Scottish housing stock. This should include an assessment of the contribution of policies in these areas towards reducing inequality and tackling health inequalities. We draw this to the attention of colleagues on the Local Government, Housing and Planning Committee.</p>	<p>Housing to 2040 recognises the vital role that housing plays in meeting other objectives for people in Scotland, such as tackling poverty and inequality, supporting lifelong health and wellbeing, creating and supporting jobs, stemming depopulation, ensuring we meet our energy efficiency and fuel poverty targets and tackle the climate emergency, and making sure we have connected, cohesive communities to live in.</p> <p>The quality of a home and how affordable it is are both important in creating a sense of home² and having a safe and warm place to live has clear health benefits for everyone, and particularly for young children, elderly people and people with physical and mental health conditions.³</p>
<p>6. The Committee considers that housing policy can make a positive contribution towards tackling health inequalities and improving public health outcomes. It notes the Local Government, Housing and Planning Committee's plans to scrutinise housing issues in more detail, including both affordable housing and retrofitting, vacant and derelict homes, and the impact of these on housing inequalities. We further draw this section of our report to the attention of colleagues on the Local Government, Housing and Planning Committee.</p>	<p>As noted above, housing costs and fuel poverty influence health inequality.⁴ Addressing housing affordability is a key driver of our affordable housing supply programme and we are committed to continuing to support the delivery of more affordable homes going forward.</p> <p>We are also looking to establish an inclusive programme of retrofitting social homes to make them more accessible and providing help to older and disabled homeowners who want to move to a home that better meets their needs.</p> <p>We are planning to streamline and accelerate the housing adaptations system and will develop recommendations on how best to improve the system so that it will be fit and capable of dealing with the increased demand that an ageing population will drive.</p>

² https://www.gcph.co.uk/publications/882_housing_through_social_enterprise_final_report

³ e.g. see <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2017/01/evidence-review-potential-wider-impacts-climate-change-mitigation-options-built/documents/00513151-pdf/00513151-pdf/govscot%3Adocument/00513151.pdf>; and <http://shura.shu.ac.uk/7923/>

⁴ [Housing and health inequalities - Publications - Public Health Scotland](#)

	<p>It is our aim to deliver 110,000 affordable homes by 2032, of which at least 70% will be available for social rent and 10% will be in our remote, rural and island communities. This will make a positive contribution towards reducing inequality.</p>
<p>7. The Committee also draws this section of the report to the attention of colleagues on the Social Justice and Social Security Committee in relation to the impact of health inequalities on those experiencing homelessness, and the effects of homelessness on health and wellbeing outcomes.</p>	<p>The Cost of Living (Tenant Protection) (Scotland) Bill 2022, which was passed by the Scottish Parliament on 6 October 2022, has been introduced as part of the Scottish Government's overall response to the emergency situation caused by the impact of the cost crisis. The temporary measures are intended to:</p> <ul style="list-style-type: none"> • protect tenants by stabilising their housing costs; • where possible, reduce impacts on the health and wellbeing of tenants caused by being evicted and/or being made homeless by giving them more time to find alternative accommodation; and • seek to avoid tenants being evicted from the rented sector by a landlord wanting to raise rents between tenancies, and reduce unlawful evictions, via a moratorium on evictions and by raising the level of damages that may be awarded. <p>Recognising the impact the cost crisis may also be having on certain landlords, the legislation includes safeguards in relation to both the rent cap and moratorium on evictions.</p>
<p>Community, planning and access to social and cultural opportunities</p>	
<p>8. The Committee notes the significant impact planning policy can have on health outcomes and, if implemented poorly, in widening inequalities.</p>	<p>The Scottish Government agrees and is examining how its National Planning Framework 4 can improve health outcomes.</p>
<p>9. The Committee highlights the recommendations it made following its scrutiny of National Planning Framework 4 and considers planning policy an important area that can either help reduce health inequalities or increase them. It draws these</p>	<p>The Scottish Government notes this and looks forward to working with the Local Government, Housing and Planning Committee on this matter.</p>

<p>to the attention of colleagues on the Local Government, Housing and Planning Committee, as part of their ongoing scrutiny of the implementation of NPF4.</p>	
<p>10. The Committee notes the current work of the Finance and Public Administration Committee in scrutinising the Scottish Government's <u>National Performance Framework</u>. However, is aware this scrutiny will not focus on examining the national outcomes or monitoring action to alleviate poverty as a driver of poor health in society. The Committee notes that the national outcomes will be subject to statutory review in 2023 and calls on the Scottish Government to ensure action to alleviate poverty and reduce health inequalities is central to that review. The Committee would also welcome ongoing dialogue with committees across the Parliament to explore how a sustained focus on scrutinising delivery of the cross-portfolio ambitions of the framework throughout the session can be achieved.</p>	<p>The National Performance Framework (NPF) is Scotland's Wellbeing Framework. It sets the vision for the type of nation we want to be, and is our framework to enable collaborative working across Scotland to achieve the National Outcomes. Ministers are required by statute to review the National Outcomes within five years of their previous publication. The next review will start in 2022 commence in the coming months with the statutory document due to be laid before parliament during the third Parliamentary term in 2023. The review will be an opportunity to ensure that our National Outcomes continue to reflect the type of country we want to be.</p>
<p>11. The Committee supports Professor Gerry McCartney's call for an approach to tackling health inequalities based on the concept of "proportionate universalism.</p>	<p>The Scottish Government also supports the concept of proportionate universalism as part of efforts to reduce health inequalities. We agree with Sir Michael Marmot's position: that action to reduce health inequalities must be proportionate, with more intensive action lower down the social gradient; but action must also be universal, to raise and flatten the whole gradient.</p>
<p>12. In this context, as a specific example of such, the Committee reiterates the call made</p>	<p>Community Link Workers (CLWs) are a well-established component of general practice multidisciplinary teams (MDTs). They are central to ensuring that people get</p>

on the Scottish Government, as part of its inquiry into alternative pathways to primary care, that Community Link Workers should be embedded across all GP surgeries in Scotland.

the right care at the right time and fundamental to our efforts to tackle health inequalities. The cost of living crisis and the ongoing impacts from the COVID-19 pandemic on physical and mental health mean the CLW role is vital, particularly in areas of high deprivation where the need for CLWs is greatest. The majority of CLWs have been recruited under the Primary Care Improvement Fund (PCIF) and as part of the delivery of the [2018 General Medical Services Contract](#), the associated [Memorandum of Understanding](#) and a 2020 [contract update](#).

The recruitment of MDTs, including CLWs, is determined locally in line with HSCPs' Primary Care Improvement Plans so CLWs are deployed to GP practices on the basis of local needs and priorities and the pace of roll-out varies across Scotland. The Scottish Government has not prescribed a specific employment model for CLWs. Some HSCPs commission the Third Sector to deliver the service, in other areas the Health Board directly employs CLWs.

HSCPs provide six-monthly staff figures for CLWs employed under the PCIF as part of routine reporting to the Scottish Government. At 31 March 2022, there were 249 whole-time equivalent (headcount of 305) CLWs supporting general practice across Scotland: [Primary care improvement plans: summary of implementation progress - March 2022 - gov.scot \(www.gov.scot\)](#) These figures do not include CLWs who are employed under other programmes, specialist CLWs, or staff in other posts whose responsibilities may overlap with/complement those of CLWs.

The Scottish Government also funds [Welfare Advice and Health Partnerships](#) which enable GP practices to refer patients directly to an in-house welfare rights officer for advice on increasing income, social security eligibility, debt resolution, housing, and employability issues as well as helping with representation at tribunals.

In 2021, we commissioned Voluntary Health Scotland (VHS) to establish the national Scottish [Community Link Worker Network](#) in recognition of the importance of professional networking and support for CLWs. This year we have increased funding

	for additional staff resource at VHS to develop the Network, including new capacity for research and evidence gathering which will help to inform national policy.
13. The Committee urges the Scottish Government to ensure the impact on inequalities and health inequalities is a primary consideration in the future design and delivery of all public services.	<p>The Scottish Government agrees that it is important to understand the impact of inequality and as a key consideration in the design and delivery of all public services.</p> <p>The Scottish Government will continue to advocate for the use of health impact assessments and a ‘health in all policies’ approach to policy teams across government, public bodies and wider stakeholders.</p>
Education and the early years	
14. The Committee recognises the important role of education in addressing societal and health inequalities. It also commends the work of the Education, Children and Young People Committee and its focus on the role of the Scottish Attainment Challenge in addressing the poverty related attainment gap.	The Scottish Government agrees that education plays a vital role in addressing societal and health inequalities and looks forward to working with the Education, Children and Young People Committee on this subject.
15. The Committee calls on the Scottish Government, in responding to this report, to set out what action it is taking through the Best Start, Bright Futures programme to address the impact of poverty on children and young people and specifically what impact it expects this action to have in reducing health inequalities.	<p>Our second Tackling Child Poverty Delivery Plan, <i>Best Start, Bright Futures</i>, commits bold action to drive progress on our national mission to tackle child poverty. This builds upon the strong evidence base which informed our first Tackling Child Poverty Delivery Plan, including our focus on the three drivers of poverty reduction⁵ and ensuring that actions impact positively on the six priority family types at greatest risk of poverty⁶.</p> <p><i>Best Start, Bright Futures</i> sets out immediate action to support families now; sustained action, including to create the integrated support that families need to move</p>

⁵ Increasing incomes from work and earnings; reducing costs of living; maximising income from social security and benefits in kind.

