

Cross Party Group on Health Inequalities
Thursday 13th October 2020
AGM 2020 and Business Meeting

MSPs present: Anas Sarwar MSP (Chair), Alison Johnstone MSP, Brian Whittle MSP, BOB Doris MSP, Emma Harper MSP and Richard Lyle MSP

MSP apologies: Murdo Fraser MSP, Elaine Smith MSP and Donald Cameron MSP

Other CPG members present:

Lauren	Blair	Voluntary Health Scotland
Stuart	Callison	St Andrew's First Aid
Susanne	Cameron-Nielsen	CHAS
Suzanne	Connolly	Public Health Scotland
Alison	Crofts	Voluntary Health Scotland
Kirsty	Cumming	Community Leisure UK
Kate	Cunningham	Energy Action Scotland
Amy	Dalrymple	Royal College of Nursing Scotland
Alison	Davis	Saheliya
Alan	Eagleson	Terrence Higgins Trust
Lizzie	Edwards	Royal College of General Practitioners Scotland
John	Fellows	Royal College of Physicians & Surgeons of Glasgow
Mairi	Gordon	Samaritans Scotland
Rory	Hannon	Family Fund
Alana	Harper	Deaf Links
Amy	Hickman	Breast Cancer Now
Shruti	Jain	Scottish Obesity Alliance
Laura	Jones	RNIB Scotland
Daniel	Kelly	Public Health Scotland
Paige	Linnell	Positive Steps
Giulia	Loffreda	People's Health Movement UK/Scotland
Elizabeth	Lumsden	RoSPA
Carey	Lunan	Royal College of General Practitioners Scotland
Janice	Malone	Macmillan Cancer Support
Ian	McCall	Paths for All
Allyson	McCollam	Voluntary Health Scotland
Gillian	McNicoll	rowan alba
Muriel	Mowat	Befriending Networks
Lucy	Mulvagh	Health and Social Care Alliance Scotland (the ALLIANCE)
Eleanor	Ogilvie	Macmillan Cancer Support
Fiona	O'Sullivan	Edinburgh Children's Hospital Charity
Nell	Page	Salvesen Mindroom Centre
Kaveri	Qureshi	University of Edinburgh
Katrina	Reid	Public Health Scotland

Helen	Reilly	Royal Pharmaceutical Society
Patricia	Rodger	AvoCard
Caroline	Rooks	Age Scotland
Arvind	Salwan	Care Inspectorate
Jonathan	Sher	Queen's Nursing Institute Scotland
Mary	Sinclair	SENScot
Katrina	Smith	Edinburgh Health and Social Care Partnership
Jonathan	Ssentamu	Waverley Care
Claire	Stevens	Voluntary Health Scotland
Iain	Stewart	ASH Scotland
Claire	Sweeney	Public Health Scotland
Hanna	Ward-Penny	University of Edinburgh
John	Watson	ASH Scotland
Kiren	Zubairi	Voluntary Health Scotland

Non-members present:

Lina	Al Khatib	
Petra	Biberbach	PAS
Narek	Bido	Addictions Support & Counselling
Anne	Black	The Braveheart Association
John	Budd	Edinburgh Access Practice
Kate	Burton	Scottish Public Health Network
Christine	Carlin	Home-Start UK
Gail	Cassidy	Volunteer Centre East Ayrshire
Joanna	Clark	Fife Voluntary Action
Damian	Crombie	AstraZeneca
Sarah	Curtis	Universities of Edinburgh & Durham
Eilidh	Dickson	Engender
Kirstine	Fergusson	LifeCare Edinburgh
Michelle	Gavin	Fife Council
Kathleen	Grieve	MSD
Rosemary	Hampson	Healthcare Improvement Scotland
Kate	Joester	Living Streets Scotland
Alison	Keir	Royal College of Occupational Therapists
Cath	Logan	The National Lottery Community Fund
Una	MacFadyen	NHS
Pam	Maxwell	Lead Scotland
Wendy	McDougall	HIS
Linda	McGlynn	Diabetes Scotland
Clair	Melville	Lothian UCS
Jenny	Miller	PAMIS
Sue	Northrop	Dementia Friendly East Lothian
Maureen	O'Neill	Faith in Older People
Fiona	Pirrie	East Ayrshire Carers Centre
Aidan	Reid	Royal College of Psychiatrists Scotland

