**[Health Inequalities](https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-health-social-care-and-sport-committee/business-items/health-inequalities)**

Health, Social Care and Sport Committee

March 2022

**Age Scotland welcomes the opportunity to respond to the Health, Social Care and Sport Committee’s call for views about health inequalities in Scotland.**

Older people, and specific populations within this age group, face distinct health inequalities. The health and care system must meet the needs of disabled older people, older women, older people from ethnic minorities, and LGBTQ+ older people who often face a range of health inequalities. As health inequalities make people’s health poorer at an earlier age, it is vital that we embed a more preventative approach at all stages.

National Records of Scotland estimates that the number of people in Scotland aged over 65 is set to increase by 30% by 2045.[[1]](#footnote-2) Scotland’s ageing population will, on average, be spending a greater proportion of their lives living in poor health, possibly with several health conditions. As a result, it is likely that people will require more health interventions and come into contact more frequently with the health and care system. It is vital that we plan to meet the needs of our growing older population to ensure everyone can access the services they need to. If Scotland is to fulfil the Scottish Government’s ambition to be the best place in the world to grow older, urgent action must be taken to address existing health inequalities faced across society or we risk these gaps widening further.

1. **What progress, if any, has been made towards tackling health inequalities in Scotland since 2015? Where have we been successful and which areas require more focus?**

Even before the coronavirus pandemic, the challenge of tackling persistent and prevalent health inequalities in Scotland was considerable. Improvements in life expectancy and healthy life expectancy have stalled in recent years, while the gap between the most and least deprived areas has widened. The most recent statistics show there is a gap of at least 24 years in healthy life expectancy for males and females in the most and least deprived areas.[[2]](#footnote-3) Declines in life expectancy can partly be linked to austerity policies and pressure on health and care services, but more progress needs to be made in tackling other underlying causes such as poverty, housing, and infrastructure.

There have been countless reviews, ministerial taskforces and reports considering health inequalities. Clearly the issue is ingrained, complex and cross-cutting, but more solid urgent action is needed otherwise we fear this inquiry will be repeated by a future iteration of the Health Committee, with no further progress to report. This situation is even more urgent given the impact of the pandemic on exacerbating inequalities across society.

1. **What actions would you prioritise to transform the structural inequalities that are the underlying cause of health inequalities?**

There are various structural inequalities which impact people’s quality of life and overall health and wellbeing. Action on these is key to tackling health inequalities.

**Tackling poverty**

Taking action to tackle poverty levels among over 50s will have a drastic impact on life expectancy and health outcomes. Other groups, who are particularly vulnerable to poverty including older women, unpaid carers, older people from ethnic minorities, disabled people and single older adults should also be targeted. The current cost of living crisis has shone a light on how experiencing poverty is something which could happen to any of us. We are extremely worried that many more over 50s will be pushed into poverty and fuel poverty over the coming months without action. The Scottish Government’s announced increase in uprating of several of the benefits it controls is welcome, but it along with the UK Government it must do all that it can to maximise benefit uptake by over 50s. The Scottish Government has the opportunity with the devolution of new benefits to expand eligibility criteria so more people can be lifted out of poverty or increase the very low income they live on. The Scottish Government also has a duty to promote the uptake of benefits administered by other agencies and could look to explore automation, joining up and other ways of increasing take-up across the social security landscape. The UK Government also has a key role to play and could do more on these issues. Similarly, the State Pension amount needs to ensure that everyone has enough to live off when they are retired. People must also be supported and encouraged to prepare for retirement at an earlier stage during their working lives.

**Investing in infrastructure and communities**

Inequalities within our communities also contribute to health inequalities. Varying levels of infrastructure play a part in the health inequalities gap between different parts of the country. Everyone should be able to access health and care services, leisure opportunities, green space, accessible public transport, walking infrastructure and public toilets within their local area. Improving the equity of local service provision across Scotland must be a priority. This may require the budget for public services to be increased and for more on the ground investment in our communities.

Older people must be able to stay connected to their communities, services, and other people to tackle the public health issues of loneliness and social isolation. Older people’s community groups are vital in tackling loneliness and isolation and can be particularly vital in rural areas where people are more physically isolated, but they have been operating in difficult circumstances over the past two years. Our Community Development team report there has been a lack of new volunteers coming through to replace current committee and board members, some of whom have been in their roles for many years. This may be because groups have not been meeting if members have been shielding or if they have not wanted or been able to participate in online meetings. However, this may mean some groups have stopped meeting temporarily or closed their doors permanently, and this lack of new volunteers puts their recovery and future at risk. Anecdotally, we are concerned these issues will have been disproportionately the case in less well-off areas, which may not have the same levels of infrastructure and volunteers in place. This risks widening the gap in what is available in different parts of the country. Strengthening older people’s groups will be vital as we attempt to build friendships back up and tackle loneliness as we recover from the pandemic.

