



THE SCOTTISH PEOPLE'S HEALTH MANIFESTO

2016

Developed by the People's Health Movement (Scotland)

CONTENTS

Setting the Scene _____	4
The Manifesto _____	8
Theme 1: Tackling Poverty & Inequalities _____	11
Theme 2: Prioritising Health in all Policies _____	12
Theme 3: Health & Related Public Services _____	13
Theme 4: Improving Democratic Debate & Accountability _____	14
Theme 5: Protecting Quality & Diversity _____	15
Theme 6: Reducing Exposures to Health Risks at Work & at Home	16
References _____	18

SETTING THE SCENE

Setting the Scene

PHM SCOTLAND

We, members of the People's Health Movement (Scotland) (PHM Scotland), are a diverse group comprising third sector organisations, academic institutions, campaign groups and individuals in Scotland who are members of a global movement that calls for a revitalisation of the principles of the Alma-Ata Declaration (1978) which promised Health for All by the year 2000 and revision of domestic and international policy and ongoing reforms that impact negatively on health status and health systems. For more information, see <http://www.phm-uk.org.uk/>

SCOTLAND'S HEALTH

"Health is a state of complex physical, mental and social wellbeing and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living, and is a positive concept emphasising social and personal resources as well as physical capabilities. Health is a fundamental human right, recognized in the Universal Declaration of Human Rights (1948)." – World Health Organization

Scotland has been known as the 'sick man of Europe' for some years now. This unwanted tag is a result of Scotland's poor physical and mental health outcomes compared to other Western countries. Although there have been some notable improvements in many major conditions both within the country and compared to our European neighbours, mortality in the working age population remains comparatively high with other Western European countries (McCartney et al., 2012; Whyte & Ajetunmobi, 2012). In more recent analyses, Scotland has seen

SETTING THE SCENE

declines in deaths from alcohol, heart disease, most cancers and respiratory disease, as well as some decreases in mortality inequalities by socioeconomic deprivation. However, there have been worrying increases in inequalities in mental health (driven by poorer outcomes for the most deprived groups) and narrowing inequalities in overweight/obesity (driven by increases in the most deprived groups) in the last few years (Taulbut et al., 2016). Therefore, it is clear that the Scottish people face some long-standing challenges to their health, as well as emerging threats.

CURRENT THREATS

It is clear that people's health is affected by a complex interplay between a vast number of political, social, economic, environmental and behavioural factors. These different causes are not static and while one potential threat may be addressed, new threats will emerge and must be identified and tackled as early as possible.

The austerity plans of recent UK governments following the economic recession have also threatened the health of the nation, although the Scottish Government has been able to mitigate some of the potential negative impacts. However, these threats remain and include (but are not isolated to) risks to universal health coverage (Reeves et al, 2015a), food poverty (Loopstra et al., 2015), psychological wellbeing (Psychologists Against Austerity, 2015) and suicide (Reeves et al., 2015b).

In March 2015, The UK Faculty of Public Health highlighted that the Transatlantic Trade and Investment Partnership (TTIP), a proposed free trade agreement between the European Union and United States, posed a significant risk to health (FPH, 2015).

SETTING THE SCENE

The report stated that the protection for foreign companies' interests over that of the public's interests posed risks to the fight against established public health threats such as alcohol and tobacco, as well as emerging threats from an erosion of workplace health and labour standards and procurement policies within the NHS and the public sector.

Fracking has emerged as a major climate change and public health concern in recent years. Fracking is a process whereby gas is extracted using 'large-scale unconventional gas extraction (UGE) and includes extraction of coal bed methane, shale gas and coal gas. It has been noted that "*many fracking developments have not been subject to individual, local and regional health impact assessments, lack baseline health studies and gain approval through narrow planning and legal requirements.*" (Watterson, 2015) While many of the health effects remain unclear, Friends of the Earth have called for the Precautionary Principle to be applied, whereby "unless it can be proven that there will be no groundwater contamination, a development should not go ahead". (Friends of the Earth, 2013)

These are just three examples of current and emerging risks in our society. Ageing populations, climate change, Health and Social Care Integration, welfare changes, precarious employment, over-reliance on 'unseen' services from the likes of the Third Sector and unpaid carers, stigma over welfare benefits, racism linked to immigration, neoliberal politics, globalisation and the impact on democracy, a growing reliance on corporate-led solutions, human rights violations and 'the fight against terrorism' are among an ever increasing set of threats to the health and wellbeing of not only Scotland, but the world. It is in this context that the PHM Manifesto came about, as a way to spark debate, discussion and action to mitigate and ultimately prevent the

SETTING THE SCENE

harm caused by these threats. PHM Scotland are keen to support debate around these issues and work in partnership with individuals, communities and organisations that share the values and vision of a fairer, more sustainable world.

