

Policy Briefing

Health Inequalities in Scotland

July 2026

This briefing has been prepared by Voluntary Health Scotland (VHS) for Members of the Scottish Parliament. The briefing provides an overview of the key health inequalities data in Scotland. It further provides a synopsis of the VHS (IN)VISIBLE Report, published in May 2026, detailing sex and gender-related health inequalities in Scotland. Finally, we share our key policy priorities for addressing health inequality in Scotland.

About Voluntary Health Scotland

[Voluntary Health Scotland](#) (VHS) is a movement for health creation working to reduce health inequalities and enable the people of Scotland to live well. We believe that health is more than the absence of illness. We work with our membership of over 300 third sector health organisations, along with wider partners, to address health inequalities and champion preventative approaches.

VHS also manages the Scottish Community Link Worker Network, which is a network and community of practice for Scotland's 350+ primary care community link workers. A community link worker is a non-clinical practitioner based in or aligned to a GP practice or cluster who works directly with individuals to support them to engage with wider services in their local community.

Health Inequalities in Scotland

Scotland is facing a public health crisis and healthy life expectancy in Scotland has been steadily decreasing for over a decade. The [most recent figures](#) show that, on average, people in Scotland will be in poor health before their 60th birthday.

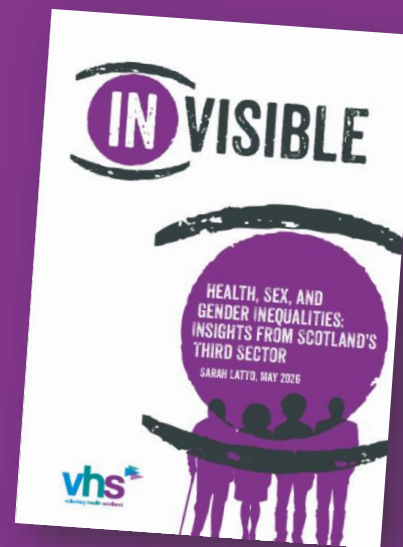
Many of Scotland's health inequalities can be attributed to socio-economic factors. The most recent [Public Health Scotland analysis](#) found that life expectancy differed by 11.1 years for males between the 20% most and least deprived areas. For females, the gap is 8.7 years. The figures are even more stark when looking at *healthy* life expectancy, which differed by 25.6 years for males between the most and least deprived areas, and 26.7 years for females according to recent [National Records of Scotland statistics](#).

Many people experience health inequalities because of protected characteristics such as their age, sex/gender, sexuality, ethnicity, or because they have a disability. When these characteristics intersect, the inequality experienced is often compounded. However, these inequalities can be difficult to identify or understand using current datasets. The third sector is often a vital but undervalued source of information.

(IN)VISIBLE Report

In our recent [\(IN\)VISIBLE research report](#), we explore the impact of sex/gender on health outcomes and experiences specifically. It surfaces evidence of gender-related health inequalities, including:

- Women experiencing symptom dismissal, diagnosis delays, and inappropriate treatment due to gaps in clinical research.
- Young working-age men being at greater risk of 'deaths of despair' through substance misuse or suicide.
- Unpaid carers, who are predominantly women, struggling to prioritise their own health needs due to a lack of support.
- Transgender people experiencing significant health inequalities due to societal and workforce stigma, as well as a lack of inclusive physical and digital health infrastructure.
- Older women having their symptoms dismissed and being made to feel like a burden by clinicians.
- Disabled and migrant women experiencing significant discrimination in gynaecological or maternity care, including infantilisation and issues gaining informed consent.

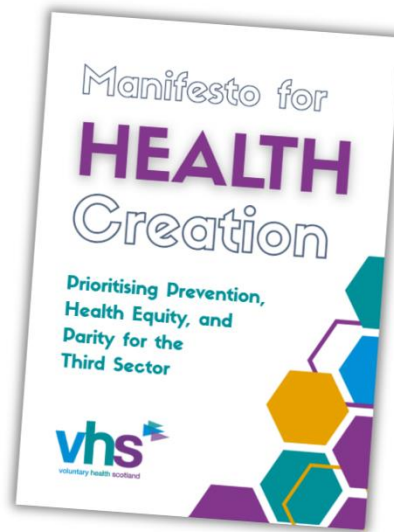


The recommendations in the report include ensuring that health policy reflects sex and gender-related inequalities and that the health workforce is required to undertake tailored training. It also recommends investment in dedicated systems, services, and spaces to address common barriers, and campaigns to raise public awareness of the impact of sex/gender on health.

Policy Priorities

We published our [Manifesto for Health Creation](#) in October 2025, sharing our key priorities for addressing health inequalities in Scotland. We have also produced a [one-page Summary of our Manifesto](#). Our key asks are:

- Create a prevention-centred health system
- Prioritise health equity and the right to health
- Establish third sector parity
- Improve health measures and datasets



Prevention-centred Health System

A shift to prevention is vital for addressing health inequalities in Scotland, and for safeguarding Scotland's public finances. According to the Population Health Framework, the impact of ill health is projected to rise by 21% from 2023-2043. In September last year, we published a [Joint Statement on Prevention](#) with partners which called for a clear definition of prevention, courageous leadership in implementing preventative solutions, and a whole system approach.

There have already been significant strides in pivoting to a prevention-centred approach. The [Population Health Framework](#) and the [Health and Social Care Service Renewal Framework](#) have both committed to centring prevention. The Cabinet Secretary for Public Service Reform, Ivan McKee MSP, has also recently published [The Prevention Toolkit](#) and further information about the [Preventative Budgeting Pilot](#) for identifying preventative spend in the Scottish Budget.

Health Equity and the Right to Health

In our manifesto, we identify a range of priorities for tackling health inequalities, including establishing cross-party consensus on the long-term solutions and ensuring that policies do not inadvertently reinforce harmful stereotypes.

We also identify people with long-term or life-limiting conditions as a priority for action. The Scottish Government has [consulted widely](#) and made some progress with developing a Long-term Conditions Framework prior to the election.

Finally, unpaid carers experience significant health inequalities and urgent action is required to protect their right to health. The government recently consulted on the implementation of the [right to short breaks for unpaid carers](#), but much more still needs to be done to provide adequate support.

Third Sector Parity

Our manifesto calls for policy solutions which protect the third sector and its workforce as vital and equal contributors in the delivery of health services. The third sector also plays a crucial role in understanding the root causes of health inequalities.

The Government is actively progressing a partnership with the Third Sector, and parliament recently passed a [motion](#) in favour of this.

Health Measures and Datasets

A meaningful shift to prevention and health equity can only be achieved if they are reflected in health outcomes and datasets. As such, we are calling for appropriate, sustainable and measurable National Outcomes and indicators for health which reflect the shift to prevention, and a review of the quality, transparency and intersectionality of health datasets.

The National Performance Framework (NPF) and National Outcomes are a key tool for scrutinising Government performance. The Government [sought views on a revised set of National Outcomes](#) immediately prior to the election, and the Cabinet Secretary for Public Service Reform promised a [reformed National Performance Framework in parliament on the 11th June](#).

Next steps

We would welcome 1-1 discussions with any MSP who has an interest in addressing health inequalities in Scotland, either during or after the parliamentary recess, regarding the issues raised in this briefing. VHS also provide the secretariat for the [Cross Party Group on Health Inequalities](#) which has almost 150 non-MSP members. Please consider joining this CPG to ensure that we can continue to raise awareness and take action on health inequalities in Scotland.

To arrange a meeting, or for further clarity on any of the points raised, please contact our External Affairs Lead, Sarah Latto, on sarah.latto@vhscotland.org.uk.