

CROSS-PARTY GROUP ANNUAL RETURN

NAME OF CROSS-PARTY GROUP

Cross-Party Group on Health Inequalities

DATE GROUP ESTABLISHED (the date of establishment is the date in this parliamentary session that the Group held its initial meeting, where the office bearers were elected and not the date that the Group was accorded recognition. All Groups should hold their AGMs on, or before, the anniversary of this date.)

September 2011

DATE OF MOST RECENT AGM

4th June 2015

DATE OF PRECEDING AGM [this date is required to aid clerks in verifying that the most recent AGM has taken place within 12 months of the previous AGM]

26th June 2014

DATE ANNUAL RETURN SUBMITTED

25 June

GROUP MEETINGS AND ACTIVITIES

Please provide details of each meeting of the Group including the date of the meeting, a brief description of the main subjects discussed and the MSP and non-MSP attendance figures.

Details of any other activities, such as visits undertaken by the Group or papers/report published by the Group should also be provided.

December 11th 2014

“Nursing at The Edge”- Royal College of Nurses

Speakers Jayne Elinor RCN

Martin Murray (Inverclyde Homelessness Centre)

Sally O'Brien (NHS Fife)

Context

Scotland is unequal. People's health is inextricably linked to the circumstances in which they live, and inequalities in health are widening. This is because the health of the least deprived people in Scotland is improving at a faster rate than the most deprived.

Nursing at the Edge features the work of a number of nurses leading exciting services that aim to reduce health inequalities.

<http://frontlinefirst.rcn.org.uk/nursingattheedge>

Nursing at the edge is a series of innovative services to improve people's lives in disadvantaged communities.

The speakers gave us an overview of the work being undertaken by the RCN. Please see below the links to their projects.

Martin Murray http://royalnursing.3cdn.net/51f5bb0caed6c90572_p9m6vwjj6.pdf

Sally O'Brien http://royalnursing.3cdn.net/51c38565cb29ea0b5b_plm6b2e0c.pdf

2 MSP's attended plus 12 non MSP's

No refreshments were available at this meeting

March 10th CPG Health Inequalities

Speaker – Clare Beeston Principal Public Health Advisor

NHS Health Scotland

Title- Health Inequalities and Where They Come From

Health inequalities are:

- **Unfair** differences in health within the population across social classes and between different populations

These unfair differences:

- Are **not random**, or by chance, but largely socially determined
- Are **not inevitable**.

What is most and least effective in reducing health inequalities?

- **Least likely to be effective**
- Interventions reliant on people opting in; information based campaigns; written materials; messages designed for the whole population; interventions that involve significant price or other barrier
- **Most likely to be effective**
- Structural changes to the environment; legislation, regulatory and fiscal policies; income support, reduced price barriers; accessibility of public services, prioritising disadvantaged groups and individuals; intensive support for disadvantaged population groups; starting young.

What does the evidence say?

- Most cost-effective - societal perspective, fiscal/regulation/legislation-based
- Many *potentially* cost-saving
- Individual-based prevention – often cost-effective
- But the evidence is more mixed...
- ...and less likely to reduce His
- Socio-economic inequalities have economic costs

Best preventative programmes

- ensure adequate incomes and reduce income inequalities
- reduce unemployment in vulnerable groups or areas
- improve physical environments
- target vulnerable groups by investing in more intensive services and other forms of support for such groups, in the context of universal provision
- early years programmes
- policies that use regulation and price to reduce risky behaviours

Summary

- Health inequalities are not inevitable
- They are rooted in social inequalities
- Action across all policy areas (not just health) required
- To address inequalities in economic and social outcomes (e.g. income; education, participation in decision making etc)
- Need action across all levels: Individual (mitigation); environmental (prevention) and fundamental (undoing)
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- 3MSP 's and 14 non MSP's attended
- No refreshments were available at this meeting

AGM 4th June

MSP's re- elected Malcolm Chisholm MSP, Jim Eadie MSP and Murdo Fraser MSP will continue as Co Convenors.

Jacque Forde (Voluntary Secretary) decided to stand down from secretariat duties after almost 5 years as the secretariat. Malcolm Chisholm MSP and Murdo Fraser MSP thanked Jacque Forde for her service to the group and for campaigning to have the Cross Party group established in the first place in 2010.

The CPG holds no budget therefore there is no financial affairs to discuss.

Voluntary Health Scotland elected as secretariat.

