

CROSS PARTY GROUP ON HEALTH INEQUALITIES

SUMMARY REVIEW OF THE YEAR OCTOBER 2016 TO SEPTEMBER 2017

Introduction

This report provides a summary of the topics presented and discussed at the three CPG meetings held to date in 2017. The next meeting will be the AGM on Thursday 26th October (1pm- 2.30 pm, Scottish Parliament Committee Room 1) which will include a presentation from Cancer Research UK on obesity, cancer and health inequalities.

The gaps between those with the best and worst health in Scotland are persistent, some are widening, and too many Scots still die prematurely. Deprivation is the key determinant, although age, gender and ethnicity are also factors. Health inequalities are avoidable because they are rooted in political and social decisions and they are costly to society and to the NHS and other public services. The CPG brings together politicians, public and professional bodies, third sector and academia to raise awareness, educate, inform policy making, and foster collaboration.

The CPG was originally established at the start of the 2012-2016 Parliamentary session, and has the following registered purpose:

“The group aims to raise awareness of the causes of health inequalities amongst parliamentarians to influence legislation and amongst policy makers to promote evidence based actions which reduce health inequalities and to avoid legislation and policies which will make health inequalities in Scotland worse.”

Following the Scottish Parliamentary elections in May 2016, VHS successfully sought support from MSPs to re-register the CPG in the new Parliamentary session. Twelve MSPs joined the Group. The first meeting was held on 25th October 2016, where three Co-Convenors were elected: Donald Cameron MSP, Anas Sarwar MSP, and Clare Haughey MSP. VHS was re-appointed as Secretary to the Group, a position it has served since June 2015.

Between January and September 2017 there were a further three meetings (19th January, 30th March, 15th June) where specific health inequalities topics were examined. Each meeting was attended by 35 to 50 people from across sectors, professions and communities of interest. As at September 2017 the CPG has 53 organisational members and 3 individual members, as well as 12 MSPs. Organisations involved include a wide range of health charities and other third sector organisations, universities, Audit Scotland, Big Lottery Scotland, Care Inspectorate and a number of Royal Colleges.

On 19th September 2017 Clare Haughey MSP sponsored a reception organised by VHS in the Garden Lobby of the Scottish Parliament, to promote the role of the CPG and celebrate its cross-sectoral, collaborative approach to addressing health inequalities. This was attended by 77 external guests and at least 8 MSPs.

Thursday 19th January 2017: The Place Standard: How Good is our Place?

Speakers were: Sandy Robinson, Principal Architect, Planning & Architecture, *Scottish Government* and John Howie, Organisational Lead, Health Equity (Planning Activity and Place) *NHS Health Scotland*.

Place, as the environment that surrounds us, has a substantial influence on our health. It can create and nurture health but it can also be detrimental to health. Even spaces that seem to be green and pedestrianised may not be fit for purpose. Spaces need to be designed to encourage activity. The policy context for the development of the Place Standard focuses on an asset based approach, co-production and improvement. It has resulted in a shift in focus from needs to assets development. The Place Standard is an assessment tool to evaluate the quality of place and has been developed based on evidence of the positive role that place plays in reducing inequalities. The 14 themed questions can be used to evaluate places that are well established, undergoing change or still being planned. The Place Standard can be used by communities or professionals, individuals or groups.

Thursday 30th March 2017: The Relationship between Place and Health

Speakers were: Professor Jamie Pearce, School of GeoSciences, *University of Edinburgh* and James Jopling, Executive Director for Scotland, *Samaritans*

Professor Pearce drew together the evidence from two separate studies to highlight how the characteristics of place and the environment during children's formative years impact on physical and mental health in later life. We heard that people with access to green space during their childhood are more resilient to cognitive decline in older age but that a lack of garden access is significantly more common for most deprived neighbourhoods. James Jopling presented the Samaritans report *Dying from Inequality*. Socio-economic disadvantage is a key risk factor for suicidal behaviour and there is a strong case for national suicide prevention strategies targeting efforts towards the most vulnerable people and places.

Thursday 15th June 2017: Healthcare for people with custodial sentences

Speakers were: Pete White, Chief Executive, *Positive Prison? Positive Futures*, Lorna Green, Policy Officer, *Royal College of Nursing*, and David Cullum, Clerk to the Health and Sport Committee, Scottish Parliament.

The unique opportunity to address health inequalities within the prison environment is not being taken. Most of the prison population has greater health needs than the wider population, the more so because we have an ageing population in prison. This means that there are more prisoners that need specialist services such as end of life/palliative care, have multiple morbidities and long-term conditions. However, the lack of access to medical records (especially at transition points like admission, transfer and discharge) mean there is no continuity of care. Nurses do not know if patients have learning disabilities, mental health issues or if they are suffering from trauma. Some health boards are not prioritising prison healthcare. The prison population is under-served by the move in responsibilities from the Scottish Prison Service to NHS boards five years ago and the promised improvements from the transfer have not materialised.