



GENERAL ELECTION 2024



TOPIC BRIEF



SOCIOECONOMIC AND HEALTH INEQUALITIES IN SCOTLAND

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Glasgow

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This topic brief provides an overview of some of the issues to consider ahead of the General Election 2024 that are relevant to tackling socioeconomic and related health inequalities in Scotland.

This is part of a programme of work, funded by the Health Foundation as part of its improving health and reducing inequalities in Scotland programme.

We know that people's living standards are closely aligned to health outcomes, and health inequalities between rich and poor remain wide. This is an issue across the UK but inequalities are more apparent in Scotland.

Health spending will no doubt feature in the election discourse, but this is only one part of the picture when it comes to improving health.

The long-term drivers of poor health relate to our living standards. This has become more acute as the cost of living crisis has exacerbated the already fragile state of many families' finances.

Recent Evidence

What are the recent trends in socioeconomic inequalities and health inequalities going into this election?

The 2023 'Leave No One Behind' report from the Health Foundation summarised the post-devolution picture of health inequalities in Scotland. The most recent decade has seen stagnation in living standards translating into little improvement and for some measures a worsening, of health inequalities.

The causal link between living standards and health is sometimes obvious and happens either at the same time or within a short timeframe. For example, living in a damp home has been linked to serious respiratory illness and eczema^[1] in children.

However, the mechanisms that drive living standards and health involve many intersecting factors and can take years, sometimes decades, to emerge. Young children and young adult men (by which we mean men under 45) were highlighted in the 2023 Health Foundation report as being of particular concern in Scotland, in the context of Scotland's worsening health inequalities. For these groups, some health impacts linked to socioeconomic inequalities are immediate, but others develop over a longer time frame.

Here we show data which highlights recent trends in health inequalities and describe what the socioeconomic data tell us about the outlook for these groups.