⁶ Families with a baby under one; families with three or more children; lone parent families; young mother (under 25); minority ethnic families; and families with a disabled adult or child

	<p>into and progress within work; changing the system to provide the support parents need; and, investing long term in both children’s outcomes and economic transformation that will create a fairer, more equal Scotland.</p> <p>Specific actions within <i>Best Start, Bright Futures</i> include further investment over the lifetime of the plan – through our No One Left Behind approach – to strengthen our employability offer to parents, including holistic support from a dedicated keyworker, linking to the support that we know parents need such as childcare and transport. We have also committed to developing a new Parental Transition Fund to tackle financial insecurity for families when parents and carers enter the labour market.</p> <p>We are investing £36 million over two years through our Communities Mental Health and Wellbeing Fund for adults. The fund, which has a clear focus on tackling poverty and inequality, will help to improve mental wellbeing in families, enabling them to access the wider supports they need. It has already supported a range of projects focused on parents and young people in its first year.</p> <p>Combined, we expect these actions to provide children with brighter futures and greater opportunities, which will help to mitigate against some of the drivers of health inequalities.</p>
<p>16. The Committee has been concerned to hear evidence during this inquiry that certain vulnerable families are experiencing de-facto exclusion from free childcare provision. The Committee calls on the Scottish Government to undertake an urgent review of how this policy is being deployed across local authority areas, including what actions are required to eliminate specific obstacles to accessing free childcare provision and ensure vulnerable families receive the</p>	<p>Local authorities retain the statutory responsibility for ensuring that the funded entitlement of 1140 hours of early learning and childcare (ELC) is available to all eligible children in their area. They are principally responsible for provision and ensuring that there are a range of options for families in their area that meet local needs. They are also supported by providers in the private, third and childminding sectors as well as the care inspectorate in ensuring quality, flexibility and choice.</p> <p>Interim guidance published in May 2022 sets out the Scottish Government’s expectations of local authorities in respect of using Funding Follows the Child and the National Standard as a framework to shape local funded childcare delivery. This means that in each area, parents and carers should be able to choose from a range of</p>

<p>support they are entitled to and that provision is suitably funded. The Committee also draws this issue to the attention of colleagues on the Education, Children and Young People Committee, particularly in terms of its impact on addressing health inequalities.</p>	<p>types of setting and different patterns of provision from the public, private or third sector, or a childminder.</p> <p>The guidance also sets out that settings must comply with the duties under the Equality Act 2010. Settings must provide appropriate support, ensuring settings do not discriminate in offering a service. We expect local authorities and ELC providers to work together to support children with additional support needs to access their funded ELC hours.</p> <p>While not all providers will offer every pattern of hours, section 50(1) of the Children and Young People (Scotland) Act 2014 requires education authorities to consult about how they should make a balance of ELC options available; and prepare and publish a plan setting out how they will achieve this. Paragraphs 98 to 118 of the ELC Statutory Guidance provide local authorities with further guidance on these duties. The Scottish Government will always encourage parents and carers to engage with their local authority about how best their needs can be met through the funded ELC options that are available.</p> <p>The Scottish Government is committed to increasing visibility of ELC services and increasing uptake of the funded offer. Uptake of universal funded ELC is high, with data collected from local authorities by the Improvement Service showing 113,944 children aged 3-5 accessing funded ELC in April 2022. Of these children, 87% were accessing their full 1140 hours entitlement. The Scottish Government also recognises and appreciates local authorities' efforts to increase uptake of universal ELC and to develop local 1140 offers that meet local needs.</p> <p>The Scottish Government and CoSLA have agreed a specific revenue grant for local authorities in 2022-23 to increase uptake of the targeted ELC offer for 2 year olds. As set out in our Strategic Plan, we are committed to ensuring that the families of all eligible two year olds know the benefits of the ELC offer and are able to access it if they wish to do so. To allow us to do this, we have continued to work with the UK Government to establish a data sharing agreement that will enable local authorities to</p>
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	<p>target information about the ELC offer to households with an eligible two year old child, as has been the case in England for a number of years. Subject to UK Parliamentary processes, this data is expected be made available to Scottish local authorities before the end of the 2022-23 financial year. Once this information becomes available to local authorities we will work with them to maximise uptake of our existing two year old offer through an improvement programme that will be rolled out by summer 2023.</p> <p>.</p>
<p>17. The Committee has heard evidence of a range of policy measure to mitigate the effects of poverty on families, such as free bus travel, free prescriptions and free school meals. The Committee calls on the Scottish Government, within devolved powers and budget constraints, to continue prioritising actions with the aim of mitigating these effects.</p>	<p>We will invest the necessary funds this year to mitigate the benefit cap, as far as we are able to within devolved powers, helping over 4,000 families with around 14,000 children meet their housing costs and offering free bus travel to nearly 1 million people under the age of 22. In addition, we have increased the Scottish Child Payment to £25 per eligible child per week and extending it to under 16s on 14 November. This is a rise of 150% within eight months, and will increase eligibility to around 400,000 children. We provided support in advance of these changes, and have doubled the final December 2022 bridging payment to prioritise cash support to low income households in the face of the cost of living crisis.</p> <p>By the end of 2022, our five family payments including Scottish Child Payment could be worth over £10,000 by the time a first child turns 6, and £9,700 for subsequent children. This compares to less than £1,800 for eligible families' first child in England and Wales, and under £1,300 for subsequent children. This difference of more than £8,200 highlights our major support in the early years for low-income families, helping families to afford the essentials they need for their children to thrive.</p> <p>We are also investing £50 million of Whole Family Wellbeing Funding this year, focused on ensuring families can access the support they need, where and when they need it. This support underpins our wider action across the Plan.</p>

Employment

18. The Committee has heard compelling evidence of the crucial role good employment has to play in addressing income inequalities and in promoting and preserving good mental and physical health. In this context, action to break down barriers to employment has an important role to play in tackling health inequalities.

The Scottish Government is taking forward a number of actions specifically aimed at supporting people with mental health and wellbeing challenges to enter and sustain employment. We are working closely with stakeholders, including trade unions, employer groups and mental health charities, to promote mentally healthy workplaces where mental health and wellbeing is meaningfully discussed, promoted and supported, and where stigma and discrimination are addressed.

On 11 August 2022 the Scottish Government, in partnership with Public Health Scotland, launched a new mental health and wellbeing digital platform to help Scottish employers actively support and promote mental health at work.

www.healthyworkinglives.scot/mentalhealth.

We are also working with Public Health Scotland to enhance the mental health and wellbeing support for those facing redundancy, through the Partnership Action for Continuing Employment (PACE) programme, including providing funding in December 2021 to deliver mental health training to PACE national helpline advisors.

Fair Start Scotland Service Providers offer specialist support for people with mental ill health and those who are neuro-diverse, as well as the opportunity to access Individual Placement and Support (IPS) and Supported Employment (SE) where this would be of benefit to the individual. IPS is an employment approach that supports people with severe mental ill health into paid employment. The SE model uses a partnership strategy to enable people with mental ill health to achieve sustainable long-term employment and businesses to employ valuable workers, providing support to both the individual and the employer to make the placement succeed. The Scottish Government has incorporated both SE and IPS strands within the Fair Start Scotland (FSS) programme since its launch in 2018.

In line with the Bute House Agreement, we will introduce a requirement on public sector grants recipients to pay at least the real Living Wage to all employees and to provide appropriate channels for effective workers' voice, such as trade union recognition. Through the Agreement, we have committed to strengthen conditionality

	<p>yet further, building on our existing Fair Work First approach. We will introduce a requirement on public sector grants recipients to pay at least the real Living Wage to all employees and to provide appropriate channels for effective workers' voice, such as trade union recognition, subject to limits on devolved competence. We will engage with unions, business and other stakeholders to agree the detail of this conditionality to ensure it is proportionate and effective in delivering real benefits.</p> <p>The number of accredited Living Wage employers is up from 14 in 2014 to some 2800 in 2022 with around 57,000 workers getting a pay uplift to at least the real Living Wage. Our national Living Hours Accreditation Scheme for Scotland recognises that the number and frequency of work hours are critical to tackling in-work poverty. Businesses looking for certification must meet the following standards:</p> <ul style="list-style-type: none"> • Payment of the real Living Wage. • Providing a contract reflecting accurate hours worked and a guaranteed minimum of 16 hours a week (unless the worker requests otherwise). • Ensuring at least 4 weeks' notice of shifts and guaranteed payment if shifts are cancelled within this period <p>The scheme will help to alleviate in work poverty and create more secure, sustainable and satisfying jobs.</p>
<p>19. The Committee recognises that powers over employment law, and the majority of work-related social security benefits, are reserved to the UK Government. The majority of the Committee agrees with the recommendation by the Glasgow Centre of Population Health that, within budget constraints, the UK Government should take action to align benefits and tax credits with inflation and to reinstate the uplift in Universal Credit introduced during the Covid-19 pandemic.</p>	<p>The Scottish Government will continue to pressure the UK Government to take action to increase available support in areas that are reserved to Westminster.</p>

