

# Joint meeting of the Cross Party Groups on Health Inequalities and on Improving Scotland's Health: 2021 and Beyond

Representing the ninth meeting of the CPG on Health Inequalities  
(Parliamentary session 2016-2021)

Representing the fourth meeting of the Improving Scotland's Health: 2021 and Beyond (Parliamentary session 2016-2021)

Tuesday 22<sup>nd</sup> May 2018, The Scottish Parliament **Draft**

## Minutes

**MSPs present:** Clare Haughey MSP, David Stewart MSP **Other**

**CPG members present:**

Mahmud	Al-Gailani	VOX
Linda	Alexander	Children's Health Scotland
Mike	Andrews	ASH Scotland
Lauren	Blair	Voluntary Health Scotland
Graeme	Callander	Drink Wise Age Well
Hilda	Campbell	COPE Scotland Scottish Health Action on Alcohol
Eric	Carlin	Problems (SHAAP)
Emilie	Combet Aspray	University of Glasgow
Kirsty	Cumming	SPORTA
Elinor	Dickie	NHS Health Scotland
Alison	Douglas	Alcohol Focus Scotland
Sheila	Duffy	ASH Scotland
Nadia	Fanous	University of Glasgow
Andrew	Fraser	NHS Health Scotland
Maruska	Greenwood	LGBT Health and Wellbeing
Philip	Grigor	British Dental Association
Anna	Gryka	Obesity Action Scotland
Shruti	Jain	Obesity Action Scotland
Allyson	McCollam	Voluntary Health Scotland
Lyn	Jardine	Viewpoint
Gillian	Mcnicoll	Rowan Alba
Nicola	Merrin	Alcohol Focus Scotland
Cath	Morrison	NHS Lothian
Muriel	Mowat	Befriending Networks Scottish Families Affected by Alcohol
Justina	Murray	and Drugs

Fiona	Myers	NHS Health Scotland
Celia	Nyssens	Nourish Scotland
Lindsay	Paterson	RCPE
Arvind	Salwan	Care Inspectorate
Claire	Shanks	British Lung Foundation
Sally	Shaw	deafscotland
Dr Niamh	Shortt	University of Edinburgh
Morna	Simpkins	MS Society
Claire	Stevens	Voluntary Health Scotland
Marie-Amelie	Viatte	Inspiring Scotland
Drew	Walker	NHS Tayside
Tom	Wightman	Pasda
Kiren	Zuabairi	Voluntary Health Scotland

**Non-members present:**

		Scottish Community Safety Network
Hannah	Dickson	
Nicola	Hanssen	Roar: Connections for life
Susan	Paxton	CHEX
Rupert	Pigot	Diabetes UK
Jacquie	Winning	FVSC

**1. Welcome, introductions and apologies**

The meeting was jointly chaired by Clare Haughey MSP and David Stewart MSP. Clare Haughey introduced the Cross Party Group (CPG) and welcomed everyone to the joint meeting. It was noted that the CPG on Health Inequalities was set up six years ago to promote evidence based action to reduce health inequalities in Scotland. The CPG on Improving Scotland’s Health: 2021 and Beyond was set up two years ago to reduce the health harms caused by alcohol, tobacco, poor diet and obesity. Both Clare Haughey and David Stewart thanked Voluntary Health Scotland (VHS) as secretariat for the Health Inequalities CPG and Ash Scotland and Alcohol Focus Scotland as joint secretariat for the Improving Scotland’s Health CPG for organising the meeting.

## **2. Health inequalities and unhealthy environments: a research response**

**Dr Niamh Shortt, Reader in Health Geography and co-director of the Centre for Environment, Society and Health (CRESH), University of Edinburgh** was introduced by David Stewart MSP. She presented her research on how the environment shapes our health, health behaviours and resulting health inequalities, with a focus on alcohol and tobacco environments in Scotland and the role of retail density.

The sanitary revolution in our history made the link between our living conditions or the environment in which we live and life expectancy. Since then life expectancy in Scotland has been improving due to a cleaner and healthier environment; however, underlying inequalities still persist. People on the lowest incomes and the most deprived areas have the highest mortality rate. There is a social gradient, there isn't just the difference between the highest and lowest income groups to consider but the fact that each group has worse outcomes than the one above it.

Recently there has been a sharp rise in non-communicable diseases which have lifestyle related causes. It is easy to blame the individual for their behaviours but this fails to acknowledge the environment in which we live, the resources we have available to us and how we are able to use these resources. Our environment or the places in which we live actively shape our lives, for better or for worse, and places can foster health but also inequality. The environment is not just physical but also political, social and economic.

