

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

24th FEBRUARY 2021, 5.30PM TO 7PM

VIA VIDEO CONFERENCE

MINUTE

PRESENT

MSPs

Kenneth Gibson MSP	Co-Convener
David Stewart MSP	Co-Convener

INVITED GUESTS

Dr Andrew Fraser	Public Health Scotland
Professor Shona Hilton	University of Glasgow
Colin Morrison	Children's Parliament

Non-MSP Group Members

Annie Anderson	University of Dundee
Kenneth Anderson	Scottish Thoracic Society
Christina Buckton	University of Glasgow
Ruth Campbell	BDA Scotland Board
Simon Capewell	University of Liverpool
Lauren Carters-White	University of Edinburgh
Jeff Colin	University of Edinburgh
Aidan Collins	Alcohol Focus Scotland
Emma Crawshaw	Crew 2000
Elena Dimova	Glasgow Caledonian University
Alison Douglas	Alcohol Focus Scotland
Sheila Duffy	ASH Scotland
Helen Forest	Children's Health Scotland
Holly Gabriel	Consensus Action on Salt, Sugar and Health
Frederike Garbe	NHS Lothian
Laurence Gruer	Individual Member
Anna Gryka-MacPhail	Obesity Action Scotland
Kenny Harrison	Argyll & Bute
Mathis Heydtmann	NHS Greater Glasgow and Clyde
Amy Hickman	Breast Cancer Now
Colwyn Jones	Individual Member
Glenys Jones	Association for Nutrition
Simon Jones	Alcohol Focus Scotland
Felicity MacFarlane	Royal College of Physicians and Surgeons of Glasgow

Andy MacGregor	Scottish Centre for Social Research
Megan McGarrigle	Alcohol Focus Scotland
Nicola Merrin	Alcohol Focus Scotland
Danielle Mitchell	Alcohol Focus Scotland
Lindsey Murphy	Public Health Scotland
Lindsey Paterson	Scottish Health Action on Alcohol Problems (SHAAP)
Jamie Pearce	University of Edinburgh
Gillian Purdon	Food Standards Scotland
Peter Rice	Scottish Health Action on Alcohol Problems (SHAAP)
Bruce Ritson	Scottish Health Action on Alcohol Problems (SHAAP)
Simon Shepherd	
Jonathan Sher	Queen's Nursing Institute Scotland (QNIS)
Rebecca Sibbett	Alcohol Focus Scotland
Debbie Sigerson	Public Health Scotland
Valerie Smith	ASH Scotland
Debbie Storm	ASH Scotland
Helen Sweeting	University of Glasgow
Diane Thomson	Alcohol Focus Scotland
Yvonne Traynor	Public Health Scotland
Lorraine Tulloch	Obesity Action Scotland
Sue Whittle	Compassion Edinburgh

APOLOGIES

Brian Whittle MSP

Co-Convener

Emma Berry	Paths for All
David Blane	University of Glasgow
Julie Breslin	Addaction
Hilda Campbell	COPE Scotland
Shona Cardle	Glasgow Children's Hospital Charity
Eric Carlin	Scottish Health Action on Alcohol Problems (SHAAP)
Julie Cavanagh	Faculty of Public Health in Scotland
Suzanne Connolly	Public Health Scotland
Lee Craig	Public Health Scotland
Lucia D'Ambruoso	University of Aberdeen
Elinor Dickie	Public Health Scotland
Carol Emslie	Glasgow Caledonian University
Ian Findlay	Paths for All
Andrew Fraser	NHS Health Scotland
Morris Fraser	Scottish Government
Kristin Hartman	ASH Scotland
Claire Hislop	NHS Health Scotland
Elizabeth Hurst-High	Scottish Health Action on Alcohol Problems (SHAAP)
Shruti Jain	Scottish Obesity Alliance
Ruth Jepson	University of Edinburgh
Daniel Kelly	Public Health Scotland

Louise Macdonald
Ian McCall
Amanda McCrae
Elspeth Maloney
Laura Mahon
Elaine Mitchell
Shirley Mitchell
Muriel Mowat
Geoff Ogle
Aidan Reid
Helen Reilly
Pete Ritchie
Jonathan Roden
Christina Sabbagh
Louise Slorance
Claire Stevens
Claire Sweeney
Elizabeth Taylor
Frank Toner
Daphne Varveris
Adam Wilson
Laura Wilson
Kirstin Worsley

