Cross Party Group on Health Inequalities

Draft Minutes of AGM and the Ninth Meeting

(Parliamentary session 2016-2021)

Tuesday 30th October 2018

The Scottish Parliament

MSPs present: Anas Sarwar MSP (chairing), Richard Lyle MSP, Alison Johnstone MSP, Clare Haughey MSP (guest speaker)

Other CPG members present:

Jillian	Adie	Salvesen Mindroom Centre
Ijeoma	Azodo	University of Edinburgh
Giancarlo	Bell	The Peoples Health Movement Scotland
Lauren	Blair	Voluntary Health Scotland
Nancy	Bond	University of Edinburgh
Monique	Campbell	Shelter Scotland
Christine	Carlin	Salvesen Mindroom Centre
Jess	Davidson	RCN
Eva	Gallova	The Peoples Health Movement Scotland
Scott	Granger	Individual Member
Blanca	Kao	University of Edinburgh
Gillian	McNicoll	Rowan Alba
Justina	Murray	Scottish Families Affected By Alcohol & Drugs
Rob	Murray	Changing Faces
Anas	Sarwar MSP	Co-Convenor of CPG
Mary	Sinclair	Senscot
Kathryn	Skivington	MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
Paul	Southworth	NHS Health Scotland
Claire	Stevens	Voluntary Health Scotland
Mairi	Tulbure	Criminal Justice Voluntary Sector Forum (CJVSF)
Ritta	Valkama	Rowan Alba
John	Watson	ASH Scotland
Pete	White	Positive Prison? Positive Futures
Tom	Wightman	Pasda
Eleanor	Wilson	The Peoples Health Movement Scotland
Kiren	Zubairi	Voluntary Health Scotland

Non-members present:

Linda	Alexander	Children's Health Scotland
David	Banks	Queen Margaret University
Catherine	Bromley	Office for Statistics Regulation
Elaine	Carnegie	Edinburgh Napier University
Sarah	Curtis	University of Durham & University of Edinburgh
Katie	Dee	NHS Lothian
John	Fellows	Royal College of Physicians and Surgeons of Glasgow
Nicola	Gilroy	Scottish Government
Cllr Ashley	Graczyk	Edinburgh Council
Clare	Haughey MSP	Minister for Mental Health
Jim	Hume	Support in Mind Scotland
Eunis	Jassemi Zargani	Scottish Parliament
Nancy	Loucks	Families Outside
Morag	McFadyen	Soroptimist International
Wendy	McDougall	Healthcare Improvement Scotland
Karen	O'Hanlon	Scottish Rural Health Partnership
Neil	Quinn	Strathclyde University
Keith	Robson	MS Society Scotland
Sally	Shaw	Ideas for Ears/ Deaf Scotland
Frances	Simpson	Support in Mind Scotland
Louise	Slorance	Royal College of Paediatrics and Child Health Scotland

Annual General Meeting

1. To welcome members to the AGM and receive any apologies

Anas Sarwar MSP welcomed attendees and noted apologies.

2. To approve the minutes of the previous AGM

Noted that this is the second AGM since the CPG was re-established in October 2016. The draft minutes of the AGM held on 26th October 2017 were proposed by Rob Murray, seconded by Claire Stevens and duly approved.

3. To consider any matters arising

No matters arising.

3. To elect Convenors for the next 12 months

Noted that Clare Haughey MSP had stepped down as Co-Convenor during the year due to her promotion to Minister for Mental Health. Donald Cameron MSP and Anas Sarwar MSP were proposed to continue as Co-Convenors. Richard Lyle MSP was

proposed as a new Co-Convenor. Proposed by Pete White, seconded by Morag McFadyen and duly approved.

4. To appoint the Secretary for the next 12 months

Voluntary Health Scotland (VHS) was proposed to continue as Secretary to the CPG. Proposed by Rob Murray, seconded by Christine Carlin and duly approved.

5. Annual Review October 2017 to September 2018

Noted that VHS had produced and circulated a short report summarising the CPG's meetings, topics and discussions over the previous 12 months. Anas Sarwar thanked VHS for compiling the report.

6. Annual Return

Noted that VHS is preparing the formal Annual Return and in due course this will be posted on the Scottish Parliament's website

7. Any other competent business

There being no other competent business the business of the AGM was concluded.

Business Meeting

1. Minutes of meeting held on 3rd May 2018

The draft minutes were approved without amendment. Noted that these include for information only, as an Appendix, the unofficial minutes of 25th January meeting. That meeting was well attended but was not quorate due to only one MSP attending. Noted that at least two MSP members of the CPG have to attend for a meeting to be quorate.