<p>20. The Committee calls on the Scottish Government to strengthen its efforts to encourage public sector organisations to become living wage employers, and to encourage those that have already made that commitment but have yet to fulfil it to accelerate their progress. The Committee further requests that the Scottish Government, in responding to this report, provides an update on the percentage of Scotland's public sector workforce currently employed by living wage employers, a projection of how that is expected to increase over the next five years, and an outline of action it is taking to address any shortfall.</p>	<p>Towards the end of 2021, we announced that any company bidding to win a Scottish Government contract will have to commit to paying at least the real Living Wage, where relevant and proportionate. We are engaging with relevant sectors to encourage this approach across the whole of the public sector in Scotland to ensure that public sector contracts tackle in work poverty and promote fair work practices.</p> <p>Any employee of a public sector organisation included in the Scottish Government pay deal will be paid the Real Living Wage or higher. Additionally 25 out of 32 councils are Real Living Wage accredited, and many have their own 'local authority living wage'</p> <p>In May 2022 we published updated <u>statutory guidance under the Procurement Reform (Scotland) Act 2014</u> to include a new chapter on Fair Work First and procurement. The update reflects development of the Scottish Government's policy on Fair Work First, including payment of the real Living Wage and its application within Scottish public procurement.</p> <p><u>Best Practice Guidance and a Toolkit</u> (July 2018) are available to support the practical application of the Statutory Guidance. These are currently being updated in collaboration with public sector representatives, the Fair Work Convention, trade unions and business representative organisations to reflect the changes to the Scottish Government's policy on Fair Work First and payment of the real Living Wage.</p>
<p>21. The Committee highlights evidence it has received of those actions the Scottish Government can take, within devolved powers, to address employability issues and eliminate barriers to employment. These include, for instance, using public procurement policy as a lever to encourage more organisations to become real living wage employers, expanding childcare</p>	<p>Public procurement policy and practice continue to be seen as a route to promote fair work practices in Scotland, including Fair Work First and the real Living Wage. Fair Work First criteria encourages businesses bidding for a public contract to commit to adopting:</p> <ul style="list-style-type: none"> ○ appropriate channels for effective voice, such as trade union recognition. ○ Investment in workforce development. ○ no inappropriate use of zero hours contracts.

<p>provision and breaking down obstacles which prevent potential employees from taking up free childcare and therefore act as a barrier to employment. The Committee calls on the Scottish Government, in responding to this report, to set out what action it is taking or plans to take in the future to make progress in these areas and what it is doing to ensure its approach to tackling these barriers is properly informed by and developed in partnership with people with lived experience.</p>	<ul style="list-style-type: none"> ○ action to tackle the gender pay gap and create a more diverse and inclusive workplace. ○ fair pay including payment of the real Living Wage ○ offer flexible and family friendly working to all workers from day one of employment. ○ oppose the use of fire and rehire practices <p>In June 2021, we asked public bodies to update their current procurement processes to ensure that, wherever relevant and proportionate to do so, Fair Work First is applied to regulated procurement processes as of 31 October 2021.</p> <p>Local authorities retain the statutory responsibility for ensuring that the funded entitlement of 1140 hours of early learning and childcare (ELC) is available to all eligible children in their area. They are principally responsible for provision and ensuring that there are a range of options for families in their area that meet local needs. They are also supported by providers in the private, third and childminding sectors as well as the care inspectorate in ensuring quality, flexibility and choice.</p> <p>The Scottish Government-funded Enquire service provides advice and information about additional support for learning to young people, families and professionals, including information about children’s rights during their early years education and how they can be supported at early learning and childcare settings and during their transition to primary school.</p> <p>Under section 50(1) of the Children and Young People (Scotland) Act 2014, education authorities are required to consult about how they should make early learning and childcare available; and prepare and publish a plan setting out how they will achieve this. Paragraphs 98 to 118 of the ELC Statutory Guidance provide local authorities with further guidance on these duties.</p>
<p>22. Recognising the division of powers between the Scottish and UK Governments, the</p>	<p>The response to recommendation 21 sets out further information on the Scottish Government’s promotion of the living wage where powers allow.</p>

<p>majority of the Committee calls on the UK Government to increase the statutory living wage to the real living wage, and to take further action to increase 'in-work' benefits to eliminate in-work poverty.</p>	
<p>23. The Committee highlights evidence submitted to this inquiry of the link between supportive employment and improved health outcomes. The Committee calls on the Scottish Government to set out what progress has been made towards implementing the recommendations from the 2019 review of the Scottish Government's health and work strategy, particularly in relation to reducing inequalities and addressing health inequalities and what further work still needs to be done.</p>	<p>Please refer to the response contained in the main letter. The Scottish Government is continuing to take forward implementation of the recommendations of the 2019 Review of Health and Work Strategy. Our approach is being updated as a result of the pandemic and rise in the cost of living. We are placing increased emphasis on preventing economic inactivity and providing additional support to those experiencing the physical and mental after-effects of Covid-19, which have disproportionately affected more deprived groups.</p>
<p>24. The Committee draws the attention of colleagues on the Economy and Fair Work Committee to the important role employers across the public, private and third sectors have to play in tackling health inequalities by addressing in-work poverty and breaking down barriers to employment.</p>	<p>We agree that all sectors have an important role to play in tackling inequalities by addressing in-work poverty.</p>
<p>Public services</p>	
<p>25. The Committee believes that, as outlined in the Christie Commission report a decade ago, reducing inequalities must continue to be a core objective of public service reform. The Committee calls on the Scottish Government, in responding to this report, to set out what progress has been made</p>	<p>The Scottish Government's commitment to Public Service Reform (PSR) and Christie Commission principles remains strong. There are numerous examples of reform at national and local levels, which are making a positive difference to people's lives. For example, nationally the Scottish Government has built a new Scottish social security system from the ground up. It is delivering twelve benefits, seven of which are new. And its approach is based on dignity, fairness and respect and informed by feedback from over 2,000 people in our Experience Panels. We have reformed Youth Justice</p>

towards implementing the Christie Commission recommendations, particularly as these relate to reducing inequalities and addressing health inequalities.

services, built on a whole-system approach underpinned by GIRFEC, helping to contribute to an 85% reduction in the number of 12-17 year olds proceeded against in Scotland's courts between 2008-09 and 2019-20. And we met the headline target of Developing the Young Workforce (Scotland's preventative youth employment programme), to reduce youth unemployment in Scotland, excluding those in full-time education, by 40% by 2021, in 2017 – four years ahead of schedule.

Nevertheless, we consider it important that reform principles are embedded through public services more systemically than they have been. As both the Deputy First Minister and independent witnesses explained to the Finance and Public Administration Committee (FPAC), when it took evidence on Public Service Reform in Autumn 2021, delivering meaningful reform is challenging and takes time.

Our Resource Spending Review reaffirms the importance of Christie principles of Public Service Reform (PSR), to help ensure Scotland's public services remain sustainable and deliver for people, communities and businesses, both today and in future. In the context we now face, PSR can make a positive difference for both outcomes and fiscal sustainability in several important ways. It can prevent harmful outcomes for people, communities and businesses – and reduce demand for the expensive crisis intervention services these require. It provides a focus for public services to use their collective resources to wrap around what matters to people and to be person centred, holistic and responsive to their needs. And, where appropriate, it can be applied in ways that enable and support people, communities and businesses to do more for themselves. These principles are reflected in several reform activities, some of which (like Keep the Promise and Best Start, Bright Futures) are described in more detail elsewhere in this response.

The Place and Wellbeing Programme is one of four care programmes being taken forward by the Scottish Government's Health and Social Care Directorate. It includes a range of work focussed on bolstering local cross-sector partnerships to focus on upstream, evidence-based action to address some of the root causes of health inequalities in their local area. Taking action at a national level to support change at a

	<p>local level is at the heart of our approach. We will do what we can at a national level to ensure that communities can work effectively with their local partners to improve their health and wellbeing.</p> <p>Within Mental Health, we have been delivering on the principles of the Christie Commission through our Communities Mental Health and Wellbeing Fund for Adults. The Fund has a strong focus on prevention and early intervention and aims to address mental health inequalities through a focus on at risk groups such as those facing socio-economic disadvantage. The Fund, distributed by Third Sector Interfaces, empowers grass roots community groups to meet local needs and draws on the lived experience of those facing mental health and wellbeing challenges.</p>
<p>26. While noting the Scottish Government's focus on redesigning and rebuilding public services as part of its Covid recovery strategy, the Committee highlights evidence submitted to this inquiry which suggests multiple instances where the design and delivery of public services are exacerbating inequalities rather than reducing them. It calls on the Scottish Government to bring forward an action plan designed to pinpoint and address these problems as a core element of ongoing public service reform.</p>	<p>Major reform programmes, set out in more detail elsewhere in this response, demonstrate how Scottish Government is taking action to reform public services in a way that will reduce inequalities (including Keeping the Promise, the Covid Recovery Strategy and Best Start, Bright Futures). These, along with our Health in all Policies approach, will seek to ensure where we are reforming public services, we will do so in an inclusive way and in a way that makes a positive contribution to tackling health inequalities.</p> <p>The Child Poverty Dundee Pathfinder is a collaborative piece of work between the Department of Work and Pensions; Dundee City Council with their local community and third sector partners; the Scottish Government and Social Security Scotland, with a view to supporting a cohort of families in Dundee - that are either looking for employment or require pre-employability support - out of poverty on a sustained basis through person-centred and holistic support. Through working closely with families to learn what matters to them, the Pathfinder will work across organisational boundaries to provide wraparound, tailored support. The Pathfinder is currently focused on building on community initiatives in the Linlathen area of Dundee - selected due to some demographic elements in the community, including levels of income and employment deprivation - to progress small tests of change around locality-based keyworker support, effective co-location of services, and flexible employment</p>

