

CROSS PARTY GROUP (CPG) ON IMPROVING SCOTLAND'S HEALTH: 2021 AND BEYOND

ANNUAL GENERAL MEETING

**WEDNESDAY 3RD OCTOBER 2018, 5.30PM TO 7PM IN COMMITTEE ROOM 5 OF THE SCOTTISH
PARLIAMENT**

MINUTE

PRESENT

MSPs

Brian Whittle MSP	co-Convener, and Convener for today's meeting
Kenneth Gibson MSP	co-Convener
David Stewart MSP	co-Convener
Alison Johnstone MSP	

Invited Guests

Joe Fitzpatrick MSP	Minister for Public Health, Sport and Wellbeing
Morris Fraser	The Scottish Government
Orlando Heijmer-Mason	The Scottish Government

Non MSP Group Members

Linda Alexander	Children's Health Scotland
Amanda Amos	Group for Research on Inequalities and Tobacco (GRIT), University of Edinburgh
Mike Andrews	ASH Scotland
Julie Breslin	Addaction
Christina Buckton	MRC/CSO Social and Public Health Sciences Unit
Graeme Callander	Addaction
Julie Cavanagh	Faculty of Public Health in Scotland
Emma Crawshaw	Crew 2000
Alison Douglas	Alcohol Focus Scotland
Sheila Duffy	ASH Scotland
Lizzie Edwards	Royal College of General Practitioners
John Fellows	Royal College of Physicians and Surgeons of Glasgow
Ian Findlay	Paths for all
Jennifer Fingland	Cycling Scotland
Andrew Fraser	NHS Health Scotland
Felicity Garvie	Scottish Health Action on Alcohol Problems (SHAAP)
Paul Gillen	Royal College of Physicians of Edinburgh
Nick Hay	NHS Health Scotland
Mathis Heydtmann	NHS Greater Glasgow and Clyde
Elizabeth Hurst	Mentor Scotland
Colwyn Jones	Retired consultant
Blanca Kao	University of Edinburgh
Dave Liddell	Scottish Drugs Forum
Alison McCallum	NHS Lothian

Gary Meek	Glasgow Council on Alcohol
Nicola Merrin	Alcohol Focus Scotland
Cath Morrison	NHS Lothian
Celia Nyssens	Nourish Scotland
Jamie Pearce	University of Edinburgh
Johnathan Roden	Cancer Research UK
Jonathan Sher	Independent Consultant
Rebecca Sibbett	Alcohol Focus Scotland
Jardine Simpson	Scottish Recovery Consortium
John Sleith	Royal Environmental Health Institute of Scotland
Louise Slorance	Royal College of Paediatrics & Child Health Scotland
Kat Smith	University of Edinburgh
Valerie Smith	ASH Scotland
Colin Sumpter	NHS Lothian
Lorraine Tulloch	Obesity Action Scotland

APOLOGIES

Miles Briggs MSP	
Alex Cole-Hamilton MSP	
Kenneth Anderson	Individual
Iain Broom	Individual
Julie Cameron	Mental Health Foundation
Hilda Campbell	Cope Scotland
Eric Carlin	SHAAP
Jeff Collin	University of Edinburgh
Emilie Combet	University of Glasgow
Tara Cooper	Royal College of Obstetricians and Gynaecologist
Lucia D'Ambroso	Centre for Global Development, University of Aberdeen
Carol Emslie	Glasgow Caledonian University
Nadia Fanous	University of Glasgow
Laurence Gruer	Individual
Nancy Loucks	Families Outside
Andy MacGregor	ScotCen Social Research
Laurence Moore	MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
Justina Murray	Scottish Families Affected by Drugs and Alcohol
Geoff Ogle	Food Standards Scotland
Lindsay Paterson	RCPE
Pete Ritchie	Nourish
Bruce Ritson	SHAAP
Dr Alan Rodger	Individual
Allison Rooney	Royal College of Surgeons of Edinburgh
Dr Drew Walker	NHS Tayside

