

CPG Health Inequalities Minutes AGM 4th June 2014

James Clerk Maxwell Room (CR4).

Scottish Parliament, Edinburgh

AGM

Election of Office Bearers

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

Jacquie 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 Jacquie Forde for her service to the group and for campaigning to have the Cross Party group established in the first place in 2010.

Voluntary Health Scotland elected as Secretariat.

The CPG holds no budget therefore has no financial affairs to discuss.

Meeting proper

Living in The Gap

Speaker Mr Alan McGinlay – 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
- 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 provided at this meeting.