



Minister for Public Health, Women's Health and Sport  
Maree Todd MSP

Paul O'Kane MSP  
Deputy Convener, Health, Social Care and Sport  
Committee  
The Scottish Parliament Edinburgh  
EH99 1SP

Email: [HSCS.committee@Parliament.Scot](mailto:HSCS.committee@Parliament.Scot)

Date 15 July 2022

Dear Deputy Convener,

### **Re: Request for additional information**

Thank you for your letter of 30 June requesting further information following my appearance before the Health, Social Care and Sport Committee on 28 June. I have enclosed further information relating to the subjects outlined in your letter.

### **National strategy and cross-portfolio working**

Firstly, you requested more information on the Scottish Government's (SG) existing approach to strategy development and cross-portfolio actions to tackle inequalities. The [Covid Recovery Strategy](#), published on 5 October 2021, sets out an ambitious vision and plan for Scotland's recovery that is focused on bringing about a fairer future, particularly for those most affected during the pandemic, by working across all SG portfolios. It aims to address the systemic inequalities made worse by Covid, make progress towards a wellbeing economy and accelerate inclusive, person-centred public services. The strategy details three outcomes that are central to achieving this vision of a fairer future. These are to:

- Increase financial security for low income households;
- Enhance the wellbeing of Children and Young people; and
- Create good, green jobs and fair work.

During the pandemic, barriers between organisations were overcome to provide support and deliver services more effectively. We are bringing that urgency, creativity and flexibility to our recovery from the pandemic. The strategy builds on commitments set out in the Programme for Government and sits alongside sectoral recovery plans such as for the NHS, and for the education, justice, construction and manufacturing sectors.:

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- Our [NHS Recovery Plan](#), published on 25 August 2021, sets out key commitments that will support recovery over the next five years. This is backed by over £1 billion of investment.
- Our [Education Recovery Plan](#), published on 5 October 2021, sets out how £0.5 billion is already being used, and details key next steps including £1 billion investment to tackle the poverty related attainment gap.
- The new 10 year [National Strategy for Economic Transformation](#) sets out plans to build a greener, fairer and more inclusive wellbeing economy.

Additionally there are a number of upcoming cross-portfolio actions, which I will elaborate on in greater detail later in this response. They include:

- A sum of £3bn budgeted across multiple areas to mitigate the impact of the increased cost of living on households.
- Delivering £18 million of support through the Best Start Grant (BSG)
- Expanding the Scottish Child Payment to include under 16s by the end of 2022 – and increasing the rate to £25 per eligible child per week.
- Committing a further £10 million to continue our Fuel Insecurity Fund.

## Supporting Communities

We discussed a number of initiatives aimed at supporting communities. I'm pleased to update you regarding the three initiatives you mentioned; Chance to Change, MECOPP's Community Health Matters Programme, and the Place and Wellbeing Programme.

### Chance to Change

Chance to Change (C2C) is an established community peer support group in Glasgow, attached to Garscadden Burn Medical Practice (Dr Cawston's practice). It was set up and initially run by a general practice nurse as a Queen's Nursing Institute of Scotland project in 2017. A project report is available on the QNIS website. Since the QNIS project ended, and having demonstrated positive impacts, C2C has been hosted and supported independently by Yoker Community Campus. The group is now led by a peer facilitator who was one of the group's initial members. Those who participate in C2C all have lived or living experience of long term health conditions and wider determinants of health inequalities, such as social disadvantage, discrimination or economic exclusion.

The Primary Care Health Inequalities Short Life Working Group (SLWG), which was established in October 2020 and produced its final report in March 2022, was tasked to identify actions to maximise primary care's unique position to deliver meaningful improvements in health inequalities. The remit of C2C in relation to the SLWG was to help identify specific service improvements and actions for primary care to help reduce health inequalities and improve health equity, with the expertise of the group being grounded in their own experiences of living with the issues being discussed. Over 2021, C2C responded

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to the SLWG's working papers which discussed various health inequalities themes and the draft recommendations as these developed.

The [comprehensive report](#) by the C2C group, authored by the peer facilitator, collates all the feedback from these meetings and is an important companion document to the SLWG's main report. SG has recently established a Primary Care Health Inequalities Development Group to consider and respond to the SLWG recommendations, and is building on its relationship with C2C via its peer-facilitator who has been invited to sit on the Development Group.

As digital skills and exclusion had been identified as a priority by C2C members, especially in the context of COVID-19, SG provided funding for a small project, which is nearing completion, so that members could develop their digital and communication skills. C2C offers valuable learning for other community groups which tackle health inequalities. Additionally, its partnership with the SLWG offers learning for decision makers and service providers about how to involve those affected by health inequalities in decision-making in a meaningful and sustained way.

### Gypsy Traveller Community Health Workers

With regards to the Gypsy Traveller Community Health Workers project, SG has provided over £350,000 to MECOPP to fund the 2 year project to recruit, train and support a small number of Community Health Workers from gypsy traveller communities. This forms part of MECOPP's Community Health Matters Programme which aims to improve health outcomes for the Gypsy Traveller community. We know that Gypsy Travellers face some of the most significant health inequalities in Scotland, but also that there are a number of barriers that they face in being able to access health services. These barriers can often be as a result of a distrust of public services and the staff that work within them, previous bad experiences, low levels of literacy and a lack of understanding of their rights.

