



## Introduction

This paper on health inequalities in Scotland was developed as our submission to the Health Inequalities Review commissioned by Neil Findlay MSP. The review starts from the premise that Scotland's health inequalities are the unjust differences in life expectancy and these differences are determined by socio-economic position, caused by the unfair distribution of income, wealth and power. Tackling this inequality is arguably the greatest challenge we face as a society.

A considerable body of evidence has been accumulated in Scotland to highlight the impact and causes of health inequalities. This review is therefore focusing on concrete policy recommendations for tackling this issue.

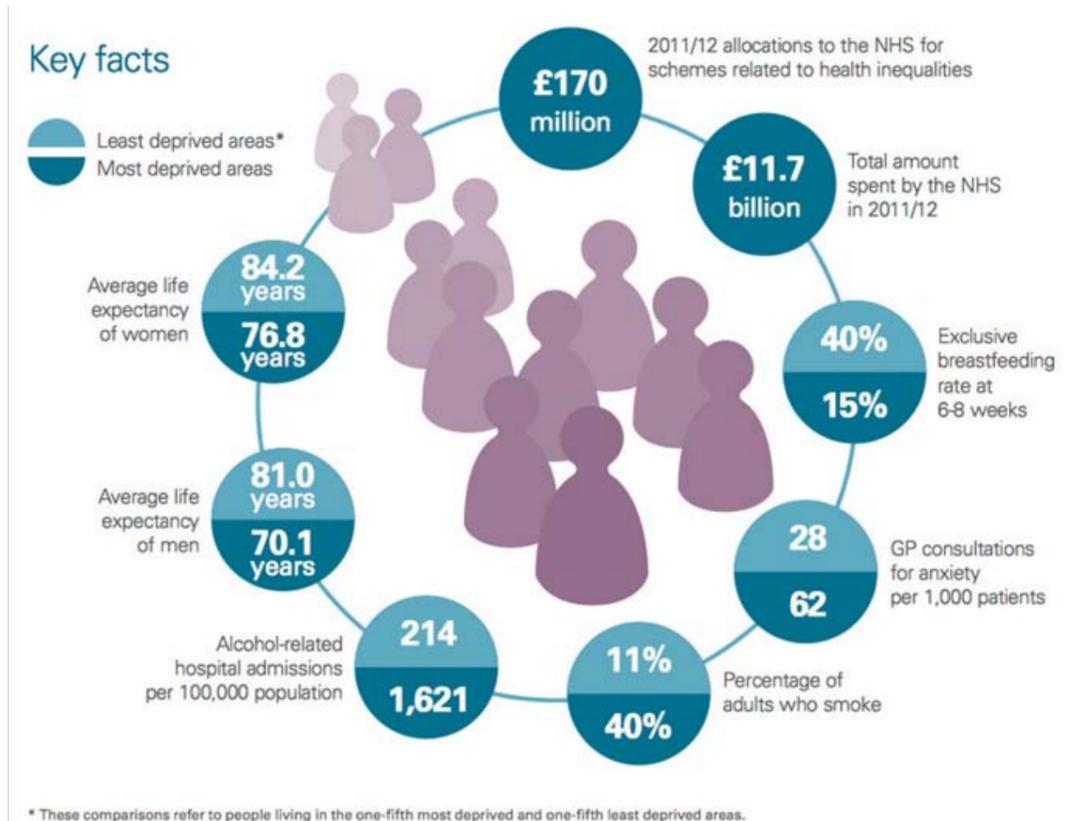
## Health Inequalities in Scotland

UNISON Scotland defines health inequalities as the "systematic differences in the health of people occupying unequal positions in society"<sup>1</sup>. They are most commonly associated with socio-economic inequalities but can also result from discrimination. Health inequalities in Scotland are wide and increasing (particularly relative outcomes). Cancer and heart disease is more than twice as prevalent in poorer areas as the least deprived parts of Scotland and other reasons for mortality inequalities are suicide, alcohol and drug-related violence, all with clear social causes.

Overall life expectancy has increased in Scotland in recent years but continues to be closely associated with deprivation. The average life expectancy of men living in the least deprived areas remains around 11 years higher than in the most deprived areas, but the corresponding difference for women increased from around 6.5 years to around 7.5 years. Life expectancy can vary widely within individual council areas and between rural and urban areas. The west of Scotland, particularly Glasgow, constitutes a significant proportion of health inequalities in Scotland. Scotland as a whole has lower life and healthy life expectancy than most Western European countries.

Since 2008, the Scottish Government has published an annual report<sup>2</sup> setting out progress against a range of long-term indicators of health inequalities. These reports show that the gap in health inequalities has not significantly narrowed.