Recent research looking at the clustering of alcohol, fast food, tobacco and gambling outlets shows that deprived neighbourhoods are disproportionately affected. As income deprivation increases so does the density of these outlets except in the most deprived areas where there is actually no retail provision at all. Similar research has been conducted for Alcohol Focus Scotland on alcohol outlet availability and harm across the different Local Authority areas in Scotland. The same relationship was found, as deprivation increased so did the availability of outlets. The relative harm of the availability of these outlets was also most apparent in the lowest income groups. Niamh described this as the Alcohol Harm Paradox, where the lowest income groups are disproportionately more likely to experience alcohol harm than those in higher income groups. They are also more likely to increase consumption of alcohol as availability increases, than are those on higher income groups.

Policies in Scotland need to focus on creating healthy environments and restricting unhealthy ones and should have a strong focus on tackling health inequalities. The licensing system needs to be improved: currently over 97% of alcohol licenses are granted, and there are no restrictions for tobacco outlets. There needs to be action on the availability, marketing and price of health harming products.

## Discussion

David Stewart MSP invited questions and comments to be put to Niamh Shortt. She was asked whether she thought the Social Responsibility Levy, not currently being implemented by the Scottish Government, could make a difference. It was pointed out to her that mental health, diabetes, heart disease and addictions often exist as co-morbidities and she was asked if she had found evidence of the impact of places on mental health and suicide. She was asked how Scotland might expand its policy agenda to tackle income inequality. She was asked how digital technology could help narrow inequalities, with the questioner expressing the view that digital technology and the digital environment are facilitating people to become unhealthier and widening inequalities. It was pointed out that people who do not support interventionist public health approaches would say that the issue is about demand not supply.

Niamh's responses included the comment that the Social Responsibility Levy can work alongside a suite of other actions but is not enough to make a difference on its own. She agreed with the Levy so long as it did not distract from the need to tackle the issues of availability and marketing which she saw as more problematic. She expressed an interest in exploring mental health and suicide issues further, saying that the impact that the proliferation of alcohol outlets has on people's mental health came out a lot in the research around alcohol recovery. She commented that Scotland is predicated by vast income inequalities that must be tackled first and foremost and she referenced the Alcohol Harm Paradox again. She observed that the digital environment is bound up with the marketing of unhealthy things and that we needed to get wise as to how industries are using marketing and digital technology to push their products. In relation to the question of demand and supply, Niamh said a new study was looking at this issue but that, regardless of the question of demand, the evidence is that clustering affects our most deprived communities and we need to do something about it.

It was noted that Partnership for Action on Drugs in Scotland (PADS) is conducting a survey looking at mental health and addictions and that a significant emerging issue is around transport and bus passes. People who are in recovery need to improve their lives and access to affordable transport is important. Not having this can limit people to their harmful environments.

### 3. Health inequalities and unhealthy environments: a community response

Clare Haughey MSP introduced **Hilda Campbell, Chief Executive of COPE Scotland**, an organisation that she knows and commended for the excellent resource they provide within their community. She invited Hilda to give her presentation.

COPE Scotland is a community led service in Drumchapel, West Glasgow, committed to finding new ways of addressing mental/emotional distress and promoting resilience and self-management through the principles of co-production

and design. Twenty four years after its establishment, COPE Scotland has supported more than 20,000 people.

People living within deprived communities are tired of hearing that they will die younger than everyone else, that they will suffer from a range of co-morbidities and that they are on a lower income than everyone else. What they need is to be empowered to affect the change that they need and want. We need to find a new way of doing things: by asking people what *they* want to change in their own area, we can empower those directly affected by clustering to be leaders of the change.

In Drumchapel there are bookies, off-licenses and fast food outlets but there are also very good sports facilities, social hubs and a boxing gym, all of which have been developed organically by the people who use them. An ounce of prevention is worth more than a pound of care.

Funding structures need to allow for services, projects and activities within communities to develop and flourish. Accountability for funding is important but so is the space for organisations like COPE to respond flexibly to people's needs. Small levels of support can go a long way. For example, COPE supported a man whose idea was to use sound and vision to create 'chill-out' spaces to support mental wellbeing, by offering him a space in their premises. That led to him developing a five storey building called [The Space](#) in Glasgow, a community venue focusing on improving people's mental health and wellbeing, tackling inequality and social isolation, and providing a social space that people can use on their own terms.