As the Health Workers are Gypsy Travellers themselves they have an excellent understanding of the issues people in the community face, and it also means the community are much more open and comfortable approaching them about concerns they may have, or to seek out support or advice. The Health Workers undertake a wide range of activities designed to support and benefit the community, including, but not limited to:

- Assisting people to register with a GP; accompanying them to appointments; ensuring people understand the information provided and what action will be taken;
- Advocating on behalf of women using maternity services to ensure they receive the care and support they are entitled to;
- Increasing awareness about services and support for those with mental health conditions and suicidal thoughts;
- Improving general public health by taking action on cross-cutting issues such as accommodation and education;

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- Supporting individuals to attend COVID vaccinations; providing advocacy and support if an individual has specific concerns or misconceptions about the vaccination;
- Delivering information sessions about the menopause, food & moods;

At present there are 4 Community Health Workers that cover South Lanarkshire, East Ayrshire, the Lothians, and Forfar, and I understand there are plans to recruit a further 3 over the coming months. The Health Workers commenced their roles late in 2021, and there is already extremely positive feedback from the community and stakeholders on their work and the impact they are having. I had the pleasure of meeting with them a few days prior to our session to hear about their excellent work and I very much look forward to seeing how the project develops and how it can be built on going forward.

### Place and Wellbeing

The Place and Wellbeing Programme is designed around the principle that nothing we want to see locally will succeed unless the system lets it. By working differently, we can redesign the system to better align with local needs. We are working closely across government and with COSLA and PHS to drive improvement in health and wellbeing at a community level. We will do what we can at a national level to ensure that communities can work effectively with local partners to improve their health and wellbeing.

We will make sure that local areas have access to specialist public health input to help improve joint decision making and accountability for outcomes. We will improve outcomes by providing access to good public health data, evidence and intelligence along with the tools, resources and capacity and the right incentives and accountability to achieve meaningful change in partnership.

A fairer, healthier Scotland needs a strong and resilient community-led health sector which improves the health and wellbeing of those in greatest need. This is why we are also looking at how we can better integrate community-led health organisations within the delivery of local health and social care. We will also support and incentivise providers to become effective anchor institutions so that the full weight of our sector actively contributes to community wealth. These institutions are well positioned to support their communities through local procurement, access to fair work, and effective use of their land and property.

There is a lot of good work being done at local level and the programme will help to: share best practice; remove any system or legislative barriers to local innovation; and bring partners together around this agenda. However, this needs to go beyond health and social care. We will continue to work across government to address the root causes of inequalities and ensure that the impacts on health are considered in all policies. We need that system wide approach if we are to support those facing multiple disadvantage.

### **Accessible public information**

Following our discussion on 28 June about making information available in Indian languages we have contacted Greater Glasgow and Clyde NHS Board (NHSGGC) asking for further

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information. NHSGGC will routinely translate clinical information and broader NHSGGC public health information on request (by patient or staff member) into any language and endeavour to have this returned 5 days after receipt of request. This is in line with the [National Interpreting, Communication Support, and Translation Policy](#). Where NHSGGC pro-actively translates public health resources into other languages, this is typically undertaken for the top 7-10 most common spoken languages used by their patients. This is considered a proportionate means of achieving a legitimate aim.

I have enclosed the number of NHSGGC translated public health materials against the top 6 Indian languages (table below). This table will change over time as resources are routinely checked every 3 years to ensure materials are in date/accurate/relevant.

Punjabi	62
Hindi	5
Bengali	1
Maratha	0
Tamil	4
Urdu	110

The health board also provides interpreting services. Between 1st July 2021 to 30th June 2022 this number of requests were made for interpretation in the following Indian languages.

Bengali	59
Hindi/Punjabi	1871
Tamil	155
Urdu	4773

## Cost-of-living

As requested, I have outlined below what SGis doing across multiple areas to help tackle the rises in the cost of living, and build resilience to anticipate and mitigate impacts of any future additional shocks.

### Covid Recovery

As I have previously mentioned, the Covid Recovery Strategy is focused on tackling systemic inequalities made worse during the pandemic, and creating a fairer future for Scotland. Our activity, set out in the strategy, will: enhance the wellbeing of children and young people; increase the financial security for low income households; and create good, green jobs and fair work.

### Food Insecurity

We are adopting a cash-first approach, as outlined in our draft plan on ending the need for food banks. We continue to support food responses that maximise dignity and integrate help to reduce future need. In 2020-21 we invested around £2.5bn to support low income households, including nearly £1bn to directly support children. We have allocated almost

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£3bn to a range of supports this year that will contribute to mitigating the impact of the increased cost of living on households. This includes work to tackle child poverty, reduce inequalities and support financial wellbeing, alongside social security payments not available anywhere else in the UK.

