

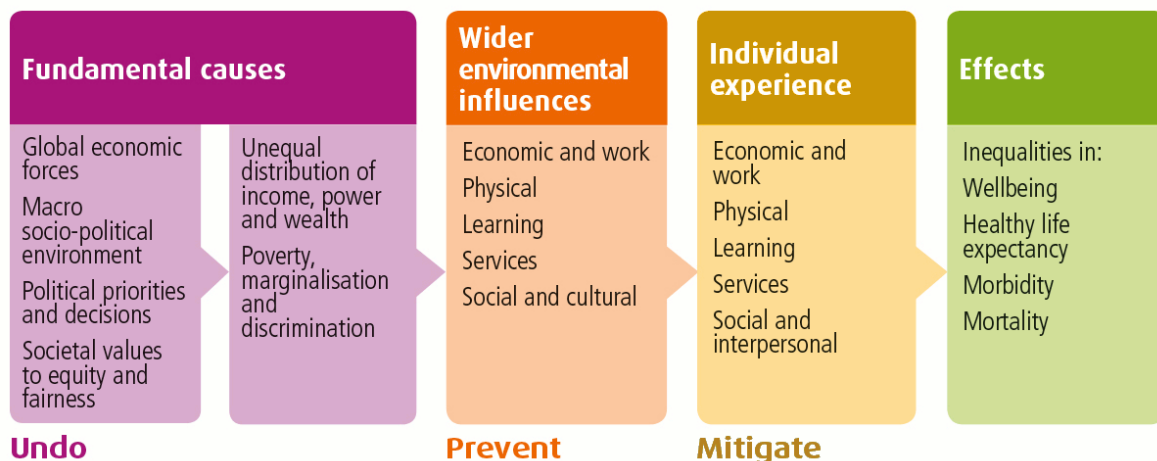


Local Action on Health Inequalities - *A manifesto for local government*

Introduction

Health inequalities are the unjust and avoidable differences in health across the population and between specific groups. Health inequalities are avoidable and do not occur randomly or by chance. Instead, they are socially and economically determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their opportunity to live longer, healthier lives.

In the most affluent areas of Scotland, men experience 23.8 more years of good health, and women experience 22.6 more years compared to the most deprived areas. The primary causes of health inequalities are rooted in the political and social decisions and priorities that result in an unequal distribution of income, power and wealth across the population and between groups. The model from Public Health Scotland (below) shows the multiple determinants of health, many of which are social and economic, and crucially highlight that political priorities and decisions are instrumental. This applies not only at the national but at the local government levels:



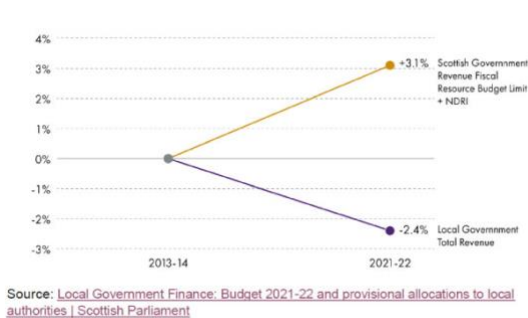
Despite many action plans, improvements in average life expectancy in Scotland have stalled in recent years, and the gap in life expectancy between the most and least deprived areas has increased. The **COVID-19 pandemic** has exacerbated these inequalities because the harms were not spread evenly across society. Those from the most deprived communities were much more likely to be admitted to hospital with serious illness from COVID-19; the death rate from the virus in the most deprived areas was double that of the rate in the least deprived areas; and people of South Asian background were around twice as likely to die from COVID-19 compared to white people. The measures introduced to control the spread of COVID-19 have also had a disproportionate impact on those already suffering from poor health, women, low-paid workers, disabled people, and people from ethnic minorities.

At the national level, we need to rebuild Scottish society and the economy to prioritise addressing inequality and poverty whilst tackling the challenges of the climate crisis. If we don't, gaps in health outcomes and access to services will continue to increase. While the NHS has a role in reducing health inequalities, broader political decisions are crucial. **This paper focuses on the contribution councils can make in their communities to tackling health inequalities across Scotland.**

Local Government and Health Inequalities

Now, more than ever, as we recover from the pandemic and its impact on widening inequalities alongside the local government budget squeeze, we need a concerted effort to recognise and maximise the role of local government. Through their planning powers, management of transport and traffic systems, open public spaces, and leisure and cultural services, they can contribute to the quality of the social infrastructure. They have the power to promote equality and wellbeing. They work in partnership with the NHS and other agencies such as the police and voluntary & community organisations to support public health by leading community planning, as well as their essential role in delivering social care services. In short, they make a vital contribution to weaving the social fabric of their areas and seeking to create and sustain healthy places for people to be born, grow, live, work and age.

The pandemic has also exposed the frailty of our fragmented and under-resourced social care 'system' in Scotland. SHA Scotland supports the establishment of a **National Care Service**. However, the Scottish Government proposals fall far short of what is required to reform social care delivery in Scotland. Social care should be a local service, subject to local democratic accountability, with the National Care Service setting a national framework, rather than ministers micro-managing services from Edinburgh.