	<p>opportunities. In addition to continuous evaluation, which has ensured we capture and pivot to respond to learning as we go, we have now entered the first phase of the evaluation of the Pathfinder which will be carried out by Rocket Science and Matter of Focus.</p>
<p>27. If public services are to contribute positively to the objective of reducing inequalities in the future, the Committee believes that their design and delivery must become much more responsive to the needs, rights and preferences of people using those services. The Committee therefore calls on the Scottish Government, in responding to this report, to set out what it is doing to embed co-design and to work with those with lived experience in implementing any future public service reforms and how it will measure the success of this approach in reducing inequalities.</p>	<p>As the Deputy First Minister explained to FPAC in November 2021, “<i>we need our public services to wrap around what matters to people and to be person centred, holistic and responsive to their needs, instead of expecting people to fit around what public services offer and to navigate complicated systems from positions of vulnerability and need</i>”. Preventative, holistic principles and investment are built into key policy ambitions. For example, our commitment to <i>Keep the Promise</i> features un-stigmatised access for families to the help they need, when they need it, with early intervention and prevention at its core. This is backed by at least £500 million of <i>Whole Family Wellbeing Funding</i> over the life of this Parliament, to support whole system transformational change that provides families with early, preventative and holistic support and reduces the need for crisis intervention.</p> <p>Our second Tackling Child Poverty Delivery Plan, <i>Best Start, Bright Futures</i>, was shaped by the voices and experience of people living on low incomes. In developing the Plan we heard from partners across Scotland, including parents with experience of living on low incomes and from children and young people themselves. This highlighted some of the impact living in poverty has had.</p> <p>The Plan demonstrates how we will build upon the steps taken to date to further strengthen and embed lived experience in policy design and evaluation, for example through our commitment to develop a lived experience panel and seeking to build on and embed good practice such as a peer ambassador approach in the future as part of our enhanced employability offer for parents.</p>

	<p>The Scottish Government’s approach to Covid Recovery illustrates the range of actions we are taking to overcome complex challenges to delivering impactful reform:</p> <ul style="list-style-type: none"> • A common purpose, not only to neutralise the negative impacts of the pandemic, but also to tackle long-standing and deep-rooted inequalities. • A focus on person-centred and holistic ways of working, so people can access support they need easily and with no wrong doors – <i>what matters to you</i>. • Strong expectations on public services to work together towards that common purpose, breaking down traditional delivery silos. • Strong expectations too on SG officials to break down traditional policy silos and pursue the 3 priority themes in our Covid Recovery Strategy (i.e. financial security for low income households; wellbeing of children & young people; good, green jobs & fair work) in person-centred ways. • An emphasis on local services maintaining, extending and nurturing close engagement with communities, building on the community-based work during the Pandemic. <p>Through the emerging Care and Wellbeing Portfolio, we are looking to promote innovation and new ways of working. Our mission is to redesign the health system around the person, prioritising prevention to reduce health inequalities and improve health and wellbeing for all. However, we can't fix health inequality within the health and social care portfolio alone. We all need to build a healthy society that supports people to live well.</p> <p>Targeting our actions in areas and communities most in need will ensure equity in our approach to avoid widening inequalities further. By harnessing the collective power of local people we will more effectively respond and deliver for and with communities. To do this, we need national policies and processes that empower local leadership and enable local action to flourish.</p>
<p>28. The Committee welcomes the Minister's update on the upcoming publication of a</p>	<p>As the committee has heard, we have a shared ambition with COSLA to develop trauma-informed workforces and services across Scotland, supported by the National</p>

long-term delivery plan for the next phase of the national trauma training programme. We look forward to hearing more detail on how this can be embedded within public sector services to improve working practices and what the Scottish Government will do to monitor and evaluate its contribution towards reducing inequalities.

Trauma Training Programme (NTTP). The following work is currently underway to further embed trauma informed approaches within public sector services:

- NHS Education for Scotland (NES) continue to develop, evidence-based online training resources to help increase awareness, knowledge and capability among all sectors of the workforce to understand the impact of trauma and embed trauma-informed practice and responses. These are available for free and plans are in place to update and refresh the current National Trauma Training Programme website to ensure that these resources are fully accessible to everyone in the Scottish workforce.
- Involving people with lived experience of trauma is central to the implementation of trauma-informed approaches. We are currently funding a number of partner organisations to work with people with lived experience of trauma to co-create trauma-informed tools and resources to support local authorities and partners to safely create power sharing experiences with people with lived experience of trauma.
- Support for trauma training and implementation, across all sectors of the workforce, is provided by a team of Transforming Psychological Trauma Implementation Co-Ordinators (TPTICs) based in every Health Board in Scotland.
- A network of 'Trauma Champions' has been established, this includes senior leaders from across local authorities, health boards, and key community planning partners who work collaboratively to influence change across local areas. The Trauma Champions network is supported by the Improvement Service, with tailored advice and support for Champions and local areas and facilitated learning between local areas.
- Tailored support for the development and implementation of trauma-informed approaches in particular services and settings through the NTTP, includes: addiction services; education services; maternity services; social work services; and for people supporting care experienced children and young people.

	<p>One of the fundamental drivers of trauma-informed approaches is to build in feedback loops for continuous monitoring and evaluation of services and system from the perspective of people who use the services. A system or service or organisation cannot be trauma-informed if you have not asked the people who use that service what they think needs to be improved, and for their feedback on their own experience of that service.</p> <p>A Quality Improvement Framework for Trauma-Informed Services, Systems and Workforces is currently under development to support consistent implementation of good practice, gauge progress, and identify areas for improvement and will include a National Theory of Change to outline short, medium and long-term outcomes. This will be published in Spring 2023.</p> <p>A survey of the workforce was commissioned in 2021 to get a baseline measure of their confidence and understanding of trauma informed approaches across the workforce and we will repeat that survey in future years to understand whether awareness has increased as a result of the National Trauma Training Programme.</p>
<p>29. The Committee welcomes the Minister's commitment to holistic person-centred care, based on a so-called "GIRFE" approach. To tackle inequalities effectively, the Committee believes that such a "no wrong door" approach needs to be applied more widely to public services beyond health and social care. The Committee draws this conclusion to the attention of colleagues on the Finance and Public Administration Committee as part of its ongoing scrutiny of public service reform.</p>	<p>GIRFE is a proposed multi-agency approach of support and services from young adulthood to end of life care. GIRFE will help define the adult's journey through individualised support and services, and will respect the role that everyone involved has in providing support planning and support.</p> <p>Too often, adults and their families are excluded from assessment and support processes by complex bureaucracy. GIRFE is about providing a more personalised way to access help and support when it is needed – placing the person at the centre of all decision making that affects them to achieve the best outcomes, with a joined-up, coherent and consistent multi-agency approach regardless of the support needed at any stage of life.</p>
<p>Health in all areas</p>	

<p>30. The Committee welcomes the Scottish Government's commitment to pursuing a "health in all policies" approach to policy-making. The Committee believes much wider and more systematic application of health inequality impact assessments is essential to achieving this objective. The Committee therefore calls on the Scottish Government, in responding to this report, to set out how it plans to achieve this including associated timescales, what further work it will undertake to measure and evaluate the benefits of HIAs, and what additional guidance and support it will offer policy-makers to ensure the wider use of HIAs has a material impact in reducing health inequalities and does not become simply a 'box-ticking' exercise.</p>	<p>As noted in the main letter of response, we are working closely with Public Health Scotland (PHS), utilising their vast expertise in this area, to explore better ways to embed the consideration of health issues into decision-making at national and local level. This includes coordination, governance and promotion of a HIAP approaches; with clear evidence of impact to support implementation and appropriate monitoring and evaluation tools. PHS has also recently established a small HIA team to increase capacity and support for partners at local level. As part of this, they will be updating and rationalising the existing suite of guidance into one set. We can provide ongoing updates on the progress of this work and the evaluation of HIAs as it develops.</p>
<p>31. The Committee is particularly interested in the approach taken by the Welsh Senedd, whereby legislation in Wales has made the completion of health impact assessments a statutory requirement on public bodies. The Committee draws this development to the attention of colleagues on the Equalities, Human Rights and Civil Justice Committee and suggests that Committee might be interested in undertaking further scrutiny of potential legislative action to embed the objective of tackling inequalities in general and health inequalities in particular into all aspects of public policy-making in Scotland.</p>	<p>Please also refer to the Scottish Government's response to this point in the main letter.</p>

<p>32. The Committee would like to see a similar approach taken at a UK Government level to the application of HIAs, and further analysis of how the implementation of reserved policies affects health outcomes and mortality rates.</p>	<p>The Scottish Government would welcome this.</p>
<p>33. The Committee sees the Fairer Scotland Duty as a start to work to prioritise tackling inequality in all areas. However, the Equality and Human Rights Commission's recent evaluation highlights concerns that the duty is not being used as intended. The Committee urges the Scottish Government to undertake further work to monitor the effectiveness of the duty, and support organisations to prioritise it in decision-making processes.</p>	<p>The Fairer Scotland Duty (the Duty) places a legal responsibility on particular public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. It represents an opportunity to do things differently, put tackling inequality genuinely at the heart of key decision-making and make the lives of people experiencing socio-economic disadvantage measurably better.</p> <p>The Equality and Human Rights Commission (EHRC) is the regulator of the Duty. Evaluating the socioeconomic duty in both Scotland and Wales in March 2021, the EHRC found that it encouraged public bodies to review and formalise their consideration of socio-economic disadvantage within strategic decision-making processes.^[1] They found that most public bodies in Scotland felt the Duty already ensured, or would ensure in the future, that inequalities of outcome resulting from socio-economic disadvantage are considered as part of strategic decision-making; while some reported that the Duty had begun to influence and change the outcomes of decisions.</p> <p>In October 2021, the Scottish Government published its refreshed Guidance for Public Bodies to reflect learning and practice over the first three years of the Duty in an improved resource for public bodies. Officials worked closely with the EHRC, as Regulator, during the Guidance review process to ensure that, where appropriate, revisions reflected findings in their March 2021 report.</p>