Kathleen	Robertson	COPE
Keith	Robson	MS Society Scotland
Pat	Scrutton	Intergenerational National Network
Louise	Slorance	The Royal College of Paediatrics and Child Health (RCPCH)
Kimberley	Smith	Scottish Government
Katherine	Smith	University of Strathclyde

Welcome

Anas Sarwar welcomed everyone to the combined business meeting and AGM. He started the meeting by thanking VHS in its role as secretariat for setting up the second online meeting of the CPG. He thanked everyone attending for their hard work in their individual and organisational roles during the pandemic.

4th AGM of the Parliamentary Session

1. Welcome and apologies

Anas Sarwar MSP highlighted that this is the 4th AGM of this current Parliamentary session and the last one before the Parliamentary elections on 6th May next year. Apologies had been noted by VHS and a register taken.

2. Minutes of the AGM held on 1th October 2019

The minutes from the last AGM in 2019 were accepted without any objections.

3. Election of Convenors

Donald Cameron MSP, Richard Lyle MSP and Anas Sarwar MSP were re-elected as Co-Convenors.

4. Appointment of Secretary

VHS was re-appointed as Secretary.

5. Annual Return

VHS has drafted the required Annual Return to the Standards, Procedures and Public Appointments Committee and it is ready for one of the Co-Convenors to sign. In due course this will be published on the Scottish Parliament's CPG web page.

6. Any other competent business.

There was no other competent business.

Business Meeting

1. Minutes of last meeting

The minutes of the meetings held on 21st January 2020 and 14th May 2020 were duly approved without amendment.

2. Matters Arising

There were no matters arising.

3. Proposed new members

The Cross Party Group received 5 applications for membership of the CPG from; Edinburgh Health and Social Care Partnership; Positive Steps; British Liver Trust; Saheliya; and The Health Agency. All membership requests were approved bringing the total CPG membership to 88 organisations and individuals.

4. Topic for discussion: A Human Rights Approach to Inclusion Health

Claire Sweeney, Director of Place and Wellbeing, Public Health Scotland

Claire gave an introduction to Public Health Scotland (PHS), Scotland's new national organisation for public health, which was set up as a Special National Health Board on 1st April 2020. She outlined PHS's [Strategic Plan](#), which had just been launched and sets out PHS's aims to engage effectively with a wide range of external stakeholders including the community and voluntary sector. She commented how the pandemic is everyone's business and how it has taught us that collaboration is key to working effectively.

PHS has four key areas of work in the short term:

1. COVID-19 pandemic
2. Mental health and wellbeing
3. Community and place
4. Poverty and children

PHS's Inclusion Health working group has been focussed on how to better support groups who are hard to engage with, and those who have not been able to access services as well as those who have lacked a voice. In September 2020 they published a report, [Inclusion health principles and practice: An equalities and human rights approach to social and systems recovery and mitigating the impact of COVID-19 for marginalised and excluded people](#). The report outlines how a human rights-based approach will support recovery from COVID-19 and the resulting control measures. This is necessary to prevent negative impacts on health and wellbeing for the most marginalised people in our communities, and to reduce wider health inequalities.

Katrina Reid, Health Improvement Manager, Public Health Scotland

Katrina outlined the next steps PHS would be taking to improve engagement with and outcomes for marginalised groups. PHS has been championing a human rights based approach to service and support provision, by utilising the Triple AQ Framework: Accessible, Available, Appropriate and high Quality. As well as the

PANEL principles: Participation, Accountability, Non-discrimination and Equity, Empowerment and Legality.