Professor Robert J C Steele
Helen Sweeting

Scottish Cancer Foundation
MRC/CSO Social and Public Health Sciences Unit, University
of Glasgow

Steve Turner
Andrew Scott

Royal College of Paediatrics & Child Health Scotland
Director of Population Health, The Scottish Government

PART ONE

		Action
1.	<p>Welcome by the Convener, Brian Whittle MSP</p> <p>The Convener welcomed everyone to the meeting and in particular, the Minister for Public Health, Sport and Wellbeing Joe Fitzpatrick MSP, and Morris Fraser from the Tobacco Policy team at The Scottish Government. The Minister was attending the meeting to update the Group on the five new Government health action plans and strategies, and the new public health priorities and body.</p> <p>This was the second Annual General Meeting of the Group and Part Two of the meeting would deal with the formal business of the Group.</p> <p>A report of the first year’s activities of the Group had been circulated with the papers for the meeting and the Convener highlighted some key points:-</p> <p>The CPG had met a twice formally and once informally over the past year:</p> <ul style="list-style-type: none"> • The Group’s first Annual General Meeting was held on 26th October 2017, where the then Minister for Health and Sport, Aileen Campbell, spoke of the need to ensure a visible read-across the government's alcohol, drugs, and diet and obesity strategies. • On 24th January 2018 Professor Amanda Amos of the University of Edinburgh and Bruce Adamson, Children and Young People’s Commissioner in Scotland joined the meeting to talk about children’s right to be protected from health harming products. • On 22nd May 2018 the Group held a joint meeting with the Health Inequalities Cross Party Group. Dr Niamh Shortt of the University of Edinburgh and Hilda Campbell, Chief Executive of COPE Scotland joined the meeting to talk about health inequalities and unhealthy environments. This was not a formal CPG meeting due to the required MSP attendance not being met. A parliamentary motion to highlight the work of the Groups in holding this joint meeting was submitted by David Stewart MSP on 7th June 2018. <p>Each meeting was attended by between 30 and 50 people. The Group has brought together a variety of stakeholders from different fields, from politicians and public health organisations, to service providers, academics and members of the public. Now one of the largest CPGs, membership currently consists of 66 organisations, 8 individuals, and 9 MSPs.</p> <p>It had been an active second year of the Group and membership, encompassing interesting speakers and vital topics and we look forward greatly to the third year.</p>	

	The Convener then invited the Minister to address the meeting, and it was noted questions and discussion would follow.	
2.	<p>Address by Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing</p> <p>The Minister thanked the Group for the invitation to attend the meeting and gave an overview of the five new Government health action plans and strategies, and the new public health priorities and body. (See Appendix 1).</p> <p>A questions and answer session followed covering topics ranging from inequalities to conflicts of interest (See Appendix 2).</p> <p>The Convener extended thanks to the Minister for coming to speak to the Group, and the Minister and Morris Fraser left the meeting at this point.</p> <p>The Convener reminded members that Cross Party Groups have a crucial role in keeping issues at the forefront of political discourse and encouraged members to put forward questions to Parliament, and for the Group to lodge parliamentary motions for debate on a regular basis.</p>	

PART TWO

It was confirmed that the meeting was quorate with the required number of 2 MSPs being present

3.	<p>Welcome to new members and apologies for absence</p> <p>The meeting welcomed Cycling Scotland, who had joined in March 2018, to the Group.</p> <p>The number of apologies received (as detailed above) was 2 MPS and 26 non-MSP group members.</p>	
4.	<p>Declaration of Interests (Standing Item)</p> <p>Members were asked to declare any updates to their original declared interests, and to highlight any conflicts of interest specific to today's meeting.</p> <p>There were no declarations.</p>	
5.	<p>Previous Meetings</p> <p>Meeting – 25th January 2018 (formal) The minutes were approved as correct, and there were no matters arising.</p> <p>Meeting – 22nd May 2018 (informal) Joint meeting with the Cross Party Group on Health Inequalities It was noted David Stewart MSP had tabled a written motion to highlight the work of both the Health Inequalities and Improving Scotland's Health CPGs in holding this joint meeting. The motion was submitted by David Stewart MSP on 7th June 2018.</p>	