^[1] [Evaluating the socio-economic duty in Scotland and Wales | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

	<p>A consultation targeted at the public bodies covered by the Duty, the Equality and Human Rights Commission and other relevant national partners and poverty and inequality third sector organisations indicated that, overall, respondents were content with these revisions and found the added resources useful.</p> <p>The published revised Guidance offers an improved resource to organisations, supporting them to prioritise the Duty in their decision-making. In addition, from the introduction of the Duty in 2018 to September 2022, the Scottish Government funded a National Duty Co-ordinator post, based in the Improvement Service, who offered support, advice and training on the Duty to public bodies to help embed practices. The extensive repository of the resources and training material they developed is still available on the Knowledge Hub for use in supporting bodies in meeting the Duty.</p> <p>The Scottish Government’s publicly available Equality Evidence Finder collates the latest evidence we have on key inequalities as defined by our National Outcomes and is referenced in the revised Guidance.</p> <p>While a further review to monitor how public bodies are implementing the Duty might be useful, it might be more appropriate for EHRC to undertake any such review given their recent evaluation and the fact that they are the regulator of the Duty. In addition, sufficient time should be allowed for the revised Guidance and the training and awareness raising sessions delivered by the Duty Co-ordinator over the past year to embed, before considering another review.</p>
<p>Informal caring as a social determinant of health</p>	
<p>34. This Committee has heard extensive evidence that informal and unpaid caring is a social determinant of health. This has highlighted that caring for someone has a disproportionate impact on health outcomes and that informal carers face significant health inequalities as a result.</p>	<p>We recognise caring can have a significant impact on the physical and mental health of unpaid carers, and this can be compounded by difficulties in getting healthcare appointments that fit around their caring responsibilities. There is a renewed emphasis on the potential primary care has to address health inequalities and the wider determinants of health.</p>

<p>35. The Committee believes the Scottish Parliament and the Scottish Government should formally recognise and acknowledge that caring is a social determinant of health. In so doing, the Scottish Government, and Public Health Scotland, must ensure that more targeted support for carers is considered and reflected in the future development of public health policy and strategies.</p>	<p>In March 2022, the Primary Care Health Inequalities Short Life Working Group^[1] published a range of recommendations for unlocking that potential and the Scottish Government is now developing a response to those recommendations.</p> <p>We intend to publish a Carers Strategy, which will including a number of actions relating to the improvement of carers' health:</p> <ul style="list-style-type: none"> • We will look at flexible health appointments for carers, including how we provide replacement care for appointments. • We will continue to engage with NHS Boards to help drive implementation and support them to test and spread improvements to person-centred visiting. • We will reinforce to NHS Boards their statutory duty to involve carers in decision making about when the person they care for leaves hospital. • We will develop multi-disciplinary teams in every locality, both in and out of hours, involved in the strategic planning and delivery of services. • We will support the embedding of welfare rights and money advice services across 150 primary care settings in deprived communities across Scotland which will assist carers. <p>These commitments will add to the existing services, which already support unpaid carers better manage their health. These include person-centred hospital visiting across Scotland and the introduction of community link workers and welfare advisers to support unpaid carers engage with wider services. We are committed to raising awareness of these services among unpaid carers, to ensure that our health services consider the needs of carers when designing service provision.</p>
<p>36. The Committee further recommends that the Scottish Government should actively promote the Carers Positive Award Scheme as an example of good practice and, to</p>	<p>The Scottish Government initiated the development of the Carer Positive scheme which was launched in June 2014 and funds Carers Scotland to deliver and promote it on our behalf.</p>

^[1] The Scottish Government (2020) [Primary Care Health Inequalities Short-Life Working Group: report](#)

<p>further reinforce public sector employer support for carers, consider making participation in the scheme a statutory requirement for all public sector organisations, as well as those that receive public funding.</p>	<p>226 employers have now been assessed as Carer Positive, including 54 at the higher 'exemplary' or 'established' levels. The total number of employees working for Carer Positive organisations in Scotland is now over 478,000. (July 2022).</p> <p>We have no plans to legislate to require employers to achieve Carer Positive status and note that employment law is reserved to the UK parliament.</p>
<p>37. The Committee draws the attention of the Scottish Government and its colleagues on the Social Justice and Social Security Committee to the potential development of a carer poverty strategy and creation of a Scottish carers assistance benefit, as advocated by a number of contributors to the inquiry. The Committee believes these proposals would merit further exploration and scrutiny as a means of delivering fairer financial support for carers and tackling health inequalities experienced by carers.</p>	<p>We are working with carers and stakeholders to develop an improved Scottish benefit to replace Carer's Allowance, Scottish Carer's Assistance (working name). Our consultation on Scottish Carer's Assistance, which closed on 23 May 2022, set out a number of proposals to improve the support provided to carers and extend eligibility in future. We are considering the responses to the consultation, and will provide an update on our plans for improvement in advance of regulations for the new benefit going to the Scottish Commission on Social Security in January.</p> <p>In delivering Scottish Carer's Assistance, we will provide an improved service to carers, joining up with wider services to help carers access information on the wide range of support available to them. We will begin to roll out Scottish Carer's Assistance, our replacement for Carer's Allowance by the end of 2023, with full national introduction in spring 2024, delivering a benefit that works better for the people of Scotland.</p> <p>We will continue to listen to carers and consider how we can improve support with the resources available, in recognition of their vital role. Already our Carer's Allowance Supplement has meant that carers continuously in receipt of Carer's Allowance have received over £2,000 more than carers in the rest of the UK, since 2018.</p>
<p>38. The Committee is concerned by evidence it has heard during this inquiry that women and carers are disproportionately affected by welfare conditionality and the impact this has on health inequalities. The Committee urges</p>	<p>We will continue to work with Carers Scotland and use the levers at our disposal to influence employers to engage. Previously this has included Ministers writing to all MSPs, to encourage them to make their own offices Carer Positive. The former Chief Executive of NHS Scotland also wrote to all health boards to encourage participation.</p>

<p>the Scottish and UK Governments to review the specific impact of welfare conditionality on women and carers and identify what more needs to be done to tackle the health inequalities they experience as a result.</p>	<p>In our forthcoming Carers Strategy we commit to continue to fund and promote increased uptake of the Carer Positive employer accreditation scheme, working with employers to support flexible, agile and inclusive workplaces that benefit workers with caring responsibilities.</p> <p>UK Government policies around welfare conditionality are increasingly geared towards getting more people into longer hours and better-paid work. This is a goal for all governments, but there is clear evidence that sanctions simply do not work, but instead discourage people from seeking work, and lead some into crisis and at serious risk of harm. This has a particular effect on women who are more likely to be in lower paid jobs and working for fewer hours as they often have childcare and other caring responsibilities that they need to fit in with their working hours.</p> <p>DWP figures show that the Universal Credit sanction rate is already more than double its pre-pandemic level. In the short term, they leave people and families destitute. The Citizen's Advice network have reported that people are being sanctioned because they simply cannot afford an internet connection to access their online Universal Credit account, or to travel to the Jobcentre for an interview. If they are already in work, they also have to rely on an employer's flexibility to allow them time off to meet their work coach, with no guarantees of that flexibility being available.</p>
<p>Fundamental causes of health inequalities</p>	
<p>39. The Committee has heard strong evidence of the interconnection between levels of poverty and levels of health inequality and the severe negative impact poverty has on health and wellbeing outcomes. On this basis, as well as being a socio-economic problem, the Committee believes tackling poverty must be considered to be a major public health priority at all levels of Government. The Committee calls on the Scottish Government</p>	<p>We are using all the powers and resources available to us to tackle poverty, reduce inequality, and create a fairer Scotland, for example, by increasing fair access to employment, education and training, and improving our physical and social environments.</p> <p>We are providing free school meals, increasing the number of hours of free childcare, expanding and <u>increasing</u> the Scottish Child Payment to £25 per week, investing in affordable housing, we have supported 1.85 million households with Council Tax Reduction, uprated all benefits we deliver by 6%, and we continue to deliver free prescriptions, concessionary travel and free personal care.</p>

to set out in detail what it is doing, within its devolved competence, to tackle poverty as a public health issue, what impact it expects these interventions to have in reducing health inequalities and how this impact will be measured and evaluated.

The Scottish Child Payment has been extended to families with eligible children under the age of 16, and increased to £25 per week per child - a 150% rise within eight months. This support is not available in any other part of the UK.

Primary care has a key role in tackling health inequalities, including for families with children. We have recruited more than **300 Community Link Workers**, and have introduced Welfare Rights Advisers into 150 practices in our most deprived communities to offer advice to patients on social security eligibility, debt resolution, housing and employability issues.

We know poverty is a key driver of poor mental health and there is a structural relationship between wider socio-economic inequality and mental health. This is why, in our mental health Transition and Recovery Plan, we have committed to strengthening alignment of mental health policy with work to tackle poverty and reduce inequality.

We are committed to supporting people to positively engage with their mental health at an early stage, promoting and supporting the conditions for good mental health and wellbeing at a population level. We are taking forward a range of key actions to achieve this, aiming to reduce the need for clinical interventions by helping to address some of the social determinants of mental health, including poverty and socio-economic disadvantage. For example, people facing socio-economic disadvantage are amongst the at risk groups prioritised within the Communities Mental Health and Wellbeing Fund for adults, which received £21m in 21-22 and £15 million in 22-23. We are also supporting employers to create mentally healthy workplaces, through the new mental health and wellbeing digital platform for employers, promoting good mental health, which benefits both employers and individuals.