We have been taking various actions, within our devolved powers and fixed budget, to help those facing the combined impact of higher energy bills, the UKG National Insurance hike and interest rate rises. This includes spend on our unique social security payments, our 5 family benefits including the Scottish Child Payment (now doubled to £20 a week), bridging payments for families with children in receipt free school meals, carers allowance supplement, and mitigating the bedroom tax for some 90,000 households.

## Social Security

The Scottish Government's second Benefit Take-up Strategy expands **Welfare Advice and Health Partnerships (WAHPs)** through the funding of £3.17 million over 2 years to place welfare rights advisors in up to 150 GP surgeries in Scotland's most deprived areas. WAHPs will reduce pressure on GPs and primary care services - allowing them to focus on clinical care and treatment for patients while a dedicated advisor supports them to address their social and economic needs.

**Best Start Foods** aims to help tackle the impacts of child poverty by supporting low income families to buy healthy foods. It provides pregnant women and families with children under the age of three, who receive certain benefits under a certain amount, with a minimum of £4.50 a week via a payment card to purchase healthy foods. In 2022-23, we expect 59,000 people will receive £18 million of support through **Best Start Grant (BSG)**. We will also legislate to remove all income thresholds from Best Start Foods by 2023-24, supporting an additional 30,000 people. As you will be aware, the **Scottish Child Payment (SCP)** officially launched on 15 February 2021. We doubled SCP to £20 in April 2022, and will roll it out to under 16s by the end of 2022 - when the rate will also be increased to £25 per eligible child per week.

SG has also established an independent expert group to consider the delivery of a **Minimum Income Guarantee (MIG)** within the powers we currently hold to ensure everyone, including care leavers and young people with experience of care, have enough money to live a decent, dignified, healthy and financially secure life. Work on developing a MIG in Scotland is at an early stage. The level of a MIG and the delivery mechanism have still to be determined. However, there is a clear recognition in the early thinking that a MIG should aim to bring about a minimum standard of living for everyone, recognising different needs, including disability and caring status, and ability to work.

## Fuel Poverty

Everyone needs a safe, warm place to call home, and we know that the rise in the energy price cap will cause many people to worry about their fuel bills. My foremost concern is for households who are affected by these price rises, particularly those who are in or at risk of fuel poverty. As part of a wider package of funding announcements made to tackle the cost

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of living crisis, in 2022/23 we have committed a further £10 million to continue our Fuel Insecurity Fund, which has been helping households at risk of self-disconnection, or self-rationing their energy use, since 2020. This recognises the ongoing need that households struggling with their energy costs will have for such support. Support from the Fuel Insecurity Fund will continue to be distributed via trusted third sector partners, particularly the Fuel Bank Foundation and Advice Direct Scotland.

Through all of the projects supported by the Fuel Insecurity Fund, we seek to ensure that those receiving help are not just provided with financial support but are also connected with wider advice and support on energy efficiency, income maximisation and how to reduce energy bills.

## Transport

The National Transport Strategy (NTS2) has as two of its four mission-guiding priorities; the provision of a transport system which reduces inequalities and improves our health and wellbeing. Recognising a clear need for a change towards sustainable travel behaviours. The Scottish budget for 2022-23 will see our active travel spend increase to £27 per head of population, in recognition of the fact that people are more likely to walk and cycle where safe and accessible active travel infrastructure is available.

The investment will enable national cycle network improvement, cycle parking and greater access to bikes for all - including through the free bikes for children pilot programme, bike libraries, e-bike loans and grants. Helping to give people access to bikes and e-bikes, particularly in areas of multiple deprivation can drive equality and promote physical activity. Baseline work estimates that between 100,000 and 160,000 school aged children would be considered for a free bikes under poverty measures monitored by the Scottish Government.

## **Additional Information**

You asked for an update on how The **Fairer Scotland Duty** (the Duty) is applied in policy development and what effect the Duty is having. In deciding how to fulfil the Duty, public bodies must take into account the statutory Guidance published by Scottish Ministers. In October last year, we revised the statutory Guidance by drawing on learning and practice over the years since the Fairer Scotland Duty came into force in Scotland, with input from the Equality and Human Rights Commission, the Regulator of the Duty.

The Equality and Human Rights Commission produced a report in March 2021 'Evaluating the socio-economic duty in Scotland and Wales'<sup>1</sup> Key messages from the report included 'the introduction of the Duty helped those public bodies that were already considering socio-economic disadvantage and inequalities of outcome to review and formalise their processes, and strengthened the need for this consideration across a range of staff levels'.

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<sup>1</sup> <https://www.equalityhumanrights.com/en/publication-download/evaluating-socio-economic-duty-scotland-and-wales>.

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Our revised statutory [Guidance](#) published in October 2021 contains a number of case studies from public bodies, including NHS Lanarkshire's Monklands project where the Fairer Scotland Duty helped to maximise opportunities to reduce poverty and mitigate the potential negatives of a hospital relocation. These demonstrate the positive effect that the Duty is having and how organisations are using it to implement good policy practice. SG Government also funds a Fairer Scotland Duty Co-ordinator at the Improvement Service who provides on-going support, advice and training to those bodies covered by the Duty.

I hope the Committee finds this further information helpful.

Yours sincerely,



**Maree Todd MSP**

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