<p>6.</p>	<p>Office Bearer Elections – co-Conveners/Secretariat</p> <p>At this point in the meeting the co-Conveners stood down from office and the chairing of the meeting was passed to the Secretariat.</p> <p>Election of Co-Conveners Kenneth Gibson MSP, David Stewart MSP and Brian Whittle MSP had all expressed their willingness to continue as co-Conveners of the Group.</p> <p>The Group was asked to approve their appointments for another year. This was proposed by David Liddell and seconded by Mathis Heydtmann.</p> <p>The co-Conveners were thus appointed for a further year, and Brian Whittle MSP, took over the chairing of the meeting.</p> <p>Election of Secretariat ASH Scotland and Alcohol Focus Scotland had expressed willingness to continue as joint Secretariat to the Group. The Group was asked to approve their appointment for a further year. The Group approved the appointments.</p>	
<p>7.</p>	<p>Draft Annual Return</p> <p>The draft Annual Return had been circulated with the papers.</p> <p>The Group approved the Annual Return. This will now be submitted to the Standards Committee of the Parliament.</p>	<p>VS</p>
<p>8.</p>	<p>Any Other Business</p> <p>It was noted that in the light of new General Data Protection Regulations, the secretariat of the Group had published privacy notices in relation to the CPG. An email will be sent out to all members with a link to these notices, which state how the Group will treat the personal data which is provided in compliance with applicable data protection law.</p> <p>Unfortunately the Minister had had to leave early and the option for further discussion with him was not possible. Graeme Callander suggested that the Group could usefully use the remaining time for discussion of the forthcoming drug and alcohol strategies.</p> <p>Kenneth Gibson MSP reminded the Group that they could ask their own MSP to submit a written question or the co-Conveners can submit questions.</p> <p>As prevention was an important theme highlighted by the Minister, Felicity Garvie of SHAAP wondered if the Scottish Government would take action through legislation or regulation to prevent advertising of alcohol in sport environments. SHAAP has done a lot of work in this area.</p> <p>Jonathan Sher highlighted that the Scottish Government had asked for comments on the draft Alcohol and Drug Treatment Strategy by this Friday, 5th October 2018.</p>	<p>VS</p>

9.	<p>Date of meetings 2019</p> <p>Wednesday 20th February 2019 – 5.30pm to 7pm, in Committee Room 4 of the Scottish Parliament – Chair Kenneth Gibson MSP</p> <p>Wednesday 12th June 2019 – 5.30pm to 7pm, in Committee Room 4 of the Scottish Parliament – Chair Brian Whittle MSP</p> <p>Wednesday 18th September 2019 – 5.30pm to 7pm, in Committee Room 5 of the Scottish Parliament – Chair David Stewart MSP. This is the AGM meeting.</p>	

The Convener thanked everyone for coming and closed the meeting.

APPENDIX 1

MINISTER'S SPEAKING NOTE

Cross-party Group on Improving Scotland's Health

Thank you for this opportunity to provide an update to the Cross Party Group on our strategies and plans on tobacco control, diet & healthy weight, physical activity and alcohol and drugs – and their links to public health priorities and new public health body.

With our health improvement strategies and public health priorities all being renewed in 2018 we have a real opportunity to make important links. The CPG gave my predecessor some helpful encouragement on this at the last AGM - this time last year.

This CPG is a useful forum which can help identify the links as well as contribute meaningfully to the detail in each of the strategies.

The CPG Secretariat has given me a helpful steer on what members would find of most interest from me today – covering the strategies we are publishing this year, and how we ensure these work effectively with each other. And I understand it would be helpful if touch on how we can make progress on reducing health inequalities and if I say a little about the future of public health and how members can contribute to delivering improved outcomes.

I hope you'll forgive me if I start with public health reform as the other topics flow from there.

Public Health Reform

Scotland's current health challenges are complex and go far beyond the control of the NHS, combining an ageing population, enduring inequalities, deprivation and poverty and changes in the pattern of disease.