We are working with partners in Glasgow to deliver a pathfinder project to implement holistic person-centred support at scale. This project connects people to a dedicated

	<p>case manager who supports them to access a range of tailored support from organisations across the city, building a relationship over time.</p> <p>In Dundee, the Scottish Government is working with the city council, DWP, Social Security Scotland and third sector organisations on a pathfinder approach to test holistic support that helps parents to access work and increase their income. Initiatives will aim to keep families above and stop them falling under the poverty line by supporting them before they reach crisis point. We will take and share lessons from the pathfinders that can be adapted for other local authority areas.</p>
<p>40. As an integral part of future financial scrutiny work, the Committee will consider and evaluate what impact Scottish Government spending decisions are likely to have in reducing or exacerbating health inequalities. It also draws this to the attention of colleagues on committees across the Parliament, particularly as this relates to spending decisions beyond this Committee's own direct policy remit, for instance in relation to funding programmes designed to tackle poverty.</p>	<p>The Scottish Government acknowledges the need for parliamentary scrutiny of its spending decisions and will continue to cooperate with relevant committees on this subject.</p> <p>The government is committed to tackling poverty and inequality using all its available powers and resources to tackle poverty and inequality. We are doing that in a range of ways - through social security, including the Scottish child payment; the provision of free childcare, free school meals, concessionary travel and free prescriptions; and investment in affordable housing.</p> <p>It's important to note that Scotland is facing severe economic upheaval, already impacting people, businesses, public services and the third sector. The ongoing cost crisis is a humanitarian emergency, affecting livelihoods and lives. And so we must recognise the situation facing the Scottish Government is, in financial terms, by far the most challenging that we have faced under devolution. We are doing everything within our power to support people, public services and the economy. This includes:</p> <ul style="list-style-type: none"> ○ providing over £700 million extra to support enhanced public sector pay offers (over and above what was budgeted for in December). ○ an Island Cost Crisis Emergency Fund of £1.4 million to help Island communities ○ doubling the Fuel Insecurity Fund to £20 million helping households at risk of severely rationing energy use or self-disconnecting.

	<p>However, every additional percentage point on a pay deal, and every pound we spend on measures to help with rising costs, must be funded from reductions elsewhere - given our largely fixed budget and limited fiscal powers.</p>
<p>41. The Committee commends the work of the Social Justice and Social Security Committee in undertaking an <u>inquiry into low incomes and problem debt</u> and has been particularly struck by evidence submitted to that inquiry outlining what actions people on low incomes are compelled to take to survive and the effects this has on budgeting decisions. We encourage the Social Justice and Social Security Committee to continue its scrutiny of issues around poverty, low income and social security during this session, including the implications of policy development in these areas for tackling health inequalities.</p>	<p>We note this point and welcome the scrutiny of the Committee in this area. We are pleased to cooperate with their colleagues in the Social Justice and Social Security Committee on this subject.</p>
<p>42. The Committee echoes the recommendations in the Social Justice and Social Security Committee report, <u>Robbing Peter to pay Paul: Low income and the debt trap</u>, which calls for a shift the burden of responsibility away from the individual and onto systems, and for current complexities around eligibility for benefits to be eliminated.</p>	<p>We look for every opportunity to automate social security payments as part of a wider commitment to maximising incomes. Across all of the Scottish benefits, the Scottish Government is committed to ensuring we make applying as simple as possible, as well as working to promote our benefits and maximise uptake.</p> <p>Ensuring that people can access all of the Social Security benefits to which they are entitled is a moral duty and fundamental priority of the Scottish Government. Our second Benefit Take-up Strategy, published in October 2021 sets out how we are working to ensure people can access the financial support they are entitled to, with partnership working playing a key role in delivering the commitments we have made.</p>

	<p>In order to help more under-represented groups of the population access the benefits they are entitled to and eligible for, Scottish Government policy officials are working closely with stakeholders to understand the barriers to benefit take-up. The expansion of our Stakeholder Take-up Reference Group to include representatives from Seldom Heard groups identified in the Strategy, is one of the ways in which we are doing this.</p> <p>The Scottish Government and Social Security Scotland work closely together to ensure that the way in which we are disseminating information, advice and services is meeting the diverse needs of the population.</p>
Income	
<p>43. Evidence submitted to this inquiry demonstrates the close correlation between income and inequality and the importance of taking action to raise incomes as a means of reducing health inequalities in that context. Evidence equally suggests that, while also being particularly effective in tackling inequalities, universal interventions on income have the additional benefit of eliminating feelings of stigma or shame otherwise experienced by those on low incomes.</p>	<p>We recognise that an effective social security system plays a key role in addressing inequalities. We will continue to monitor the impact that devolved benefits have on people through research and analytical activity. Initiatives such as the Minimum Income Guarantee seek to provide universal intervention and support to provide the greatest possible effect without a sense of stigma or shame. Additionally our Real Living Wage provides an uplift to directly to pay, eliminating any potential for shame or stigma.</p>
<p>44. The Committee requests that the Scottish Government provide an update on the work of the minimum income guarantee steering group and progress towards implementing a minimum income guarantee to address existing gaps in the social security system that may be hampering progress in tackling health inequalities. As part of this update, we invite the Scottish Government also to set</p>	<p>As the Committee will be aware, the 2021 Programme for Government included a commitment for the Scottish Government to begin work on a Minimum Income Guarantee. To do this we have established a Minimum Income Guarantee Steering Group and an Expert Group to undertake relevant evidence gathering and analysis to identify and prioritise action for further development and testing during the course of this Parliament. A number of the Expert Group members contributed evidence to the Committee's Inquiry.</p>

<p>out any specific obstacles it is encountering to implementation of a minimum income guarantee and what action it intends to take to address these.</p>	<p>Over the past year the Expert Group has focussed on equalities, minimum income level, public opinion and the role of work and social security in supporting work towards a Minimum Income Guarantee. The link between poverty levels and health inequalities has been a common theme throughout discussions and work to date.</p> <p>The work of the Steering Group and the direction of policy development will be influenced by an Expert by Experience panel, a diverse group of individuals with lived experience of financial hardship and insecurity. Their experience will be placed at the forefront of any decision making and will be used to help address potential obstacles and develop our approach to engaging with the UK Government.</p>
<p>45. The Committee calls on the Scottish Government to continue discussions with the UK Government with a view to overcoming obstacles to the timely and effective implementation of a minimum income guarantee in Scotland and to keep it informed of progress.</p>	<p>We will continue discussions with the UK Government and will inform the committee of updates.</p>
<p>46. The majority of the Committee asks the Scottish Government to work with the relevant UK agencies to consider whether a pilot of a universal basic income could take place in Scotland in order to begin to address health inequalities.</p>	<p>The Expert Group will publish an Interim Report this Winter. The report will set out the work to date towards defining a Minimum Income Guarantee, the context in which the policy is being developed, provide a high-level overview of direction and early thinking towards potential actions and priorities, and set out the work plan towards a final report in 2023/24. Papers from the Steering Group and Expert Group are published here.</p> <p>This work plan will include relevant engagement with UK agencies around potentially establishing a pilot.</p>
<p>Social security</p>	
<p>47. The Committee acknowledges that people's experiences of social security systems have been that they are not felt to be</p>	<p>Scotland's social security system recognises that social security is a human right. The principles also include advancing equality and reducing poverty. We are committed to</p>

<p>compassionate or fair, and have exacerbated feelings of stigma. It considers that these systems could be more supportive, inclusive and informative and draws this to the attention of colleagues on the Social Justice and Social Security Committee when undertaking ongoing scrutiny of social security policy and implementation of devolved benefits in Scotland, and the UK benefits that work alongside them.</p>	<p>ensuring respect for human rights and equality are embedded as part of the development of social security policy.</p> <p>We have worked extensively with disabled people, people with long-term health conditions and carers in designing disability and carers assistance. People have told us repeatedly of the need to deliver a safe and secure transition of payments from DWP to Social Security Scotland. In response, we have committed to not making substantive changes to the eligibility criteria before the transition of people's payments has completed. We have made considerable improvements to the application and decision-making processes for disability assistance in order to tackle potential barriers to people receiving the payments they are entitled to.</p> <p>When introducing new payments, we have undertaken several impact assessments to identify potential areas of inequality and steps to reduce potential impacts where those are identified. We continue to work on our impact assessments for carer's assistance. We will keep under review how best we can evidence that these impacts have been considered as part of future policy development and analysis, including how health inequalities are considered as part of the range of impact assessments.</p> <p>In addition to enhanced support through social security we have committed to invest the first £50 million of Whole Family Wellbeing funding in 2022-23, in order to enable the building of universal and holistic support services across communities in Scotland, giving families access to the help they need. We have also committed up to £81 million in our new employability offer for parents. Through these and other actions we will continue to increase household incomes, tackle the cost of living and improve the wellbeing of families across Scotland.</p>
<p>48. The Committee has heard evidence that welfare conditionality has resulted in a reduction in the income levels of benefit claimants since 2010. To tackle health inequalities effectively, it calls on the UK</p>	<p>We agree and will continue to pressure the UK Government for a fairer approach to welfare and social security in addition to providing our own services.</p>

