

Health Foundation: Health inequalities in Scotland

AYPH response

1. **Thinking about the causes of health inequalities in Scotland, which of the following would you say are the most important drivers of health inequalities at present in Scotland? Select up to 3:**

- Levels of poverty, inequality and insecurity in our society
- Discrimination and stigma
- Changes to the benefits system and/or the current design and operation of benefits system
- Austerity and local cuts
- Challenges within public services and the NHS (such as resourcing and recruitment)
- Lifestyles and behaviours
- Inequalities in political representation and power
- Obesity and a lack of access to good quality food
- Other (please specify)

A number of the options listed are not drivers of health inequalities. Obesity rates are a health outcome, caused by inequalities. Individual lifestyle and behaviours are not a driver as they are shaped by our environment and the social determinants of health. We have developed a conceptual framework for understanding the causal pathways of health inequalities which you may find useful:

https://ayph.org.uk/wp-content/uploads/2022/01/AYPH_HealthInequalities_BriefingPaper1.pdf

2. **How much would you say you know about the following:**

- **The meaning of the term the 'Implementation Gap'** (A lot / A fair amount / Some / A little / Nothing at all / Don't know)
- **The issue of health inequalities in Scotland** (A lot / A fair amount / Some / A little / Nothing at all / Don't know)
- **The implementation gap as it relates to the issue of health inequalities in Scotland** (A lot / A fair amount / Some / A little / Nothing at all / Don't know)

3. For the purposes of this survey, we are defining the 'implementation gap' as the difference between policy ambitions and the actual result in practice (including the reality for those delivering services and for those whose day-to-day lives are impacted by health inequalities). **Is there anything that you think is missing from this definition?**

It would be helpful to see an expanded definition that explores how the 'implementation gap' will be measured. We know there are many factors which influence health and wellbeing outcomes and often no single intervention is wholly responsible for the change or impact seen. It would therefore be helpful to see whether there is an accountability line.

In terms of measurement, it would be important to reflect on the time lag between policy development, implementation and actual change within practice delivery and the subsequent impact upon people's lives. There are also lags within data capture and recording which can mean monitoring the impact of policies on health and wellbeing outcomes requires a long-term view and approach.

4. **How important would you say each of the following factors are in explaining the limited progress on reducing health inequalities in Scotland over recent years?** Please answer on a scale from 0-10, where 0 is 'Not at all important' and 10 is 'Extremely important'
- **Insufficient political will from the UK Government** - 10
 - **Policy decisions from the UK Government** - 10
 - **Insufficient will from the Scottish Government** – 8
 - **Policy decisions from the Scottish Government** – 8
 - **Wider adverse circumstances** (e.g. the economy, changes in the labour market etc) - 10
 - **The implementation gap between political ambitions and the observed/achieved reality** – 9
5. **And how large a problem would you say the implementation gap in Scotland is (with regards to reducing health inequalities)?** (A very large problem / A large problem / A moderate problem / A small problem / A very small problem / Not a problem / Don't know)
6. **Which of the following would you say are the biggest barriers to making progress on reducing health inequalities in Scotland?** Select up to 3:
- Excessive monitoring and data collection
 - A lack of trust between different actors in policy and service design and delivery (e.g. central government, local government and the voluntary sector)
 - A lack of ideas on how to tackle health inequalities in Scotland
 - Inconsistent funding streams to services and communities
 - An overly centralised approach to decision making, planning and delivery, and/or insufficient community empowerment in this process
 - The difficulty of achieving sustained behaviour change
 - Insufficient inclusion of frontline practitioners in service-design and planning
 - A lack of political will to reduce health inequalities in Scotland
 - Insufficient partnership working between different sectors
 - Insufficient resourcing, funding and investment
 - Insufficient use of evidence and data in decision making, and/or a lack of evidence/data on what works
 - An inability/unwillingness to trial new approaches in service-delivery
 - Short-termism in politics and consequent risk-aversion
 - A lack of long-term strategic and joined-up strategic thinking/planning

7. **Thinking about the barriers you identified, what do you think would help to resolve each one and support progress on reducing health inequalities?** Please give specific examples if you can.

Insufficient resourcing, funding and investment

Increased investment and resourcing of all necessary services that help to reduce health inequalities. This specifically relates to increased investment in healthcare services, alongside other services within communities that support people to live healthy lives (including youth services, leisure facilities, schools, green spaces, etc). There should be specific resource aimed at improving the lives of children and young people, as prevention of ill health in these age groups will reduce health inequalities across the life course. There should be increased investment in public services from the UK and Scottish Government for national health and education services. Alongside this, there should be additional, dedicated investment in local councils who provide many of the vital services within communities. There should be recognition of cuts to local council budgets within recent years, with more resource given to councils that serve more deprived population groups.

Insufficient use of evidence and data in decision making, and/or a lack of evidence/data on what works

It is important that data are collected and reported by a range of demographic factors, in order to appropriately monitor health inequalities within Scotland. This includes collecting and displaying data by the following breakdowns: quinary age bands, deprivation status and ethnicity. Too often data are not available for these factors and without this information it is not possible to target resources and interventions at the groups who are most likely to experience inequalities.

A lack of long-term and joined-up strategic thinking/planning

As a member of the Inequalities in Health Alliance, we support calls for the UK national government to implement a cross-government strategy for reducing health inequalities. There should be specific metrics and targets for the strategy, including appropriate measures for Scotland as a devolved nation. Addressing health inequalities requires long term planning and action across government departments, which are currently working in silo.

8. **To what extent do you think that the Scottish Government and the Scottish Parliament currently have enough powers to make progress on reducing health inequalities in Scotland?** (They have all the relevant powers / They have most of the relevant powers / They have some of the relevant powers / They have none of the relevant powers / Don't know)

9. **Is there anything else not already covered that you would like to share with us?**

At the Association for Young People's Health (AYPH) we are committed to better understanding the health inequalities experienced by young people aged 10-25 in the UK. We believe that young people have specific health and wellbeing needs which should be considered. Young people's voices

and experiences should be involved in decision making processes that impact their health and health inequalities. Find out more about the work we are doing on young people's health inequalities here:

<https://ayph.org.uk/ayphs-health-inequalities-programme-2/>

About AYPH

The Association for Young People's Health works to understand and meet the particular health and wellbeing needs of 10-25 year olds.

We want all young people to have the best possible health and equal access to high quality youth friendly services.

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