

Mixed responses to the Scottish Government's proposed alcohol strategy

The Scottish Government published its proposed strategy on tackling the misuse of alcohol in Scotland, *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach* in June, inviting responses to the framework of measures.

The measures introduced in the paper have been well publicised in the Scottish media and include:

- ◆ Increasing the minimum purchase age in off-sales to 21
- ◆ The introduction of separate checkouts in supermarkets for alcohol sales
- ◆ Action on irresponsible promotion of alcoholic drinks
- ◆ The introduction of a minimum retail price of alcohol

The consultation closed in September with an impressive 530 responses from individuals (260), a wide range of organisations (215) and anonymous sources (55).

The controversial plans, which also include imposing a social responsibility fee for some retailers, have divided political and public opinion.

The Public Health Minister, Shona Robison MSP said: *"The Scottish Government's proposals for tackling alcohol misuse are unashamedly radical and I*

therefore welcome the enthusiastic response to our consultation. We will take into account all of the views expressed as we develop legislation to address an issue that has an impact on the whole of society."



The plans were broadly criticised by the drinks industry and the large retailers in their responses, but Health Boards and alcohol campaigners welcomed the proposals.

The Scottish Retail Consortium said *"We strongly disagree with the Scottish Government assumption that there is a simple, causal relationship between the price of alcohol, the volume consumed and the level of misuse."*

We do not accept the premise and we believe that price is only one part of a complex interplay of cultural, behavioural and environmental factors."

However, the Scottish Association of Alcohol and Drug Action Teams believes that *"there is a substantial body of international evidence which shows that raising the price of alcohol is one of the most effective policy tools for tackling alcohol misuse."*

The evidence illustrates that increasing price will make a contribution to reducing consumption and ultimately

reducing harm to the people of Scotland."

Age Concern Scotland felt that older people in Scotland who drink responsibly would be punished. They stressed *"that this approach to reducing alcohol sales is unfair on older people with fixed incomes. As inflation is driving up the costs of food, fuel and other consumer items, older people should not be prevented from benefiting from deals that will help them reduce their weekly shopping."*

Many older people drink appropriately yet these proposals will seek to punish them for the excesses of younger people."

Youthlink Scotland accepts that *"some anti-social behaviour and proxy buying does go on amongst people aged 18-21, but it is a small minority who are involved."*

The majority of young people of this age are aware of their own limits and are able to enjoy a drink sensibly at home with friends and family in social situations."

Even before the consultation responses were published, the government recognised the difficult challenge they faced in pushing the strategy forward. At the beginning of October MSPs voted against the proposals to raise the legal purchasing age from 18 to 21 in the off-trade by 72 votes to 47.

Responses to the consultation can be found on the Scottish Government website at: <http://www.scotland.gov.uk/Publications/2008/10/06155903/0>

Climate change and health – a growing concern

The Scottish Government will introduce a Scottish Climate Change Bill to Parliament before the end of 2008.

The consultation on proposals for a Scottish Climate Change Bill was launched in January 2008 and by the close of the consultation had fielded over 21,000 responses.

An analysis of the consultation was published in August.

The Scottish Government is working in partnership with the UK Government and devolved Governments in Wales and Northern Ireland on the UK Climate Change Bill, but goes beyond the UK 60% CO₂ emissions reduction target by 2050 in setting a higher target of 80%, given the enormous potential for renewable energy sources, particularly marine and wind energy.

There is growing evidence of the link between climate change and health.

