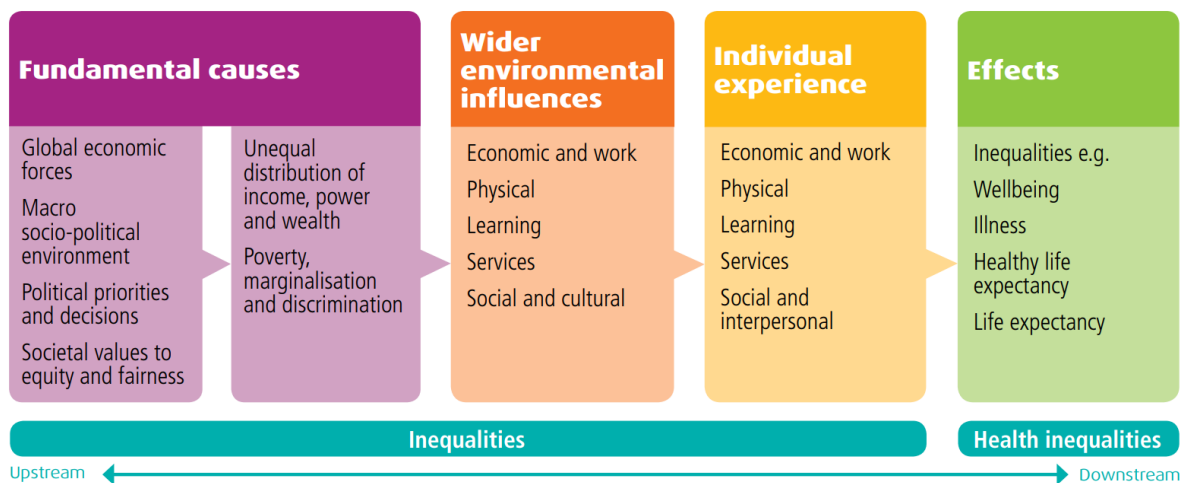


Health Inequalities

The Christie Commission observed that: ‘The greatest challenge facing public services is to combat the negative outcomes for individuals and communities arising from deep-rooted inequalities.’ Christie notes that the consistent failure of public policy to resolve this challenge has been driven in part by: ‘a failure to prioritise preventative measures; a weakness which helps trap individuals and communities in a cycle of deprivation and low aspiration.’¹

Health inequalities are unfair and avoidable differences in people’s health between different social and population groups (e.g. by socioeconomic status, geographical region, age, sex, ethnicity and many other social factors). There is widespread agreement that the fundamental causes of health inequalities are an unequal distribution of income, power and wealth. These fundamental causes also influence the distribution of the wider environmental determinants of health, such as the availability of good-quality affordable housing, green space, good work, education and learning opportunities, access to services and social and cultural opportunities. In turn, these result in the unequal distribution of mental and physical health, ill health and death (Figure 1).

Figure 1 Summary of the causes of health inequalities (Public Health Scotland²)



The ways in which health inequalities are manifested in our population, through specific diseases and causes of death, are likely to change over time hence strategies focused on specific diseases and single risk factors are important but will not substantially impact on overall inequalities over time. Strategy to address inequalities in Scotland requires actions across each level of Figure @@1: fundamental, wider environmental and individual causes and ELIJB has a role to play at each of these levels.

Inequalities in East Lothian

As a relatively affluent area, East Lothian has a higher average life expectancy than many other areas of Scotland – however Scotland has the lowest life expectancy of any Western European nation. Also, people in East Lothian living in areas among Scotland’s 20% most deprived, have a life expectancy 8 years (males) and 4.8 years (females) lower than those in the least deprived areas.

¹ [Commission on the future delivery of public services](#)

² [Health Scotland 2014](#)

Evidence demonstrates such inequalities are not limited to the extremes of deprivation but tend to occur across a gradient such that we tend to see incrementally worse outcomes for groups and individuals as levels of deprivation increase.

These significant inequalities in life expectancy are mirrored by inequalities in many measures of disease and wellbeing. These outcomes are in turn driven by inequalities in the social determinants of health including income, employment, housing and education.