<p>Government to address this issue as a priority.</p>	
<p>49. The Committee highlights to colleagues in the UK Parliament the evidence gathered by this inquiry related to the UK social security system and, in particular (as currently operated) the impact it is having on efforts to tackle health inequalities in Scotland. The Committee would actively welcome an ongoing open dialogue across Parliaments in the UK and between the Scottish and UK Governments to explore how the future design and funding of social security policy can be delivered in a way that reduces and ultimately eliminates health inequalities.</p>	<p>We continue to press for a redesign and further funding of the UK Government's social security policy and will be continuing dialogue in this area. We remain supportive of dialogue between all Parliaments within the UK on how best this system can be used to reduce health and wider inequalities.</p>
<p>50. We draw this section of the report to the attention of the UK Minister for Social Security with a request to respond to the relevant recommendations the Committee has made. We would further encourage colleagues on the Social Justice and Social Security Committee to explore the possibility of inviting the UK Minister to give evidence on UK social security policy and would welcome the opportunity for such an evidence session to address the impact of social security policy on health inequalities and action to tackle them.</p>	<p>We agree and will endeavour to remind the Minister of this invitation when the opportunity presents itself</p>
<p>51. The Committee highlights to the Scottish Government evidence it has received of the adverse impact the implementation of certain devolved social security benefits is currently</p>	<p>The Scottish Government is using the opportunities presented by devolution to take a different approach to providing social security for disabled people and carers, in line with our <u>Charter</u> and core values of fairness, dignity and respect. As set out in the principles to the Social Security (Scotland) Act 2018, Scotland's social security system</p>

<p>having on efforts to tackle health inequalities. It calls on the Scottish Government to undertake a review of implementation of the Scottish disability and carers benefits and the carers allowance supplement to ensure there are no adverse impacts with respect to tackling health inequalities affecting claimants. More broadly, the Committee believes future implementation of social security policy in Scotland and at a UK level should be subject to the systematic application of health inequality impact assessments as advocated elsewhere in this report.</p>	<p>recognises that social security is a human right. The principles also include advancing equality and reducing poverty. We are committed to ensuring respect for human rights and equality are embedded as part of the development of disability and carer benefits policy.</p> <p>We have worked extensively with disabled people, people with long-term health conditions and carers in designing disability and carers assistance. People have told us repeatedly of the need to deliver a safe and secure transition of payments from DWP to Social Security Scotland. In response, we have committed to not making substantive changes to the eligibility criteria before the transition of people's payments has completed. We have made considerable improvements to the application and decision-making processes for disability assistance in order to tackle potential barriers to people receiving the payments they are entitled to.</p> <p>When introducing new payments, we have undertaken several impact assessments to identify potential areas of inequality and steps to reduce potential impacts where those are identified. We continue to work on our impact assessments for carer's assistance. We will keep under review how best we can evidence that these impacts have been considered as part of future policy development and analysis, including how health inequalities are considered as part of the range of impact assessments.</p>
<p>Covid-19 pandemic</p>	
<p>52. The evidence is clear that, while the Covid-19 pandemic has accelerated the increase in health inequalities in Scotland, these were already on a rising trajectory prior to the pandemic. In this context, the Committee has heard significant concerns that a return to "business as usual" in the delivery of public services during Covid recovery risks critically undermining ongoing efforts to tackle health inequalities.</p>	<p>The harmful effects of poverty on health inequality and related outcomes are widely understood and accepted. Since the Covid Recovery Strategy was published, the worsening cost crisis has made it even more critical to focus its efforts on supporting those in need.</p> <p>Renewing public services so they are focused on shared outcomes and meet the needs of people and communities across Scotland, is even more important in this fiscal environment. Ongoing reform, based on the Christie principles, will support financially sustainable services that help improve the lives and health of people in Scotland, and avoid the cost of failure in the future.</p>

	<p>Our outcomes for Covid Recovery are shared with Local Government and we are promoting outcome-focused working across the public sector. We have worked with colleagues to build consensus agreement around priorities for recovery that are shared at a national and local level.</p> <p>We have developed a theory of change model which illustrates the short- and medium-term outcomes that will contribute to achieving longer-term outcomes. The model is intended to bridge the gap between higher-level outcomes and policy activity. The theory of change provides a tool to support policy and delivery teams at a national and local level identify how, and indeed if, existing or planned activity is contributing to the shared Covid Recovery outcomes. It does not prescribe specific actions that national or local teams should undertake. Rather, it allows colleagues to demonstrate links to Covid Recovery outcomes.</p> <p>To support this, Public Health Scotland have developed an approach to monitoring high-level indicators relevant to Covid Recovery. The model will shift the focus of policy decisions, funding and accountability from short-term output-based activity towards longer-term outcome-focused thinking.</p>
<p>53. The Committee considers reducing health inequalities will be pivotal to the success of recovery and renewal work. As such, it calls on the Scottish Government, in responding to this report, to set out how all aspects of its Covid recovery strategy contribute positively to the goal of reducing and eliminating health inequalities.</p>	<p>As mentioned in the main response, the Covid Recovery Strategy, published on 5 October 2021, set out an ambitious vision and plan for Scotland's recovery that is focused on creating a fairer future, especially for those most affected during the pandemic.</p> <p>The Covid Recovery Strategy is focused on reducing systemic inequalities, tackling poverty and supporting people most affected during the pandemic. Actions within the Strategy align with cross-government efforts to reduce health inequalities.</p>

	<p>We are: addressing the systemic inequalities made worse by Covid; making progress towards a wellbeing economy; and accelerating inclusive, person-centred public services.</p> <p>The strategy brings together over 70 actions to support three outcomes that are central to achieving this vision of a fairer future. These are to:</p> <ul style="list-style-type: none"> • increase financial security for low-income households, through actions such as increasing the Scottish Child Payment to £25 by the end of 2022; • enhance the wellbeing of Children and Young people, through actions such as investing £500 million in Whole Family Wellbeing Funding; and • create good, green jobs and fair work, through the promotion of Fair Work principles and investment in the Green Jobs Fund and Green Jobs Workforce Academy.
<p>54. As set out in its statement of priorities, the Committee commends the Covid-19 Recovery Committee's commitment to "...prioritise its scrutiny on COVID-19 recovery, with a specific focus on health inequalities". We encourage the Covid-19 Recovery Committee to continue its consideration of health inequalities as part of ongoing scrutiny of delivery of the Scottish Government's Covid recovery strategy. In this context, the Committee further notes with interest the Covid-19 Recovery Committee's forthcoming inquiry on the <u>impact of the pandemic on the Scottish labour market</u>.</p>	<p>We note this point and welcome the scrutiny of the Committee in this area.</p>
<p>Cost of living</p>	

<p>55. The Committee has been particularly concerned to hear evidence of the proportionately greater negative impact the rising cost of living is having on those groups already experiencing health inequalities, including those already living in poverty and those with a disability. The Committee concludes that, without concerted and appropriately targeted action to address this at UK, Scottish and local Government levels, the sharply rising cost of living is likely to contribute to a further acceleration in rising health inequalities, the impact of which will continue to be felt by generations to come.</p>	<p>We are deeply concerned about the impact of the cost crisis on people and communities, in particular on those most disproportionately affected by health inequalities.</p> <p>As mentioned earlier above, the Scottish Government is using all its available resources and powers to provide support to families and businesses. By the end of March 2023, we will have invested almost £3 billion in a range of measures for households, supporting energy bills, childcare, health and travel, as well as social security payments that are either not available anywhere else in the UK or are more generous, such as the Scottish Child Payment.</p> <p>We have provided a £150 payment for all those in receipt of Council Tax Reduction and for those in Council Tax bands A-D – supporting 1.85 million households. This year, we have doubled the Fuel Insecurity Fund to £20m, £41 million in the Scottish Welfare Fund, £12 million for debt and welfare advice and uprated all Scottish Government delivered benefits by 6%.</p> <p>We are committed to further investment, through our No One Left Behind approach, to strengthen our employability offer to parents. This includes holistic support from a dedicated keyworker, linking to the support that we know parents need – including childcare and transport – and to develop a new Parental Transition Fund to tackle financial insecurity for families when parents and carers enter the labour market. There is no aspect of the cost crisis without implications for mental health. We know that poverty is a key driver of poor mental health, and that those already struggling with poor mental health and money worries are likely to be amongst the hardest hit.</p> <p>It is therefore important that people can access both mental health and financial advice and support to help them cope with the cost of living crisis. We have a range of work designed to ensure that the right help is available, in the right place, at the right time:.</p> <ul style="list-style-type: none"> • We have placed even greater emphasis on mitigating poverty and deprivation within the £15 million Adult Communities Mental Health and Wellbeing Fund in 22-23
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	<ul style="list-style-type: none"> • We have created a specific section on mental health and money worries on Mind to Mind; • We have signposted this content, and other sources of mental health support, on the recently launched cost crisis portal, which provides practical advice on coping with money worries. <p>We are also working closely with mental health and money advice services to look at what further practical support can be developed for those offering advice at this time.</p> <p>In doing this, we are working collaboratively with partners to maximise the reach and impact of existing offers so that advice and support is shared as consistently and widely as possible across all partners and networks.</p>
<p>56. The Committee highlights evidence that there is a role for all levels of government to play in addressing the negative societal impact of the rapidly rising cost of living. In this context, it concludes that a key criterion for measuring the success or otherwise of any and all government action to address the rising cost of living must be its impact in reducing health inequalities. It therefore calls on the Scottish Government, in responding to this report, to set out how it will ensure that any action on cost of living it is taking, now or in the future, contributes positively to the goal of reducing and eliminating health inequalities.</p>	<p>While Westminster holds most of the powers needed to tackle this crisis, we are doing what we can within our devolved powers and fixed budget. The Scottish Government has allocated almost £3 billion to a range of measures this year that will contribute to mitigating the impact of the increased cost of living, including £1 billion in services and support not available elsewhere in the UK such as the Scottish Child Payment.</p> <p>Our Programme for Government 2022-23 sets out the range of measures we have so far committed to undertaking, subject to the constraints of an Emergency Budget. Action taken now will mitigate the effects of the rising cost of living, which will in turn reduce health inequalities by keeping households out of poverty and providing security for food and fuel. We have launched a cost of living website to provide information on the wide range of advice and financial support available.</p> <p>The Scottish Government adopts a cash-first approach to the issue of household food insecurity, informed by human rights and international best practice. Access to cash in a crisis helps to maintain dignity and enables people to make choices to meet their needs and preferences. We recently consulted on this through our draft plan on ending the need for food banks, and food bank networks such as the Trussell Trust</p>