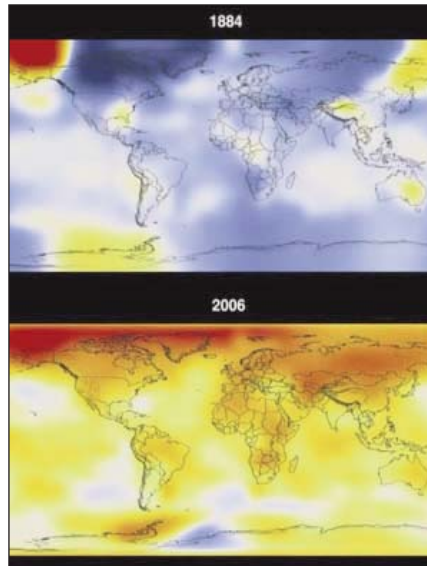
A key report by the UK Health Protection Agency and the Department of Health - *Health Effects of Climate Change in the UK 2008 - update of the Department of Health report 2001/2002*-

www.dh.gov.uk/dr_consum_dh/idcplg?IdcService=SS_GET_PAGE&ssDocName=DH_074439 – lists

the health effects of climate change: heat wave-related deaths among very vulnerable groups, an increase in vector-borne diseases such as tick fever and food and water-borne infections, an increase of up to 1,500 hospital admissions and deaths due to the respiratory impact of increased atmospheric ozone and an increase in UV-related skin cancers.

The health-related effects of

climate change fall disproportionately on those who are already disadvantaged – elderly people, those at risk from contaminated food, outdoor manual workers.



In a series of papers (all in *Public Health*, 2008, 122), researchers Professor Phil Hanlon and Dr Gerry McCartney at Glasgow University argue that climate change linked with uncontrolled economic activity will inevitably have consequences on psychological and societal health and wellbeing and contribute to unemployment, a growth in absolute and relative poverty, an increase in the incidence of stress-induced illness caused by e.g. rising energy and food costs and the impact of flooding and drought, as well as worldwide migration and population displacement.

A report commissioned by the Health and Environment Alliance (HEAL), Climate Action Network Europe (CAN-E) and WWF www.env-health.org/IMG/pdf/Climate_change_benefits_report_press_release_FINAL.pdf found that raising the 2020 target for cutting greenhouse gas emissions from 20 to 30% in line with recommendations of the International Panel on Climate Change (IPCC) would produce savings resulting from better health

valued at between 6.5 and 25 billion euros per year.

Scotland's Healthy Environment Network (HEN) advocates a holistic and joined-up approach to the management of climate change and its relationship with health and wellbeing. HEN calls for more "walkable environments" and encouragement of active travel which also has the potential for improving contact between individuals and communities and better mental health.

A move to low carbon farming systems and lower carbon diets containing less meat can also impact positively on health.

As more becomes known about the health effects of climate change, third sector organisations in Scotland should call on the Scottish Government to making explicit the health gains to be made through a coherent approach to climate change management.

Editorial

As economic and health inequalities acquire even sharper focus in the looming world-wide recession, virtually every programme within the Scottish Government Health and Wellbeing Directorate takes forward measures that will break the cycle of disadvantage and ill-health.

In this **Briefing** we report on strategies for improving working lives and minimising the economic impact of ill-health and disability; on the major NHS programme for increasing access to community-based health care; on the health implications of the draft Scottish Budget; about the link between place and health; and on the work of the new NHS Equalities and Planning Directorate.

VHS is always keen to hear your views. Please get in touch about any of the topics covered here.

Helen Tyrrell

Equally Well Test Sites identified

In June this year, the Scottish Government's Task Force on Health Inequalities published *Equally Well*, which laid out policy and service delivery recommendations for tackling both the causes and damaging effects of health inequalities in Scotland.

The focus for intervention is on early years, learning and the acquisition of skills and increased take-up of employment.

The Report identified local Test Sites as a key way of assessing the impact of changing overall local public service delivery to increase their focus on health outcomes and reduce health inequalities.

The Test Sites should focus on communities and areas most at risk and address problems with multiple causes, such as preventing substance misuse.

The Test Sites will be expected to form health inequalities

learning networks to share emerging effective practice.

Voluntary Health Scotland carried out an enquiry into current third sector experience of tackling health inequalities and developing imaginative services [www.vhscotland.org/library/vhs_library.php] and the effectiveness of the third sector is highlighted in *Equally Well*, with a recommendation that, where the sector demonstrates impact on local outcomes and priorities, resources should be available to allow services to be maintained, developed and made sustainable.