2. Matters Arising

Noted that a very well attended joint meeting with the *CPG on Improving Scotland's Health: 2020 and Beyond* had been held on 22nd May. The draft minutes were circulated but cannot be formally approved as it was not quorate in terms of MSPs; noted that joint meetings require at least four MSPs (two from each CPG) to attend for it to be quorate.

3. **Topic for discussion: Mental Health and Inequalities**

First presentation: Clare Haughey MSP, Minister for Mental Health

The Minister outlined the causes of mental health inequalities, set out what the Scottish Government is currently doing and highlighted future plans. The full transcript of her presentation is available here: https://vhscotland.org.uk/minister-for-mental-health-meets-health-inequalities-cpg/

Following her presentation, the Minister heard and addressed the following questions and discussion points:

Q. Can we match aspirations for mental health with the Safer Staffing Bill? Is it possible to push for therapeutic staffing for mental health patients under parity of esteem?
A. There is a push for Allied Health Professionals to be covered by the Safer Staffing Bill.

Q. The social and environmental determinants of health include employment and this has an impact on people with mental health issues, not only those affected by unemployment and a lack of employment opportunities but also precarious work circumstances such as zero hour contracts and poor working practices.
A. There needs to be safer mental health in work. Employers have a duty and responsibility under health and safety for our mental and physical health.

Q. People with autism are not properly supported: early intervention would be cheaper in the long run.
A. Early intervention is key in all areas of tackling mental health distress and stress. Not just healthier mental health support but a more compassionate society.

Q. Where are the gaps in in mental health data?
A. I am working with ISD to improve data and make sure that the data we collect is important and relevant to frontline staff.

Q. There needs to be an emphasis on the social determinants of mental health, including good employment opportunities and practices. In children's mental health, especially for girls, the solutions are always based on nursing and counselling instead of trying to tackle underlying issues.
A. We are looking at children and young people's mental health services and are looking wider than just clinical services; for example, into the effects of social media. We are tapping into the voices of young people and not trying to assume things on their behalf.

Q. I have experience of rough sleeping and I think it is important that you speak to people with lived experience.
A. We are working to listen to all voices.

Second presentation: Jim Hume, Manager of the National Rural Mental Health Forum at Support in Mind Scotland

The Rural Mental Health Forum is run by Support in Mind Scotland and supported by the Scottish Government. The Forum was set up 16 months ago and has over 60 members including government departments, mental health organisations, third sector organisations, Police Scotland and NHS 24. The forum works to raise awareness of rural mental health issues on a range of platforms and works in partnership with a range of organisations.

Rural areas in Scotland face a number of issues, such as a decline in traditional industries as well as a reduction in services such as banking, post offices, health services and transport is a big issue. There is also a strong correlation between mental health and income levels, with people who have good mental health earning 50% more than those suffering from poor mental health.

Living in rural areas has a number of disadvantages such as geographical and social isolation, a lack of anonymity which can result in stigma, and reduced access to services. People need to travel long distances to get to services, some people are travelling 160 miles to get to their nearest service. There is a lack of public transport and low levels of community support for people with mental health conditions. There are high suicide rates: 1 in 20 people living in rural areas have made an attempt at their lives and services such as Samaritans are under-utilised due to stigma.

The Rural Mental Health Forum conducted a survey asking participants what one thing they would change about mental health services in rural Scotland. Participants said the role of physical communities and communities of interest was important. They said there was a need to raise awareness and understanding of mental health in rural areas and to provide access to specialist services as well as co-ordinated, tailored and holistic services that are accessible, confidential and have secure funding.

Third presentation: Karen O'Hanlon, Business Development Manager of the Scottish Rural Health Partnership

The Scottish Rural Health Partnership sits in the School of Rural and Remote Healthcare, University of Highlands and Islands. The University is dispersed from Perth to Shetland and covers most of rural and remote Scotland and as such they have knowledge of living, working and delivering services in remote areas. The two top issues that the Scottish Rural Health Partnership will focus on in 2018/19 are healthcare workforce recruitment and retention, and rural mental health.

In rural areas there are issues with communication, access to services, transport, broadband and connectivity, and rising fuel costs. There is also a push to centralise services that makes it difficult for people living in remote areas to access these services. There is limited access to staff who are trained to deal with mental health issues: many are healthcare professionals but do not have mental health training.