Life expectancy is increasing, but not equally and there are marked differences in healthy life expectancy across society. Differences are particularly marked for the poorest in our society.

This burden of preventable disease and inequality impact on public services and long-term sustainable economic growth.

Scottish Government and COSLA are leading a programme of reform of public health that recognises that to improve health there needs to be a focus on prevention, earlier intervention and creating the conditions for wellbeing in our communities.

The Scottish Government and COSLA jointly launched Scotland's public health priorities in June 2018. These have been widely endorsed and demonstrate a broad consensus across Scotland about the challenges we must focus on to improve the health of the population.

Public Health Priorities for Scotland

We have worked with partners to develop a set of jointly agreed and owned public health priorities for Scotland, to focus the whole system on the things which will have the greatest potential to improve healthy life expectancy, reduce inequalities and support sustainable economic growth over the next 10 years.

Informed by the best available evidence, the public health priorities are based on partnership working and engagement with the wider public sector.

The priorities provide a focus for collaboration on:

- healthy places and communities;
- early years;
- mental wellbeing,
- harmful substances,
- poverty and inequality and
- healthy weight and physical activity.

The Scottish Government and COSLA will also establish Public Health Scotland in Autumn 2019 to make the best use of Scotland's public health assets, to support partnerships and communities to improve health. Public Health Scotland will plan and deliver services in a different way, to support more effective partnership working and empower our communities with a strong focus on improving health outcomes - especially for those in society whose wellbeing and life chances are poorest.

Strategies and action plans

The fourth public health priority covers harmful substances and the priority is to "reduce the use of and harm from alcohol, tobacco and other drugs".

In June we published Raising Scotland's Tobacco-free Generation – our tobacco control action plan. That plan focuses on the tobacco-free generation for which five years ago we set an ambitious target. Our aim is to protect children born since 2013 from tobacco so when they start to turn twenty one from 2034 they will truly be tobacco free and will come of age in a Scotland that remain tobacco-free for generations to come.

The first children of this generation turn five this year and the responsibility for them is one we all share.

The tobacco action plan includes making all Scotland's prisons smoke free on 30 November this year and making it an offence to smoke outside our hospitals early next year.

These, and the other actions in the plan, are intended to continue pushing smoking rates down and to continue to reduce the inequalities of smoking.

Alongside the tobacco action plan we will publish our strategies to tackle the harms of alcohol and drugs later this autumn. We have published a draft document for discussion with key partners.

Our aim is to build on the existing alcohol and drugs strategies but to look for additional new ways of working and new approaches to help reduce harm further. The growing levels of alcohol and drug deaths in recent years is something we must all act on quickly.

To ensure these strategies and action plans work effectively with each other and encourage partnership working we have drafted them to cover similar themes.

Our first theme is that these plans all inform and empower people through "Raising Awareness". This means:

- giving better evidence-based and up-to-date direction, information, training and guidance to people who work in services; and
- providing the public with appropriate messaging and communication on:
 - the harms of tobacco, alcohol and drugs; and
 - the availability of and benefits of using services or seeking help and support;

The second theme is "Encouraging Better Health Behaviours" – reaching out to people who either need help to overcome problems or to provide specific advice, education, support and guidance on how to avoid problematic health behaviours.

The third theme is "Improving Services" – making services more rights-based and more integrated, utilising innovative approaches. That will help to deliver person-centred care through better sharing of information and a broader understanding of the factors which impact on people, their families and their communities.

The fourth common theme is "Providing protection through regulations and restrictions". These are intended to ensure people are protected from harms by protecting their rights to things such as life, education and health through all of our services. And these also help prevent people being exposed to products which would be harmful to them.

The sixth public health priority is to a "Scotland where we eat well, have a healthy weight and are physically active". To help deliver on this priority in July we published two delivery plans – one on Diet and Healthy Weight and another on Physical Activity.

In our diet and healthy weight delivery plan we set out our vision for everyone in Scotland to eat well and have a healthy weight. This will be achieved through a

broad range of decisive actions that will help everyone in Scotland move towards a healthy weight.

