

Source: Scottish Government Website

## **New approach called for to tackle health inequalities in Scotland**

05.01.2015

**Despite significant investment in tackling health inequalities in Scotland since devolution, the gap between rich and poor remains persistently wide, according to an inquiry by the Health and Sport Committee.**

The Committee found that most of the primary causes of health inequalities lie outside the health field – being income and deprivation related. It also heard that Government investment in public health campaigns – for example to tackle smoking, alcohol, poor diet and lack of exercise, often led to disproportionate uptake and could widen health inequalities rather than narrow them.

Given the link between poor health and income inequalities, the Committee was also concerned that the implementation of welfare reform is reducing the income available to the poorest and most vulnerable individuals and families and may further impact on health and wellbeing inequalities.

The Committee also concluded that while the NHS has a key role to play in tackling health inequalities, it cannot do so successfully on its own and the efforts to address the issue need to be made on a much wider number of fronts. Convener of the Health and Sport Committee, Duncan McNeil MSP said: “That your income, your education and where you live contribute to how healthy you are is an issue that as a society should bring us significant shame. “Since devolution, successive Governments have made this a political priority and invested significant amounts of public money in tackling this complex issue. But sadly none have made any significant difference. “Often the solution will not be in the health service. Our NHS can offer a sticking plaster, but without a new approach, we will not tackle the root causes of inequality and improve the health outcomes of thousands of people across Scotland.”

Deputy Convener of the Committee, Bob Doris MSP said:

“There is no one size fits all solution to tackle health inequalities either for individuals or communities. There has clearly been the political will to tackle health inequalities, and our inquiry heard about ground breaking work going on, for example to help young mums through the Family Nurse Partnership or through the early years collaborative. “But we need to ensure that the NHS isn’t left to pick up the pieces of wider inequalities, such as those being created by UK welfare reform, and that across Government health inequalities remain a priority - not just in health policy.”

**The Committee made a number of recommendations, including:**

- The primary causes of health inequalities are complex and although Scotland's health is improving, attempts to address inequalities, have so far, met with only limited success;
- All the evidence pointed to very clear linkages between socio-economic deprivation and poverty and poor health and wellbeing, raised morbidity levels and lower life expectancy;
- There are measures that could be taken through the taxation and benefits system to help reduce income inequalities. Other policy measures within the Parliament's devolved powers, for example in education and housing could have an impact;
- The traditional response of the NHS has been to treat diseases once they have arisen or seek to change behaviours that are known to give rise to ill-health, like smoking, alcohol and drug misuse, poor diet, lack of exercise and so on. The Committee heard repeatedly that the effect of these "lifestyle" public health campaigns was to widen inequalities rather than to narrow them;
- If real progress is to be made, significant efforts will have to be made across a raft of policy areas and by different agencies collaborating and working more effectively together;
- The Committee also wants to challenge Parliament and its Committees to consider what action they should take in order to help to develop policy and scrutinise Government activity across a range of portfolios;
- The least well-off and most vulnerable individuals and communities often have the poorest access to primary health services and this remains an issue that the NHS will need to make efforts to improve.

**Background**

The Report on Health Inequalities was intended to be a "scoping exercise" to help define the remit of a full scale inquiry into health inequalities. However, it was clear that a full scale inquiry into this issue would not reveal anything not already known.

The Committee continued to undertake inquiries into this theme, reporting on the issue of teenage pregnancies in 2013. The Committee will report on health inequalities in the early years in early 2015.