Young Scot
Paths For All
Public Health Scotland
Public Health Scotland
Alcohol Focus Scotland
Scottish Government
NHS Lanarkshire
Befriending Networks
Food Standards Scotland
Royal College of Psychiatrists Scotland
Royal Pharmaceutical Society
Nourish Scotland
British Heart Foundation
Obesity Action Scotland
Royal College of Paediatrics & Child Health Scotland
Voluntary Health Scotland
Public Health Scotland
Public Health Scotland
Asthma UK, British Lung Foundation
Scottish Board RCOA
Families Outside
Food Standards Scotland
The Breastfeeding Network

PART ONE

		Action
1.	<p>Welcome by the Convener, Kenneth Gibson MSP</p> <p>the convener welcomed everyone to the last meeting of the parliamentary session, and introduced the topic of the meeting:</p> <p>“Challenges and Opportunities in Improving Scotland’s Health 2021 and Beyond by reducing the impact of health-harming commodities” (tobacco, alcohol and unhealthy foods).</p> <p>The Convener welcomed Dr. Andrew Fraser, Mr. Colin Morrison and Professor Shona Hilton, and asked if there were any declarations of interest and noted that the session would be recorded and whether there were any objections to being recorded.</p>	
2.	<p>Declaration of Interests (Standing Item)</p> <p>Members are 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>	
3.	<p>Topic Discussion: Challenges and Opportunities in Improving Scotland’s Health 2021 and Beyond by reducing the impact of health-harming commodities” (tobacco, alcohol and unhealthy foods)</p> <p>The convener introduced the guest speakers, and it was noted questions and group discussions would follow.</p> <p><u>Dr Andrew Fraser, Senior Adviser with Public Health Scotland and Chair of Obesity Action Scotland’s Steering Group</u></p> <p>Dr Fraser commenced by highlighting that alcohol, smoking and diet are key determinants in non-communicable diseases (NCDs) and that an estimated 14,000 deaths from NCDs in Scotland are preventable through public health action. Progress has been made in reducing harm, however harms caused by NCDs continue to be concentrated in lower socioeconomic groups. The COVID-19 pandemic has not only interrupted progress in reducing NCD’s but has caused or exacerbated additional harms, including mental health issues.</p> <p>Dr Fraser drew attention to the United Nations Convention on the Rights of the Child (UNCRC) and the four main principles of non-discrimination, the best interests of the child, the right to develop and the right to be heard. He highlighted the most important articles within the convention for the topic of conversation in today’s meetings, these were:</p> <ul style="list-style-type: none"> • Article 3: Adults must do what is best for me. • Article 6: I should be supported to live and grow. • Article 24: I have the right to good quality health, clean water, and good food. • Article 27: I have the right to a proper house, food and clothing. • article 31: I have a right to relax and play 	

- Article 33: I should be protected from dangerous drugs.

Dr Fraser turned attention to what COVID has taught us. It was noted that children will suffer the most harm as a result of the pandemic, with an increasing number of studies showing the harm caused to children. Furthermore, COVID has caused a disproportionate amount of harm to those in lower socioeconomic groups, as well as putting pressure on the NHS.

Dr Fraser listed how we can recover and make faster progress. Firstly, we should involve and listen to children, and act on their advice. Secondly, we must have a real ambition to implement a strategy across COVID, climate change, NCDs, and preventable illness. Thirdly, we must eradicate poverty and tackle inequality. Fourthly, we must adopt a person-centred approach and build relationships and a pro-health culture. We must also listen to and act on science.

Mr Colin Morrison, Co-Director, Children's Parliament

Mr Morrison started off by highlighting the importance of translating the UNCRC into policy and practice; we should be thinking about this now. The Children's Parliament has already made steps by engaging with children and parents during the pandemic to start developing a recovery curriculum for when children go back to school.

Mr Morrison noted that if we are going to achieve the cultural change needed, a process and plan is required. Such a process should start with engagement. It is essential that we create dialogue and look at people's views, hopes, and worries about being committed to human rights, and what that may mean for them. We then need to create a discourse between rights holders, children, duty bearers, and adults, so that we can hear from each other and look at the practical benefits of a human rights approach.

NCDs have become even more problematic because of the pandemic. It is important to listen to children, understand how they feel and what they want to be implemented to effect change for them.