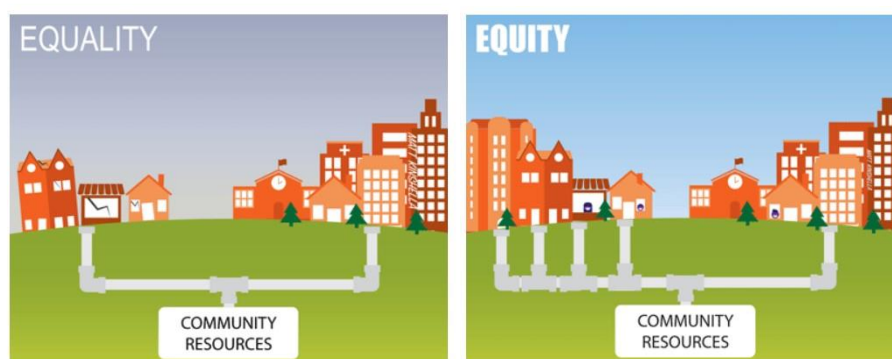
Addressing inequalities

A global expert in the field of inequalities, Professor Michael Marmot, noted that ‘Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism’³. ELIJB is well placed to mitigate the health consequences of inequalities by ensuring that our services are resourced appropriately for those with higher needs and greatest difficulty accessing health and social care. As a rule, services should be universally available and accessible but planned flexibly to deploy proportionately greater resources towards groups or areas with greater need.

This approach requires ELIJB to understand the needs of our population. Community engagement is essential when we develop strategy in order to provide context and community perspective for other sources of intelligence which have informed our strategic needs assessment such as routine local and national data around population need, health and care services and population outcomes. The IJB will continue to work to ensure data around service need, use and outcomes are gathered and analysed in a disaggregated manner to ensure important differences can be seen between population groups.

Informed by this intelligence, ELIJB will identify patterns of inequality within our populations and develop policy and services which ensure resources are directed proportionate to need. The success of such an approach requires stakeholders to understand the nature and burden of inequalities to gain support for a transition away from traditional approaches of equal provision towards one of equitable provision (Figure 2).

Figure 2 moving from equality to equity, Illustration: [Matt Kinshella, Equity Illustrated Contest](#)



Public Health Scotland note that: ‘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 percent of our spending is currently accounted for by interventions that could have been

³ [Fair Society Healthy Lives full report \(parliament.uk\)](#)

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, towards one of prevention and early intervention.⁴ Sufficient priority must also be given to universal services which most benefit groups which experience disadvantage. ELHSCP has an essential role to play here given the importance of social care and primary and community care in delivering prevention and early intervention (especially in populations with higher need). Similarly, services which support maternal and child health and wellbeing are particularly important in addressing inequalities now and preventing them in the future.

ELIJB will continue to work to ensure policy and plans recognise and take account of people’s social circumstances and other needs by considering the following:

- Are services sensitive to poor health literacy and flexible for people who may find it difficult to navigate traditional pathways?
- Can proposals support staff to identify and address social issues that impact on patients’ health and ability to use healthcare?
- Has an integrated impact assessment been conducted to identify how well the proposal will meet the needs of vulnerable groups?

There is clear evidence that existing inequalities have been exacerbated by recent events including the impact of the COVID-19 pandemic, geo-political uncertainty and the present cost of living crisis. Changes and challenges with social security, income, good work, and housing all have significant impacts upon health. ELHSCP will use opportunities within its services to identify and support those experiencing adverse social circumstances (e.g. through our link worker programme and welfare advice services).

Additionally, the last decade has seen an increasing recognition that health outcomes and inequalities are driven by sectors beyond health and care. ELIJB will advocate for a ‘Health in all Policies’ approach – working with partners, across sectors, to take account of the health implications of decisions, look for synergies, and reduce or avoid harmful health impacts wherever possible, in order to improve population health and reduce inequalities. Community Planning Partnerships are an important vehicle for such cross-sectoral work. ELIJB will work as a core member of the East Lothian Partnership to influence the social determinants which influence the health of our population. ELHSCP will continue to be an active contributor to East Lothian Partnership’s antipoverty work, along with NHS Lothian and East Lothian Council’s work to maximise the community benefits of being large employers and procurers, and through advocacy for policies that reduce inequalities in income, wealth and power.

Public Health Partnership and Place Team

NHS Lothian’s Directorate of Public Health and Health Policy has formed a Partnership and Place public health team for East Lothian. This team consists of a Public Health Consultant, a Strategic Programme Manager and two Project Managers. The Partnership and Place Team aims to work with the East Lothian HSCP (and wider partners) to tackle health inequalities and improve population health through strategic and collaborative work focussing on the social determinants of health, especially poverty, housing,

⁴ [Health Scotland 2014](#)

employment and education. The team bring health improvement and health intelligence expertise to support East Lothian Health and Social Care Partnership to take an evidence-informed, person-centred approach to improving health and tackling inequalities with a focus on early intervention and prevention.

The focus of this team in 2022-23 is around engagement with our stakeholders and building capacity. Our current priorities are around work to address the social determinants of health with regard to supporting children and families, creating a sustainable economy and shaping vibrant communities.

East Lothian Partnership and Place Team,

October 2022