PHS will be engaging with those with lived experience through one-to-one interviews to better understand the issues marginalised communities face in accessing their right to health such as access to general services and support. They will also be conducting surveys to focus on issues around intersectionality and how this can impact people's right to health.

PHS will also be focussing on inclusive communication by making the [Charter of Patients Rights and Responsibilities](#) more inclusive and accessible. They will also be working with Gypsy Traveller groups and also people who are homeless to improve digital inclusion.

All of this research and work will be conducted in an accessible manner ensuring there is a representative reach for the surveys, and that people can engage with the research in more ways than one and beyond digital sources only.

Discussion

A wide ranging discussion followed, with questions put directly to the speakers as well as additional comments and questions captured in the Zoom Chat. Anas Sarwar MSP highlighted the question of children's human rights and Brian Whittle MSP asked about the relationship between physical exercise and social exclusion/deprivation. Emma Harper MSP raised the subject of long Covid and the implications for lung health, a particular interest to her as Co-Convenor of the CPG on Lung Health. As Deputy Convenor of the Health and Sport Committee she expressed an interest in the language and other barriers faced by gypsy travellers during the pandemic. Other subjects raised by attendees included the pandemic's impact on unpaid carers and issues of growing debt. Anas Sarwar commented that a lot has been communicated about Covid-19 but not so much about people's health and wellbeing. At the end of the discussion Anas Sarwar MSP thanked the two speakers and attendees.

Highlighted questions and responses:

Question: a number of people raised the issue of digital exclusion with people not having access to devices, wifi or phone credit or private space to engage with services and support digitally. The need for a blended approach to online and face-to-face services and support that offered and protected people's choice, was highlighted.

Answer: PHS is very interested in improving digital inclusion. The pandemic has caused a disruption in the system with more services being provided digitally, this provides an opportunity to develop systems and practices that are inclusive and support people's human rights. We need to learn what works and what doesn't work through engagement with people with lived experience and share best practice and information across sectors.

Question: How will the experiences of children be captured by the research? And how will children's rights be taken into account?

Answer: Children are not a direct subject of the research. The strategic plan prioritises children and we are working with organisations that already work with children and are experts at capturing their lived experience to help develop our learning.

Question: how will you be able to quantify and define what good looks like?

Answer: At this stage we are looking at how things have changed for people due to COVID-19 and the lockdown and control measures, so not focussing on trying to quantify what is good.

Question: Will you be focussing on primary prevention?

Answer: Looking at poverty and the economy is a priority area for PHS. We are concerned about long term repercussion of the pandemic on these and we are collating data and information on how to develop positive actions and mitigate these issues.

Question: How will PHS look at local and national issues?

Answer: The local vs national issue is something we are looking at very closely not just for developing COVID responses but for other issues as well. Giving up and sharing power is difficult but important. We are interested in common wealth building and in a sustainably funded third sector. It is really important to be linked to local communities to better understand issues and how to respond effectively. We are working on developing relationships and connections at a local, regional and national basis and are adapting a number of models to get the right balance. We are using feedback from partners and stakeholders to ensure we get it right. It is important to ensure we hear real voices. We have a responsibility to engage with the third sector and to harness innovative thinking.

Question: Many people raised the issue of BAME communities and the issues they have faced during the pandemic. Cuts to black organisations over a period of time mean that some barely exist. Black communities living with blood-born viruses were already vulnerable, and covid has escalated the difficulties for people with no recourse to public funds. Anas Sarwar pointed out that Scotland was behind the curve in raising the issues regarding covid and BAME when they first began to emerge.

Answer: PHS said that they were cognisant of this and wanted to work with organisations in the room to develop their work on this further.

5. Any other competent business

None.

6. Date of next meeting

The next meeting will take place on Tuesday 26th January 2021 at 6pm via Zoom.