

Cross Party Group on Health Inequalities

Minutes of Online Meeting held Thursday 14th May 2020

MSPs present: Anas Sarwar MSP (Co-convenor)

MSP apologies: Alison Johnstone MSP

Other CPG members registered to attend:

Non-members registered to attend:

1. Welcome

Anas Sarwar started the meeting by thanking Voluntary Health Scotland (VHS) in its role as the secretariat of the CPG on Health Inequalities for setting up the first online meeting of the CPG. He thanked everyone attending for their hard work in their individual and organisational roles during the pandemic. He noted that 78 people had joined the meeting and explained the protocols that would be used during the meeting.

2. Minutes of last meeting

The minutes of the meetings held on 21st January 2020 were duly approved without amendment.

3. Matters Arising

Claire Stevens, Chief Executive of VHS, summarised the CPG's follow up discussion on men's health inequalities, hosted by Bob Doris MSP on 11th March. The minutes of the meeting were circulated with today's papers.

4. Proposed new members

The CPG approved two applications for membership: Edinburgh Health and Social Care Partnership and Positive Steps.

5. Topic for discussion: the current and future impact of COVID-19 on health inequalities

Diane Stockton, Acting Director of Place and Wellbeing, Public Health Scotland

Diane delivered a Powerpoint presentation and explained that data is revealing the inequalities gradient of COVID-19, shedding light on the disparities in mortality and COVID-19 related health outcomes. The most deprived populations have almost double the rates of COVID-19 and COVID19 related issues, as compared to the least deprived demographics. People living in areas of deprivation were already 1.9 times more likely to die of all causes and this extends to COVID-19, where the death rate is 2.3 times higher in deprived areas compared to least deprived areas.

In England data is showing the disproportionate impact COVID-19 is having on BAME communities. However, Public Health Scotland recently published preliminary analysis suggesting that in Scotland there have not been higher numbers of coronavirus cases among the country's BAME communities than would be expected, given the size of the population.

Diane explained the causes of disparity in COVID-19. People are at a higher risk of contracting COVID-19 if they are in key worker jobs, and particularly, high risk key worker jobs. If people are less likely to be able to work from home they are more at risk with a 10% occurrence rate in home workers compared to 50% in those not able to work from home. The situation is worse for those that have to have to travel on public transport to work, or live in more cramped housing conditions.

The outcomes of COVID-19 on people's health and wellbeing are impacted by the already significant and persistent inequalities in health outcomes across Scotland. Pre-COVID there were unsustainable pressures on health and social care services impacting on poor health outcomes. The situation has been made worse by the fact that the virus is more acute for those who already suffer poorer health - further increasing pressures on health and social care services and causing negative health consequences

It is becoming apparent that there will be wider impacts of COVID-19 that will affect the underlying social and economic determinants of health. For example, those on low wages are seven times as likely as high earners to have worked in a sector that has been shut down. There is already evidence of increased food insecurity and increase in poor mental wellbeing through a lack of job insecurity and isolation as well as an increase in domestic violence.

The health of the population is largely due to societal influences across the economy, housing, work, transport, social support, etc. Although it is difficult to quantify the contribution of these accurately, the role of the NHS in preventing, mitigating or curing these health issues is modest compared to the influence of societal factors. That is why the partnership working between Public Health Scotland, local government, the voluntary and community sectors as well as engaging citizens is so important. It requires multi-stakeholder and multi-sectoral action across government and society.

Kavari Qureshi, Global Health Policy Unit, University of Edinburgh

Kavari introduced a project by the Global Health Policy Unit at the University of Edinburgh which looks at ethnic minorities and the UK's COVID-19 response. This project is compiling a submission of evidence on the disproportionate impact of COVID-19, and the UK and Scottish government responses, on ethnic minorities in the UK. A [working paper](#) sets out why physiological risks associated with the virus cannot be separated from their social exposures, and makes recommendations for immediate and more long-term interventions. A subsequent [report](#) summarises the impacts specific to Scotland.

Kavari also highlighted the issues faced by migrant communities who often have no recourse to public health. She gave the example of how more than 300 men and women seeking asylum in Glasgow have been moved over the past ten days into city centre hotels where social distancing is difficult and have had their £35 a week cut due to Home Office decisions.

She also drew attention to the need for mapping and seeking solutions to the long-term health and economic impacts of COVID-19.

Alison Keir, Policy Officer - Scotland, Royal College of Occupational Therapists

Alison highlighted the importance of recovery, rehabilitation and readjustment for people with COVID-19 and those with existing conditions once the lock-down begins to ease. She drew attention to the unmet health and social care needs of people with existing conditions, as all resources are focussed on the pandemic. It will be important to develop a strategy to ensure these needs are met as demand will increase pressure on services post-COVID-19.

She also raised awareness of the negative impact of the overreliance on digital technology as not everyone has access, connectivity or the skills to use this effectively.