Since then, VHS has offered to assist with the development of the third sector role in the Test Sites and the proposal has been positively received. Now, of the 29 proposals received

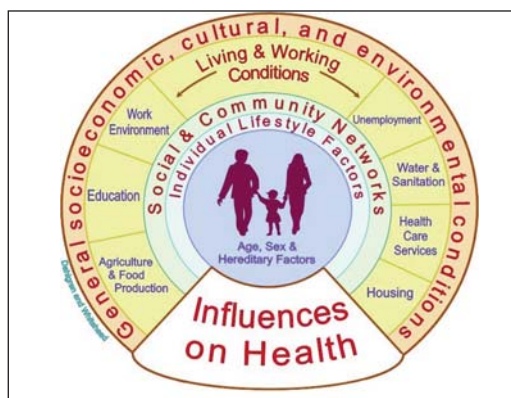
from local areas wishing to be *Equally Well* Test Sites, eight have been chosen to be core Test Sites.

The identity of these will be announced in mid October.

The Sites will take forward the *Equally Well* themes of children's early years, substance abuse and violence, mental health and

wellbeing, as well as risk factors for major causes of illness and death.

Each Site will also focus on tackling poverty and increasing employment.



For further information contact: Karen Grieve, Scottish Government, telephone 0131 244 2136 or email: karen.grieve2@scotland.gsi.gov.uk

LGBT needs for stopping smoking in Scotland

Partnership Action on Tobacco and Health (PATH) is managed by ASH Scotland, and their work includes addressing health inequalities faced by people who smoke in Scotland.

PATH are now in the process of doing some needs analysis for

the Lesbian, Gay, Bisexual, Transgender (LGBT) community with respect to Stop Smoking services (what experiences people have had to date - both within the NHS and at LGBT community level - and what



they'd want as an 'ideal' in the future).

PATH have designed an online questionnaire which they invite any LGBT current or former smokers to complete; PATH will only be collecting responses for about a month from the end of September, and then hope to meet with focus groups to look at specific issues that arise from the results.

The survey is available via www.surveymonkey.com/s.aspx?sm=WD5uKecWCBvUaL7QU9OEga_3d_3d PATH will produce a briefing paper

by the end of the year, to highlight the extent of current activities and future needs relating to Stop Smoking services for the LGBT community in Scotland, and to make any recommendations that arise from the survey; this will be circulated to the Scottish Government and NHS Health Scotland.

The PATH Projects Officer, Linda Bates, would be happy to chat to you if you have any questions about this or the broader work that PATH does, so please do feel free to contact her via lbates@ashscotland.org.uk

Scottish strategy for Healthy Working Lives

The Scottish Government's Economic Strategy and *Equally Well* remind us of the central relationship between health improvement, reducing health inequalities, work and sustainable economic growth.

For most people, work is a key determinant of self-esteem, individual and family health and financial security, as well as a route to social inclusion and engagement.

Yet, even our increasingly high levels of employment take-up in Scotland still lag behind those of other small countries in Europe and this is one of the factors, says Government, which accounts for our persistent health inequalities.

Now, the Scottish Centre for Healthy Working Lives (SCHWL), a Directorate within NHS Health Scotland, has produced its draft strategy – *Healthy Working Lives – Strategic Plan and Implementation Plan 2008 – 11*, which has reviewed progress and built upon the earlier 2005 Strategy.

The Strategy resonates with the evidence gathered by the Ministerial Task Force on Health Inequalities, current programmes for addressing unemployment and sickness absence and promoting health in the workplace, as well as with the UK report, *Working for a healthier tomorrow* – Dame

Carol Black's review of the health of Britain's working age population (March 2008) - www.vhscotland.org.uk/library/misc/working-for-a-healthier-tomorrow.pdf

The Scottish Strategy takes a 4-level approach: creating healthy workplaces; protecting employees from the dangers and ill-effects that can arise from work and workplaces; intervening early where illness or disability arises; and removing barriers to employment.

Central to the Strategy is the Healthy Working Lives Award Programme, which replaced Scotland's Health at Work Award (the SHAW scheme) in 2007.

