

# August General Assembly 2014

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## Policy Statement on Health Equity in a Devolved United Kingdom

*Proposed by the National Committee, on behalf of the Scotland and Northern Ireland Region*

*Adopted at AGA 2014, Nottingham*

On the 18th September 2014, the people of Scotland voted to remain a part of the UK, but still the next few months of devolution talks will be pivotal in Scottish history. A moment when the government of Scotland, as a more devolved part of the United Kingdom, will have an opportunity to set an agenda to revolutionise the issues faced by Scots today. As members of Medsin-UK, as students, and as citizens of the UK, we want that agenda to prioritise health equity.

### Introduction

How long must Scotland remain 'the sick man of Europe'? Despite a decline in mortality rates over the past fifty years, it appears that Scotland is lagging behind the rest of Europe. In 2012, mortality rates for Scottish men of working age (15-74 years) stood at 20% higher than the European average and perhaps most worryingly, there has been no improvement in mortality for younger working age men and women since the mid-1980s, a pattern not seen anywhere else in Europe<sup>1</sup>. Moreover, evidence shows that inequalities in health are also apparent across the country. Glasgow is frequently cited as an example of this glaring imbalance in health with a man born in the Calton area expected to live to just 54 years while another living just 12km away in East Dunbartonshire expected to live to 82<sup>2</sup>. Yet, this same pattern can also be seen if we substitute Calton for certain areas of Dundee, West Dunbartonshire or Inverclyde where male life expectancy sits at around 72 years, far lower than more affluent areas<sup>3</sup>.

It is perhaps no surprise that the most deprived areas have the poorest health records yet studies show that Scotland and in particular Glasgow's health record cannot be explained by addressing deprivation alone. A study from 2003-2007 found that premature deaths in Glasgow were 30% higher than Liverpool and Manchester despite the fact that both English cities are home to populations who have comparable experiences of post industrialised Britain and very similar deprivation profiles.<sup>2</sup> This 'Glasgow effect' or indeed 'Scottish effect' – as Scotland continues to perform poorly compared to its neighbours – has been acknowledged for many years.

Encouragingly, the Scottish government has begun to address the fundamental inequities in the social determinants of health which underpin the massive gap in life expectancy within the city. In publishing a number of reports on the matter including 'Equally Well' in 2008 and 'it's not just deprivation' in 2010 it is clear that confronting inequality is a major concern for policy makers yet, further progress still needs to be made.

Devolution could present opportunities to improve health inequities across the UK, from a greater control over social security, welfare, income tax and employment. Since Scottish devolution in 1999 there have been bold steps to integrate the social, political and economic factors of health such as the creation of the Community Health Care Partnership (CHCP)<sup>4</sup>. There has been a greater synthesis between research and policy making, highlighted by the Glasgow Centre for Population Health (GCPH), which has created a greater understanding of local needs, as well as influencing policy at a national level. The focus on minimum pricing of alcohol, and the improvement of support of the early years, have been a priority of the Scottish government since recognising significant health burdens compared to the rest of the UK. However, certain policies have struggled to be maintained due to an inadequate shift of spending from healthcare to population health. With increased devolution it is likely that all countries in the UK will have more control over budget allocation, and this will present

many opportunities to target local programmes more effectively and thus improve the social determinants of health.

Since the publication of the Marmot Report ('Fair society, healthy lives')<sup>5</sup> in 2008 there has been more focus on the social determinants of health to tackle health inequality. It provided guidance for addressing issues such as income inequality, environmental health and rising poverty. The referendum increased dialogue about these issues, and has created a platform in which to increase their presence on the political agenda.

The change in the political system of Scotland that has become almost inevitable in the post-referendum climate gives an opportunity to cement the commitment to reducing health inequities in Scotland into longer-term political vision. In order to do this action has to be taken at a government level, especially with regards to health service involvement, but also perhaps more importantly at a local governance level. Many of the health promotion measures currently proposed involve community empowerment and tackling the underlying causes of inequality – an area that calls for change across a range of policy areas such as education and social care. However, the 4 year time period between local council elections does not lend itself particularly well to tackling issues which are of a long term nature as Carol Tennahill, the director of the Glasgow Centre for Population Health states, "(the changes) do not fit into a political agenda much shorter than that"<sup>2</sup>. A change in ethos to ensure that every policy made takes into account the current health inequality situation must occur so that the issue is kept at the forefront of political decision-making no matter what the political party.

It is here, that we as young people need to stand up and be counted. We need to make sure that politicians are aware that we do not want to belong to the city with the lowest life expectancy in the developed world, but the city that revolutionised the health of its people by addressing inequities in the social determinants of health. We are approaching one of the most important days in Scottish history; let's not miss this opportunity to have our say.

#### ***Medsin asks for:***

1. Health equity to be cemented into the long term political vision for post devolution Scotland along with a tangible, cross party agreement to prioritise health equity, no matter the party in government
2. The Scottish government to use the newly devolved powers they are granted to address inequities in the social determinants of health among their populations.

#### ***Medsin UK agrees to:***

1. Educate our members about the inequities in health faced by Scotland.
2. Encourage continuation of political engagement that arose in Scotland during the referendum among our members and students in general.

#### **References**

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2. Reid, M. (2011). Behind the" Glasgow effect". Bulletin of the World Health Organization, 89(10), 706- 707.
3. Audit Scotland(2012) Health Inequalities in Scotland. Available at: [http://www.audit-](http://www.audit-Medsin-UK Policy and Guidance Statements, December 2015)

[scotland.gov.uk/docs/health/2012/nr\\_121213\\_health\\_inequalities.pdf](http://scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf)

4. Fox, D. (2013). Health inequality and governance in Scotland since 2007. *Public Health*, 127(6), 503- 513.
5. The Marmot Review (2008) Fair Society, Healthy Lives.