Diane commented that Public Health Scotland is currently modelling demand and unmet demand for health services. They are looking at what services would look like in a socially distanced environment for those with existing conditions and for those who are accessing support due to COVID-19. She also said there have been more non-COVID-19 deaths this year than would normally be expected.

Questions and discussion

Rob Murray (CEO, Cancer Support Scotland) spoke about poorer outcomes for people in areas of deprivation and was concerned about the impact that a later diagnosis and lack of screening or testing will have on people's cancer journey and efficacy of people's cancer plans.

Diane commented that there was a lot of work going on in the NHS to re-start screening and look at ways to improve uptake and meet demand.

Dr Carey Lunan (Deep End GP, Craigmillar, Edinburgh and Chair of Royal College of GPs in Scotland) said the current spotlight on the really vulnerable could provide the impetus to reinvigorate action in terms of policies and legislation to tackle health inequalities. There is currently a window of social awareness that lobbying and advocacy should take advantage of.

Diane responded by saying that Public Health Scotland is following a 'Health in All Policies' approach and will look at how a diverse range of social and economic policies can impact people's health and wellbeing.

Lucy Mulvagh (Director of Policy and Communications, Health and Social Care Alliance)– highlighted that vulnerable groups are not homogenous and that an intersectional response is needed as people have multiple identities and complexities in their lives (as unpaid carers, single parents, disabled person, LGBT etc). She pointed out that cuts in health and social care packages are having a huge impact on vulnerable groups alongside the regular disadvantages they face. She called for research to take an intersectional approach to understanding these issues.

Peter Todd

Diane said her colleague Pauline Craig is undertaking work looking at women and intersectionality and offered to put Lucy in touch with Pauline for further information. She mentioned that Public Health Scotland did not currently have much data on people with disabilities and unpaid carers and this was a gap that they were looking into.

Sarah Curtis (Honorary Professor, School of Geo-sciences, Edinburgh University) highlighted the mental health impacts of COVID-19 and how a possible economic recession post-pandemic could take a further toll on people's mental health and wellbeing. She said that disadvantage impacts on whole communities, not only on the individuals worst affected within communities. Peter Todd, based in Caithness, expressed concern about mental health during the lock-down and whether group therapies were available online. Deidre Henderson (People Led Policy Officer, Inclusion Scotland) offered to bring disabled people to the table with Public Health Scotland.

Paul Madill (NHS Fife) asked politicians to stop lionising the NHS at the expense of other public services and said we need to challenge the media on their constant emphasis on the

NHS. He asked about the lack of digital infrastructure and what was being done to resolve this.

Diane replied that Health Improvement Scotland were currently undertaking work on digital exclusion and she could help to link him up to that.

Andrena McMenemy (deafscotland), highlighted the communication challenges that social distancing and mask wearing create for deaf and hard of hearing people, and said this would be an issue as lock-down is eased and more social contact is allowed.

Diane replied that she would check if any work is being done to help address the communication needs of deaf people post-lock-down.

Alan Eagleson (Scotland Hub Manager, Terrence Higgins Trust) asked a question concerning testing for HIV during the lockdown.

Diane replied that Andy McAuley in Public Health Scotland leads on HIV and that she would check with him.

Mairi Tulbure (Criminal Justice Voluntary Sector Forum) commented on the mental health impact on children and young people who are particularly sensitive to the lockdown measures. One of the young people she is working with is researching the mental health impact of the lock down on young carers and she can share this research. Marie Amelie Viatte expressed concern about the risk of increased child abuse during the pandemic.

Diane welcomed hearing about the young people's research and replied that a Public Health Scotland group that is co-chaired by Scottish Government and local authority representatives is looking at vulnerability during and post-COVID-19 with a particular focus on children and young people. They are currently focussing on gathering intelligence and data on what the issues and what actions are required.

Anas Sarwar thanked Diane for her presentation and for addressing so many questions, and thanked everyone for contributing to the discussion.

6. Any other business

Anas Sarwar drew attention to the motion he had tabled on 7th May and that has 20 MSPs supporting it, recognising the role of the voluntary and community sector during COVID-19 and noting the work of this CPG:

Motion S5M-21688: Anas Sarwar, Glasgow, Scottish Labour, Date Lodged: 07/05/2020

The Vital Role of the Voluntary and Community Sector During COVID-19

That the Parliament acknowledges the vital role of the voluntary and community sector during the COVID-19 outbreak as it strives to tackle what it sees as Scotland's social, economic and health inequalities, which it believes have been exacerbated by the pandemic; recognises the enormous efforts, scale, speed and impact of the sector's response to meeting people's immediate, and urgent, need for support and care since the onset of the crisis, and notes the work of the Cross Party Group on Health Inequalities, including its secretariat, Voluntary Health Scotland, in drawing Members' attention to the crucial need to prepare to mitigate the longer-term impact of COVID-19 on health inequalities.

