



# Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities

NHS Health Scotland June 2013

## Key messages

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## Review of *Equally Well*

*Equally Well* was launched in 2008 with the aim of addressing health inequalities in Scotland. The strategy was bold, grounded in good evidence and has made progress in some areas. The improvements in the overall health of the population and the decrease in average mortality rates have continued. However, the gap between those with the best and the worst health outcomes persists and too many Scots still die prematurely.

### Key messages:

1. Absolute health inequalities, (the outcome gap between the most deprived and least deprived) remain high. Relative inequalities, (the ratio between the two) have increased steadily since 1981. This is because the health of the least deprived groups has improved at a faster rate than the most deprived.
2. *Equally Well* actions have been more focused on mitigating the consequences of social inequalities, like smoking and alcohol misuse, than on addressing the long-term underlying causes, such as poverty and income. Learning from the test sites has, so far, achieved a limited amount.
3. Despite its ambitions, *Equally Well* has primarily been delivered as a health and wellbeing initiative with limited spread into policy areas other than early years. Genuine cross-government linkage around *Equally Well* has been limited. Many of the underlying causes of health inequalities require a broader understanding of the need for social and economic, rather than mainly health-based, solutions. There is a continuing need to ensure that policies across national and local government address the underlying causes of health inequalities.

## Understanding and addressing health inequalities

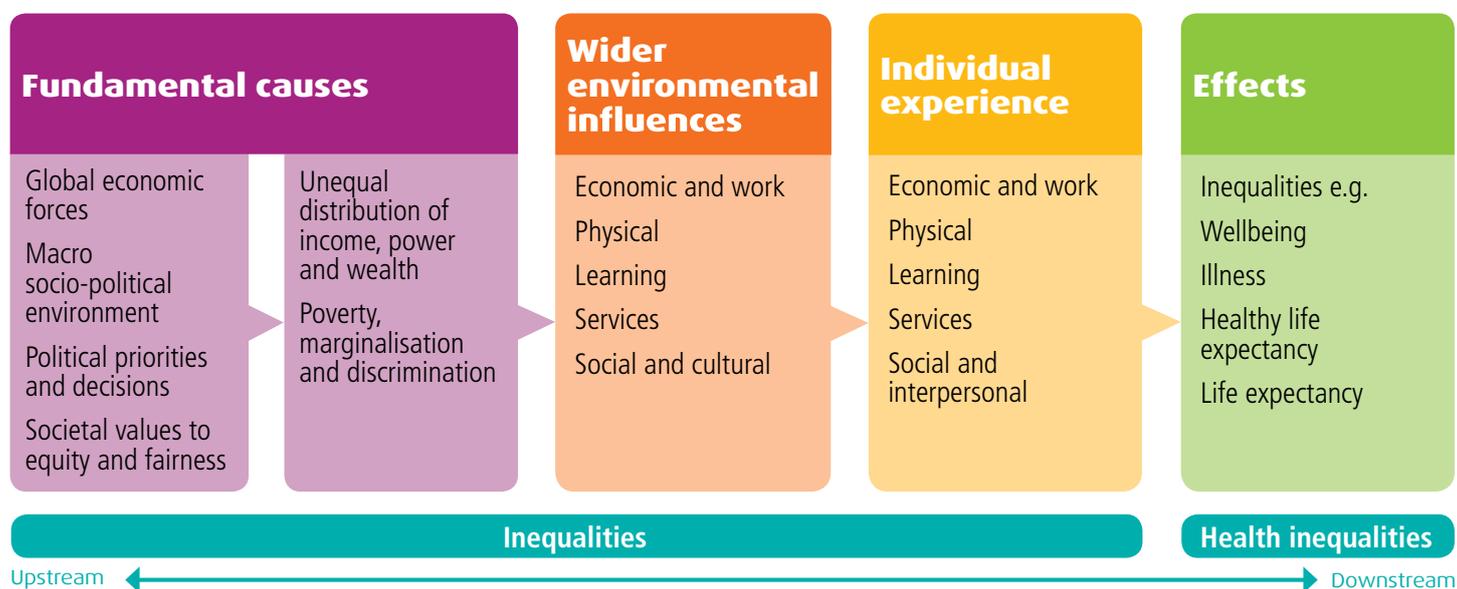
Inequalities are caused by a fundamental inequity in the distribution of power, money and resources. This has an impact on the opportunities for good-quality work, education and housing, etc. In turn, these determinants shape individual experiences and health throughout life (Figure 1 below).

