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
Allison Catalano, Knowledge Exchange Fellow, Scottish Health Equity Research Unit

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)
Elspeth 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. 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 to analyse policy announcements, such as policy manifestos and housing-related initiatives.

Key Activities and Goals:

- Producing reactive statistical briefings that combine analysis and evaluation.
- Leveraging research to incorporate multiple variables, improving the depth of analysis.
- Highlighting and widening access to research, especially when materials are locked behind paywalls, by creating accessible briefings.

Current Projects:

- Prevention Watch: Focuses on bridging the implementation gap in policies as highlighted by the Health Foundation and work led by NESTA.
- Monitoring the effectiveness of Scottish Government strategies such as employment policies and "leave no one behind" approaches at the local level.
- Collaborating with peer researchers for enhanced data collection and analysis.

Future Aspirations for SHERU:

- Aiming to integrate socio-economic data with health outcomes to benefit public health.
- Enhancing data landscapes by linking, exploring stored data, and maximising insights from existing datasets.

- Working to combine qualitative and quantitative data for comprehensive analyses.
- Engaging with diverse groups and reducing siloed working by uniting various policy teams.

Allison Catalano spoke about the inequality landscape which follows on from the Health Foundation's report in 2022, '*Leave no one behind'*, which looked at the period of socio-economic inequalities before and after the Covid 19 pandemic. 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 on how changes may come about. Without quality data, we can't work out what changes we need.

Launch of SHERU Report:

- The report is part of a series from the Health Foundation, addressing critical issues and trends in public health.

Challenges highlighted:

- The lack of robust and enriched data makes it difficult to ascertain whether policies drive meaningful changes.
- A decline in life expectancy growth, compounded by COVID-19 impacted along with a fall in average living standards.

Current observations:

- While poverty levels have decreased, food insecurity and heat insecurity have risen significantly.
- Notable gaps exist between the least and most deprived communities, underscoring the urgent need for targeted interventions.

SHERU's aims and opportunities:

- To bridge the gaps in data collection and research application to ensure informed 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.

Kat Smith, SHERU - we need to start with a socio-economic analysis. Health is important as it can exacerbate other inequalities, and we know that more needs to be done in terms of prevention work. Most of the policy areas to reduce the health inequalities gap do sit outside health. Policy was produced to tackle the rural housing issue, but this has not been implemented effectively. 17 rural houses were built. We need to understand and unpack why this is, why the policy intention and commitment e.g. in housing and employability, is good but 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 - the focus on two areas initially is about piloting the method we use to see if it gives us the insights we need. Depending on the results, the Units 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 decision-making and long-term costs 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!

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 smoking cessation. The amount of work involved in terms of thinking about engagement with different sectors and crafting legislation was very intensive.

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 means we have ready-made forums to feed 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.

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 agreed that public engagement is key, the public are often ahead of politicians and researchers. Citizens juries, e.g. how would you like to see Scottish Government respond on alcohol legislation; they are well ahead on where politicians are on this.

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'. 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 is that although austerity cuts across multiple policies, it doesn't tell us what would make the biggest difference to improving lives. A decreasing social safety net is bad, but what are the things the government could 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.