

Cross-Party Group on Health Inequalities

Thursday 11 December, 1 -2.30pm

Minute

Present

MSPs

Brian Whittle MSP
Carol Mochan MSP

Invited guests

Kat Smith, Co-lead of the Scottish Health Equity Research Unit (SHERU)
Allison Catalano, Knowledge Exchange Fellow, Scottish Health Equity Research Unit (SHERU)

Non-MSP Group Members

Charise Barclay-Daly, MECOPP
Anne Black, The Braveheart Association
Lauren Blair, Voluntary Health Scotland (VHS)
Chik Collins, Glasgow Centre for Population Health
Judith Connell, Kidney Care UK
Emma Dixon, Public Health Scotland
Arfan Hanif, CAPS Advocacy
Josh Hill, Blood Cancer UK
Roisin Hurst, Voluntary Health Scotland (VHS)
Alex Kellas, CAPS Advocacy
Helen McCabe, Scottish Health Action on Alcohol Problems (SHAAP)
Samantha McIntyre, CAPS Advocacy
Gary Meek, Blue Triangle
Tejesh Mistry, Voluntary Health Scotland (VHS)
Elsbeth Molony, Public Health Scotland
Nell Page, Mindroom
Nancy Riach, Arts Culture Health and Wellbeing Scotland
Arvind Salwan, Care Inspectorate
Josephine Shek, British Red Cross
David Stewart, Fedcap Scotland
Kellie Thomson, Voluntary Health Scotland (VHS)
Fiona Wallace, Public Health Scotland
Catherine White, Alcohol Focus Scotland
Kirstin Worsley, The Breastfeeding Network
Chris Wray, CAPS Advocacy
Jean Ye, CAPS Advocacy

Non-Group Members

Deirdre Aitken, Highland Blindcraft Sensory Services
Yasmin Ali, VoiceAbility
Sara Bradley, University of South Wales
Steve Brown, Roche Products
Kate Deacon, Media Education
Cristina Fernandez-Garcia, NHS Education for Scotland
Daniel Gilius, MEND - Muslim Engagement and Development
Nicola Gray, University of Dundee
Rory Hannon, Family Fund
Katie Jackson, Roche Diagnostics
Colwyn Jones, Retired
Wendy Maltinsky, University of Stirling
Kirstie McClatchey, NHS Tayside
Sarah Van Putten, Life Care Edinburgh

Apologies

Emma Harper MSP

Agenda item 1

Welcome and Apologies

The registration procedure for the meeting ensures there is a correct record of attendees.

Agenda item 2

Approve Minutes

Minutes of the previous meeting held on 11 September 2024 were approved.

Agenda item 3

All of the below were approved as new members of the CPG

[Arts Culture Health and Wellbeing Scotland](#)

[CAPS Advocacy](#)

[Royal Voluntary Service](#)

[The Braveheart Association](#)

[Blue Triangle](#).

Agenda item 4

Discussion Topic: Health Equity Research

Presentations from:

- **Kat Smith, Co-lead of the Scottish Health Equity Research Unit**
- **Allison Catalano, Knowledge Exchange Fellow, Scottish Health Equity Research Unit**

Kat Smith introduced the new [Scottish Health Equity Research Unit](#) which is funded by The Health Foundation and which is keen to make connections with wider stakeholders. The Unit was established in early 2024 to focus on the socio-economic factors affecting health inequalities in Scotland, following a 2022-2023 review of health inequalities, funded by The Health Foundation. It is a collaboration between the University of Strathclyde's Centre for Health Policy and the Fraser of Allander Institute.

Overview of SHERU's role and areas of focus:

- SHERU's focus is on health inequalities combining social, economic, and statistical analysis.
- The Unit's outcomes focus on knowledge exchange and involves analysing policy announcements and strategies, as well as undertaking research and analysis to support more effective policy responses to health inequalities in Scotland.