### Key messages:

4. Average life expectancy in Scotland has improved steadily, but more slowly than in other wealthy countries. Within Scotland, those at the top of the social scale have been able to take health improvement messages on board which has resulted in health benefits for them. However, less affluent groups have benefited less and have been left behind. Inequalities in mortality in Scotland are among the highest in Western and Central Europe, rising rapidly during the 1980s and 1990s; this situation is not inevitable and can be improved.
5. The scale of the health inequalities problem is strongly influenced by the magnitude of the underlying inequalities in power, money and resources within a society. Action on the worsening trends in health inequalities needs to be rebalanced to address the fundamental drivers of social inequality which determine income, employment, education and daily living conditions.

- The ways in which health inequalities are manifested in the population, through specific diseases and causes of death, are likely to change over time; strategies focused on specific diseases and single risk factors are important but will not substantially impact on the overall inequalities in death rates.

**Figure 1: Health inequalities: theory of causation (summary version)**



### What works to address health inequalities?

A strategy to address health inequalities in Scotland will require actions operating across all three levels of determinants: Fundamental, wider environmental and individual. Action to address the wider environmental causes, such as the availability of quality work, housing and education; and individual experiences, risks and lifestyles are important, but will not solve the problem. The fundamental causes (upstream) of health inequalities such as lack of power and money also need to be addressed through, for example, fiscal policies including changes in the tax and benefits system and initiatives to address democratic deficits. All actions will need to balance the goals of improving overall population health as well as reducing health inequalities.

#### Key messages:

- Actions that are more likely to be effective in addressing wider environmental causes include: structural changes in the environment, for instance on roads; speed-reducing measures in deprived areas; legislative and regulatory controls, for example the smoking ban; and housing regulations. What is known to date about the range of specific actions that are effective in reducing health inequalities are summarised in Table 1.
- Actions that are more likely to be effective in mitigating the effects of health inequalities at an individual level may require redesign of public services. They include targeting high-risk individuals, intensive tailored support for those with greatest need, and a focus on early child development. Where possible, for individuals, it is best to use a direct measure of need (e.g. individual income, disability, housing status or long-term health condition) rather than a proxy (e.g. area deprivation).

9. Inequalities account for a significant element of the increasing demands on our public services because of a persisting cycle of deprivation and low aspiration. Around 40 per cent of our spending is currently accounted for by interventions that could have been avoided by prioritising a preventative approach. The focus needs to shift away from meeting the cost of dealing with health or social problems after they have developed to prevention and early intervention.

## **The challenges ahead**

Given the complexity of the challenge, concerted action across all three levels of the social determinants of health requires political commitment and leadership at both national and local levels and effective actions led by Community Planning Partnerships (CPPs). Action must be based on evidence of need and what is most likely to work, and delivered through partnerships and ways of working that are based on sound principles. Resources and actions need to be reallocated from interventions that are not effective to those focused on reducing health inequalities.

