COVID-19 inequalities: The impact and response from Voluntary Health Scotland

Claire Stevens
Chief Executive
Voluntary Health Scotland
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What is the third or voluntary sector?

Over 40,000 organisations

- 24,680 registered charities
- 20,000 grassroots community groups, sports and art clubs
- 5,600 social enterprises
- 550 community interest companies
- 158 housing associations
- 95 credit unions
What does the third or voluntary sector do?

**Supports people** through direct services – e.g. health, social care, employability, children’s services, education, housing support

**Enables better health and wellbeing** - e.g. sports and physical activities, peer support/self-help, community food initiatives, medical research, policy influencing

**Empowers people** - e.g. community development, campaigning, youth work, advocacy, co-production

**Brings communities together** - e.g. social activities, clubs, community centres, volunteering

**Improves our environment** - e.g. community regeneration, enhancement of green space and biodiversity

**Fosters cultural involvement** - e.g. community arts centres, museums, galleries, choirs, theatres, cinemas
Official facts about Scotland’s charities

• Gross income of £13.17 billion
• **BUT:** 51% have incomes under £25,000
• Only 9% have incomes over £500,000
• Over 208,977 staff
• **BUT:** 66% are run entirely by volunteers
• Beneficiaries are mainly children and young people (47% of organisations), people with disabilities (23%) and older people (22%)
• 63% work within a single local authority area

National voice and network for the voluntary health sector

VHS works with others to help create a healthier, fairer Scotland

Promote stronger and more equal engagement and partnership working between the voluntary and statutory health sectors

Amplify the voice and influence of our sector in creating health and taking action on health inequalities

Generate and share high quality research, evidence, data and learning to influence the evidence base for policy making and practice

Improve policy, legislation, systems and resources to develop better solutions for Scotland’s health challenges
Scottish Government Primary Care Inequalities Short Life Working Group

VHS’s contribution: to establish the Scottish Community Link Worker Network

- Provide a forum to enable peer-to-peer support for primary care community link working across Scotland
- Raise awareness of the community link worker role in tackling health inequalities
- Strengthen the contribution of community link workers to primary care teams and enable greater understanding of community link working within primary care settings
- Identify and maximise training, learning and development opportunities to professionalise the community link worker role
- Provide a collective voice to influence policy regarding community link working
How has Covid impacted on the voluntary/third sector?

Source: The Scottish Third Sector Tracker - wave one summary report (Summer 2021), Scottish Council for Voluntary Organisations

Increased need and demand for third sector services during covid

96% of organisations saw emerging need in their communities, including:

- **90%** Mental health & well-being
- **72%** Physical health
- **74%** Financial hardship

99% nearly all organisations had to make changes to their services or planned work in some way.

90% increased or adapted certain services. However, a similar proportion (86%) had to reduce some services, indicating a shift in focus.

Source: The Scottish Third Sector Tracker - wave one summary report (Summer 2021), Scottish Council for Voluntary Organisations
How did the third and voluntary sector meet the challenges of the pandemic?
Local action is having an impact beyond the pandemic, addressing wider health equality and development issues.

Burghead and Cummingston Community Groups rallied to deliver food, care parcels, money for energy and phones, and set up a Blessing Box, and local volunteers collected and delivered shopping and medicines.

Hopeman Community Bus committee set up a new community bus scheme to enable older people unable (or fearful) to travel to get to the Lossiemouth GP practice.

Source: Leon Hamilton, Outside the Box: https://vhscotland.org.uk/leons-blog-community-led-wellbeing
11 out of 14 NHS chronic pain clinics ceased all new patient activity during Covid and there were no NHS virtual support groups.

Pain Association Scotland switched from face to face to online self-management training/support sessions.

The main referrers of patients were GPs and pain clinics.

96% of people participating felt more able to cope in their daily living, and 89% also felt more in control.
• Recovery from a chest, heart or stroke condition doesn’t stop as soon as you leave the hospital. We’re here to help you and your family adjust to the “new normal” and transition from hospital to home.

• We are the largest charity in Scotland partnering with our NHS heroes to deliver this important element of care for people with serious health conditions.

• Our new Hospital to Home service aims to provide one-to-one support for coronavirus survivors across Scotland, as well as people with other chest, heart and stroke conditions.

• Recovering from a period in hospital can be a traumatic and isolating experience. But you don’t have to be alone. We’ll be there to help you stay well at home and manage your condition. We will support you to make sure both your physical health and mental wellbeing are cared for after you leave the hospital.
Enabling an inclusive Covid-19 vaccine programme

National Survey of 170 third sector organisations

February 2021

What were the barriers to vaccine take up?

• Information that kept changing and confused people
• Misinformation and fake news
• Fear and mistrust
  • Of the vaccine, of side-effects
  • Of leaving home
  • Of mass vaccination centres
• Practical issues
  • No fixed address = no invitation
  • Not registered with GP = no invitation
  • Public transport – access, cost, worrying it wasn’t safe

Who was at risk of marginalisation and missing out?

• Disabled people
• People still shielding
• Unpaid carers
• Ethnic minority communities
• People with mental health and/or physical health issues
• People with alcohol and drug dependency
• Homeless people
• Gypsy and traveller communities
• Communities where deprivation and poverty are high
• People in rural areas without transport access
How is the third sector addressing vaccine related health inequalities?

Influencing national policy

- Raising awareness: Reducing Inequalities One Vaccine at a Time
- Influencing development of the Inclusive Vaccine Programme
  https://policyscotland.gla.ac.uk/vaccine-inclusion-reducing-inequalities/

Locally

- Creating/targeting information and support for communities and people
- Linking individuals with health professionals
- Providing transport and support to vaccination centres
- Building community capacity through micro-grants schemes
- NHS Lothian, Lothian’s Third Sector Interfaces, and Edinburgh and Lothians Health Foundation
- £20k investment by ELHF
- Micro-grants programme (£500 grants)
- 31 community organisations, benefitting 4084 individuals

- Guest speakers, such as medical practitioners provided information about vaccines to groups experiencing inequality and hesitancy.
- Health advice was translated into different languages.
- Transport was provided to and from vaccination centres.
- Individuals were assisted to make appointments and navigate online systems as many found the process difficult and stressful.
- Videos were produced to dispel the spread of false information e.g. in British Sign Language.
- Social media material about vaccinations and testing was circulated to groups such as carers; black, Asian and minority ethnic communities; people with disabilities; people with medical conditions; young parents.
- Individual clients experiencing anxiety and stress around getting the vaccine were supported.
- Newsletters from local community groups provided a trusted and accessible point of information to hundreds of people.
Recent presenters/topics include:

**Dr Andrea E Williamson**  
General Practitioner and Clinical Senior University Lecturer, General Practice and Primary Care  
**Deep social exclusion: dying whilst homeless in Scotland**  

**Dr David Blane**  
GP and Researcher at the University of Glasgow and Academic lead for the Scottish Deep End GP Project  
**Responses to the Inverse Care Law in Scotland**  
Thank you for listening

Claire Stevens: claire.stevens@vhscotland.org.uk

More about joining VHS: https://vhscotland.org.uk/get-involved/

To join the mailing list for the CPG on Health Inequalities: lauren.blair@vhscotland.org.uk