7. Date and topic of next meeting

Claire Stevens said that in light of the success of holding the meeting online VHS would organise a further online meeting on a topic and date to be decided, potentially the topic that had previously been advertised for today's meeting (Drugs, Discrimination, Deprivation and Death). She mentioned that VHS now asks attendees to complete a short survey following CPG meetings and that she would be grateful if attendees would complete the survey once it is emailed to them.

Registered to attend

Linda	Alexander	Children's Health Scotland
Mahmud	Al-Gailani	VOX Scotland
Bridie	Ashrowan	Space & Broomhouse Hub
Ijeoma	Azodo	University of Edinburgh
Kate	Barlow	Edinburgh Health & Social Care Partnership.
Gillian	Bell	University of Glasgow
Narek	Bido	Addictions Support & Counselling (ASC) - Forth Valley
Ann	Black	Braveheart
Lauren	Blair	VHS
Joanne	Buchan	ASH Scotland
Kate	Burton	NHS Lothian
Stuart	Callison	St Andrew's First Aid
Susanne	Cameron-Nielsen	CHAS
Alison	Crofts	VHS
Kirsty	Cumming	Community Leisure UK
Kate	Cunningham	Energy Action Scotland
Sarah	Curtis	University of Edinburgh
Alan	Eagleson	Terrence Higgins Trust Scotland
Lizzie	Edwards	Royal College of GPs
Debbie	Findlay	Lifegate Centre Dundee
Jennifer	Fingland	Cycling Scotland
Holly	Gabriel	Action on Sugar
Anna	Gryka	Obesity Action Scotland
Jo	Haddrick	Napier University
Talulah	Hall	Edinburgh University
Carol	Hanning	Community Renewal
Deirdre	Henderson	Inclusion Scotland
Sarah	Hill	Global Health Policy Unit, University of Edinburgh
Martin	Hutcheson	Terrence Higgins Trust Scotland
Shruti	Jain	Obesity Action Scotland
Eunis	Jassemi	Scottish Parliament
Kate	Joester	Living Streets

DRAFT

Alison	Keir	Royal College of Occupational Therapists
Daniel	Kelly	Public Health Scotland
Paige	Linnell	Positive Steps
Giulia	Loffreda	Global Health Policy Unit, University of Edinburgh
Dr Carey	Lunan	Royal College of General Practitioners Scotland
Robert Mark	MacBean Macleod	Royal College of Speech and Language Therapists Energy Savings Trust
Satyavani	Macmillan	CANDU
Paul	Madill	NHS Fife
Rebecca Maureen	Mancy McAllister	Glasgow University Scotland Versus Arthritis
Carlene Ian	McAvoy McCall	ROSPA Paths for All
Allyson	McCollam	Voluntary Health Scotland
Morag	McFadyen	Soroptimist International
Andrena Muriel	McMenemey Mowat	Deaf Scotland Befriending Networks
Lucy	Mulvagh	Health and Social Care Alliance Scotland (the ALLIANCE)
Rob Mina	Murray O'Hara	Cancer Support Scotland NHS Lothian
Paul	Okroj	Chest, Heart & Stroke Scotland
Maureen	O'Neill	Faith in Older people
Donna	O'Rourke	NHS Healthcare Improvement Scotland
Jamie	Pearce	University of Edinburgh
Kaveri	Qureshi	Global Health Policy Unit
Sarah	Randell	Teapot Trust
Lesley	Reid	NHS Lothian
Aidan	Reid	Royal College of Psychiatrists
Helen	Reilly	Royal Pharmaceutical Society
Sandra Sandy	Renicks Robinson	Voluntary Action South Lanarkshire Scottish Government
Christina	Sabbagh	Obesity Action Scotland
Anas Jason	Sarwar MSP Schroeder	Scottish Parliament Scottish Men's Sheds Association
Sonya	Scott	Public Health Scotland
Jonathan	Sentamu	Waverley Care
Debs	Shipton	Public Health Scotland
Louise Kat	Slorance Smith	RCPCH Scotland Centre for Health Policy, University of Strathclyde

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Katrina	Smith	Edinburgh Health & Social Care Partnership.
Katrina	Smith	NHS Lothian
Claire	Stevens	VHS
Lesley	Stevenson	Shared Lives Plus
Iain	Stewart	ASH Scotland
Diane	Stockton	Public Health Scotland
Emma	Swift	on behalf of Lewis MacDonald MSP
Mairi	Tulbure	Up-2-Us
Stephen	Vargas	Terrence Higgins Trust Scotland
Marie-Amélie	Viatte	Inspiring Scotland
Pete	White	VHS Board
Sam	Whitmore	Public Health Scotland
Rhona	Willder	Scottish Independent Advocacy Association
Jan	Williamson	Streetwork
Adam	Wilson	Families Outside
Kiren	Zubairi	VHS