### **Key messages:**

10. Policy – national level, preventative actions that protect and benefit the whole population are likely to be more effective and cost-effective if they focus on legislative and regulatory controls, and fiscal policies. Political commitment and leadership is required to ensure public resources are distributed in a way that brings universal benefit, but with a scale and intensity that is proportionate to the level of need.
11. Practice – Community Planning Partnerships (CPPs) are the main vehicle for the cross-sectoral work that is necessary at local level to address inequalities and ensure, for example, the delivery of linked services that support those in greatest need and offer intensive tailored support. Services should be co-designed with citizens to ensure they meet the needs and aspirations of the population rather than being imposed. All CPPs need to address inequalities. However, to ensure a significant impact on national health inequalities there needs to be particular focus on those CPP areas that contribute most to the overall health inequalities in Scotland. The relationships between communities and services matter, and working with people rather than targeting initiatives at people is important. Scaling up initiatives, and the use of improvement methodology, is commendable when it ensures and can demonstrate the reach of services to those in greatest need.
12. Advocacy and evidence – there is an important role for national agencies to support local delivery through advocacy and evidence-building. This includes building the will among leaders and influencers, expanding and making accessible the evidence base about what works to address health inequalities, spreading effective practice through a workforce that understands the fundamental and wider environmental determinants of health inequalities, raising public awareness and support for effective actions and ensuring that the voices and experiences of the least advantaged communities are taken into account in the planning and delivery processes.

## Recommendations

1. Health inequalities policy should be at the heart of the Scottish Government's drive for social justice, a key plank of the Single Outcome Agreements and central to the preventative spend agenda. Priority must be given to addressing the upstream fundamental causes of health inequalities which include poverty and income, as well as the wider environmental factors such as housing and education over the downstream consequences like smoking and alcohol abuse.
2. The Scottish Government and COSLA should regularly review the balance of policy and resources directed to actions aimed at tackling the fundamental causes of health inequalities rather than individual lifestyle interventions, which do not, on their own, deliver the changes required.
  - a) A future inequalities strategy should consider actions at all levels of the social determinants of health – the economic and social conditions in our society and how they are distributed.
  - b) A life course approach is helpful, particularly if actions and resources are targeted at early years which offers the best opportunity of preventing future health inequalities.
  - c) Central and local government need to focus on the implementation of the measures which are most likely to be effective and to discontinue those which widen inequalities. Examples of effective interventions are given in Table 1.
3. While action will be taken at a national level, a significant contribution needs to take place locally, connecting with communities and building the hopes of people that face the greatest challenges. The National Community Planning Group should advocate that those CPP areas which contribute most to health inequalities in Scotland should prioritise their actions in a drive to narrow health inequalities. The focus for spending needs to shift away from meeting the cost of dealing with health and social problems after they have developed, to prevention and early intervention.
4. There is a continuing role for national and local government, meeting regularly, to ensure the political focus on cross-government and cross-agency work to address the fundamental causes and social determinants of health inequalities, with linkage to equality. There is also a key role for a national agency, such as NHS Health Scotland, with a remit to drive forward the necessary changes in policy, practice and, ultimately, outcomes.

