SHA Scotland
Scottish Policy Forum – Commission 2
A modern NHS and social care system that puts people at the centre

Submission

Introduction

The SHA Scotland is a socialist society affiliated to the Scottish Labour Party. It was founded in 1930 to campaign for a National Health Service. We campaign for health and well-being and the eradication of inequalities by applying socialist principles to society and government. We believe these objectives can best be achieved through collective rather than individual action. We campaign for an integrated healthcare system that reduces health inequalities and is accountable to the communities it serves.

SHA Scotland welcomes the opportunity to make this submission to the Scottish Policy Forum. While we are doing this under Commission 2, it is crucial to recognise that achieving a healthier Scotland requires cross-cutting action across all portfolios, devolved and reserved.

Overarching focus on health inequalities and prevention

Life expectancy has begun to decline in Scotland for the first time since the creation of the NHS. While deaths relating to COVID-19 play a part in explaining recent falls, the deviation from the long-run trend dates back to the early 2010s. The problems are well understood and have recently been highlighted again by the SHERU in their report, *2024 Inequality Landscape: Health and Socioeconomic Divides in Scotland*. They conclude that 'key outcomes related to health and inequalities are not significantly improving and are, in some cases, worsening. Despite the Scottish Government's awareness of the issues and its implementation of various strategies, there is limited evidence that these policies have effectively reduced inequalities.'

Politicians, and in fairness, the public, often equate health with the NHS. However, tangible improvements in the health of the nation require preventative spending at an earlier stage and move away from the silos that dominate government. Both issues were covered by the Christie Commission more than a decade ago. This requires a cross-cutting response across almost all policy areas.

SHA Scotland supports the manifesto of the People's Health Assembly, which argues that we must prioritise health in all policies – housing, transport, active travel and:

- Tackle poverty and socioeconomic priorities
- Tackle the climate emergency
- Protect equality and diversity
- Reduce health risks at work and in the home.
- Put local communities more in charge of the decisions that shape their lives

This includes tackling Britain's growing ill-health crisis, which is critical to increasing growth. The IPPR has reported that the UK government needs to invest £15bn a year on a radical programme of reforms designed to improve well-being.

The global food system is intricately linked to many of the greatest health problems facing Scotland and the world. IPPR has set out how the food system could work for everyone. Other actions could include:

- Develop a National Food Plan and support the Right to Food
- Calorie labelling

- Sugar and other health improvement taxes. WHO calls to control the food industry rather than be subservient to it. There has been a rapid increase in Type 2 diabetes among young adults.
- Free school meals and breakfast clubs

Reform of NHS Scotland

The Scottish Government has called for a 'National Conversation' about NHS reform. Few would disagree with the key areas of focus, including improving population health, investing in prevention and early intervention, providing quality services and maximising access to health and care services, or "standing against any and all attempts to privatise the NHS". However, other than some research funding, it is unclear where this conversation is leading.

The UK Labour Government commissioned Lord Darzi to conduct a quick review in England. Many of its recommendations merit consideration in Scotland, including the shift to community care, IT systems, and prevention. SHA Scotland has published its discussion paper, which includes the following principles:

- Funding the NHS. Investment in new technologies
- Build NHS capacity rather than use the private sector
- Integration of GP services into the NHS
- Build social care capacity to reduce pressures on hospitals
- Proper workforce planning ending reliance on agencies.
- A strategy for rural health care services.
- Improve democratic accountability

We would also argue that the resource allocation formula requires a radical overhaul. Resources should be targeted in areas of deprivation.

Waiting Times

Tackling waiting times requires greater NHS capacity and strengthening social care to reduce delayed discharge. The number of NHS beds has been cut, and occupancy levels are increasing to unsustainable levels. Compared to other nations, the UK has a very low total number of hospital beds relative to its population. The average number of beds per 1,000 people in OECD EU nations is 5, but the UK has just 2.4. Germany, by contrast, has 7.8.

Social Care and the National Care Service

The underlying problem facing the NHS across the UK is the failure to invest in social care, as the delayed discharge figures regularly remind us. As we set out in our response to the National Care Service consultation, the idea is right in principle, but the Bill fails to address the need for investment now. We argued that it would be better to scrap the current plan and start again, which is effectively what the Scottish Government has now been forced to do.