The infographic below from an Audit Scotland report<sup>3</sup> illustrates the key facts surrounding Scotland's long-standing health inequalities:



Source: Audit Scotland

## Overall Approach – Wealth and Income Inequality

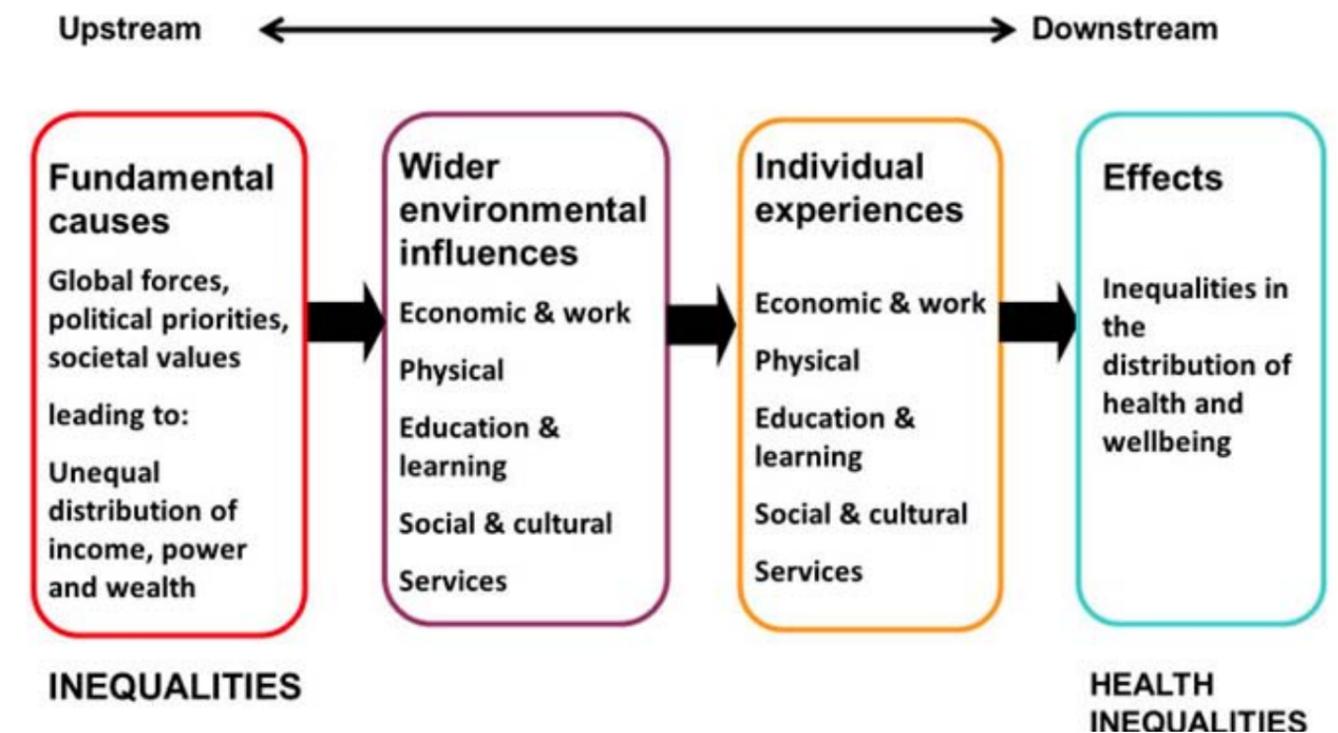
UNISON Scotland's overall approach is based on the evidence set out in 'The Spirit Level'<sup>4</sup> that more equal societies do better for everyone on every measure and nowhere is this clearer than in addressing health inequalities.

In the UK, the richest 1% of households now has the same wealth as 54% of the population. This concentration of wealth in the hands of a tiny minority is fracturing our society, weakening our economy and giving disproportionate power to the richest. There has also been a significant shift from wages into profits and wealth, and as Thomas Picketty's seminal work<sup>5</sup> has shown, this is a long-term historical shift. Recent research<sup>6</sup> shows that income inequality has a long-term detrimental impact on individual mortality risk.

UNISON Scotland would therefore argue that health inequalities will not be reduced unless we adopt a clear goal of reducing the gap between the richest and the rest. To simply focus on health and health services is to miss the point completely.

Policy solutions therefore include:

- Narrowing pay ratios and income inequality, including the gender pay gap. It is not enough just to improve income at the bottom<sup>7</sup>.
- Increasing the National Minimum Wage to at least the level of the Scottish Living Wage.
- Changing the welfare system to ensure a healthy standard of living for all, including the reform of tax credits and welfare payments.
- An integrated tax and welfare system that reflects the benefits of universalism and the interplay between benefits and services.
- A progressive tax system that redistributes income and wealth.