We will raise awareness with frontline staff - to ensure that they are armed with the knowledge and skills to talk about diet and weight, to support parents and children. And we will encourage healthier behaviours through providing more support to children, young people and families to achieve a healthy weight.

We are consulting on world-leading measures to restrict promotions of junk food where they are sold. This includes “multi-buys”.

Later this year Food Standards Scotland will lead a consultation that will include proposals for addressing portion sizes and information for consumers.

This includes calorie labelling for restaurants, cafés, and delivery services. Food outlets that embrace healthier and smaller portion options with clear nutritional information will help improve the nation’s diet and health.

Our ambition is to halve child obesity in Scotland by 2030, and significantly reduce diet-related health inequalities

For physical activity, our new delivery plan – “A More Active Scotland” – emphasises that being physically active is one of the very best things we can do for our physical and mental health.

Following the publication in June 2018 of the World Health Organization’s “Global Action Plan on Physical Activity” we have set Scotland a challenge to reduce levels of physical inactivity. Globally the target is to achieve 15% reduction in inactivity in adults and adolescents by 2030 and Scotland will play its part in line with that goal. We are ideally placed to be at the forefront of this global effort.

Health Inequalities

All of these strategies and plans aim to reduce inequalities - and to reduce health inequalities in particular. We all know the challenges facing Scotland at the moment. Last month published figures showed that life expectancy in the UK has stopped improving for the first time since 1982. Indeed, life expectancy has declined slightly in Scotland. We have historically had the lowest life expectancy of the constituent UK countries and this trend continues in the most recent data.

We know that socioeconomic inequalities drive health inequalities. Work by NHS Health Scotland and the Glasgow Centre for Population Health has shown excess mortality in Scotland is partly driven by historical decision-making that exacerbated inequalities.

This is something all of our strategies aim to tackle.

There is a clear link between public health and life expectancy. We’re making progress against our public health priorities.

The Scottish Health Survey, published on 25 September, showed:

- The smoking rate for adults has continued to fall and is now at 18% (down from 28% in 2003)
- A steady decline in the levels of children at risk of obesity (13% in 2017, down from around 16% to 17% in recent years)
- An increase in the percentage of adults meeting the 5-a-day fruit and vegetable recommendation – now at 24% (the highest since 2003)
- An increase in the proportion of adults saying they did not drink alcohol – up to 17% (from 11% in 2003).

At the end of September we also saw the publication of a World Health Organisation survey on Health Behaviours in School-Aged Children. That found dramatic reductions in teenagers reporting weekly drinking – in girls from 41% in 2002 to 11% in 2014 and in boys, from 41% down to 14%.

Conclusion

We're taking action to ensure this progress continues.

- Significantly reducing smoking rates remains a priority. Our new Tobacco Action Plan focuses on addressing health inequalities and targeting smoking rates in the communities where people find it most difficult to quit.
- We have invested over £746 million to tackle problem alcohol and drug use since 2008, including £53.8 million in 2018/19, and have allocated an additional £20 million to improve alcohol and drug treatment services in 2018/19 and for each year of this Parliament.
- Our forthcoming 2018 alcohol and drug strategy will look at ways services can engage with all individuals at risk, who are not interacting with services.
- The introduction of minimum pricing at 50 pence per unit on 1 May 2018 is a key milestone on our journey to tackle alcohol misuse in Scotland.
- Our diet and healthy weight delivery plan, published in July, sets out our vision for everyone in Scotland to eat well and have a healthy weight.

- Our ambition is to halve child obesity in Scotland by 2030, and significantly reduce diet-related health inequalities.
- We're bringing forward new measures on diet and healthy weight and investing a further £42 million over five years in weight management and diabetes work.
- We will consult in the autumn on world-leading measures to restrict promotions of junk food where they are sold, such as multi-buys.

I hope you have found this update helpful and I very much look forward to hearing views from Cross Party Group members on any ways we can make even better progress.