Mr Morrison suggested that engaging with children should be approached with kindness, empathy, trust, and dignity. There is scope to improve human rights and health education, and children have already spoken about their lives, which is evident through a lot of the work by the Children's Parliament, such as the alcohol-free childhood project. This work is worth revisiting and continuing to share with people. Although it is crucial to continue to engage and work with young people and their views, we also need adult duty bearers to take action.

Mr Morrison concluded by discussing that the Children's Parliament has launched the Year of Childhood this year, on the year of their 25th anniversary. They are encouraging people to join in a celebration of childhood and to talk about the importance of childhood.

Professor Shona Hilton, Professor of Public Health Policy and Deputy Director of the MRC/CSO Social & Public Health Sciences Unit, University of Glasgow

Professor Shona Hilton opened by stating that NCDs are an industrial epidemic driven, in part, by the industry and their allies, who promote unhealthy products and choices that are detrimental to people's health including children (e.g. tobacco, alcohol, processed food, etc.).

Professor Hilton turned her attention to how we can come back from COVID. Findings from a study published in the Lancet show that one in five people at the most serious risk of COVID have underlying conditions or NCDs. The pandemic has exacerbated pre-existing conditions with people doing less exercise, eating less healthily, drinking more alcohol and there has been an increase in levels of stress and mental health issues. Furthermore, COVID has interrupted NHS services such as screening and prevention services.

Implementation of tobacco and alcohol control policies as well as health interventions for conditions such as hypertension, diabetes and cancer have effectively reduced the risk of NCDs. We know that restricting marketing, increasing the price and controlling the availability of unhealthy products helps reduce harm caused by unhealthy commodities.

Children are exceptionally vulnerable with regards to the promotion of products and choices that are detrimental to their health and are powerless in the face of inadequate policy action to protect their rights to health. There is strong evidence on the tactics used by the alcohol and tobacco industry to target young people and undermine health. Therefore, intervening at an early age provides the best opportunity for improving the health of children in the long term, particularly given that they are the most important generation.

Professor Hilton drew attention to her recently published research that used GPS to track children's exposure to advertising of unhealthy commodities as they travel to and from school, on transport routes in central Scotland. The study found that children in more deprived areas who had more contact with public transport than children in less deprived areas (who potentially travel to school in private cars), were more likely to be exposed to advertising of unhealthy food and drinks.

Another study explored policy, commercial and lay stakeholders' views in creating policy to promote healthier choices. Financial levers were viewed as important, for instance, banning multi buy offers and price promotions and creating policy focused on healthier choices. It was noted that some retailers are already taking voluntary action to reduce point-of-sale marketing and promotions, however this is not enough; policy needs to be developed to create a level playing field. A multi-policy approach should be taken so that restrictions on advertising and promotions are comprehensive and consistent across platforms.

Professor Hilton concluded by highlighting the need to be aware of commercial interests and the direct lobbying of policy makers by industry for policy debates to be based on their own interests, and the attempts of industry to undermine public health policy.

Questions and discussion

The Convener thanked the speakers for their presentations and opened the floor to questions. Alison Douglas from the Secretariat read out a few questions from the Zoom chat.

Laurence Gruer asked: Thanks to the pandemic and Brexit, it seems clear that for the next few years at least we are going to be a lot poorer as a nation, yet the needs for education, health, social care and tackling poverty and unemployment will be greater. How can we “build back better” and “level up” with a lot less than we have been used to, or are these empty slogans?

Dr Fraser highlighted that although we are a wealthy country, there will be less money available and we have to figure out how to distribute it fairly in order to achieve ambitions that we share. We need a unified vision from where we go from here.

Professor Hilton responded by stating that in some ways you could see COVID as an opportunity to have a national debate about inequalities. This debate must be based around the redistribution of opportunities and wealth, particularly given that younger people and children are likely to be the most effected by COVID in the future and over their lifetime.

Aidan Collins asked whether the right to health includes an obligation to regulate unhealthy products, and if so, whether we have an opportunity when we incorporate more conventions into Scots law to use and highlight that duty to encourage governments to act and intervene when corporations are marketing their products in a way that's unhealthy.