A proper NCS should address funding, scope, centralisation, workforce, care charges and marketisation. The priority should be to replace the current largely privatised delivery model and strengthen local democratic accountability. Research for the STUC has highlighted that resources are flooding out of social care, often to companies based in tax havens. '£28 of every £100 received in care home fees leaks out of the most profitable privately owned care homes in the form of profits, rent, payments to directors and interest payments on loans. While not all this extraction is illegitimate, it compares to only £3.43 of every £100 for the largest not-for-profit care home operators.'

Role of local government and health services

Local government can make an enormous contribution towards a healthier and fairer Scotland, both directly through the services they deliver and in partnership with the NHS and others. Councils need to adopt health strategies that engage with communities and focus relentlessly on tackling health inequalities. And the Scottish Government must stop slashing council budgets and devolve more, not less, powers. We set this out in our paper, *Local action on health inequalities*.

Dentistry

While the new contract has made some modest progress, access to a dentist is still a problem for many in Scotland, as private companies prioritise private patients over the NHS. The complaints system provides no redress for patients. We set out a plan of action at last year's Scottish Labour Party conference that includes:

- Developing a comprehensive workforce plan for dentistry.
- Expanding the salaried Public Dental Service to guarantee access to NHS dental care, focusing on the most deprived areas.
- Expanding the Childsmile programme and developing a preventive care pathway for all.
- Introducing public water fluoridation to Childsmile (SHA Scotland – Water Fluoridation.)

Primary care

As we set out above, the NHS resource allocation model needs a review with funding targeted on areas of deprivation. The recent Health Foundation analysis of Scottish General Practice, 'showed that global practice payments per patient are relatively flat across deprivation deciles and do not match the steep gradient in need as indicated by avoidable mortality and disease burden. Despite higher levels of need in the most deprived areas, the core general practice-employed workforce is smaller than in the most affluent areas.'

A key reform is moving away from the expensive small-business model. Many more GPs, particularly younger staff, are coming to this view. For example, GPs at the Lothian LMC have said that the independent contractor model 'is no longer fit for purpose.' We agree. GP practices should be integrated fully into the NHS and based in community hubs with other public services to improve public service integration overall.

Mental health services

Mental health services remain the poor relation of NHS services. There needs to be a new focus on prevention with actions including:

- Workforce planning
- Funding of mental health services and CAMHS.
- whole-system, cross-sector approach to address the needs of individuals with neurodevelopmental disorders (Autism and ADHD)
- Law reform, embed human rights approach

Drugs and alcohol

The statistics on drug and alcohol deaths emphasise the need for better funding and services to tackle Scotland's national shame. This should include expanding funding for treatment and prevention, overdose prevention centres and licensing framework and an Independent Scottish Drugs Death Council. Alcohol use costs the Scottish economy up to £10 billion each year, including up to £700 million in health and social care costs. We should optimise Minimum Unit Pricing, restrict alcohol marketing and introduce an alcohol harm prevention levy.

Structures

Simply cutting the number of health boards from 14 to three will not address accountability or improve performance. It will merely focus almost all attention on acute services as those are the only NHS services that can be managed at such a remote level, removing any prospect of shifting resources from acute to primary health care.

A three-health board model ignores the role of primary care and its vital links with social care and other council services. These are delivered locally and need a high degree of integration with those services. The Integrated Joint Boards have struggled to tackle these issues, as in fairness, have all their predecessors since the 1970s. The solutions are not easy. Many European countries integrate these services with local government. That does improve integration and democratic accountability but rarely achieves the shift in resources between acute and primary care.

Workforce

A common theme throughout the above challenges is the workforce. Attempts at workforce planning have been patchy, particularly in the fragmented social care sector. Vacancy rates have increased, and immigration policies have reduced the supply of workers from overseas. Pay and conditions have not kept pace with inflation or even wages in the private sector. We need proper workforce planning and fair pay and conditions to tackle recruitment and retention in health and social care. This will help end reliance on exorbitant agency costs, locums, staff banks, and the private sector.

SHA Scotland
January 2025

For further information:
Secretary: Dave Watson - socialisthealthscotland@gmail.com
www.shascotland.org