	<p>and Independent Food Aid Network agree that this can help to reduce demand for their services.</p> <p>Scottish Government will continue to advocate for the use of health inequality impact assessments (HIIA) and a 'health in all policies' (HIAP) approach to policy teams across government, public bodies and wider stakeholders. HIAs are, and have been, implemented in the development of a number of policies in Health, including Diet and Healthy Weight Delivery Plan, the Tobacco Action Plan, and the Alcohol Framework. We are aiming to take a collaborative approach to HIAP and HIAs and exploring opportunities to develop strategic coherence across the CWP, and SG, to support wider adoption of a HIAP approach, which will include ongoing work to strengthen cross-government collaboration by joining up strategic portfolios - Child Poverty, NSET and Education & Justice's early years programmes.</p> <p>This contributes to our aims to make sure that any intervention in the cost of living crisis will take into consideration, and have a positive impact on, health inequalities.</p>
<p>57. Similarly, the Committee calls on the UK Government to take urgent action to mitigate the effects of the increased cost of living and rising energy costs and to reduce health inequalities by making energy and life more affordable for all.</p>	<p>The Scottish Government welcomes this recommendation.</p>
<p>58. The Committee also wishes to draw the attention of its colleagues on the Economy and Fair Work Committee to the findings and recommendations contained in this section of the report and to encourage that Committee to have these in mind in undertaking ongoing scrutiny of the Scottish Government</p>	<p>We note this point and welcome the scrutiny of the committee in this area.</p>

<p>regarding its response to the rising cost of living.</p>	
<p>Future scrutiny and action</p>	
<p>59. The Committee considers that policy action to date has been insufficient to address health inequalities and therefore concludes that additional action is urgently needed across all levels of Government to resolve this.</p>	<p>As with all complex and persistent problems, a whole systems approach and cross-government action is needed to improve equity for Scotland's people and communities. As set out in the letter of this response, we are committed to collaborative working across Government.</p>
<p>60. The Committee has heard strong evidence to support its view that coordinated and preventative action is needed across different levels of government and a broad range of different policy areas to tackle health inequalities effectively. Responsibility for taking action will variously fall within the remits of local communities and local government, the Scottish Government and the UK Government. Parliaments and elected politicians at all levels equally have a responsibility to ensure tackling health inequalities continues to be a focus for preventative policy action and to scrutinise the impact and effectiveness of this action.</p>	<p>We agree that a whole systems approach is vital to reducing health inequalities. As set out in the main letter of this response, through its Care and Wellbeing Portfolio, the Scottish Government are taking action at a national level to ensure that communities can work effectively with local partners to improve their health and wellbeing.</p> <p>The Scottish Government is committed to a long-term focus on preventative policy action, and welcomes collaboration with the UK Government, as well as local partners and officials, to ensure action is taken where possible.</p>
<p>61. The Committee calls on the Scottish Government to consider the development of a tool kit that will enable policy-makers at all levels of government, quickly and easily, to audit all relevant policies within their respective remits to determine their impact on health inequalities. The Committee further calls on the Scottish Government to</p>	<p>Please refer to the Scottish Government's response to this point in the main letter.</p>

<p>commission the development of best practice guidance, supported by further research, to help policy-makers maximise the positive impact and mitigate any unintended negative impact any existing and future policy decisions may have on tackling health inequalities.</p>	
<p>Cross-committee scrutiny</p>	
<p>62. The Committee draws this report to the attention of all Scottish Parliament committees and encourages colleagues across the Parliament to be cognisant of the need to maintain a focus in future scrutiny work, wherever relevant, on tackling health inequalities and the societal inequalities that underlie them.</p>	<p>Noted.</p>
<p>63. Given the overarching imperative to ensure all public policy contributes to improved health and wellbeing, the Committee would advocate a 'health in all areas approach' to future Scottish Parliament scrutiny and draws this to the attention of the Scottish Parliament Bureau and Conveners' Group. The Committee believes its recommendation in favour of the Scottish Government developing a health inequalities audit tool kit and best practice guidance for policy-makers would be helpful to Scottish Parliament committees in undertaking ongoing scrutiny of progress in tackling health inequalities over the course of this session and beyond.</p>	<p>As noted in the main letter, the Scottish Government is working closely with Public Health Scotland to develop tools and guidance as part of a health in all policies approach.</p>
<p>Cross-portfolio collaboration</p>	

<p>64. The Committee welcomes the commitment demonstrated by the Minister for Public Health, Women's Health and Sport to tackling health inequalities and her contribution to the Committee's inquiry. At the same time, given the Minister's emphasis on the importance of breaking down silos, the Committee regrets that the Scottish Government declined the opportunity, as part of the inquiry, for relevant Ministers to participate in a cross-portfolio roundtable discussion to explore potentially successful preventative strategies for tackling health inequalities. We would actively welcome the opportunity to engage with the Scottish Government on this basis in the future.</p>	<p>We regret that, at the time of the inquiry, many Ministers were unavailable to partake in the cross-portfolio roundtable discussion organised by the Committee.</p> <p>We agree with the suggestion for Ministers to engage with the Committee in future, diaries permitting.</p>
<p>Localities and communities</p>	
<p>65. The Committee is concerned by evidence that, despite strong rhetoric in support of action to tackle them, the level of health inequalities in Scotland remains higher than in England.</p>	<p>Tackling health inequalities is a major concern for governments and communities around the world. Scotland faces the same challenge as many other countries, including England. However, we are sadly aware that the gap in life expectancy and healthy life expectancy remains wider in Scotland than England. Research conducted by the Glasgow Centre for Population Health attributes this to the deindustrialisation that took place in the 1980s, which had a disproportionate effect on Scotland and the north of England</p> <p>Additionally, the pandemic has both exacerbated existing health inequalities and heightened awareness of the need to protect those at risk.</p> <p>In our Programme for Government 2021-22, we set out a renewed vision for tackling health inequalities, both those which the pandemic has brought to the forefront and wider systemic issues. This has been supported by the measures set out in our</p>

	Programme for Government 2022-23 which seek to mitigate the cost of living crisis for households.
66. The Committee recognises the benefit of giving local government the autonomy to innovate and to explore new ways of tackling health inequalities. However it also notes evidence as part of the inquiry which suggests a lack of strategic coordination could exacerbate inequality in some instances. We draw this evidence to the attention of colleagues on the Local Government, Housing and Planning Committee.	As part of our Public Health Reform programme we are fostering cooperation between national and local government. This includes joint sponsorship of Public Health Scotland with the aim of combatting health inequalities and their wider causes. Additionally the Care and Wellbeing Portfolio is investigating ways of driving community empowerment for this purpose. We are happy to discuss these matters in greater detail, as required.
Scottish Government strategy and action	
67. The Committee notes there is no overarching strategy for tackling health inequalities in Scotland at the current time. However, the Committee believes there needs to be an overarching strategy or set of principles to guide policy-making and foster active collaboration across portfolios to ensure all relevant policy areas and all levels of Government are contributing positively towards tackling health inequalities. The Committee invites the Scottish Government to consider how this might best be achieved and, in responding to this report, to set out what steps it intends to take to improve cross-government and cross-sectoral efforts to tackle health inequalities.	As noted in the main letter, the Care & Wellbeing Portfolio (CWP) work is the main integrated strategic reform vehicle in health and social care which aims to bring coherence to - and accelerate progress on - efforts to improve population health, reduce health inequalities, and create a more sustainable health and care system. CWP provides an opportunity to take a systematic approach to planning and delivering care and wellbeing with portfolio objectives focusing on coherence, sustainability and improved outcomes.

<p>68. As is already implied by the priority objectives the Scottish Government has set for Covid recovery, the Committee believes reducing health inequalities must be a core outcome of the Covid Recovery Strategy published in October 2021. The Committee intends to undertake continued scrutiny and evaluation of the Strategy's implementation with a view to evaluating its performance against that specific outcome. We would equally draw this to the attention of colleagues on the Covid-19 Recovery Committee to consider this as a core element of their ongoing scrutiny of the Strategy and would welcome the opportunity to undertake further joint scrutiny in this area in future years of this session.</p>	<p>Please see responses to 52-54.</p> <p>We also note the Committee's intention to draw this to the attention of the Covid-19 Recovery Committee, and welcome a joint approach to ensuring the Covid Recovery Strategy is successful in its aim to create a fairer future.</p>
<p>69. Given the combination of reserved and devolved policy responsibilities reflected in this report, the Committee calls on the Scottish Government to provide the Committee with regular updates on progress in tackling health inequalities, and refers this report to the UK Government and the Scottish Affairs Select Committee at Westminster.</p>	<p>The Scottish Government will provide the Committee with any further updates it requires.</p>