Living in The Gap

Speaker Mr Alan McGinley – VHS Scotland (Policy Engagement Officer)

- Life expectancy in our poorest communities is 13 years less than for people in the most affluent areas
- This is the health inequalities gap
- People 'living in the gap' are more likely to experience preventable illness and to be sick much earlier in life and for longer
- Over 30 years health inequalities increased significantly in Scotland
- National policy initiatives to reduce the gap have had little impact so far

VHS Carried out a year long qualitative study in 2014:

- 150 charities surveyed
- 10 case studies conducted
- 4 workshops observed
- Analysis and reporting

VHS asked

- What role do Scotland's health charities play in reducing the impact

of health inequalities on individuals, families and communities?

- What can health charities tell us about the lived experience of people

affected by health inequalities?

The Voluntary Sector has:

- The ability to engage those vulnerable groups and communities that statutory services may struggle to reach
- Addressing barriers to accessing health services*
- Asset-building and preventative approaches
- The flexible and holistic nature of service delivery
- Offer an alternative (non-clinical) approach to tackling health issues

- Service longevity

Summary

- Health charities and other voluntary organisations are mitigating the negative effects of health inequalities by:
- Reaching into and working closely with population groups most at risk
- Overcoming social isolation, stigma and barriers to mainstream services
- Taking a wrap-around, holistic and flexible approach to meeting individual, family and community needs
- Supporting people who are 'just coping' and reducing the need for statutory interventions

How to Close The Gap

- Make health inequalities everyone's business
- Get policy and decision makers to ensure effective partnership working between public and voluntary sectors is the norm

Invest in 'what works well' and develop tools and resources to extend and embed effective interventions

2MSP 's attended plus 10 non MSP's. No refreshments were available at this meeting.

MSP MEMBERS OF THE GROUP

Please provide names and party designation of all MSP members of the Group.

Malcolm Chisholm MSP - Labour

Murdo Fraser MSP Conservative

Jim Eadie MSP – SNP

Anne McTaggart MSP - Labour

Michael McMahon MSP - Labour

Drew Smith MSP - Labour

Richard Simpson MSP - Labour

NON-MSP MEMBERS OF THE GROUP

For organisational members please provide only the name of the organisation, it is not necessary to provide the name(s) of individuals who may represent the organisation at meetings of the Group.

Individuals	Jacque Forde Katherine Smith David White
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Organisations	Voluntary Health Scotland Deaf Links Tayside Community Pharmacy Scotland Royal Pharmaceutical Society British Lung Foundation Samaritans Scottish Independent Advocacy Alliance ASH Scotland NHS Health Scotland BMA Stroke Association SHAAP Royal College of Midwives Improvement Service Audit Scotland Cancer Research UK Living Hearts Genetic Alliance The Big Lottery Fund NSPCC
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GROUP OFFICE BEARERS

Please provide names for all office bearers. The minimum requirement is that two of the office bearers are MSPs and one of these is Convener – beyond this it is a matter for the Group to decide upon the office bearers it wishes to have. It is permissible to have more than one individual elected to each office, for example, co-conveners or multiple deputy conveners.

Convener	Malcolm Chisholm MSP – Scottish Labour Party Jim Eadie MSP – Scottish National Party Murdo Fraser MSP – Scottish Conservatives
Deputy Convener	
Secretary	Voluntary Health Scotland
Treasurer	n/a

FINANCIAL BENEFITS OR OTHER BENEFITS RECEIVED BY THE GROUP

Please provide details of any financial or material benefit(s) received from a single source in a calendar year which has a value, either singly or cumulatively, of more than £500. This includes donations, gifts, hospitality or visits and material assistance such as secretariat support.

Details of material support should include the name of the individual providing support, the value of this support over the year, an estimate of the time spent providing this support and the name of the organisation that this individual is employed by / affiliated to in providing this support.

Groups should provide details of the date on which the benefit was received, the value of the benefit and a brief description of the benefit.

If the Group is not disclosing any financial information please tick the box to confirm that the Group has considered the support received, but concluded it totalled under the threshold for disclosure (£500).

SUBSCRIPTION CHARGED BY THE GROUP

Please provide details of the amount charged and the purpose for which the subscription is intended to be used.

NONE

CONVENER CONTACT DETAILS

Name	Malcolm Chisholm MSP
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Parliamentary address	M1.16
Telephone number	0131 348 5908