



Happy birthday NHS Scotland 70

We are delighted to wish NHS Scotland and across the UK a happy 70th birthday. Let us take pride in this first-class world leading universal health care system. And we want to celebrate with and thank the brilliant and diverse health care workforce across the country.



The SHA was founded in 1930 to campaign for a National Health Service. In this paper we celebrate the anniversary of the NHS as one of Labour's greatest achievements.

We also need to recognise and face up to the many challenges facing the nation's health and wellbeing and the health and care services – to ensure the NHS continues for future generations to benefit.

In the years immediately prior to the creation of the NHS, Scotland had pioneered new forms of organised healthcare that reflected a distinctive Scottish medical culture. Mainstream Scottish healthcare combined elements of voluntary, municipal, provident, private, and government provision at both the hospital and community level. The depression in the 1920s and 1930s, the lack of systematic provision for healthcare, the experience of communal action

in war and the efficiency of the wartime medical services all pointed to the need for a national health service.

Before the war, the Socialist Health Association highlighted the effect the market had on meeting basic health needs. The revelation that in wartime the market could be overridden for great purposes strengthened the resolve never to return to the old system. It took a visionary Minister of Health, Aneurin Bevan to deliver the wartime blueprint in the post war Labour government.

As a result of the National Health Service [NHS] (Scotland) Act 1947, the NHS came into being in Scotland on 5 July 1948. It aimed to meet all health needs free of direct charge to the citizen based on three simple principles – free at the point of access; free for all; and based on need. Brought to us by a Labour government at Nye Bevan's insistence that: "It will be a great contribution to the wellbeing of the common people of Britain".

NHS Scotland Today

Over the last seventy years, the NHS in Scotland has cared for millions of people and saved many hundreds of thousands of lives. It has been at the forefront of innovation in healthcare too; pioneering advances in medical treatment, surgery and imaging. With its unique offer of healthcare free for

all at the point of need, it has liberated all of us from the fears of unaffordable treatment and untreated illness. NHS Scotland is organised very differently from England with the emphasis on co-operation not competition, reflecting the geographic, cultural, and recent diverging political differences in Scotland.

Most people in Scotland now recognise the need to move the focus of NHS Scotland from being a reactive service for ill health, towards being a proactive service for health and wellbeing. That requires an NHS that provides an effective and comprehensive service delivered as local as possible and as specialist as necessary. An NHS that works in partnership with others to deliver a healthier nation.

There remain many challenges for the NHS today. These include unplanned admissions, delayed discharges and pressure on Accident and Emergency (A&E). Waiting time targets are routinely missed and many health boards are struggling to balance their books. Austerity has hit local government particularly hard, with a consequential impact on social care and knock on health impacts and health service pressures.



In NHS Scotland 1 in 12 beds are occupied by someone fit enough to leave hospital.

That's costing £132m per year - £233 per bed day lost.

We need investment in social care to provide better outcomes for elderly persons and to release much needed NHS capacity

In part due to the smoking ban, smoking has reduced, but much less so among those from the most deprived areas of Scotland. There has been a downward trend in the number of suicides although they are still high. There is also a need to reduce the dependence on anti-depressants and reduce readmission rates to psychiatric hospitals. And major impacts are associated with the ageing population, and the increasing number of people with multiple chronic long-term conditions. NHS Scotland is redesigning its services to face many of these challenges.

Whilst there is a policy imperative to shift resources into community settings and anticipatory care, the balance of expenditure between hospital and community services has not yet changed significantly. There are a number of barriers to moving resources, including the significant amount of resources tied up in secondary care and the need to maintain hospital services during periods of change. Health and care



Air Pollution

- Kills up to 4000 people in Scotland every year
- Single biggest threat to health in Europe
- Pollution levels breaking health standards in 32 Scottish pollution zones
- Costs NHS Scotland around £2bn a year
- Costs Scottish economy around £5bn a year