**Housing**

Housing and living conditions are linked to health inequalities as the place where we live has a big impact on our health. Taking action to avoid older people being forced to live in unsuitable accommodation will help to improve health inequalities. Age Scotland often hears that older people are unable to move house or downsize if they wish to. Scotland needs to future-proof its housing stock by building more affordable, adaptable homes to allow people to continue living independently in their communities, for as long as they wish to. Enabling people to live independently will involve ensuring people can access adaptations and repairs when needed and that they have choice in terms of the “right home” for them. Organisations such as Care and Repair should receive more funding so that they are available in all local authority areas, providing similar and consistent levels of service across Scotland.

**Access to services**

There are also other barriers which could be considered as structural inequalities which contribute to health inequalities. These include issues surrounding the accessibility of services, discrimination, cultural and linguistic barriers. They can impact someone’s experiences of and engagement with public services and therefore their health. Access to digital is also a contributor to health inequalities, and there is a link between poverty and digital use. An over-reliance or digital by default approach to healthcare could risk exacerbating health inequalities, especially as this issue will directly impact some of those in the poorest health. Health inequalities which persist because of the differences between rural areas and urban centres also need to be overcome. People who live furthest from service provision or who struggle to access it for other reasons need to be considered. Health inequalities based on where people live, i.e., in rural areas, need to be dealt with.

1. **What has been the impact of the pandemic both on health inequalities themselves and on action to address health inequalities in Scotland? Please note, the Committee is interested in hearing about both positive and negative impacts.**

The direct and indirect impacts of the COVID-19 pandemic have been unequal across society. The pandemic has had a devastating impact on the health and wellbeing of Scotland’s older people, with almost 85% of deaths due to the virus being among those over the age of 65.[[3]](#footnote-4) The virus has also disproportionately impacted more deprived areas of Scotland, with people living in these areas 2.4 times as likely to have died due to the virus in 2020 than those in the least deprived areas.[[4]](#footnote-5) This may partly be explained by rates of underlying health issues such as diabetes, obesity and lung disease being more common in these areas, and the same research showed that the death rate for all causes was 1.9 times higher in the most deprived areas compared to the least deprived ones. Evidence also suggests that in 2020, the deaths of people of South Asian origin were almost twice as likely to have involved the virus as those of White Scottish origin.[[5]](#footnote-6) Socio-economic circumstances could be a partial explanation for this as, in common with the rest of the UK, people in Scotland from ethnic minorities remain more likely to be in poverty than the majority White Scottish population. People from ethnic minorities may have been more likely to have jobs which meant they had to work outside of their home during lockdown and they are also more likely to work in occupations with a higher risk of COVID-19 exposure. COVID-19 related disparities could also be due to reduced access to healthcare services, or, due to a lack of trust in NHS services, a reluctance to present for treatment or seek help on a timely basis. Analyses by the Institute for Public Policy Research indicate that in England the ten most deprived authorities have experienced 15% of all public health budget cuts in the past 5 years. According to Census data, many of these areas are more ethnically diverse than the population average.[[6]](#footnote-7) If there is a similar pattern in Scotland, this could go some way to explaining these differences. All of this data suggests that the pandemic will deeply affect our already stalling life expectancy and exacerbate the already unacceptable gap in healthy life expectancy.

In addition to the pre-existing inequalities in society which the pandemic has underlined, it is likely that its impact on health and care services, for instance adding to waiting times and causing backlogs and pauses in routine healthcare services, will mean health inequalities could further increase in coming years. Research suggests that older people have faced difficulties accessing health services over the last two years, with more than half of respondents to a survey carried out by the Scottish Older People’s Assembly reporting their ability to access GP and dental services was negatively impacted during the pandemic.[[7]](#footnote-8) 17% of those surveyed had accessed private health or dental care due to the inability to access NHS services. Age Scotland’s own engagement has found that people’s experiences of accessing GP practices over this period has been mixed, with one participant describing their local GP as “pulling up the drawbridge” since the start of the pandemic.[[8]](#footnote-9) While there have been positive advances in Near Me and other digital treatment options since March 2020, there is an ongoing need to ensure that patients can access face-to-face services if this is their preferred option. Virtual and telephone consultations are convenient for many, but for those who can’t get online or who find it difficult to explain their health needs using these platforms, in person options must be available.