Cuts to council funding hugely impact local services and the health of our communities. Local Government's Revenue funding has reduced by 2.4% in real terms between 2013/14 and 2021/22, in contrast to a 3.1% increase in Scottish Government Revenue funding over the same period. Fair funding for local government is crucial to tackling health inequalities.

Communities. There is a wealth of evidence that place impacts health and wellbeing and contributes to creating or reducing inequalities. The Place Standard Tool, developed in collaboration with Public Health Scotland, provides a framework for place-based conversations to support communities, public, private and third sectors to work together to deliver high quality, sustainable places. The devolution of public health powers to local government is another way to focus on place together with shifting spending towards prevention.

The Royal Society for Public Health recommend measures to make our high streets more **health-promoting**, including differential rent classes and business rates relief based on how health-promoting their business offer is. Planning should also restrict the opening of unhealthy outlets where there are already clusters or for example, near schools. And there is an important role in using licensing powers. Councils should also be able to introduce local levies to encourage health promotion and discourage commercial activity that damages health.

With rising levels of poor **mental health** in Scotland, we overlook the importance of social cohesion and social support. Studies point to the value of community gardens or allotments and how responsible citizenship improves mental wellbeing. Open spaces associated with housing projects are used for exercise, meetings, affordable dining and markets. The valuable role of community link workers could be extended to local government, ensuring people are facilitated in navigating to and accessing the various services and resources in their community.

Healthy communities also have to be sustainable communities. For example, tackling air pollution involves difficult decisions, but when it contributes to 2,500 early deaths in Scotland every year, urgent action is necessary. We need clean and fair transport systems, where public transport, walking, and cycling are valued as much as motor vehicles. We need to improve the food environment in Scotland – improve the price and availability of healthy food, tackling the rising foodbank crisis in Scotland. The latest Public Health Scotland statistics suggest that 65 per cent of adults are overweight, with 29 per cent of this percentage being obese. Better access to community-based sports facilities, to affordable healthy food – alongside addressing the underlying socioeconomic determinants of obesity would be an investment in preventive spend – realising savings in resulting healthcare costs.

Community Health Strategy

Every council should have a political strategy that shows how the council will make positive interventions through the creative use of powers and influence to promote the general wellbeing of their communities and citizens. This strategy should be developed with community, voluntary groups and trade unions. All policies should be measured against their contribution towards reducing health inequalities, and resource allocation should be focused on disadvantaged areas. Appropriately used economic measures of impact can help provide greater transparency about the impacts of alternative spending, the costs, who those benefits and costs will affect, and over what period. Health inequalities impact assessment is also a good tool for ensuring not just “health in all policies”, but health inequalities are considered in planning consideration.



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Reducing Health Inequalities Locally

When we focus on the social determinants of health, rather than the medical cause of some specific disease, we see that local government services are health services. Without local government, adults and children would die sooner, would live in worse conditions, would lead lives that made them ill more often and would experience less emotional, mental and physical well-being than they do now.

The strategy should include a health profile that gives councils information about the health of their residents. This should consist of data available about health inequalities between different groups, such as men and women, older and younger people, people from different ethnic groups, which enables councils to make interventions to improve the health of groups most in need. Insufficient income is

associated with worse outcomes across virtually all domains of health, including long-term health and life expectancy.

Actions should cover a wide range of policies, including:

- Increasing employment opportunities, promoting good work and improving workplace health.
- Paying the Scottish Living Wage and applying it through procurement.
- Improving the employment prospects of young people.
- Strengthening adult learning.
- Tackling fuel poverty and home-related health problems.
- Improving access to open spaces, sports and leisure facilities.

Conclusion

Local government can make a huge contribution towards a healthier and fairer Scotland. Both directly through the services they deliver and in partnership with the NHS and others. They can bring the authority of local democratic accountability to a wide range of services.

When we focus on the social determinants of health rather than the medical cause of some specific disease, we see that local government services are health services. Local government have powers over

many determinants of health. Without local government, adults and children would die sooner, live in worse conditions, lead lives that made them ill more often, and experience less emotional, mental and physical wellbeing than they do now.

However, strengthening the role of local government won't happen by accident. Councils need to adopt health strategies that focus relentlessly on tackling health inequalities. And the Scottish Government must stop slashing council budgets and devolve more, not less, powers to enable councils to deliver their full potential to tackle inequalities in health and wellbeing. Health inequalities will not be eliminated unless we seriously address the social determinants of health - that is where local government must play a key role.

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This paper is published by SHA Scotland, a campaigning organisation that promotes health and wellbeing and eradicates inequalities through the application of socialist principles to society and government. We believe that these objectives can best be achieved through collective rather than individual action. Therefore, we campaign for an integrated healthcare system that reduces inequalities in health and is accountable to the communities it serves.

For further information contact the Secretary: Dave Watson socialisthealthscotland@gmail.com
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Scottish Labour Party Conference Fringe Meeting – 12:30pm on Friday 4 March 2022

Local Action on Health Inequalities

Come and discuss the issues raised in this paper at the UNISON Labour Link and SHA Scotland fringe meeting at conference.

Speakers

Professor David Conway – Chair SHA Scotland

Carol Mochan MSP - Shadow Minister for Mental Wellbeing, Women's Health and Sport

Chair: **Billy Stewart** – UNISON Labour Link Scotland

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(Just over the road from the Concert Hall, Bus Station entrance)