Welfare cuts are likely to have the largest short term negative impact on health inequalities with £4.5 billion taken out of the pockets of the poorest over the 5 years to 2015, around £1 billion of which relates directly to children. Health impacts are likely to include increased cardiovascular and obesity related illness, poorer mental health and higher winter mortality associated with fuel poverty.

Source: Audit Scotland

## Structural Change

Individual policy initiatives are unlikely to succeed unless we adopt a structural approach to tackling inequality and health inequalities in particular.

Action on health inequalities requires action by almost every government department and cannot be put away in a silo with the public health minister. All government policies and legislation should be assessed to examine what impact they would have on health inequality. There should also be an equivalent public duty placed on every public body and other organisations that deliver public services. There should be national indicators to specifically monitor progress in reducing health inequalities and report on progress. These indicators should also be reflected in a revised National Framework reporting incorporating the proposals in Oxfam's Humankind Index<sup>8</sup>.

At a local level this requires joined up action at the level of Community Planning Partnerships and in locality planning. This needs an understanding that health inequalities are about social inequality rather than purely a concern of the NHS. The Christie Commission<sup>9</sup> and the Equally Well<sup>10</sup> test sites highlighted this in 2008. It requires strengthened democratic accountability, joined up public sector leadership, working with communities and giving public service staff the autonomy to develop approaches in accordance with local circumstances. There needs to be investment in community development to build local capacity to respond to local needs. Single Outcome Agreements should include clear outcome measures for reducing inequality and health inequalities, together with the commensurate resources targeted on greatest need.

This should lead to the development of greater resilience<sup>11</sup> enabling individuals and communities to withstand challenges such as poverty, inequality, worklessness and other factors that endanger health and wellbeing.

As the OECD<sup>12</sup> has highlighted, public services in Scotland and the UK make a significant contribution to reducing inequality. Austerity economics and the ConDem coalitions plans to further reduce the role of public services will only increase health inequalities. The delivery of public services on line at the expense of face to face services needs to recognise the extent of digital exclusion in our most disadvantaged communities.

## Health actions

NHS Health Scotland's policy review suggested that there is evidence of "lifestyle drift" in tackling health inequalities with actions focusing on mitigation of poor lifestyle choices rather than efforts to tackle the underlying causes. That does not mean that health related actions are not required. Some of these include:

- Building on the work of GCPH<sup>13</sup> in examining the 'excess' poor health experienced in Glasgow and the West of Scotland that is not explained by socioeconomic deprivation alone.
- The cost of alcohol misuse in Scotland is estimated at £3.5bn and there is an established link between high alcohol consumption and alcohol related mortality. Price and licensing measures can contribute towards tackling emerging trends such as increasing alcohol deaths in the younger cohorts, particularly females.
- Smoking treatment services can overcome the inverse care law but more innovative and intensive forms of support are needed in disadvantaged areas if treatment services are to make a positive contribution to reducing inequalities.
- Drug abuse is a major contributor to ill health and criminal violence in some communities. There should be an examination of the culture around drugs to target resources and effort at those which cause most harm.
- While we generally support the universal provision of services, this does not negate the targeting of resources to the most disadvantaged communities. This includes challenging the flat distribution of GP and other health services as highlighted in the Deep End Project report<sup>14</sup>. The NHS must be at its best where it is needed most.
- Social care in Scotland is in urgent need of reform as highlighted in UNISON Scotland's Time to Care report<sup>15</sup>. The adoption of UNISON's Ethical Care Charter would help reduce health inequalities amongst Scotland's most vulnerable groups. In addition, supporting families affected by alcohol, drug misuse, domestic violence and ill health, often requires effective and early social work support.
- Mental health should not be given a lower priority in NHS provision as highlighted in the recent MWC report on dementia. Male suicide rates in Scotland are still 50% higher than in 1968 and the rates for men and women are above the European average. A clear focus on enhanced well-being and the promotion of mental health within schools, workplaces and general hospitals is needed to reduce the economic and social burden of mental ill health. Replacing reliance on prescription drugs for mental health issues with greater availability of counselling and other therapies.

## Broader Actions

Broader actions to reduce health inequalities should be focused on preventative spending as recommended by the Christie Commission. Specific actions include:

- Providing safe and healthy workplaces with effective regulation, inspection and comprehensive occupational health services focused on keeping people in work.
- There is a strong link between ill health and unemployment, so tackling worklessness through its causes that include health as well as the traditional focus on skills and employability. There should be a jobs or training guarantee for all school leavers and improved quality childcare at an earlier age.
- Eradicating fuel poverty by raising incomes, freezing energy prices and effective energy efficiency measures.
- UK child poverty rates predicted to rise to 24% by 2020, resulting in an additional 50,000 children in Scotland living in poverty. In this context we should be prioritising early years interventions including income, housing, education and the home environment.
- Recognising the economic inequalities that are the driving force for ethnic inequalities in health<sup>16</sup>.
- Creating healthy urban environments and mainstreaming health and wellbeing within planning and design processes.
- A new housing strategy<sup>17</sup> that prioritises the building of high quality social housing.
- Sustainable transport and active travel plans including support for cycling and walking. Reducing speed limits in urban areas because more people are injured in poorer areas.
- Adopting UNISON Scotland's 'Food for Good' Charter<sup>18</sup> including universal free school meals, effective food safety regulation and sustainable local procurement.
- Climate change will have a significant impact on population health and well-being. Scotland's world leading emission targets need to be matched with actions to adapt and mitigate including a stronger public sector duty.
- Creating safer communities through design as well as tackling crime with a balanced modern police workforce.
- Adult further education can reduce health inequalities for those who leave school without formal qualifications. Courses should be funded because of their economic, social and health benefits, recognising the well-being benefits of non-vocational courses for older adults.

## Conclusion

UNISON Scotland welcomes the health inequalities review and agrees that this is probably Scotland's greatest challenge. The solutions start with a recognition that health inequalities are caused by socioeconomic inequality. Building on that analysis, we must take action to narrow wealth and income inequality, not just increasing income at the bottom. Other actions require a new structural approach that places health inequalities at the centre of public policy, leading to a range of practical measures that can alleviate and then eradicate health inequalities.

## Further information

If you require further information please contact:

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- Visit our website at [www.unison-scotland.org.uk](http://www.unison-scotland.org.uk)

## References

- 1 Graham 2009**
- 2 Long-Term Monitoring of Health Inequalities – October 2013**  
<http://www.scotland.gov.uk/Publications/2013/10/7316>
- 3 Audit Scotland: Health Inequalities in Scotland**  
[http://www.audit-scotland.gov.uk/docs/health/2012/nr\\_121213\\_health\\_inequalities.pdf](http://www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf)
- 4 The Spirit Level: Why Equality is Better for Everyone (2009). Kate Pickett and Richard Wilkinson**  
<http://www.equalitytrust.org.uk>
- 5 Capital in the Twenty-First Century (2014) Picketty**  
<http://www.hup.harvard.edu/catalog.php?isbn=9780674430006>
- 6 Do people die from income inequality of a decade ago? (Zheng 2012)**  
<http://www.equalitytrust.org.uk/sites/default/files/research-update-do-people-die-from-inequality.pdf>
- 7 Against the organisation of misery – Pickett and Dorling 2010**  
<http://www.equalitytrust.org.uk/sites/default/files/attachments/resources/socscimed-against-misery.pdf>
- 8 Oxfam Humankind Index**  
<http://policy-practice.oxfam.org.uk/our-work/poverty-in-the-uk/humankind-index>
- 9 Commission on the Future Delivery of Public Services 2011**  
<http://www.scotland.gov.uk/About/Review/publicservicescommission>
- 10 Report of the Ministerial Task Force on Health Inequalities (2013)**  
<http://www.scotland.gov.uk/Publications/2014/03/2561>
- 11 GCPH Briefing 12**  
[http://www.gcph.co.uk/assets/0000/4197/Resilience\\_Briefing\\_Paper\\_Concepts\\_Series\\_12.pdf](http://www.gcph.co.uk/assets/0000/4197/Resilience_Briefing_Paper_Concepts_Series_12.pdf)
- 12 Divided We Stand: Why Inequality Keeps Rising – OECD 2011**  
<http://www.oecd.org/social/soc/49170234.pdf>
- 13 Glasgow Centre for Population Health Theme 1**  
[http://www.gcph.co.uk/work\\_themes/theme\\_1\\_understanding\\_glasgows\\_health](http://www.gcph.co.uk/work_themes/theme_1_understanding_glasgows_health)
- 14 Deep End proposals – March 2013**  
[http://www.gla.ac.uk/media/media\\_271030\\_en.pdf](http://www.gla.ac.uk/media/media_271030_en.pdf)
- 15 Scotland – It's Time to Care. UNISON 2013**  
<http://www.unison-scotland.org.uk/socialwork/timetocare/index.html>
- 16 Ethnic Inequalities in Health – Nazroo**  
[http://www.britac.ac.uk/policy/Health\\_Inequalities.cfm](http://www.britac.ac.uk/policy/Health_Inequalities.cfm)
- 17 Making Homes for a Fairer Scotland – UNISON 2013**  
[http://www.unison-scotland.org.uk/housing/MakingHomesForAFairerScotland\\_June2013.pdf](http://www.unison-scotland.org.uk/housing/MakingHomesForAFairerScotland_June2013.pdf)
- 18 Food for Good Charter 2013**  
<http://www.unison-scotland.org.uk/foodforgood/2013FoodforGoodCharter.pdf>