APPENDIX 2

QUESTION AND ANSWER SESSION

Kat Smith, Edinburgh University – impacts of non-health policies on health outcomes and vice versa

The priorities make clear the need for a joined up approach in preventative health policy, which is fantastic to see but also notoriously difficult to achieve in practice: How do you plan to ensure that the Scottish Government has the means to understand the impacts of non-health policies on health outcomes and vice versa?

Minister's Response: He agrees. He has spoken to education colleagues who are already progressing work in linking education on eating well, with numeracy. In relation to substance addictions, it is important to make sure housing policies take account of people's needs. None of these things are in isolation. A person needs a house, basic skills in education etc. We need to link up across Government.

Dave Liddell, Scottish Drugs Forum– on treatment/drug & alcohol services

How can we increase the number of people in treatment given this is a protective factor in drug and alcohol deaths?

Minister's Response: This is an important point. Evidence suggest that if people are in services they are much less likely to die. We note our services are not reaching everyone. We hope the new Strategy will get people into services and we need to provide appropriate services. The first step may be to provide people with somewhere to stay. We have the safe injecting facilities in Glasgow, but there also needs to be other services linked in – eg housing, benefits. There needs to be a holistic approach.

Ian Findlay, Pathsforall – on health service as a wellbeing rather illness service

What are the Minister's views on our health service being seen predominantly as an illness service (i.e. one that fixes people once they are broken) and the need to move it more towards a wellbeing service (i.e. keeping people well as a top priority)?

Minister's Response: Agree that we need to make the shift to prevention. Walking is on the up, which is good. Walking also helps people with dementia prevention. There is the link between physical activity and mental health. We need to encourage GPs to socially prescribe.

Lorraine Tulloch, Obesity Action Scotland – use of targets

How well are we using existing targets, is there scope for setting new/better ones and how will progress be monitored to ensure better outcomes are being delivered?

What do we do if we are not on course, for example, in reducing childhood obesity?

Minister's Response: The strategies have been published in a way that we can revisit and revise targets that are not working. We hope the actions we are taking will help to meet targets. For example we hope Minimum Unit Pricing for Alcohol will have an impact. We should not be afraid to take bold actions.

Alison Douglas, Alcohol Focus Scotland - on the role of industry

Given companies which make and sell health-harming products rely on people consuming them for their profits what parameters would you place on working with them and those they fund?

Minister's Response: Minister's Response: There is no place for the alcohol industry or similar commercial interests in influencing public health policy; that is not their role. There will be no meetings with them regarding public health policy, their role is on commercial and regulatory matters. They are employers and we will continue to liaise with them as appropriate in that capacity.

Jonathan Sher – on prevention interventions in pregnancy

What actions will you take in the foreseeable future on these three public health opportunities?:

- Fortifying flour with vitamin B9 (folic acid);
- preventing fetal alcohol spectrum disorders (FASD); and
- valproate risk reduction and prescribing regulations.

For background see:

<https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdy131/5076112?questAccessKey=bff517ab-142f-4ffb-8865-a0ab8907440f>

These share three characteristics: first, there is robust international evidence; second, they all speak to the rights, empowerment and wellbeing of parents and prospective parents; third, the adverse impacts of inaction are more frequent and profound than has been acknowledged.

Minister's Response: Preventing fetal alcohol spectrum disorders is on the radar and he will be speaking at a conference soon on this topic. With regard to fortifying flour with vitamin B9 and the risk reduction of valproate, he will look into this further. There may well be reserved issues.

Sheila Duffy, ASH Scotland – final question (may be tailored to the strategies and may mention tobacco) – how can we get involved

Refer to Minister's vision for public health and for joining up across topics/new public health priorities? How can this group - and the organisations we represent – help?

Minister's Response: This CPG has an important place in his portfolio and he welcomes being pushed on issues by the Group.

David Stewart MSP

Would the Minister consider introducing a levy to retailers, and the funds thus raised fed to public health bodies.

Minister's Response: We would like first to see the evidence from initiatives such as Minimum Unit Pricing. We are hoping this will reduce sales of alcohol.