Cross Party Group Health Inequalities
24th November 2011

Minutes

MSP Attendance : Murdo Fraser Co Convenor
Malcolm Chisholm Co Convenor

Non MSP Attendance

Jacqueline Forde	Health Inequalities Alliance	Secretariat
Jim Swift	Health Inequalities Alliance	
Malcom Clubb	Community Pharmacy Scotland	
John Howie	NHS Scotland	
Colwyn Jones	NHS Scotland	
Pauline Craig	NHS Scotland	
Joanne O'Neill	MS Society	
Vicky Crichton	Cancer UK	
Gail Grant	BMA	
Diane Thomson	Pfizer	
Peter Ross	SHLCA	
Katherine Smith	Social Policy Edinburgh University	
Bill Paton	Napp	
Emma Brooks	Bowel Cancer Scotland	
Lindsay Paterson	RCP	
Alistair Haw	Prostate Scotland	
James Cant	BLF	

Apologies

Maddy Halliday	Stroke Association
Prof Graham Watt	Deep End Project
Janette Wilkins	Sanofi Aventis
Fiona Hamill	Jansen

Meeting chaired by Murdo Fraser MSP

Speakers Dr Alison McCallum , Director of Public Health and Policy , Lothian.
Jim Swift, Health Economist, Health inequalities Alliance.

Welcome and Introductions
No previous minutes to discuss.

Presentation by Dr Alison McCallum

" Closing the Gap in a Generation- Do we have the will" (Presentation attached)

Dr McCallum's presentation centred around the key questions of whether we as a society have the will to address the inequalities in the conditions in which we are born, grow , live, work, age and die?
She explained what health inequalities are and made the case for the role of the Health sector in tackling the social determinants of health inequalities. Inequalities exist because of the cumulative impact of policy and practice on exposure and response on the environment, population and the patient. The example of heart disease was discussed(slide4) and demonstrated flattening of CHD mortality in younger people in Lothian, Scotland, Canada, US and Australia, NZ, France – slowing of improvement in inequalities among most deprived men and women
Not just risk factors –causes of causes
Inequalities in risk factors – obesity, alcohol, diabetes (O'Flaherty MO et al BMJ 2009;339:b2613)
Dr McCallum reminded the group that Scotland has committed to reducing by a third the gap between the health of people in Scotland and those in the healthiest European country from 2000 and that the health gap between socio economic groups should be reduced by a quarter from 2000.
Dr McCallum then discussed the Marmott review and the 5 key strategic aims of that report and where public health has a role.
The trends in Lothian were discussed for stillbirths,neonatal and post mortality compared to Norway and examined from 2005-2009. Causes of the relative Inequalities in mortality for men in 2001highlighted alcohol,obesity,drugs,suicide and CHD to name a few with Dr

McCallum stating poor policies are just for failed nation states with the difference in mortality in Lothian for men and women being 21 years for men from Greendykes and Niddrie versus the New town in Edinburgh , For women in Great Junction Street and Barnton the difference is 15 years. Life expectancy at birth has been continuously improving in Scotland from the early 1980s. Life expectancy in NHS Lothian has followed this trajectory – but in the last decade has increased faster than the Scottish average for both males and females. Health inequalities were compared in Scotland against elsewhere in Europe . Communication was highlighted as a key determinant in reducing health inequalities Urdu-speakers described the shame evoked by the images, and said that this would inhibit them from picking them up, and leaving them lying about the house or to be seen publicly reading them. The same responses are likely amongst other groups of women from South Asia or the Middle east.. Data discussed on alcohol related mortality while these are Scotland wide data – they illustrate the distribution of harm that we also see in Lothian

The prevention, treatment, and management of chronic diseases, whether in low-income, middle-income, or high-income countries, entails a core range of interventions ie, primary prevention, proactive case finding (e.g. assessment of risk factors and screening), education of both the public and health-care workers, efficient referrals, pharmacological and psychosocial interventions, long-term surveillance, and monitoring and assessment of quality of care.

The challenge is to ensure that these are delivered equitably, and that we move towards equity of outcome.

Dr McCallum then went on to explain NHS Lothian and their approach to tackling health Inequalities. She stated that :

"In 2006, the Board agreed a set of principles that would inform all of our strategies, policies and actions.

The system wide approach to the health service role in addressing health inequalities was included in Equally Well in 2008

In 2010, the World Health Organisation identified as a model of good practice in their document 'Putting our own house in order: examples of health-system action on socially determined health inequalities'

In 2011, we are looking at performance measures for the health system in line with the WHO report on the Social Determinants of Health

We are engaged in the development and measurement of European Equity standards.

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Jim Swift – Health Economic Director – Health inequalities Alliance Ltd

Jim's presentation focused on the importance of measuring and evaluating measures to reduce health inequalities.

He stated that Measurement encourages us to think harder about what we are trying to accomplish

- It encourages us to research how similar projects have been conducted & evaluated
- It encourages us to explore outcome options and indicators of success
- It encourages us to deal with the results

And that results results :

- Results encourage us to evaluate & compare
- Results stimulate learning organisations
- Results encourage engaged and motivated staff
- Results encourage us to share them
- Results encourage stakeholder engagement
- Results encourage accountability
- Results allow for celebration of success
- Results encourage changing practice for the better

Actions: Collation of XParty Group suggestions on speakers and future topics

Book Harry Burns as future speaker