**Table 1: What works to address health inequalities across the three levels of determinants**

Theory of causation	Principles of effective interventions	Examples of effective actions	Measures of success
<p><b>Fundamental causes</b></p>	<ul style="list-style-type: none"> <li>• Policies that redistribute power, money and resources</li> <li>• Social equity and social justice prioritised</li> </ul>	<ul style="list-style-type: none"> <li>• Introduce a minimum income for healthy living</li> <li>• Ensuring welfare system provides sufficient income for healthy living and reduces stigma for recipients through universal provision in proportion to need</li> <li>• More progressive individual and corporate taxation</li> <li>• Active labour market policies to create good jobs</li> <li>• Creation of a vibrant democracy, greater and more equitable participation in elections and in decision-making, including action on health inequalities</li> </ul>	<p>Reduced inequality in power, money and resources (e.g. reduced income inequalities and inequalities in participation in elections)</p>
<p><b>Social, economic and physical environment</b></p>	<ul style="list-style-type: none"> <li>• Use of legislation, regulation, standards, fiscal policy and structural changes to ensure equity in the environment</li> <li>• Ensuring good work is available for all</li> <li>• Equitable provision of high-quality and accessible education and public services</li> </ul>	<ul style="list-style-type: none"> <li>• Housing: extend the Scottish Housing Quality Standard to privately rented accommodation; improved housing and building standards; implement affordable heating, ventilation and quality energy efficiency measures in all housing (e.g. without the need to apply for grants); changes to housing infrastructure (e.g. design, quality); rehousing and renovation to reduce the risk of falls and other accidental injuries</li> <li>• Neighbourhoods: create a Neighbourhood Quality Standard to ensure local service availability and high-quality green and open spaces, including space for play</li> <li>• Air and water: greater controls on outdoor and indoor air pollution (e.g. second-hand smoke), water fluoridation</li> <li>• Food and alcohol: further restrict unhealthy food and alcohol advertising, further restriction of food outlets to reduce exposure to cheap unhealthy food, ban trans-fats and reduce salt content of foods, further restrictions on the number and ownership of alcohol outlets</li> <li>• Transport: drink-driving regulations, lower speed limits, separation of pedestrians and vehicles, loan schemes for child restraints in cars</li> <li>• Fiscal: raise the price of harmful commodities like tobacco and alcohol through taxation; reduce or eradicate the price barrier for healthy products (e.g. healthy foods); essential services (e.g. water, education, health care) and prevention services (e.g. free smoking cessation, eye tests, school meals and fruit and milk in schools)</li> </ul>	<p>Reduced inequalities in the exposure to the socio-economic and physical environment</p> <p>More equitable access to public services and education</p>

Theory of causation	Principles of effective interventions	Examples of effective actions	Measures of success
<p><b>Individual experiences</b></p>	<ul style="list-style-type: none"> <li>• Equitable experience of socio-economic and wider environmental exposures</li> <li>• Equitable experience of public services</li> <li>• Targeting high-risk individuals</li> <li>• Intensive tailored individual support</li> <li>• Focus on young children and the early years</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental: area-wide traffic calming schemes, separation of pedestrians and vehicles, install hard-wired smoke alarms, implementation of the measures and principles of 'Designing Streets', changes to physical environment to meet a new Neighbourhood Quality Standard</li> <li>• Protection from adverse work conditions, greater job flexibility, enhanced job control and in-work development, participation in workplace decision-making, increased job security, support for those returning to work and to enhance job retention</li> <li>• Provision of high-quality early childhood education and adult learning; accessible support and advice for young people on life skills, training and employment opportunities; providing work-based learning, including apprenticeships, for young people and those changing careers; increased availability of non-vocational lifelong learning</li> <li>• Ensure that public services are provided in proportion to need as part of a universal system (i.e. proportionate universalism)</li> </ul>	<p>Reduced inequality in the experience of the socio-economic and physical environments</p> <p>Reduced inequality in public service access</p>
	<ul style="list-style-type: none"> <li>• Equitable experience of socio-economic and wider environmental exposures</li> <li>• Equitable experience of public services</li> <li>• Targeting high-risk individuals</li> <li>• Intensive tailored individual support</li> <li>• Focus on young children and the early years</li> </ul>	<ul style="list-style-type: none"> <li>• Training to ensure that the public sector workforce is sensitive to all social and cultural groups, to build on the personal assets of service users</li> <li>• Linking of services for vulnerable or high-risk individuals (e.g. income maximisation welfare advice for low-income families linked to health care)</li> <li>• Provision of specialist outreach and targeted services for particularly high-risk individuals (e.g. looked after children and homeless)</li> <li>• Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. linked to public transport routes and avoiding discrimination by language and internet access)</li> <li>• Culture of services is collaborative and seeks to co-produce benefits, including health and wellbeing, through work with service users</li> </ul>	<p>Reduced inequality in the experience of the socio-economic and physical environments</p> <p>Reduced inequality in public service access</p>