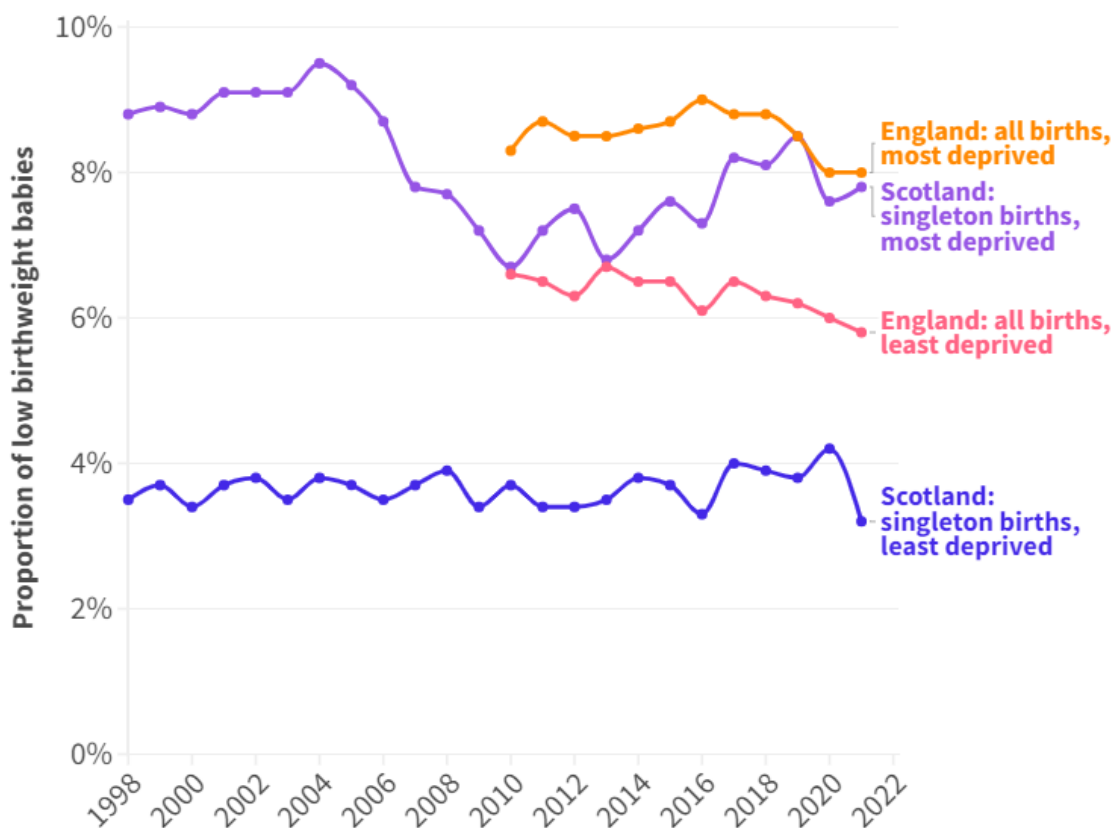
Young children

One way of trying to understand the living standards of a child or family is to look at the place that they live, and how that area compares to others in an index of deprivation. Broadly speaking, a more deprived area will have more people on lower incomes and have poorer access to services than those in a less deprived area and it can be used as a proxy for socioeconomic inequalities.

Chart 1 shows the proportion of singleton babies born with low birthweight (pregnancies involving a single baby weighing under 2,500g) declined steadily across the most deprived areas in Scotland between 2004 and 2010 but has increased since.

The gap in low birthweight proportions between the most and least deprived areas in Scotland is wider than in England. While England has seen improvement in the most deprived areas since 2016, Scotland has not.

Chart 1: Proportion of low birthweight babies for the most and least deprived deciles, Scotland and England



Source: Scottish Government, ONS

Note that low birthweight figures for England will be slightly inflated relative to the figures for Scotland, as England's figures include multiple births (i.e., twins and triplets), which are more likely to be at a low birthweight than singleton births, as recorded by Scotland. It is notable that the low birth weight for singleton babies in the most deprived areas of Scotland is at similar levels now to the 'all births' rate for the most deprived areas in England.

Large gaps exist between the most and least deprived areas in Scotland for other health outcomes in early childhood too. For example:

- Infant mortality rates are higher among the most deprived regions and increased between 2014 and 2018.
- Children in deprived areas also, on average, have higher rates of developmental concerns at 27 months. In 2022/23, over a quarter of children in the most deprived Scottish regions had a developmental concern, compared to 10% of children in the least deprived regions.

Young adult men

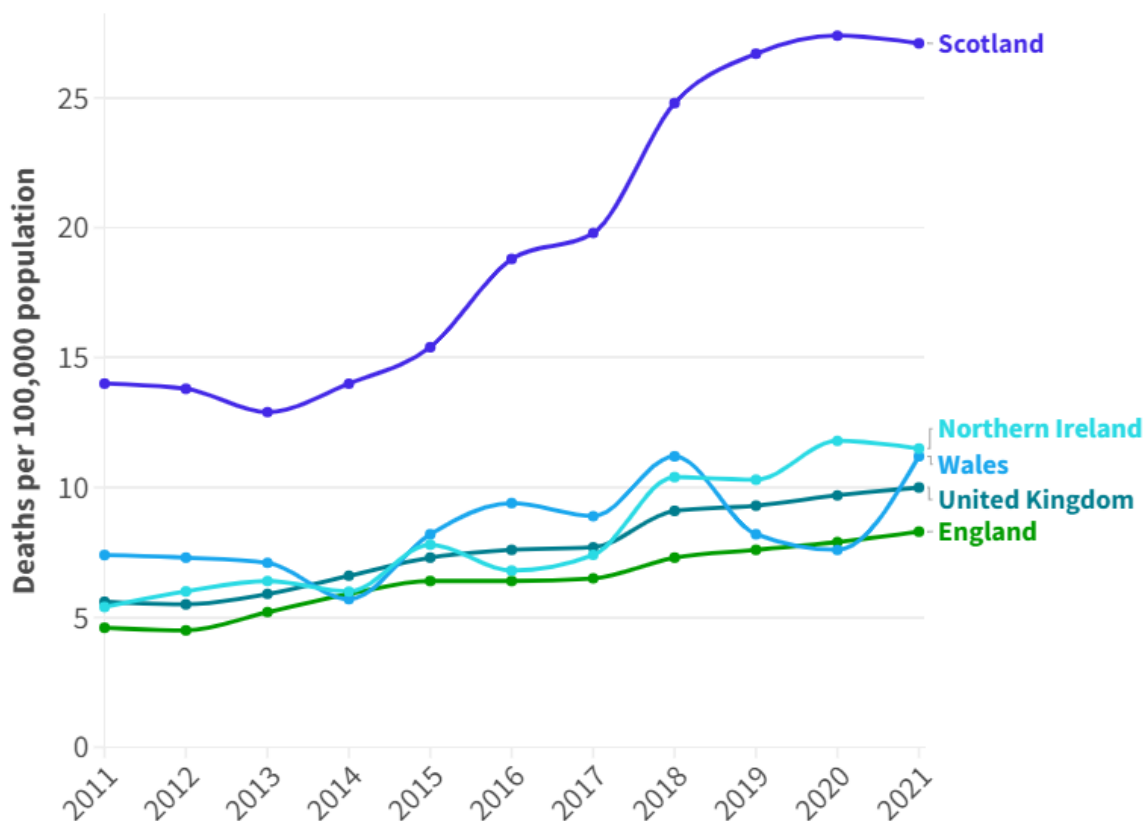
Some of the trends in inequality for this group over the past 20 years were summarised in the 2023 Health Foundation report:

“Suicide, alcohol and drugs are leading causes of death for men aged 15–44 years old, accounting for two-thirds of absolute inequalities in total mortality at that age. Socioeconomic trends also point to younger men being at greater risk of poor future health through reduced earnings potential. The gender gap in higher education participation is wide and has been growing – in 2020/21, male participation rates in higher education were 16 percentage points lower than for women. Employment rates for men aged 16–24 years in Scotland have fallen by 7.7 percentage points, from 65.1% to 57.4% between 2004 and 2019”.

The rising numbers of people across the UK, but particularly in Scotland, dying due to drug poisonings (Chart 2) are likely to be related to a whole host of factors affecting young men (and a growing number of women) in their childhood and young adult life. Understanding this, and reversing its fall, is a key challenge that needs to be addressed by governments across the UK.

Rates of drug deaths have long been higher in Scotland, but in the latest data have soared above the rates in the rest of the UK.

Chart 2: Age-standardised mortality rates for deaths related to drug poisoning

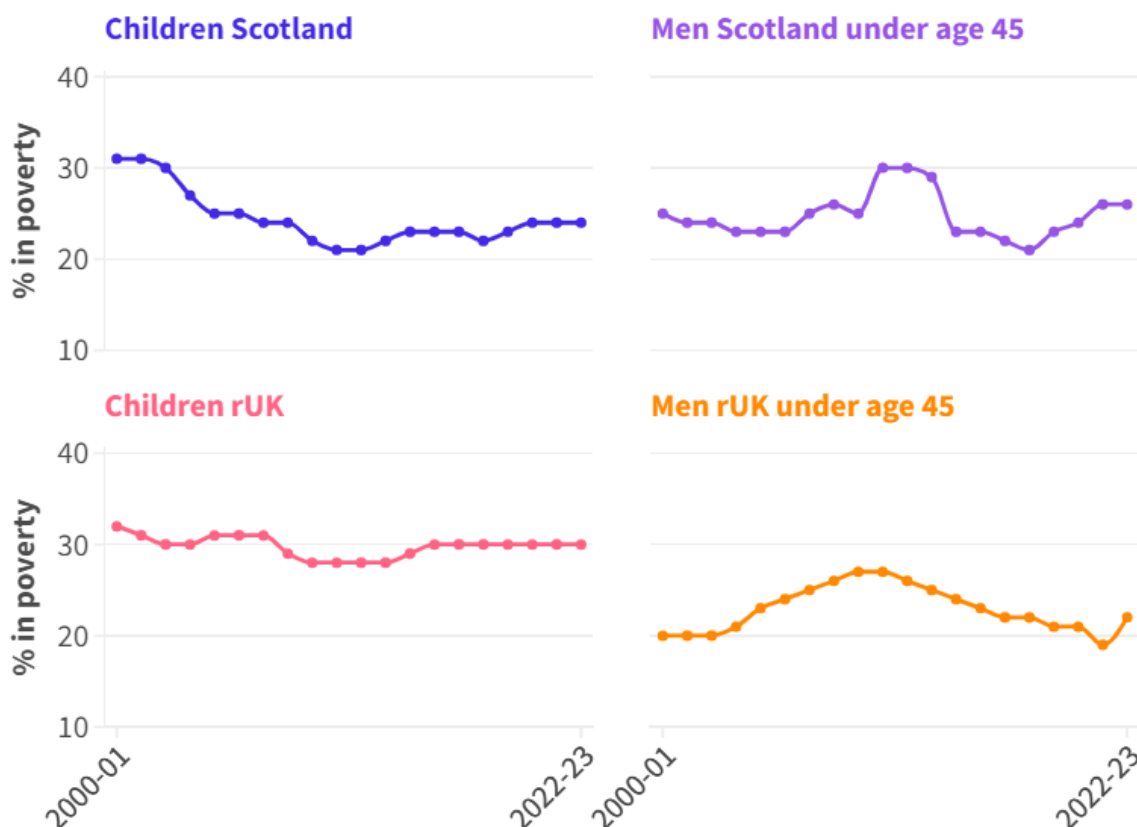


Trends in living standards

International evidence identifies^[ii] causal pathways linking income inequalities. The following issues have all been identified^[iii] as having positive impacts on population health: public spending, compulsory education provision, health and safety policies, healthcare access, high-quality affordable housing, employment and working conditions, and the regulation of tobacco, alcohol and food.

In the next section, we look at some of these policy levers. First, we reviewed the recent trends in income inequality, using the relative poverty measure for our two highlighted groups (children and young adult men). Relative poverty is a good indicator of how living standards for the poorest in society compare to the average. Rising levels of poverty point to rising inequalities in income, and poorer health outcomes in future years for those groups affected.

Chart 3: Relative poverty in Scotland and the rest of the UK (rUK): 2000 - 01 to 2022 - 23 (3-year rolling average*)



Source: DWP HBAI Data

*2020-01 data is removed due to sampling issues during the pandemic.

In Scotland, we can see clearly that poverty fell through the 2000s, particularly for children. Similar trends were seen at the UK level, but are less pronounced.

- o Reductions in poverty were due to the **introduction and expansion of social security** in the early 2000s, directed at children (and pensioners).
- o Since around the mid-2000s, poverty across the UK stopped falling and has since risen slightly.

For single men (not living with a partner, or with a child) there was not the same fall in poverty at the start of the 2000s.

- o Poverty rose in both Scotland and the UK during the 2000s, reaching its height in the early 2010s at the point when the financial crisis and subsequent recession hit.

- o It has declined since, but has risen again in Scotland (note: Scottish data tends to be more volatile, but the recent trend does appear to be consistently divergent)
- o There is also a level difference between Scotland and rUK: poverty rates for men <45 are lower than for children in the rUK, but at a similar rate in Scotland.



