

**Friday 30 January 2015**

Rob Gibson MSP  
Convener  
Rural Affairs, Climate Change and Environment Committee  
The Scottish Parliament  
Edinburgh  
EH99 1SP

Dear Mr Gibson,

**Reducing Wider Inequalities**

NHS Health Scotland is committed to supporting the Scottish Parliament's efforts to tackle social injustice. I am writing to offer our assistance to the Rural Affairs, Climate Change and Environment Committee in the consideration of its role in reducing wider inequalities.

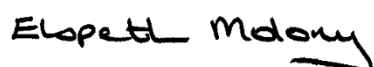
As was so well set out in the Health and Sport Committee's report, the primary causes of health inequalities are rooted in wider social inequalities - inequalities in income, resources and power across the population and between groups.

Health Scotland has a wealth of evidence around what works to tackle health inequalities, which has recently been summarised in the briefing I have sent with this letter.

We would be very happy to speak to the Rural Affairs, Climate Change and Environment Committee to explore the role of the committee in tackling wider inequalities, or to develop a briefing specific to the role and remit of the committee.

Please do not hesitate to contact me if we can be of assistance.

Yours sincerely,



Elspeth Molony  
Interim Public Affairs Lead

# 2015 UK election briefing: Actions to reduce health inequalities

This briefing is intended for policymakers who are preparing manifestos for parliamentary elections. It sets out the main areas for intervention to tackle health inequalities effectively and also highlights areas that are likely to be poor investments. We would welcome further discussion and development of areas of interest.

The health record of Scotland is improving but improvement is not evident across the country, particularly for groups who face the greatest challenges (economic and social). Their prospects may worsen unless we take active measures to tackle inequalities and ensure fairness. This evidence conflicts with the strong sense of social justice being expressed in Scotland.

A greater focus on social justice – fairness underpinned by rights – is constrained by factors that require tailored solutions by policymakers and governments, both in the UK and Scotland. In saying this, we recognise that challenges vary across the UK and that solutions must be flexible to reflect these variations across the UK.

This briefing provides an overview of the evidence base about what works to reduce health inequalities and improve overall health. It is important that policymakers and governments, both in the UK and Scotland, take a rights-based approach and focus on social justice.

These recommendations are by no means an exhaustive list and we are happy to explore these, and the wider implications of the evidence, with you in more detail.

## What are health inequalities?

Health inequalities are the unfair and systematic differences in health outcomes between social groups. The inequalities in mortality are larger in Scotland on many measures than the rest of western and central Europe and are continuing to rise in relative terms. Health inequalities represent thousands of unnecessary premature deaths every year and should, therefore, be an important policy focus.

Health inequalities are largely a consequence of the inequalities in the determinants of health – in particular of those in income, resources and power across the population and between groups.

Our evidence suggests that inequalities declined across Great Britain from the 1920s until the 1970s, the period in which the welfare state was established and societal inequalities were reduced. However, since the late 1970s, inequalities in health have increased as a consequence of the rises in income inequality and the reductions in social solidarity.

## What should be done?

### Employment

Good employment plays an important role in improving health and reducing health inequalities. In addition to increasing the number of jobs and eradicating in-work poverty, there is substantial evidence that interventions within workplaces can contribute to a reduction in health inequalities. This includes: enhanced protection from adverse work conditions; enhanced job control; greater in-work development and training; participation in workplace decision-making; increased job security; and support for those returning to work.

There is also evidence that increasing the minimum wage to the level of the living wage, as well as greater collective wage bargaining, enhancing trade union rights and greater regulation of the labour market, would all help tackle health inequalities.

**Recommendation:** Develop policy programmes that focus on the creation of good work.

## Welfare

There is evidence that a universal and enabling social security system protects against inequality in general and specifically against health inequalities. A reduction in conditionality (behavioural obligations linked to accessing benefits), reduced means testing and increases in the real terms value of benefits are all likely to be positive changes. The introduction of a citizen's income at a high rate could provide such a system.

**Recommendation:** Develop plans for an enabling and fair welfare state.

## Housing

Housing has a specific role to play in reducing health inequalities. Currently, too many citizens live in housing which is sub-standard – cold and damp, expensive to rent, expensive to heat or overcrowded. The Scottish Housing Quality Standard has made an impact on people living in social housing, but the extension of this standard to the private rental sector, making the Standard itself higher and the provision of more housing are all actions that are likely to contribute to reduced inequalities.

**Recommendation:** Develop policy programmes to improve housing conditions and reduce the costs of private and social rental housing.

## Economy

The evidence base on what works to reduce inequalities in income, resources and power has not yet been subject to the same level of public health research scrutiny as other policy areas and remains contestable. However, there is evidence that making taxation fairer (e.g. more progressive and higher taxation as well as enhanced corporate governance), increasing employees' control of their circumstances within the economy and re-orientating macroeconomic policy towards increased employment and redistribution would also help reduce health inequalities. In particular, government action to increase demand in the economy is required in Scotland at present to create jobs.