Statistics and research are important but equally as important is the need to ask people – what do you want? It is very despairing to be constantly told that you will die soon or that you are poor – people want to be able to do things for themselves.

## **Discussion**

Clare Haughey MSP invited questions and feedback on Hilda Campbell's presentation and led a wide ranging discussion for the remainder of the meeting.

Hilda was asked why she thought policy makers find it hard to embrace an asset based community led approach, with several commentators remarking that her presentation resonated with them and was refreshing. Hilda's view was that we have good policies in Scotland but in implementing them power dynamics come into play. Having a community based approach means handing over power to the community. Inequalities and power have a strong relationship and drive all inequalities. We should not polarise discussion, we need to work within the community as well as affect structural change to the environment, both are important. Free markets mean that income inequality is widening and social mobility is reducing – this all needs to be improved. Communities face a lot of stigma: 'sink hole estates' is no way to describe a place. Treating people with dignity and respect in services allows them to be creative and free and not constantly be fighting the system.

It was remarked that what Hilda had described for geographic communities is also experienced by communities of interest, such as those in the deaf community. People's feeling of being downtrodden is shared by deaf people as the focus is

always on what they cannot do. What needs to happen is that the environment needs to change to be able to support people. People with hearing loss are not engaging in health and social care discussions because they are deaf and are not supported – but when they are involved things do change for them. Discussion following these points focused on the need to celebrate the different ways in which people perceive knowledge; our response should be: “you have a unique way of seeing the world, how can we help you?” Most websites are set up for people who can see and hear and these needs to change to be more inclusive.

It was remarked that we need to trust communities and noted that funding from the Big Lottery and other non-statutory sources are often more flexible and offer organisations greater scope for creativity. Attention was drawn to [The People and Community Fund](#) .

The successful introduction of minimum unit pricing for alcohol after a long court battle was raised and the question posed: would a right to health or to food be a good direction to go down to improve inequalities? The right to health needs to be calibrated to work across different social groups – we know that tobacco and alcohol impacts people across the social gradient in different ways. Social determinants underpin inequalities. The value and importance of giving people purpose and stimulation was discussed. An example was given of a woman who does not smoke on Wednesdays because she volunteers that day and does not want the people she supports to smell smoke on her.

Niamh Shortt was asked whether she was able to compare the same areas before and after the arrival of clustering of unhealthy tobacco and alcohol outlets. She explained that it is difficult to get the data to do this. There is data for the last ten years across Scotland but not much consistently beyond that, apart from Edinburgh where data from the 1900s onwards is available. CRESH has used that data to create a deprivation index which shows that spacial poverty has not changed – what was poor then is poor now. A report on this data for Edinburgh will be published shortly.

#### **4. AOB**

- a. VHS is supporting the Scottish Public Health Network (ScotPHN) to identify third sector organisations with an active interest in the health implications of gambling and/or involvement in relevant interventions. Anyone wishing to know more or get involved should contact VHS or ScotPHN.
- b. It was noted that the CPG Secretariats had asked David Stewart MSP if he would table the following written motion:

*That the Parliament commends the work of the Cross Party Groups on Health Inequalities and Improving Scotland's Health: 2021 and Beyond on raising the issue of the right to health by holding a joint meeting on 22nd*

*May 2018; notes the presentation by Dr Niamh Shortt from the Centre for Research on Environment, Society and Health at which the evidence was presented on how the environment shapes our health, health behaviours and resulting health inequalities; understands that recent research published by Alcohol Focus Scotland and the Centre for Research on Environment, Society and Health shows that there were 40% more places to buy alcohol in the most deprived Scottish neighbourhoods than in the least deprived neighbourhoods and that areas with the most alcohol outlets had higher levels of alcohol-related deaths, hospitalisations and crime rates; notes the presentation from Hilda Campbell, Chief Executive of COPE Scotland on empowering communities to improve their health by working with, not for communities, tapping into the skills, and enthusiasm people have to make a difference in their own lives and advocating for and co-designing new solutions to improve the conditions and environment which enables families and people to thrive, physically, emotionally, psychologically, economically and socially; and hopes that the forthcoming Scottish Government public health strategies on alcohol, tobacco, and healthy weight will contain action to address the availability of healthharming products in our local communities to prevent and reduce noncommunicable diseases and health inequalities.*

There being no other business, David Stewart MSP and Clare Haughey MSP thanked the two speakers and all present for their contributions, and concluded the meeting.