Policy options

Which policies could change as a result of the General Election?

In Scotland, the Scottish Government has devolved responsibility for many areas of spend, and some areas of taxation. Responsibility for some of the key areas of policy that affect living standards are shared between the Scottish and the UK Government. Many policies that address the outcomes of socio-economic inequality (including notably healthcare) are devolved. Table 1 provides a summary.

Even when policies are devolved, there may still be an indirect impact as a result of UK General Election pledges if there is a change in UK government spending. Broadly speaking, if the UK Government increases spending in a devolved area, a proportion of that spend will automatically flow to the Scottish Government to spend how they see fit.

Table 1: Summary of key policy areas related to socioeconomic inequalities and health

Policy area	Impact on socioeconomic and health inequalities	Will General Election pledge apply in Scotland?
<p>Social Security</p> <p>Taxation</p>	<p>Changes directly impact on household income.</p> <p>Change in eligibility can lead to behavioural change (i.e. more/less likely to work).</p>	<p>Some.</p> <p>Changes in devolved taxes & benefits will have impact on available Scottish budget.</p>
<p>Labour market regulation</p>	<p>Minimum wage and other employment regulation (e.g. on hours) can impact household income directly through earnings.</p> <p>Can also affect job quality and job security.</p>	<p>Yes.</p> <p>Employment regulation is reserved to the UK Parliament, and will affect people in Scotland.</p>
<p>Employability</p>	<p>Employability services can help people into good quality jobs that match their skills, and help them progress.</p> <p>Not working is linked to poorer health outcomes, but poor quality work can be worse for health than not working.</p>	<p>Mostly no.</p> <p>Most employability services are devolved to Scotland. However, some UK Government schemes do apply in Scotland.</p>
<p>Housing</p>	<p>Housing cost directly impacts on the disposable income of households. This is also related to housing availability.</p>	<p>No.</p> <p>Housing and planning policy is devolved to the</p>

	Housing quality can impact on the physical and mental health of inhabitants.	Scottish Parliament. However, housing benefit is reserved. The level it is set at can directly impact on housing affordability.
Education	Education provides a foundation to support earning post-16, and can help with retraining and developing new skills as adults.	No. Education is devolved to the Scottish Parliament.
Healthcare (NHS)	Health spending is required to treat illnesses as a result of inequalities rather than to prevent emergence of inequalities. However, some interventions can prevent deepening of harm and/or rehabilitate people back into society.	No. Healthcare is devolved to the Scottish Parliament.
Justice and policing	As with health, justice and police largely deal with the impact of inequalities, but do have a role in preventing worsening of inequalities and rehabilitation of those who enter the criminal justice system.	No. Justice and policing are devolved to the Scottish Parliament.
Social care	Social care is drawn on by people who need regular support due to disability (either lifelong or acquired).	No. Social care is devolved to the Scottish Parliament.