The Manifesto

BACKGROUND

The Scottish People's Health Manifesto comprises a list of twenty demands, set around six key themes that have arisen from a partnership of individuals, organisations and community groups from across the country. They have been compiled from a process of dialogue and debate which actively sought to engage a wide and inclusive range of voices and perspectives, many of which are not heard when forging national health policies.

From the initial conversations, we generated a list of over forty demands, which varied from broad/generic to extremely specific. A first draft of potential demands was developed at a co-ordinating group meeting through a process of merging, clarifying, amending and adding. These demands were then categorised under the six themes found below for inclusion in a survey, circulated to the PHM mailing lists (200+ members) and their networks, which sought to collectively identify and prioritise demands with greatest support. This narrowed the list down to the twenty demands, categorised within six themes, which we detail in this manifesto.

These demands are not all-inclusive and are not designed to be. We aim for conversation. We aim for debate. We aim for a change in the rhetoric.

PHM Scotland sees the upcoming 2016 Scottish Parliamentary elections as an important opportunity to encourage the people of Scotland, including political parties, to engage with the issues raised by the manifesto and to support their implementation in future policy. We believe that there is an

THE MANIFESTO

urgent need to redesign our political culture and our institutions, globally and nationally. We share the vision of the global PHM for a society with relationships based on solidarity, with policies that are just and fair, that value people over financial systems, and for transformed global governance that is free of corporate influences and unaccountable private individuals. We are critical of evidence that does not take people's experiences and stories into account, and value greater dialogue and collaboration between communities and research, academic and policy making agencies at different levels.

A number of other organisations including (but not limited to) the Joseph Rowntree Foundation ('A Scotland Without Poverty') NHS Health Scotland ('Health Inequalities Briefings', 'A Fairer, Healthier Scotland' and 'Food Poverty: A Position Statement'), Oxfam ('Even It Up'), the Poverty Alliance ('A Scotland Without Poverty') and Voluntary Health Scotland ('Living in the Gap') have also released, or are releasing, reports and manifestos in a similar vein to ours that highlight potential policy alternatives to the current debate being offered by the political mainstream. We encourage everyone to also read these publications to stimulate debate within families, communities, workplaces and with our political party representatives.

THE MANIFESTO

OUR SIX KEY THEMES

THEME 1: Tackling Poverty & Inequalities

THEME 2: Prioritising Health in all Policies

THEME 3: Health & related Public Services

THEME 4: Improving Democratic Debate & Accountability

THEME 5: Protecting Equality & Diversity

THEME 6: Reducing Exposures to Health Risks at Work & at Home

Theme 1: Tackling Poverty & Inequalities

1. Scotland must commit to preventing and reducing poverty of the people, and develop specific proposals for achieving both these objectives. Specifically, introduce labour market, tax, employment and social protection policies which ensure that all families are lifted out of poverty.
2. Scotland must commit to paying a dignified wage (above the living wage) to all individuals employed by the public sector (or contracted-out services) and strongly promote this strategy to the private sector, as well as enforcing a ban on zero-hour contracts.
3. Scotland must commit to the 'human right to food' to ensure all people in Scotland are able to buy or grow good quality food for themselves.
4. Scotland must commit to ensuring that the distribution of land ownership in Scotland is more equal and that community control is not unfairly limited by private ownership of land.
5. Scotland must commit to action to reduce income and wealth inequalities based on existing high-quality evidence which demonstrates the negative impacts of inequality on health.

Theme 2: Prioritising Health in all Policies

6. Scotland must commit to a 'Health in all Policies' approach by commissioning a Health Rights Commission by and for the people, which will be responsible for undertaking a health and health inequalities impact assessment for all governmental policy decisions liable to impact on health, gender and other socioeconomic inequalities and other social determinants of health.

7. Scotland must commit to action on the multiple causes of social exclusion and its effects on ill health. For example, improving joint working at national, local and service level, that includes greater public awareness of their activities and greater, active public participation.

Theme 3: Health & Related Public Services

8. Scotland must commit to ensuring that the NHS in Scotland will remain publicly funded and free at the point of use. Specifically, ensure that the duty of care remains with the Minister for Health in Scotland; have a 'no profit motive' in the commissioning and running of services; and commit to not entering into any Private Finance Agreements to fund publicly funded enterprises.

9. Scotland must commit to providing universally accessible (virtually free), high-quality primary and early childhood education programmes (from 1 year onwards) located in every neighbourhood, within walking distance of parents' homes.

10. Scotland must commit to providing systematic support to enable high-quality, universal secondary and, where appropriate, post-secondary education and training, suited to (but not solely focused on) enabling the Scottish population to engage in full and productive employment.