The Programme encourages workplaces, large and small, to take forward a range of measures and activities designed to improve the health of working age people.

Currently, efforts are being made to increase take-up by Scotland's SMEs (Small and Medium Enterprises), which can find it more challenging than larger organisations to engage with the Programme.

So far, 78 third sector organizations have gone in for the Award Programme, mostly

working at Bronze level.

Many workplaces have come up with imaginative activities, such as cycle to work schemes and lunch

hour yoga sessions.

SCVO is represented on the SCHWL Advisory and Advocacy Group (NAAG) and Voluntary Health Scotland believes that both SCVO itself and the third sector have the potential to make a measurable impact on both the Award Programme and on the Strategy as a whole, in the following ways:

- ◆ By SCVO engaging with the Award Programme itself as a key employer and third sector SME hub - acting as an exemplar

- ◆ Through spreading awareness of and encouragement of take-up of the Programme by third sector SMEs - up to 36% of the sector could be engaging, on income criteria, with the SME focus within the Programme, potentially benefiting over 100,000 workers. A significant number are already involved.

- ◆ By advising the SCHWL on ways in which the third sector can make a significant difference to employability and "healthy working lives" through eg. New Deal, volunteering, Workforce Plus, Social Enterprise.

VHS will discuss these issues with SCVO and convey information about opportunities directly to SCHWL.

Meantime, we are keen to hear from third sector organisations which have taken part in the Award Programme and learn from their experience.

If you have either achieved an Award, or are working towards one, please get in touch by emailing: helen.tyrrell@vhscotland.org.uk or telephone 0131 652 5992.



Scottish Government publishes its Draft Budget for 2009-10

The Scottish Government published its *Scottish Budget: Draft Budget 2009-10* on 16th September 2008.

The Draft Budget sets out plans for total spending across all portfolios to increase from £33.3 bn in 2008-09 to £35.9 bn in 2010-11.

Within the Health and Wellbeing portfolio, the spending increases from £11.2 bn in 2008-09 to £11.7 bn in 2009-10 and £12.1 bn in 2010-11.

As there are a large number of different programmes within the Health and Wellbeing budget, it is difficult to identify any strong investment trend.

There are areas that see increases in 2009-10 and then a reduced amount the following year, due to some projects costs coming to a close in year 3, e.g. the Healthy Living Centre programme.

For example within the Health Improvement and Health Inequalities programme there is a 14% increase in 2009-10, with a 4.8% increase planned for 2010-11.

Other areas receive static investment such as Tobacco Control with £13.8m and Mental Wellbeing with £6.2m each year.

One of the Scottish Government's major priorities is reducing the harm done by the

misuse of alcohol and as such, the Alcohol Misuse Programme gains 43% in 2009-10, with an extra 11.5% planned for 2010-11.

In line with the Scottish Government's strategy for tackling health inequalities in the early years, Specialist Children's Services receive a 420% increase in 2009-10 and 101% in 2010-11.

Other key priorities which the draft budget supports include:

- ◆ Introducing actions to help people, especially children, to tackle obesity in support of the Government's healthy eating and physical activity strategies

- ◆ The promotion of equality, the mainstreaming of equality into government policies and activities and the reduction of discrimination and prejudice

- ◆ Increasing the supply of good quality sustainable housing

This latter point is reinforced by the investment the government is bringing forward in the 2009-10 draft budget.

Up to £100 million is to be spent on affordable housing this year and next, rather than in 2010-11 as previously planned.

It is hard to judge how this draft budget will affect the voluntary health sector.

Whilst it is pleasing to see increases in funding in the Health Improvement and Health Inequalities programme and the action being taken to tackle the harm done by alcohol misuse, the

apparently static investment in mental wellbeing is questionable at a time when the gloomy economic conditions and high monthly bills are placing additional pressures and stress on individuals and communities.

After consideration by the Scottish Parliament, Portfolio Committees and a full parliamentary debate in December, the Scottish Government will seek formal parliamentary approval for their spending plans for 2009-10 in the Budget Bill to be introduced in January 2009.