Key SHERU outputs:

- Policy analysis (e.g. analysis of commitments in the 2024 General Election Political Party manifestos likely to impact on health inequalities in Scotland).
- Producing reactive statistical briefings (the focus here is on identifying what new statistical releases tell us about health inequalities and describing this in an accessible way – where possible, we also try to integrate qualitative insights that help explain what's going on behind these statistics).
- More in-depth analysis via our 'state of the nation' style annual report and proactive analyses of topics that we think warrant a bit of a deeper dive.
- 'Spotlight on Research' overviews that summarise the key insights in emerging evidence, especially where that evidence is locked behind paywalls, or contains a lot of academic jargon. The aim is to create accessible briefings. On the SHERU website at the moment, there is a Spotlight on Research exploring why two randomised controlled trials examining the impact of cash transfers on health, published in Summer 2024, reached different conclusions.

- Where think tanks and others provide UK level analysis of relevance to health inequalities that does not make clear what the picture looks like in Scotland, SHERU will try to translate these for Scottish specific insights.
- Prevention Watch focuses on analysing how policy announcements relate to Scotland's effort to take a more preventative approach to health inequalities. We have published one example of Prevention Watch to date and will have another coming soon, which considers what the Scottish Budget and recent Audit Scotland reports tell us about Scotland's approach to prevention.

SHERU's four key areas of work:

- Commentary and Analysis covers many of the outputs listed above.
- Strengthening Policy Implementation focuses on bridging the gap between policy intent and lived realities in Scotland. This strand of work was developed in responses to Health Foundation funded work undertaken by NESTA as part of the 2022-23 review that flagged widespread concern around an 'implementation gap' in Scotland. SHERU's work will focus on exploring the effectiveness of Scottish Government strategies around employment and housing, notably 'Leave No One Behind' and 'Housing to 2040'. It will explore how these high level national strategies are being operationalised and implemented at the local level, and how they are experienced by communities. It will combine policy tracing, with commissioned peer-researcher work (led by the Scottish Community Development Centre and Poverty Alliance) and Action Learning Sets (led by Community Renewal Trust and focusing on people in roles relating to local implementation and service delivery). The peer-researcher work will support SHERU to engage with communities who aren't the voices that policymakers typically hear from. This work will initially focus on two local areas and we're currently in the process of deciding which local areas to focus on so welcome comments and ideas about this.
- Enhancing the Evidence Base is aiming to integrate socio-economic data with health outcomes to benefit understanding of health inequalities. This strand of work will include efforts to improve data access and interpretation and to link existing datasets. Wherever possible, SHERU will work to combine qualitative and quantitative data for more comprehensive analyses.
- SHERU's Engagement work will focusing on engaging with diverse groups and working to build bridges between some of the silos that currently impact research, policy and policy influencing work in Scotland (e.g. connecting housing, economy and health).

Allison Catalano spoke about the SHERU report, "The 2024 Inequality Landscape," which looked at the period of socio-economic inequalities before and after the Covid 19 pandemic. This report follows on from the Health Foundation's report in 2022, '*Leave no one behind.*' Many inequalities have worsened and there is no evidence of where policy has driven any change in health inequalities. However, we currently

don't have rich enough data to understand where policy may have had an impact. Without quality data, we can't assess how effective policy might be. .

Launch of SHERU Report:

- The report is part of a series from the Scottish Health Equity Research Unit, , addressing critical issues and trends in the socioeconomic determinants of health.