THEME 4: IMPROVING DEMOCRATIC DEBATE & ACCOUNTABILITY

Theme 4: Improving Democratic Debate & Accountability

11. Scotland must commit to increase support for trade unions, strengthen the legal rights of trade union representatives and ensure enforcement of these rights and measures to increase democratisation of the workplaces. For example, works councils and worker representatives (including for health).

12. Scotland must commit to supporting the democratisation of research and demonstrate how policy decisions have been informed by local testimonies and lived experiences. For example, allocate more resources and require funders/commissioners of research to consider public perspectives in funding applications.

13. Scotland must commit to introduce policies to limit 'revolving doors' between those who work for public and private interests, where any conflict of interest may exist, and make public any such conflicts of interest.

14. Scotland must commit to universal access to legal justice ensuring Legal Aid provision is both adequate and accessible.

Theme 5: Protecting Quality & Diversity

15. Scotland must commit to rigorous enforcement of the Equalities Act 2010 and increase budgetary allocations to make it more responsive to the needs of a diverse population, and ensure clear routes of accountability where issues arise. For example, the NHS and other public services in Scotland (whether directly, or indirectly, publicly funded) should be required to provide interpretive/language services to those who require them.

16. Scotland must commit to enforcing a 'Dignity at Work' strategy in all workplaces and publically name any employer that fails to comply.

THEME 6: REDUCING EXPOSURES TO HEALTH RISKS AT WORK & AT HOME

Theme 6: Reducing Exposures to Health Risks at Work & at Home

17. Scotland must commit to creating dignified, safe and healthy jobs and workplaces for all. Within this it should establish a properly funded and staffed Scottish Occupational Health and Safety Agency accountable to a representative board of employers, employees, trade unions and citizens groups, with a well-resourced labour inspectorate (with legal rights of entry to all workplaces) to advise, inform, inspect and regulate workplaces.

18. Scotland must commit to highlighting and preventing/mitigating the impacts and perceived risks of developments on public health as a material planning issue in Scottish Planning Policy and prioritise and pro-actively enforce protection of public health through environmental permitting and regulations.

19. Scotland must commit to the 'precautionary principle' being incorporated into regulation/legislation. For example (but not restricted to) in all decisions relating to chemicals in Scotland i.e. as soon as there's any evidence that an existing chemical is a threat to public health, it should be withdrawn until research can clearly demonstrate otherwise.

THEME 6: REDUCING EXPOSURES TO HEALTH RISKS AT WORK & AT HOME

20. Scotland must commit to the introduction of strong, evidence-informed marketing controls on commercial health hazards, including (but not restricted to) tobacco, alcohol and unhealthy foods.

References

- Faculty of Public Health. *Trading Health? UK Faculty of Public Health Policy Report on the Transatlantic Trade and Investment Partnership*. London: Faculty of Public Health; 2015.
- Friends of the Earth. *Shale gas and planning: Briefing*. London: Friends of the Earth; 2013.
- Loopstra R, Reeves A, Taylor-Robinson D, Barr B, McKee M, Stuckler D. 2015. Austerity, sanctions, and the rise of food banks in the UK *BMJ*. 350: h1775.
- McCartney G, Walsh D, Whyte B, Collins C. 2012. Has Scotland always been the 'sick man' of Europe? An observational study from 1855 to 2006. *European Journal of Public Health*. 22(6):756-60.
- Psychologists Against Austerity. *The Psychological Impact of Austerity A Briefing Paper*. London: Psychologists Against Austerity; 2015.
- Reeves A, McKee M, Stuckler D. 2015a. The attack on universal health coverage in Europe: recession, austerity and unmet needs. *European Journal of Public Health*. 25(3): 364–365.
- Reeves A, McKee M, Gunnell D, Chang S-S, Basu S, Barr B, Stuckler D. 2015b. Economic shocks, resilience, and male suicides in the Great Recession: cross-national analysis of 20 EU countries. *European Journal of Public Health*. 25(3): 404-409.
- Taulbut M, Hearty W, Myers F, Craig N, McCartney G. *Pulling in different directions? The impact of economic recovery and continued changes to social security on health and*

REFERENCES

health inequalities in Scotland. Edinburgh: NHS Health Scotland; 2016.

- Watterson A. 2015. Speakers corner. To frack or not to frack? Why is that not a global public health question and how should public health practitioners address it? *Journal of Epidemiology & Community Health*. 0:1–2.
- Whyte B, Ajetunmobi T. *Still “The Sick Man of Europe”?* *Scottish Mortality in a European Context 1950 – 2010: An analysis of comparative mortality trends*. Glasgow: Glasgow Centre for population Health; 2012.



*People's
Health
Movement
Scotland*

<http://www.phm-uk.org.uk/>

phmscotland@gmail.com