More information on the *Scottish Budget: Draft Budget 2009-10* can be found at:

www.scotland.gov.uk/Publications/2008/09/12140641

Tackling childhood obesity conference in November

A major conference on tackling childhood obesity will take place on 10th November in Edinburgh.

Childhood Obesity: Working Together for A Healthier Future will explore how the Scottish Government's *Healthy Eating Active Living Strategy* will approach childhood obesity and what plans are being taken forward in other countries to combat the issue.

The event will debate the roles which schools, families, communities and industry have in decreasing child overweight and obesity rates. It will also hear best practice examples of successful approaches in Scotland and internationally and discuss the appropriate use of prevention, treatment and intervention methods for children.

Registration is available via this link:

<http://conferences.holyrood.com/con tent/view/623/142>

Shifting the Balance of Care – identifying changes that make a difference

Shifting the Balance of Care (SBC) is a major high level programme within the SGHWD, aimed at improving health by moving the emphasis away from hospital care towards health improvement, preventative medicine and more continuous care in the community – shifting, in other words, the *focus of care, who delivers care and where it is delivered.*

Currently, the SBC team is applying a Strategic Policy Analysis Collaborative (SPACE) process to identify a shortlist of high impact changes which, if implemented by organisations across Scotland, will have the biggest effect on health outcomes.

VHS attended the recent SPACE workshop, where the task was to reduce a potential 49 change areas to 19.

A “filter” was applied to the short-listing process, each potential change being assessed according to: *the numbers of people likely to benefit; the speed of*



implementation; evidence of impact on outcomes; and multiple impact of each change.

Eight broad SBC improvement areas have been identified as likely to make the biggest improvements in health and wellbeing and the short-list of changes come under these, making a difference in multiple ways.

Health Boards, CHPs and local authorities will be encouraged to

focus on these, relating them to HEAT targets and Single Outcome Agreements (SOAs), while still allowing for local priorities.

The eight improvement areas aim to:

- ◆ Maximise flexible & responsive care at home with support for carers
- ◆ Integrate health & social care
- ◆ Reduce avoidable unplanned hospital admissions
- ◆ Improve capacity for planned care
- ◆ Extend the scope of services provided by practitioners other than doctors
- ◆ Improve palliative and end of life care (EOL)
- ◆ Improve access to care for remote and rural populations
- ◆ Improve joint use of resources

It is reassuring to know that third sector action now features in its own right in the 19 shortlisted high impact changes.

VHS has also examined the other shortlisted high impact changes and in the near future, will produce a short paper, both for the SBC team and for the third sector, outlining the ways in which our sector can also make a significant impact on these – in particular in improving carer capacity, extending non-medical roles and providing intermediate care, as well as social support and community transport.

For further information, contact Helen Tyrrell or Bill Weir at VHS, or Nicola Tait at the SBC team - nicola.tait@scotland.gsi.gov.uk

No Smoking Day 2009 launch

On 6th November the *No Smoking Day* team will launch the 2009 No Smoking Day Campaign in Glasgow at the Teacher Building.

Presentations will include the new campaign theme, tips and advice on how to run a great event and how to use *No Smoking Day* for your public health work.



The event is aimed at those involved in stop smoking services, tobacco control, health policy and occupational health amongst others.

To register, please fill out the online registration form at www.nosmokingday.org.uk/orga_nisers/launches.htm

VHS AGM & guest address

VHS is holding its **Annual General Meeting** & guest address by **Margaret Curran, MSP** on 27th November at the Melting Pot in Edinburgh.

Margaret Curran will make an address on *Harnessing the strength of Scotland's third sector in moving Scotland forward.*

VHS is also inviting nominations for up to three places on the Board of Directors.

To register your attendance or obtain a nomination form please contact Alison Crofts on 0131 557 6845 or email alison.crofts@vhscotland.org.uk

Pfizer UK Foundation funds for community based projects

The Pfizer UK Foundation is keen to support any voluntary or community-led not-for-profit organisation with links to local health professionals .