During the first lockdown, the number of people seeking medical treatment fell sharply, and although the NHS is Open campaign was launched in late April 2020, we believe many people continued to be reluctant about using healthcare services. Even more recently, YouGov polling suggests that 21% of people would avoid contacting a GP practice for immediate non-COVID-19 health concerns even now.[[9]](#footnote-10) It is possible that this reluctance to seek medical treatment combined with difficulties in accessing healthcare may have led to poorer health outcomes and more entrenched health inequalities.

Over the course of the pandemic, many “non-essential” NHS services have been paused or cancelled. Elective procedures and non-urgent care can be transformative for the patient and reduce pressure on other areas of the health and care system. We are concerned about the long-term consequences of backlogs and cancellations, which may take years to clear, on older people’s health – particularly in areas which have predominately more health inequalities. An investigation by *The Times* found that more than 7,000 people died in 2021 while waiting for an appointment to discuss their symptoms, which is almost a 50% increase since 2019.[[10]](#footnote-11) Increasingly, delays and cancellations are creating a two-tier health system where the people who can afford to will pay for private healthcare while others who cannot have to wait. A recent BBC Scotland report highlighted that an Edinburgh optometry practice is now referring 55% of patients privately for cataracts surgery, compared to just 20% of patients in 2019. The Royal College of General Practitioners also told BBC Scotland in the same report that they are seeing more evidence of people borrowing money from family and friends or using up savings to pay privately for treatment.

It also now appears that self-referrals for breast cancer screening of the over 71s will resume in September, two and a half years since it was paused.

The pandemic has also increased the pressure being faced by unpaid carers, many of whom started caring because of COVID-19 and the pressures it placed on other parts of the health and care service. With less support available to them, and a lack of time to look after their own health, unpaid carers face the impact of physical and mental health challenges going untreated or undiagnosed for longer periods of time.

1. **How can action to tackle health inequalities be prioritised during COVID-19 recovery?**

While dealing with the direct health impacts of COVID-19 has understandably underlined the Scottish Government’s response to the pandemic, consideration of the impact of indirect health impacts associated with lockdowns and public health restrictions should be given more focus to ensure health inequalities are tackled during the recovery. Indirect harms associated with the virus – such as a reduction in physical exercise – may lead to increased health inequalities and poorer health outcomes in the medium and long term and will be felt across society for many years to come.

Boosting capacity and resilience in health and social care services must be a priority in order to improve health outcomes and tackle waiting lists and backlogs. Our NHS and social care staff have worked tirelessly throughout the pandemic. However, many of the pressures faced by the system stem from staffing and recruitment issues. With regards to the social care sector in particular, staff shortages were already an issue before the pandemic and have only grown due to the sustained pressure being faced by the sector. Absence levels are soaring within the NHS due to coronavirus, while more patients being admitted to our hospitals due to the virus and against a backdrop of already steep waiting times and backlogs.[[11]](#footnote-12) Further investment in ensuring people can receive medical treatment in the way which suits them best is also required.

With our NHS and social care services and staff under unprecedented strain, keeping people out of hospital by preventing illnesses should be a focus for the Scottish Government. Poverty and the cost of living crisis will push some people into poorer health as they struggle to put food on the table, heat their homes, and cope with the stress and worry of making ends meet. There needs to be more focus on poverty and its link to health inequalities.

There also should be a continued focus on loneliness and social isolation during the COVID-19 recovery. Loneliness and social isolation are a particular concern for many older people in Scotland. Unsurprisingly, levels of loneliness have risen during the pandemic, with 53% of respondents to Age Scotland’s Big Survey reporting that they felt lonelier and 10% saying they feel lonely all or most of the time.[[12]](#footnote-13) Loneliness and social isolation are rightly recognised by the Scottish Government as public health issues – chronic loneliness can significantly increase an older person’s risk of heart disease, dementia and stroke and can lead to depression – but there is more for government and other to do in terms of considering the impact their policies will have on these issues. Social isolation and loneliness can be viewed as both a cause and a consequence of poor physical and mental health, and are therefore bound up with health inequalities. For older people, social isolation, frailty and chronic health conditions often interact. In terms of tackling loneliness, the third sector and community organisations can help – though it must be recognised that they need to be adequately funded to do so and that not all approaches or interventions will work for every older person. Another aspect of this which links to health inequalities is the prohibitive cost for people experiencing poverty who wish to attend classes, groups and sessions.

