

## Health ... and everything else

There has been a lot of controversy about how much Northern Ireland is spending on health since the draft Budget was published. Michael McGimpsey, the Health Minister, says he needs an extra £300 million over and above the savings he plans to make and the chair of the Health Committee, Iris Robinson, has rounded on him for allegedly failing to take hard decisions.

When health erupts on the public it's usually about what the media see as a good issue – where should a maternity unit be based, should a new hospital be nearer Omagh or Enniskillen, why are people dying from MRSA in hospitals, are hospital waiting times improving fast enough and can our health service be made more efficient?

All of these are important and emotive questions, very often a matter of life and death, but other vital issues rarely surface.

One is the fact that working class people get a very poor deal when it comes to health compared with middle class people. Perhaps we shouldn't be surprised at this because the scandal of social class inequality in education, for both adults and children who are failed by the system, has never become a big political issue either.

Over the last couple of years SCOPE has also highlighted the growing gap in earnings between the rich and the poor under which people in top income brackets are pocketing more and more money while people at the bottom are staying the same or even getting poorer. That too is a disgrace that people with wealth and power refuse to take seriously.

In fact, as Jane Wilde argues powerfully on pages 12-13, health inequalities are related to everything from fuel poverty and housing to the environment and transport and we need radical, cross-cutting action across government to tackle the problem. Likewise, Margery Magee (pp 16-17) says we need a broad social model of health and Eric Saunders makes the case for sport (pp 20-21).

This magazine has put the spotlight on health inequalities before but the latest very detailed statistics from the Department of Health, Social Services and Public Safety (see pages 14-15)

show that the issue needs to be raised at every opportunity by as many people as possible in whatever forum is available, from the media to the floor of the Assembly.

Voluntary and community organisations have a crucial role to play because we need to shout out that the debate about the health budget is not a politicians' plaything, nor is it about protecting empires in the health establishment. It is about the physical and mental wellbeing of real people, especially those who live in poverty or in areas that suffered a lot from the Northern Ireland troubles.

We have known for years that manual workers are far more likely than office workers to suffer from respiratory diseases, cancers and long-term illnesses generally. We have taken this health gap for granted for so long it no longer shocks us.

Nowadays there is a greater focus than before on mental health as we rightly recognise the harm it is doing to people, society and the economy. It is shocking, therefore, that unskilled workers are nearly twice as likely as professional workers to have mental health problems – and the gap is getting wider.

Suicides in deprived areas are running at a rate of 47% above the Northern Ireland average. Self-harm leading to hospital admissions is nearly three times more common in deprived areas.

In fairness, there have been improvements in some areas eg the infant mortality gap has narrowed a bit as between disadvantaged areas and others. Having said that, enormous differences remain between the health outcomes of the 'haves' and 'have nots' whether measured by deprived area or by socio-economic group.

This brings us back to the political debate on the draft Programme for Government and budget. These must be strengthened into an effective, broadly-based anti-poverty strategy if we are to improve the health of our most disadvantaged citizens.

We also need a more mature and detailed debate on the health budget. Huge, crude figures have been published that give no idea of how much is being spent on prevention rather than on treating illness after it has happened. But we need to see how education for older people, good public transport, decent housing and all the other things that the Executive is responsible for can make a contribution.

This really would be effective, joined-up government.



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