Grants of between £3,000 and £50,000 are available for community-based projects in areas of deprivation in the UK that address local health inequality issues for a specified target group and have measurable health-related outcomes.

Pfizer are keen to encourage creative and innovative approaches to reducing health inequalities through supporting groups who try untested methods, take risks and drive new practice. They believe that innovation is only possible if scope is given to embrace uncertainty.

Emphasis is placed on evaluation in order to learn more about what works and what doesn't and then work through a number of channels to share this learning and promote best practice.

Since the Pfizer UK Foundation was established in 2005, it has donated almost £3 million in grants to more than 120 community projects in the UK addressing health inequalities experienced by approximately 240,000 people.

For more information on Pfizer UK Foundation please visit their website at:

www.pfizer.co.uk/OurResponsibility/foundation/Pages/Foundationhome.aspx

VHS scopes CHP Committee member support needs

Over the summer, Voluntary Health Scotland invited responses from third sector members of Community Health Partnership (CHP) committees in Scotland to an enquiry designed to establish the future support needs and wishes of the committee members.

The survey was completed by 42% of CHP Committee members and showed that the vast majority appreciated the support given by VHS and wished for it to continue and develop; this positive response included our recently introduced *VHS Community Health Partnership e-bulletin*.

Over three quarters of those who responded said that a formal network of third sector CHP committee members would be useful and a large number of those felt able to be involved in its development.

Many committee members were asking for more direct support from VHS.

We believe that developing the network will provide this, and lead to committee members gaining access to peer support at the same time.

The network will support committee members to develop local or regional partnerships which could provide enhanced supports to local third sector health organisations in developing relationships with their CHP.

The peer support and sharing of experiences will also allow some of the discrepancies between the supports which committee members

receive to be addressed.

VHS will therefore convene and chair a steering group of CHP committee members which will then take collective responsibility for developing and running a support network for third sector committee members.

Invitations have gone out to third sector CHP committee members to become involved and if you have not received yours as yet, please get in touch with Bill Weir at VHS.

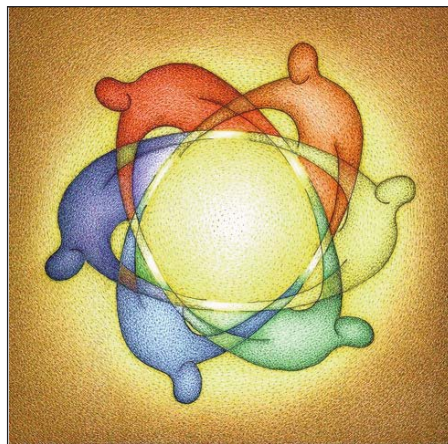
VHS will initially provide direct links from the network to relevant Scottish Government Directorates and other key stakeholders with an interest in third sector activity and CHPs, such as the Association of Community Health Partnerships and we will also continue to provide at least one annual national development day for committee members.

VHS intends that the network itself will develop ways to support committee members in participating directly in appropriate national working groups and in developing links to the Scottish Government.

A summary of the survey results is available at:

www.vhscotland.org.uk/library/vhs_library.php

For more information please contact Bill Weir at bill.weir@vhscotland.org.uk or telephone 0131 652 5993.



NHS Health Scotland Equalities and Health Reference Group

NHS Health Scotland's Directorate of Equalities and Planning has established an Equalities and Health Reference Group which will act as an informal think tank to help inform, shape and influence the priorities and direction set by the Directorate in its work to progress the equalities agenda in the NHS in Scotland.

The Group members, including VHS, will act in an advisory capacity, advising on strategies which will bring about the greatest change in the health experience of all equalities groups.

VHS will ensure that, through its

attendance, members of the wider third sector have the opportunity to input to future discussions of the Group.

It is intended that each time the Reference Group meets it will discuss a different topic of relevance to equalities work in the NHS.

Some of the suggested topics include community engagement, leadership, data monitoring and equality impact assessments.

