

Meeting of the Cross Party Group on Health Inequalities

Minutes of the AGM and meeting held on 4th June 2015

In the James Clerk Maxwell Room (CR4), The Scottish Parliament

AGM:

1. Election of Office Bearers: MSPs re- elected Malcolm Chisholm MSP, Jim Eadie MSP and Murdo Fraser MSP to continue as Co-Convenors.
2. Jacquie Forde (Voluntary Secretary) retired 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 it established in the first place in 2010.
3. Voluntary Health Scotland (VHS) were elected as Secretariat.
4. The CPG holds no budget therefore there were no financial affairs to discuss.

Business Meeting:

1. Living in The Gap: A Voluntary Health Perspective on Health Inequalities in Scotland. Presentation by Mr Alan McGinley, Policy Engagement Officer, VHS, on a study and report published by VHS in March 2015.
2. Key messages about health inequalities:
 - 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
3. VHS Carried out a year long qualitative study in 2014 and published a report on the findings:
 - 150 charities surveyed
 - 10 case studies conducted
 - 4 workshops observed
 - Analysis and reporting

4. Questions considered by VHS were:
 - 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?
5. Key findings about the voluntary health sector:
 - The ability to engage those vulnerable groups and communities that statutory services may struggle to reach
 - Addressing barriers to accessing statutory health and other public 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
6. Summary: voluntary health organisations mitigate 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
7. How to Close the Health Inequalities 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
8. Two MSPs attended the meeting: Malcolm Chisholm MSP and Murdo Fraser MSP. There were ten other attendees and participants. No refreshments were provided at this meeting.
9. Any other business: none.