Dr Fraser responded by first stating that we do already regulate these products. It's unequivocal that tobacco is harmful, but we need to be progressive about its regulation and there are yet more proposals about how we do that in the various manifestos that the organisations that sponsor this CPG have set out. With regards to alcohol, the more you drink the more harmful it gets, so it's perhaps more of a sliding scale, but certainly in the same ballpark as tobacco. All of these products should be regulated appropriately, and we need to be progressive in reducing their attractiveness and availability, especially among young consumers.

Professor Hilton suggested that we need to chip away at it all of the time. The tactics of the food and drinks industry in promoting their products needs to be examined further. We need to look at whether these are closely aligned with tobacco and alcohol industry tactics. We know that increasing price and reducing availability do work.

Mr Morrison referred to the work of the Children's Parliament with Alcohol Focus Scotland investigating an alcohol-free childhood. The children and young people involved made it very clear that something needs to be done about the amount of exposure they have to alcohol in general, including direct advertising, alcohol in supermarkets and at home. The Children's Parliament want to see something done

about the high levels of exposure to alcohol marketing that they face and that they would be supportive of regulation on this.

Group discussion and feedback

Following the speaker's presentations, participants considered the following questions in groups:

- 1) What opportunities are there to realise rights-based approaches to health in the next five years?
- 2) What are the key priorities for NCD prevention over the next five years, that will improve health equity?
- 3) How could the CPG deliver greater impact in the next Parliament?

With regards to opportunities for realising a rights-based approaches to health in the next five years. First, the importance of involving young people in decisions that affect them was highlighted. Second, it was deemed important to address inequalities particularly as we recover from the pandemic and to raise awareness around public health in general. Third, given that there will be a focus on human rights over the next few years, this provides an opportunity to increase awareness and understanding for rights-based approaches in relation to unhealthy commodities and NCD prevention. Fourth, members of the CPG can help share information and build support for a shared vision of what this looks like in practice. It was also highlighted that it is also a risk that, post-pandemic, there will be a sense that people deserve to treat themselves, including through consumption of unhealthy commodities. Public health advocates may be viewed as trying to deny people such pleasures.

With regards to the key priorities for NCD prevention over the next five years, that will improve health equity, several recommendations were provided. First, it is important to examine the environment, retail density and online advertising of unhealthy commodities, especially those that target young people and children while also considering inequalities. Third, education was considered important, specifically, helping young people and children to understand their health and the links between health harming products and NCDs, as well as considering the views of young people and children. Fourth, fiscal measures (increasing tobacco duty, updating MUP, increasing soft drink levy) and strengthening legislation and policy should remain a key focus. Finally, as well as taking personal responsibility, it is important to find a way of increasing corporate responsibility on unhealthy commodity industries to help realise rights to health.

Finally, with regards to how the CPG could deliver greater impact in the next Parliament, there were several suggestions from the breakout sessions. First, it was recommended that the CPG involve young people and children in future sessions and in policy debates in general. Second, it was recommended that a clear agenda should be to be outlined, including the purpose, aims and progress of the CPG. It was noted that The CPG could use a more interactive approach to meetings (such as the zoom breakout rooms), to engage members in more discussion about how to jointly deliver change. Third, it was suggested that the CPG could be given more influence in parliament to hold MSPs accountable and to get them involved with the

	<p>group. Finally, the CPG could use the NCD Manifesto to create a scorecard for NCD prevention in Scotland and undertake an annual review of progress.</p> <p>Alison Douglas thanked everyone for their feedback and handed the discussion back over the chair.</p>	
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PART TWO

<p>4.</p>	<p>Welcome to new members and apologies for absence</p> <p>The meeting welcomed some new members and organisations: The Health Agency and Sue Whittle from Compassion Edinburgh.</p> <p>The number of apologies received, as detailed above, was 1 MSPs and 44 non-MSP group members.</p>	
<p>5.</p>	<p>Minutes of Meetings – 16 September 2020 and 9 October 2020</p> <p>The minutes were approved as correct.</p>	
<p>6.</p>	<p>Any Other Business</p> <p>The convenor noted that the group would have to reconstitute for the next parliamentary term.</p> <p>Sheila Duffy thanked the speakers and also thanks the members who have made the group such a powerful force for debate, exchange, and change. She gave particular thanks to the three co-conveners for chairing and supporting the meetings.</p>	
<p>7.</p>	<p>Further Meetings 2021</p> <p>Suggested next meeting June 2021. Date TBC.</p>	

The Convenor thanked everyone for coming and closed the meeting.