The next meeting of the group is at the beginning of December and a guest speaker will be presenting on

the subject of *Personalising the business case for equalities* and then participating in a group discussion on the benefits of equalities work in terms of efficient and effective service delivery.

Prior to this meeting, VHS will be asking the third sector to provide relevant information to support us in giving appropriate input at the meeting.

For more information on the group, its programme or to feed into the group please contact Bill Weir at VHS – email: bill.weir@vhscotland.org.uk or telephone 0131 652 5993.



Health Board Elections costs set to increase further

Should the Health Boards (Elections and Membership) (Scotland) Bill be passed in Parliament, the costs to run the elections are likely to exceed those stated in the Bill.

Earlier this year the Scottish Government ran its Local Healthcare Bill consultation in which it estimated that direct elections would cost £5 million.

In June the Government introduced the Health Boards (Elections and Membership) (Scotland) Bill to the Scottish Parliament stating the election costs would be £13 million.

This figure was a cause of concern in many of the 56 responses for written evidence which followed the Bill's introduction, as it was based on an optimistic 60% turnout.

Within days of the call for evidence closing at the beginning of September, the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon MSP, amended the total to reflect the associated costs of hiring counting machines and remuneration for elected members across all 14 Health Boards.

The cost to hold elections to Health Boards now stands at £16.6 million.

Whilst VHS supports the principle of holding direct elections to Health Boards, we are extremely wary of the escalating costs.

It is questionable whether the increasing costs of the Bill will help the most excluded groups in society get involved in the decision-making process behind the delivery of health services.

At a time when funding is proving difficult to secure, it is likely that some of the smaller voluntary health organisations supplying

essential services to groups experiencing health inequalities may have to reduce their operations or close altogether.

The Bill is currently at Stage 1 of the Parliamentary process and is being scrutinised by the Scottish Parliament Health & Sport Committee.

During November the Committee will hear oral evidence from ministers, NHS Boards, organisations (including VHS) and individuals.

A detailed summary from VHS of the Bill, including the key principles, costs, discussion points, alternatives to Health Board Elections and selected highlights from the written evidence will be available in the near future.

For more information contact Phil McAndrew on 0131 652 5994 or email phil.mcandrew@vhscotland.org.uk

Does health depend on where you live?

The west of Scotland often gets a bad press for its poor health record and areas of deprivation.

Because of the proximity of Glasgow's Calton area to some of Europe's most stylish shopping streets, that area gets more "statistical attention" than most.

According to the *Let Glasgow Flourish* report (Hanlon, Walsh and Whyte, April 2006, Glasgow Centre for Population Health), a boy born in this, one of the poorest areas of Glasgow, has a life expectancy of 54 years compared to 87.7 years in the wealthiest suburb.

He is three times more likely to suffer heart disease, four times as likely to be hospitalised and ten times more likely to grow up in a workless household – statistics that show some improvement today in the Scottish Governments *Long-Term Monitoring of Health Inequalities* report released in September 2008.

The Medical Research Council (MRC) commissioned a study, *The West of Scotland Twenty-07 Study* www.sphsu.mrc.ac.uk/studies/2007_study in 1987, with a view to following three age groups



(15, 35 and 55 year-olds) for 20 years to report on health inequalities. This study concludes that the area in which you live has a direct bearing on an individual's general fitness as well as poverty, socio-economic group and housing.

To adopt a healthier lifestyle in an affluent area is easier than in a poor area, where the provision of sporting facilities, attractive streets and parks is limited.

A person living in a poor area may be put off venturing outdoors by such things as unserviceable lifts, filthy stairwells, fear of crime and assault, vandalism, litter and rubbish.

Antisocial behaviour and discarded drug needles and syringes are a problem in more disadvantaged areas. Getting along with neighbours and a sense of community are also factors in health inequalities.

Another influence on health in the findings of the *Twenty-07* study is that of food retailing.

Supermarket chains tend to target more affluent areas whilst residents of poorer areas will be left with local shops for a lot of their food shopping.

The latter outlets have a limited choice of fresh produce at higher prices, which means that poorer people spend significantly more on food than the better off.