Mental health inequalities faced by older adults must also be considered. Although the scale of mental health problems experienced by older people is often under-reported due to stigma and not knowing where to access support, one third of respondents to our Big Survey said that their mental health had deteriorated over the last five years and 25% of respondents cited difficulties with their own mental health or that of someone else in their household as an issue they had encountered during the pandemic. Last year, we partnered with the ALLIANCE, See Me and Voices of eXperience to hold a consultation event with older people to discuss their experiences of mental health both before and during the pandemic.[[13]](#footnote-14) Participants felt generally that it was easier for younger people to discuss mental health and therefore access support. Some participants were reluctant to seek help in case it was thought that they had lost the ability to make decisions for themselves and digital exclusion was also reported as a barrier to accessing information about support and services. Voluntary Health Scotland has also previously published research about how older people lose a range of mental health support services when they turn 65.[[14]](#footnote-15)

1. **What should the Scottish Government and/or other decision-makers be focusing on in terms of tackling health inequalities? What actions should be treated as the most urgent priorities?**

The Scottish Government and decision makers need to do more to tackle poverty as it is a core cause of health inequalities. As outlined above, this could include promoting benefits uptake and efforts to break down stigma, exploring automation and referrals and raising benefits rates. In light of the cost of living crisis, it is even more vital that the Scottish Government uses all the levers it has control of to tackle the issue of poverty We acknowledge there is also a responsibility and role for local authorities and the UK Government in relation to this.

To tackle health inequalities urgently, concrete actions to reduce health and care backlogs and waiting times are also required. This will involve investment both in staffing resources and in services.

**Want to find out more?**

As Scotland’s national charity supporting people over the age of 50, Age Scotland works to improve older people’s lives and promote their rights and interests. We aim to help people love later life, whatever their circumstances. We want Scotland to be the best place in the world to grow older.

Our Policy, Communications and Campaigns team research, analyse and comment on a wide range of public policy issues affecting older people in Scotland.

Our work is guided by the views and needs of older people themselves.

**Further information**

Contact the Age Scotland Policy, Communications and Campaigns team:

policycomms@agescotland.org.uk

0333 323 2400

Twitter [@agescotland](http://www.twitter.com/agescotland)

Facebook [/agescotland](http://www.facebook.com/agescotland)

LinkedIn [Age-Scotland](https://www.linkedin.com/company/age-scotland/)

[www.agescotland.org.uk](http://www.agescotland.org.uk)

1. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2020-based> [↑](#footnote-ref-2)
2. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/registrar-generals-annual-review/2020> [↑](#footnote-ref-3)
3. <https://www.nrscotland.gov.uk/covid19stats> calculated as of week 12 of 2022 [↑](#footnote-ref-4)
4. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/registrar-generals-annual-review/2020> [↑](#footnote-ref-5)
5. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/registrar-generals-annual-review/2020> [↑](#footnote-ref-6)
6. <https://www.ippr.org/blog/public-health-cuts> [↑](#footnote-ref-7)
7. <https://s3-eu-west-1.amazonaws.com/s3.spanglefish.com/s/31982/documents/consultation-events/final-survey-report-v2.1.pdf> [↑](#footnote-ref-8)
8. <https://www.ageuk.org.uk/globalassets/age-scotland/documents/policy-and-research/age-scotland---falls-treatment-pathways-report.pdf> [↑](#footnote-ref-9)
9. <https://data.gov.scot/coronavirus-covid-19/detail.html#people_avoiding_contacting_gps> – captured on 31 March 2022 [↑](#footnote-ref-10)
10. <https://www.thetimes.co.uk/article/rising-patient-deaths-on-nhs-scotland-waiting-lists-6wljb5lq0> [↑](#footnote-ref-11)
11. <https://www.gov.scot/publications/nhs-scotland-pandemic-pressures-statement-cabinet-secretary/> [↑](#footnote-ref-12)
12. <https://www.ageuk.org.uk/scotland/our-impact/policy-and-research/political-briefings/big-survey/> [↑](#footnote-ref-13)
13. <https://www.alliance-scotland.org.uk/blog/news/older-people-and-mental-health-informing-national-policy-implementation/> [↑](#footnote-ref-14)
14. <https://vhscotland.org.uk/wp-content/uploads/2020/03/FALLING-OFF-A-CLIFF-AT-65-DISCUSSION-PAPER-AND-EVIDENCE-Final.pdf> [↑](#footnote-ref-15)