Challenges highlighted:

- Key outcomes related to socioeconomic inequality and health did not improve significantly between 2019 and 2022
- Some outcomes in fact worsened
- The lack of robust and enriched data makes it difficult to ascertain whether policies drive meaningful changes.
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Current observations:

- Both life expectancies and average household incomes have stagnated since 2010, and worsened since the pandemic.
- Notable gaps exist between the least and most deprived communities in areas such as low birthweights, educational attainment and participation, and drug, alcohol, and suicide deaths
- Homelessness applications have increased, with more people citing health issues or unsafe living conditions.
- While poverty levels have decreased, food insecurity and heat insecurity have risen significantly, especially for people in socially rented accommodations

SHERU's aims and opportunities:

- To understand the gaps between policy on socioeconomic inequality and improvements
- To work with Scotland's data and with groups across Scotland to improve and inform decision-making.
- Encourage stakeholders to join the mailing list and engage with SHERU's initiatives: [Join here.](#)

[View the Powerpoint presentation here.](#)

Question and Discussion session:

Brian Whittle MSP- is currently developing a policy paper around health inequalities. He commented that the south of Scotland has the lowest wages and incomes in Scotland and a much higher proportion of inactive people because of poor health.

For him, closing the health inequalities gap is not purely a health issue; it is also about education, transport connectivity, migration between rural and urban, east and west and to look at other portfolios alongside health.

We also know that some of the policies that are developed are not always implemented. Policy was produced to tackle the rural housing issue, but this has not been implemented effectively. 17 rural houses were built.

Kat Smith, SHERU – Agreed that we need to start with a socio-economic analysis. Healthcare and health-led policies are important as they can exacerbate health inequalities but, fundamentally, we know that more needs to be done in terms of prevention work. And most of the policy areas to reduce the health inequalities gap do sit outside health.

Also agree that there are implementation issues that we need to better understand. SHERU will be working to try to understand and unpack why policy intention and commitments, e.g. in housing and employability, are evidence-informed and yet not implemented effectively.

David Stewart, FedCap - there is a lot of focus on prevention, but is this in relation to practice or policy? Intersectionality is key as it is not just one sector's responsibility. He asked about how close we are getting to cross-policy funding. The proposed Edinburgh IJB cuts will affect sports centres, community groups and community centres. The NHS is the only place where people affected by these cuts will go. We can't expect a £4.5 million cut in funding not to create a bigger problem further down the line. We need to see systemic societal changes.

Kat Smith, SHERU – SHERU's focus on two local areas initially is about piloting the method we use to see if it gives us the insights we need. Depending on the results, SHERU hopes to roll this out more widely. The Unit is happy to hear from people in terms of suggestions on where their focus should be.

Prevention Watch has a focus on some of the decision-making around prevention and some of the long-term costs, and trade-offs, of these decisions.

Nancy Riach, ACHWS - there is not the evidence on the ground of that shift towards prevention and it is hard to evidence this. Community assets are being wound down, culture and health is across all these areas. There is the upcoming work of the Institute of Health Equity and Public Health Scotland looking at Marmot Places in 3 areas of Scotland. We can learn from where things are going well and look at countries that have reduced health inequalities.

Kat Smith, SHERU - The Marmot work, i.e. the collaboration between PHS and IHE is a place-based approach, SHERU is taking a policy-focused approach, but we are talking to each other and hoping to learn from each other.

Kate Deacon, Media Education - Do we tend to only engage with people who are already engaged in services? We ask the wrong questions and don't ask open-

ended questions of service users. She hopes we can do things differently going forward but acknowledges that this will be difficult. The gap between policy and practice is too large and the people creating the policy don't understand what is going on, on the ground.

Kat Smith, SHERU – agrees with Kate and hopes that their peer research model will provide a better way of engaging with people who aren't currently part of policy processes, asking questions such as 'what are the changes you would like to see' and 'what would make the biggest difference to you?' She acknowledged the importance of having a thorough implementation process in different areas. A recent seminar she attended on 25 years of devolution in Scotland looked at the work done around the implementation of smokefree public places in Scotland. The amount of work involved in terms of thinking about engagement with different sectors and crafting legislation was very intensive and she wonders if there are lessons to be learnt from this successful example.

Yasmin Ali, VoiceAbility - it is important to note the positive aspects too and the progress of certain legislation in the Scottish Parliament, e.g. the UNCRC, and human rights approach should be celebrated, and it is important to acknowledge some of the great work that is happening currently.