	<p>Social care has a role in individuals can participate in society and live as independently as possible. Social care also has a role in supporting family carers.</p>	
<p>Transport</p>	<p>Transport systems connect people to places for both work and leisure. Good, affordable, transport options are particularly important for people who cannot use private car transport.</p> <p>High transport costs reduce disposable income for other essentials</p>	<p>Mostly no.</p> <p>Most transport is devolved to the Scottish Parliament. Cross border train routes are the main exception.</p>
<p>Local Government</p>	<p>Local government is critical for delivering many of the policies mentioned above (including education, social care and some transport) as well as having a role in local economic development.</p>	<p>Mostly no.</p> <p>Responsibility for local government is devolved to the Scottish parliament.</p> <p>In the last decade, however, there has been some direct funding of Scottish Local government by UK Government through City Deals and Levelling Up funds.</p>

What do the public care about?

People living in Scotland, like those elsewhere in the UK, express consistently high concern about health. A recent survey found that 52% of respondents considered the NHS and healthcare to be one of the top three issues facing Scotland, while 40% identified the cost of living and inflation as one of their top three issues [\[iv\]](#).

Many people are also concerned about the living standards that shape health, with 20% of respondents placing poverty and inequality in the top three issues, 18% trust in politics, 17% the economy, 17% housing and 15% education/schools.

Qualitative research [\[v\]](#) identifies many of the same issues as important for people in Scotland. A recent evidence review found that poverty/wealth, place (housing and local neighbourhoods) and employment/unemployment are consistently identified as central to people's accounts of what influences their health and wellbeing. Violence, fear of violence, and experiences of stigma and discrimination also emerge as important factors.

Collectively, these studies suggest that people in Scotland have a good understanding of the ways living standards shape health and are keen to see policy action in these areas. However, trust in government is low, especially in socially disadvantaged communities, where multiple studies find that people do not feel well understood or represented by decision-makers.

This suggests that work is needed to engage and work with disadvantaged communities, to rebuild political voice and trust, alongside more practical policies to improve the living standards that shape health.



Election pledges

What are the parties saying so far?

The headlines from the early weeks of the campaign have had little focus on issues of poverty or socio-economic inequalities. The first televised debate, recorded in Glasgow and featuring Scottish party leaders, focused on issues relating to the oil and gas industry in Scotland, with only passing commentary on reducing the cost of living.

Because it is still early in the campaign, some political parties have yet to release substantive plans in areas related to social security, taxation, and labour market regulation. While these would not directly impact those services in Scotland, increases in spending by the UK Government would link to increases in the Scottish budget which the Scottish Government could spend as it wished.

Here is a shortlist (as of 6th June) of some of the announcements/pledges which have been made that would apply to Scotland and are related to socioeconomic inequalities in some way (refer back to Table 1 for more context on impact).

- Increases to or expansions of the National Living Wage ([Labour Party](#), [Scottish Greens](#))
- Expanding Universal Credit ([Liberal Democrats](#))

- Changing employment practices, such as improving protections against employment termination, ending zero-hour contracts, and ending “fire and rehire” practices ([Labour Party](#), [Scottish Greens](#))
- Guaranteeing state pension protection from inflation (the state pension “triple lock”) ([Conservative Party](#), [Liberal Democrats](#))
- Reducing inflation ([Conservative Party](#))
- Reducing energy bills ([Labour Party](#))
- Instituting a universal basic income ([Scottish Greens](#))

Other policy ideas will be introduced as we get further into the election cycle. Once manifestos are released we will review the pledges relevant to socioeconomic and health inequalities.

This is the first output for this Health Foundation programme of work on improving health and reducing inequalities in Scotland. Over the next few years, we'll be producing more detailed analysis and insights on a regular basis. If you are interested in this work, or want to find more contact:

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