**Recommendation:** Develop plans for a fairer and more progressive tax system with enhanced employment opportunities.

## Communities

Interventions which enhance participation in the democratic process and promote genuine empowerment of the whole population are likely to make important contributions to reduced inequalities.

A standard for the places in which people live is currently being developed. This will encompass a range of factors within communities, including the physical environment, social support and accessibility of services. It will be important to bring all places across Scotland, including the most deprived areas, up to a high standard so that the whole population can benefit and health inequalities can be reduced.

**Recommendation:** Develop a programme of policies to promote active citizenship.

## Environment

Air pollution is responsible for a substantial burden of disease in our communities, and much of this is due to our fossil fuel-dominated transport system. Prioritising policies and spending that promote active travel (walking and cycling) and public transport, alongside more strict regulation of air quality, is important.

**Recommendation:** Prioritise policies and spending that promote active travel.

## Health services

The NHS is the most effective and efficient health system in the world. Continued funding of this as a publicly-owned and run health service, free at the point of need and with universal coverage, is an essential part of a policy framework to reduce health inequalities.

However, some aspects of the health service have financial barriers (e.g. dentistry) and we know that where there are market incentives within the health service, access is skewed away from those who need the service most (the 'inverse care law'). Enhancing provision of health services in areas of greater need (e.g. through longer appointment times and greater support in the most deprived communities/groups who have higher needs) is likely to help mitigate against inequality (so-called 'proportionate universalism').

Primary care and preventative services within the NHS (e.g. health visiting, general practice and immunisation) are very important in reducing subsequent healthcare demands and preventing ill health, but account for a relatively small proportion

of the total NHS budget. Rebalancing health spending towards primary care and preventative services is likely to reduce inequality.

Some of the health improvement initiatives that have been discussed or tried in recent years, such as health checks and screening for certain conditions (e.g. dementia) have little or no evidence to support them. It is very important that any new initiatives are considered very carefully in light of the growing evidence base before being included in policy plans. If new initiatives are proposed, it would be best if these are implemented in the clear context of a research and evaluation environment. There is also merit in reviewing the evidence for the current mix of health improvement and screening programmes.

**Recommendation:** Protect the NHS and prioritise provision of effective population programmes with orientation of health services towards areas of greater need.

## Public health policies

There are a number of very specific public health policies which are well-evidenced to be effective at reducing inequalities. Further action to regulate the sale, marketing and use of unhealthy products (such as unhealthy food, tobacco and alcohol) are all merited. There is a substantial evidence base on how the markets for food, tobacco and alcohol can be changed to respond to the obesity epidemic, to achieve a tobacco-free Scotland and to bring Scotland's levels of alcohol-related harm down from the highest in Europe. Fluoridation of the water supply also has a strong evidence base and would substantially reduce the burden of ill-health due to dental disease.

**Recommendation:** Further regulate the sale, marketing and use of unhealthy products.

## Public services

Investment in prevention ('preventative spend') across public services has the potential to solve the problem of high demands, squeezed resources and the policy goal of reducing health inequalities. It could do this by reducing avoidable health and social problems (so called 'failure demand').

Realising the savings from effective prevention will be difficult. It must achieve a reduction in the length of time spent in ill-health, not just increase life expectancy (in other words, achieve 'compressed morbidity'). Reduced demand for services must be translated into reduced spending – something that can be difficult where there is capacity in place. Finally, spending previously allocated to meeting

'failure demand' must not be diverted to other unmet needs if savings are to be achieved.

The most effective and cost-effective means of prevention are largely through effective public policy (to reduce poverty and inequality and to improve the socio-economic environment) and effective public health policy (e.g. to further regulate the alcohol and food industries). These are also likely to be the most effective means of reducing health inequalities.

Across public services there is merit in achieving universalism (to avoid stigmatisation and administrative costs). There is also good evidence that reducing price barriers (e.g. by providing free school meals, milk and fruit or through free access to leisure services) can reduce inequality.

**Recommendation:** Prioritise investment in prevention across public services.

## In conclusion

Tackling health inequalities is important for the health and economy of the whole population. Health-improving structural changes to the environment, legislation, fiscal policies, income support, accessibility of public services and intensive support for disadvantaged population groups are all likely to be effective in reducing health inequalities. In contrast, information-based campaigns, written materials, information campaigns reliant on people opting-in and messages designed for the whole population are least likely to reduce health inequalities.

## Further information

We have a range of resources which describe more fully the research behind this briefing, most notably our *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities*:

**[www.healthscotland.com/documents/23047.aspx](http://www.healthscotland.com/documents/23047.aspx)**

We would also be happy to discuss our research and evidence in more detail. Please contact **[nhs.HealthScotland-publicaffairsteam@nhs.net](mailto:nhs.HealthScotland-publicaffairsteam@nhs.net)** in the first instance.