Alex Kellas, CAPS Advocacy - how is the Unit using the experiences of people with lived experience in their research? There can be a tendency to champion the concept of embedding lived experience without looking at how this actually works in person. How can we look at the interesting work that advocacy organisations are doing and embed this in projects like your own?

Kat Smith, SHERU - Referenced again their peer researcher model, which means that the Unit is working with people and providing training and accreditation for those who are then researching within their communities. Their colleague Fiona McHardy, who is leading on this work, has come from the Poverty Alliance and has done this type of research before. Top-down analysis combined with this and the Action Learning Sets means we have policy forums and contacts that we can feed the peer-researchers' findings into. There is a lot of qualitative work and lived experience data which tells a bigger story.

Cristina Fernandez-Garcia, NHS Education for Scotland - does the political system of a country have an impact on its record on inequalities, for example a capitalist one? Have there been studies on this?

Brian Whittle MSP - you need political will- no matter what system you are in. Public buy-in is very important to make change happen. Delivering the message to the public is key. We sometimes rely on what's marketable and not on what's right.

Kat Smith, SHERU – Noted that there has been research on how different political systems impact on health inequalities. Also noted that there are wide differences in health inequalities within capitalist systems so there are opportunities to learn within this type of system.

Chik Collins, GCPH - he asked about how we understand analysis and whether people working in population and public health have a lack of understanding of politics? How much do we load onto the idea of the implementation gap? Are we overburdening that concept and should we be looking at policy rather than the implementation gap or rather the 'perceived' implementation gap. There is a high-level policy rhetoric gap between that and what is going on the ground. How do we go from policy intent to policies that have a chance of success?

Kat Smith, SHERU- agreed that we see good policy ambitions and rhetoric but not the changes. She explained that SHERU's approach includes analysing how the Scottish Government has planned for, understood and considered implementation issues. Noted that SHERU's sense was that it can be quite hard for policymakers working at the national level to understand local perspectives, experiences and constraints and that SHERU's work on the implementation gap was aiming to support understanding here. She suggested that public engagement is key and said that her experience of undertaking citizens' juries on health inequalities and unhealthy commodity industries suggested that the public are often ahead of politicians and researchers in terms of the changes they would like to see. Gave the example of a recent set of citizens' juries in Glasgow (part of the SPECTRUM consortium) which showed that people were well ahead of politicians and policymakers in terms of the types of action they would like to see to reduce alcohol harms in Scotland.

Tejesh Mistry, Voluntary Health Scotland - highlighted the implementation gap. Research done to date shows some shocking statistics and wondered if there had been anything that had surprised the Unit in recent months? He said that austerity is one of biggest influences in health inequalities, but asked if that view is too simplistic?

Allison Catalano, SHERU - Gave the example of the Census work they have done - comparing the 2011 Census with the 2022 one and seeing dramatic increases in young women declaring mental health issues. She also commented on the big change in the number of people with qualifications in 2022, particularly in deprived areas. Housing is also less likely to be overcrowded, so there is some evidence of positive change.

Kat Smith, SHERU- life expectancy is fundamental, and the widening gaps and declining life expectancy is getting worse as well as the so called 'deaths of despair'.

David Walsh and Gerry McCartney's new book, *Social Murder, Austerity and Life Expectancy in the UK*, is an important analysis about how austerity has led to declining life expectancy, and she agrees with that analysis. However, what it doesn't tell us (and what research has generally been less helpful with so far) is, when making investments, what would make the biggest difference to improving lives and reducing health inequalities? So we know that decreasing social safety nets are bad for health inequalities, but what are the things the UK and Scottish governments can do to make the biggest difference?

Agenda item 5

Any other business

None

Agenda item 6

Next date of the CPG

To be confirmed.- Action Lauren Blair to set with Emma Harper MSPs office.