Rural areas also have an ageing population who are vulnerable to loneliness and social isolation and those receiving are at home are further isolated as they do not have much contact with people. Those suffering from multi-morbidities in rural areas are also affected by poor mental health. There are high rates of suicide in rural areas of Scotland and there is a lack of high quality accessible support services. Some services have reported a normalisation of suicide as a way out for people in rural areas who suffer from deprivation. People working long hours in remote locations, sometimes largely on their own require extra help.

What is needed is improved access to services, not just mental health but all services, at the right time with appropriately trained staff. This includes face-to-face

as well as utilising technology. Need to tackle stigma, many people do not want to access services as they may know the people providing the service.

The Scottish Rural Health Partnership is establishing an 'Ecosystem' for the Highlands and Islands that will bring together a range of organisations and stakeholders to deliver a joint agenda around rural mental health and active healthy ageing. The impact of the partnership will be realised over the next 2 to 3 years.

Following the two presentations, Jim and Karen responded to the following questions and discussion points:

Q. Talking about the role of community, what types of projects and activities have worked – do they involve online projects and/or is it interventions with family members?
A. For example: the Rural Mental Health Forum has a partnership with Royal Mail and provide mental health first aid training, information about where to signpost people to as well as training on how to listen and understand mental health issues.

Q. People who are deaf or hard of hearing face a lot of barriers that can result in mental health issues as well as loneliness and social isolation. How do you overcome this?
A. There is a need for face to face contact to tackle communication barriers. Men's Sheds are a good example to highlight as they are not overtly about mental health services but provide meaningful contact and a space to speak and be heard. Existing networks and groups can make sure they are aware of mental health issues and how to support people, including their communication needs.

Q. You mentioned the normalisation of suicide for young people in rural areas – is there any further information about this?
A. Samaritans have undertaken some research (gap analysis and needs assessment) that included feedback from young people in rural areas saying there is a normalisation of suicide within their communities.
A. HIVE Inverness is a drop in service for young people suffering from distress – they report hotspots of suicide and a general perception of normalisation. However, this is quite anecdotal and there is no data to show how widespread this is.

Q. Physical spaces have an impact on people with disabilities and can be a barrier to accessing services.
A. It is important to match people to services and make use of the facilities and spaces that are out there. People do not know what support exists and it is important to ensure up-to-date information about the range of services, activities and projects available and who they cater to.

Q. What workforce pressures do rural third sector organisations face?
A. It is hard to get volunteers for Samaritans evidently. There is a perception that you might know the volunteer at the other end of the phone. In general, the retention of volunteers is difficult and staff training and upskilling is hard because there are

usually very high costs attached to accessing these as well as transport and other costs on top.

Anas Sarwar thanked Jim and Karen for their inputs and drew the discussion to a close.

5. Proposed new members

Four applications to join the CPG were received from Royal College of Physicians of Glasgow, Scotland Versus Arthritis, Edinburgh Voluntary Organisations Council (EVOC) and Eden Project Communities, which were all approved.

Scott Granger, attending his first meeting, expressed an interest in membership as an individual able to contribute lived experience relevant to health inequalities. He was proposed for membership by Anas Sarwar and seconded by Richard Lyle.

6. Any other business

- **a.** Noted that VHS is organising a Garden Lobby Parliamentary reception to celebrate the work of the CPG, to be held on Tuesday 11th December, 17.30 to 20.00. Sponsored by Co-Convenor Donald Cameron MSP with Joe Fitzpatrick MSP, Minister for Public Health, Sport and Wellbeing speaking. Invitations will be issued shortly.
- **b.** Noted that VHS welcomes suggestions for topics and speakers for the 2019 programme of meetings.

7. Date of Next Meetings

Tuesday 11 December, 17:30 to 20:00, Parliamentary Reception (Garden Lobby)/

Thursday 31st January 2019, 13:00 to 14:30, business meeting, Committee Room 2.

APPENDIX 1

Joint meeting of the CPGs 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 22nd May 2018, The Scottish Parliament

Draft Minutes

[UNAPPROVED AS MEETING WASN'T QUORATE IN TERMS OF MSPS PRESENT]

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
Eric	Carlin	Scottish Health Action on Alcohol 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

Justina	Murray	Scottish Families Affected by Alcohol 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	Zubairi	Voluntary Health Scotland

Non-members present:

Hannah	Dickson	Scottish Community Safety Network
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 involves 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 health harming products in our local communities to prevent and reduce non communicable 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.