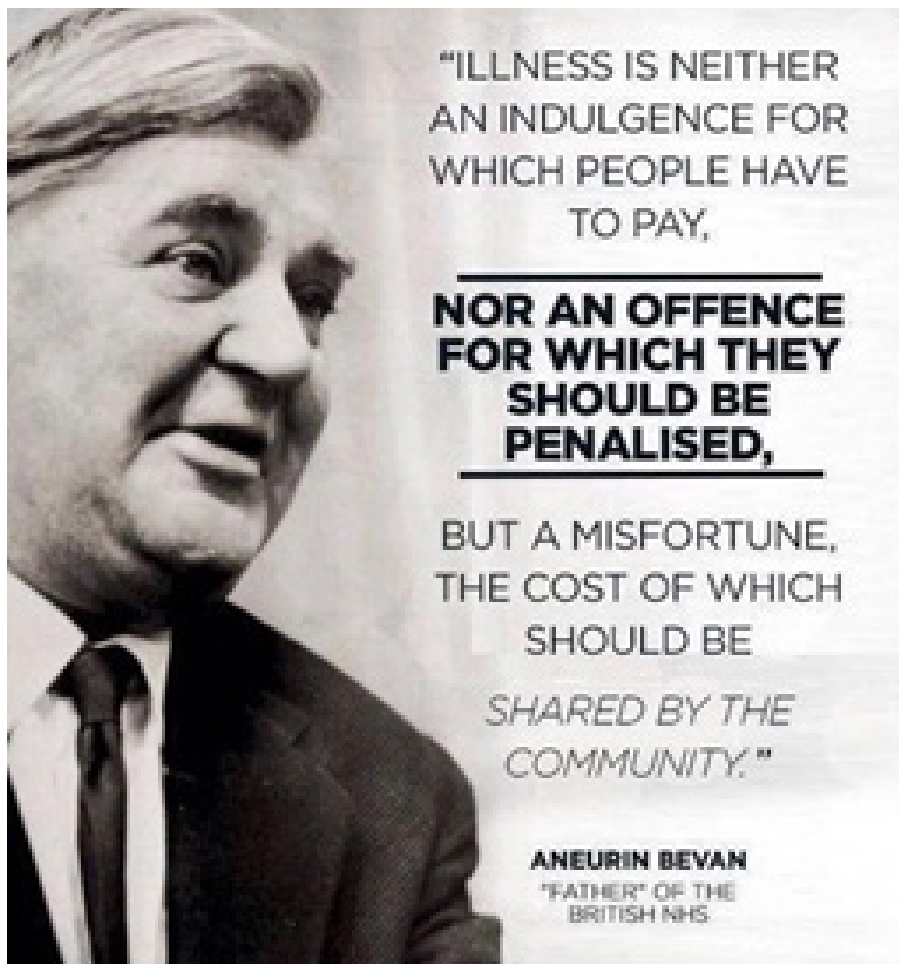
The Scottish Government has no target for reducing road traffic. Polluting car use is increasing, while active travel and bus use is falling.

If the SNP really cared about inequality they would tackle air pollution.

integration is a key element of this change but progress has been limited. Workforce planning will also be a key requirement to facilitate this change, but we are still at the process stage with new strategies and the impact of Brexit is yet to be known. The new GP contract is an important step forward in ending the small business model and creating integrated primary care teams that are a full part of the NHS. The current GP crisis shows that doctors don't go into medicine to run a small business.

In recent years there has rightly been a focus on quality improvement across the NHS – with a focus on person-centred, safe and efficient care. These dimensions of quality in healthcare come from the Institute of Medicine's six domains. Interestingly and tellingly the other three domains – effective, timely, and equitable care have received less attention. And equity of access and update of healthcare and achievement of good outcomes widely varies across Scotland, with postcode lotteries of care remaining. The Deep End GP group – the 100 GP practices serving the poorest communities in Scotland – continue to argue for this redistribution of resources to those in greatest need and address what SHA activist Julian Tudor Hart described as the inverse care law.

The NHS is needs-based and target-driven. It is conditioned to respond to people once they have health problems. It is a national sickness service. With a target-driven system, some people will not meet thresholds and will fall through the cracks. Young people who don't yet have a diagnosable mental health condition are not receiving the support they need to stop things worsening. Elderly people living alone are not receiving the support they need to get out of the house and stay healthier for longer – around one in five elderly people are in contact with friends or family less than once a week. People all over the country are not being supported to flourish and live their healthiest lives. However, it is not for the NHS to do this alone.



Scotland's Health Challenges

As we celebrate the achievements of the NHS over the last 70 years, we should look ahead and address Scotland's major health challenges.

SHA Scotland believes that we need to primarily focus on the poverty and inequality that underlies poor health. Inadequate housing, poor neighbourhoods, wide educational attainment gaps, stressful working conditions, low pay, unemployment, and adverse childhood experiences all impact on health and wellbeing. This is evidenced by the fact that children from poor backgrounds are more likely to leave school with no positive destination, which affects their health.

Furthermore, smoking, poor diets, lack of physical activity, excessive alcohol intake, and drug use are more prevalent (and more prevalent in combination) in areas of deprivation. We therefore need to take co-ordinated partnership working across policy areas if we are to make a real impact on Scotland's most persistent health problems.