With the increase of out of town supermarkets poorer people have limited access to them, exacerbating the problem.

The UK government introduced the

National Minimum Wage a year after the *Twenty-07* report started, with the intention of achieving a minimum standard of living.



This in part, argued ministers, would help people afford to buy better quality food and to lead healthier lives. Nearly two decades later this has not proved to be the answer, according to this research.

Other factors indicate that material poverty is not completely to blame for poor health.

Gender, ethnic group, area of residence, age and marital status were all found to be linked to differences in health and life expectancy.

The Scottish Government's first report on the *Long-Term Monitoring of Health Inequalities* (September 2008) says that Scotland-wide Healthy Life Expectancy (HLE) has increased by 4% for males and 2% for females since 1999.

However, HLE for those living in deprived areas is still around 19 years less for both genders than it is for those living in the least deprived areas.

Improvement is happening, but it is slow.

Sandy Mathieson, VHS

NHS QIS Stakeholder Consultation

NHS Quality Improvement Scotland (QIS) is Scotland's Special Health Board whose purpose is to promote improvement in the quality of healthcare in Scotland.

The three QIS functions are to provide guidance and standards for effective clinical care, to support improvement and to assess how well the NHS is doing across current health priorities.

In 2006 NHS QIS commissioned an evaluation of its work, which found that while QIS makes a positive impact on Scotland's health care, it needs to be clearer about why it does what it does in the way that it does it.

QIS has just carried out a consultation with its

stakeholders on the future direction of its work.

The consultation closed on 16th October and Voluntary Health Scotland made the following key points:

- ◆ The process for submitting suggestions for new streams of work to QIS should be more widely advertised, using variety of media e.g. newspapers, GP surgeries, radio / TV. VHS can help to promote the QIS process
- ◆ The criteria for inclusion of proposed new work in the QIS programme should include: *Will this work make a difference to inequalities in access to health care?*
- ◆ VHS can help NHS QIS to identify new topics of importance to

patients and their supporting groups and organisations by helping groups to identify proposals which meet the QIS criteria.

If your organisation works with groups of people for whom there is a current pressing quality of care issue, VHS can help with forwarding your issue.

To discuss this further, contact Helen Tyrrell at VHS by email on:



helen.tyrrell@vhscotland.org.uk or telephone: 0131 652 5992.

See also the QIS website: www.nhshealthquality.org/nhsqis/3763.html

Seeking new members for VHS Board

The strength of Voluntary Health Scotland lies in the voice of its members and in its Board of Directors.

We greatly value the time and commitment shown to VHS so far by its present Board, and we are now seeking nominations for up to three places on the Board of Directors.

Anyone from a voluntary health organisation can, with the agreement of their organisation, nominate him or herself or someone else in the organisation for membership of the VHS Board by submitting a signed statement of not more than one hundred words (by letter, e-mail or fax), indicating what he or she would contribute to Voluntary Health Scotland.

The Board of Directors usually meets every 7 – 8 weeks. Its main responsibility is to shape VHS's priorities and policies and to oversee the Director's work programme.

Expenses will be paid for attendance at Board meetings, which alternate between Glasgow and Edinburgh.

Currently we have members from the fields of national alcohol policy, sexual health, mental health and HIV support, volunteering and advocacy, as well as representation from national minority ethnic health work.

We are keen to see wider representation from people working in equalities areas – for example, disability, older people, young people, LGBT and other areas of exclusion such as ex-offenders and refugees, and rural groups.

In the last year, the VHS Board has provided strong support for the VHS Strategic Review, helped us to formulate our ongoing Business Plan and contributed to consultations on health inequalities and elections to Scotland's NHS Boards.

If you wish to nominate or be nominated for the VHS Board, we will need to receive your signed nomination form by Friday 21st November.

The new members will be announced at the end of the VHS AGM to take place at the Melting Pot in Edinburgh on 27th November.

To obtain a nomination form or register your attendance at the AGM or please contact Alison Crofts on 0131 557 6845 or email alison.crofts@vhscotland.org.uk