Obesity is increasing from 16% to 24% of men aged between 16 and 64, and from 19% to 27% for women between 1995 and 2003. Scotland has the second highest rate of obesity among the OECD countries, behind only the USA. Only 36% of adults in Scotland meet the recommended level of physical activity per week. Levels of childhood obesity are building up even greater health issues for future generations. Obesity is a major risk factor for diabetes, heart disease, and cancer. And it is the under-regulated powerful big food industry that has promoted this obesogenic environment where the blame lies and which needs a strong health lobby to stand up against.

These health challenges are reflected in our life expectancy which is still lower than the EU average and is potentially going backwards for the first time since the war. The stark



www.shascotland.org

Reducing Health Inequalities Locally

When we focus on the social determinants of health, rather than the medical cause of some specific disease, we see that local government services are health services. Without local government, adults and children would die sooner, would live in worse conditions, would lead lives that made them ill more often and would experience less emotional, mental and physical well-being than they do now.

shaming gap between the council areas with the highest and lowest life expectancy remains wide and has not decreased. At a younger age suicide and drug-related problems are more prevalent for people in deprived areas; at an older age key disease are more prevalent. Mental health problems are only now being recognised as a significant challenge. We are living longer, but not always healthier.

Tackling Scotland's Health Challenges

The major challenges facing NHS Scotland going forward are those of inequalities in health outcomes and inequalities in access to care.

Policy needs to be directed toward tackling root causes of disadvantage including taxation and tax credit measures, old-age pensions, sickness

or rehabilitation benefits, maternity or child benefits, unemployment benefits, housing policies, labour market policy, community developments, and care facility infrastructure. Many of these levers are devolved issues that the Scottish Government can act on.

Legislative challenges include converting healthy public policy to law, but also to monitor all legislation, not only for health impact, but for impact on inequalities (to apply the 'inequality lens' to all policy and legislation). We support the alcohol minimum pricing legislation – but we need to go further in relation to a concerted alcohol and public health policy strategy.

Hopefully, the new public health body – Public Health Scotland will be liberated to develop and test radical policy across the wide range of social and health determinants.

4 ways to improve mental health services in Scotland

- > Parity of esteem with treatments for other illnesses including a properly resourced 12 week waiting target.
- > Better information on mental health services in each locality including the range and rate of social prescribing.
- > A new workforce plan to address increasing demand. Suicide intervention training a core element of CPD for a range of staff.
- > Continued funding for the See Me campaign to tackle stigma, including a renewed focus on the workplace and in schools.



www.shascotland.org/blog/action-on-mental-health-services

There needs to be a concerted shift in public health, health promotion, and health service action from a narrow focus on behaviours and lifestyles to one that addresses wider social factors. Rather than target interventions to deprived communities, activities should be undertaken with communities as full participants, partners and even leaders.

We need to refound our community development spirit – but this does not come for free with magic asset trees – these efforts need funded, and supported, genuinely devolving power and budgets to communities.

And efforts to reduce exposure to behavioural risk factors alone are unlikely to succeed unless they are supported by measures designed to improve socioeconomic circumstances and to reduce socioeconomic inequalities.

Conclusion

After 70 years of NHS Scotland health inequalities remains the most fundamental, important, and complex challenge we face as a nation. It needs a concerted effort to meet the challenge across the policy spectrum – addressing the

underlying drivers of inequalities in income, wealth, and power. A fresh and enthusiastic approach is required, involving: passion and commitment, a willingness to take risks, and commitment to work with others.

‘The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social’ (Geoffrey Rose, 1992).

Let us rise to this challenge as we stride into our 70s together...



Family, friends and community

1 IN 5 people in the UK often or always feel lonely

Family, friends and communities build the foundations for good health through:

Positive relationships and networks



Good relationships allow people to feel supported, develop skills and face new situations

Community cohesion and connection



Ties within and across communities enable people to feel included and valued

Opportunities for social participation



Engaging in activities and groups offers people a sense of purpose and shared identity

Shared ownership and empowerment



A sense of control and collective voice can enable people to influence positive change

‘People with stronger networks are healthier and happier’ Fair Society, Healthy Lives – The Marmot Review



References available at www.health.org.uk/healthy-lives-infographics
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About the Socialist Health Association Scotland

SHA Scotland is a campaigning organisation which promotes health and well-being and the eradication of inequalities through the application of socialist principles to society and government. We believe that these objectives can best be achieved through collective rather than individual action. We campaign for an integrated healthcare system which reduces inequalities in health and is accountable to the communities it serves.

You can subscribe to our regular e-bulletin ‘Healthier Scotland’. Email: socialisthealthscotland@gmail.com

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