

Cross Party Group on Health Inequalities

Minutes of AGM and of the Fifth Meeting (Parliamentary session 2016-2021)

Thursday 26 October 2017

The Scottish Parliament

MSPs present: Donald Cameron MSP, Clare Haughey MSP, Anas Sarwar MSP, Monica Lennon MSP and Brian Whittle MSP

MSP Apologies: Alison Johnstone MSP, Murdo Fraser MSP

Other CPG members present:

Mahmud	AlGailani	VOX Scotland
Jerusalem	Barnabas	Waverley Care
Kate	Betts	Cancer Research UK
Lauren	Blair	Voluntary Health Scotland
Sandra	Brown	Befriending Networks
Stuart	Callison	St Andrew's First Aid MRC/CSO Social and Public Health Sciences
Samantha	Fiander	Unit, University of Glasgow
Nick	Hay	NHS Health Scotland
Colwyn	Jones	NHS Health Scotland
Rob	Mackie	Queen's Nursing Institute Scotland
Alison	McCallum	NHS Lothian
Elsbeth	Molony	NHS Health Scotland
Rob	Murray	Changing Faces
Orla	Murray	Scottish Families Affected by Alcohol & Drugs
Justina	Murray	Scottish Families Affected by Alcohol & Drugs
Celia	Nyssens	Nourish Scotland
Lindsay	Paterson	Royal College of Physicians of Edinburgh
Arvind	Salwan	Care Inspectorate
Jonathan	Ssentamu	Waverley Care
Claire	Stevens	Voluntary Health Scotland
Mona	Vaghefian	Cancer Research UK
John	Watson	ASH Scotland
Tom	Wightman	Pasda
Kiren	Zubairi	Voluntary Health Scotland

Non-members present:

Ashleigh	Ward	University of Stirling
Lorraine	Tulloch	Obesity Action Scotland
Paul	Surgenor	Pagoda PR
Keith	Small	ABPI

Louise	Slorance	<i>The Royal College of Paediatrics and Child Health (RCPCH)</i>
Murdo	Macdonald	Church of Scotland
Alison	McCallum	NHS Lothian
Blanca	Kao	University of Edinburgh
Fiona	Jamieson	The Robertson Trust

Annual General Meeting

1. Welcoming members and receiving apologies

The meeting was chaired by Donald Cameron MSP who welcomed everyone and noted that apologies would be recorded. A register of those present was taken. Donald Cameron described the structure of the meeting, with the AGM taking place first followed by the Business Meeting which would include a presentation by Mona Vaghafian from Cancer Research UK about the links between Obesity and Cancer and how these can be further aggravated by socio-economic inequalities.

2. First AGM of this Parliamentary Session

Donald Cameron noted that this is the first AGM since the reconstitution of the Health Inequalities CPG therefore there are no previous minutes to approve.

3. Election of Convenors for the next 12 months

Donald Cameron MSP, Clare Haughey MSP and Anas Sarwar MSP were proposed and re-elected as co-Convenors. This was agreed by a show of hands, and formally seconded by Tom Wightman from Pasda.

4. Appointment of Secretariat for the next 12 months

Voluntary Health Scotland (VHS) were proposed and re-elected as the Secretariat. This was agreed by a show of hands and formally seconded by Rob Murray of Changing Faces and Tom Wightman of PASDA.

5. VHS written report summarising the year's achievements

Donald Cameron drew attention to the written report produced by VHS which summarised the CPG's activities and achievements over the year. These included two meetings focused on the relationship between the places people live and their health, a meeting on health care provided in prisons, and a Parliamentary reception. He thanked VHS for compiling the report.

6. Annual Return

Donald Cameron noted that the Annual Return had been prepared and would be publically available.

7. AOCB

There was no other competent business for the AGM.

Business Meeting

1. Minutes of last meeting

It was noted that the draft minutes for the last meeting held on 15 June 2017 are available on the Parliament website and have been circulated to all members prior to this meeting. The minutes were proposed by Justina Murray of Scottish Families Affected by Drugs and Alcohol, seconded by Tom Wightman from PASDA and duly approved without amendment.

2. Matters Arising

There were no matters arising.

3. Proposed new members

Three applications to join the CPG were received from St Andrews First Aid, Waverley Care and Nourish Scotland, which were all approved.

4. Presentation: Obesity and Cancer – inequalities and opportunities

Mona Vaghafian, Public Affairs Officer at Cancer Research UK, gave a presentation on the scale of obesity in Scotland and the link with cancer, why obesity is more common in deprived communities, and what opportunities there are to address the problem.

Scale of obesity in Scotland and the link with cancer

Scotland is the heaviest nation in the UK and one of the heaviest among OECD countries. The results from the Scottish Health Survey show that 65% of adults are overweight or obese and 29% of children are at risk of being overweight or obese. This costs NHS Scotland around £600 million and the costs to wider economy are estimated to be in excess of £4.5 billion.

Being overweight is linked to 13 different types of cancer. People are intuitively aware of the link between smoking, alcohol and cancer but awareness of the relationship between obesity and cancer is not high. Only 1 in 4 people is aware that cancer could result from being overweight or obese. Breast cancer is among the most common type of cancer; however, only 31% of people are aware of the link between obesity and cancer.

Why obesity is more common in deprived communities

65% of people in the most deprived areas are obese or overweight compared to 57% in the least deprived areas. Inequalities are also present in dietary consumption; only 12% of children (aged 2-15) and 21% of adults (aged 16+) eat 5 fruit and vegetables daily. Twice as many children (42%) in the most deprived quintile consume soft drinks on a daily basis compared to the least deprived (23%). Over the last 15 years no dietary goals have been met in Scotland. It is worth noting that the correlation between levels of deprivation and rates of obesity is complex, as data shows that

people who fall between the most and least deprived quintiles are often most affected by obesity and also malnutrition.

There is no single factor contributing to the link between obesity and inequality. A credible explanation could be that those who are most deprived have less access to green space and healthy food whilst also living in an obesogenic environment.

Opportunities to address the problem

Cancer Research UK suggest taking a population wide approach rather than trying to change individual behaviours. The forthcoming Scottish Government Obesity Strategy provides a major opportunity. Cancer Research UK suggest that the Scottish Government should commit to regulating multi-buy price promotion offers such as 'buy one get one free' and 'X for £X' as research shows that 40% of all calories in Scotland are bought on price promotions and the majority are unhealthy foods. Polling conducted on behalf of Cancer Research UK suggested that 7 in 10 people agree to banning price promotions on unhealthy foods and shifting promotions towards healthier food.

Although this power remains at Westminster, Cancer Research UK are asking for the Scottish Government to advocate for junk food marketing to be banned before the 9pm watershed on television. Polling undertaken across all incomes suggest that even low income households support this measure.

Reformulating fat, sugar and salt levels in food and drink would be a cost effective policy to reduce levels of obesity in Scotland. Alongside applying a Soft Drinks Industry Levy (SDIL), the revenue from which should be ring-fenced to support preventative measures for obesity.

Cancer Research UK have been disappointed in the UK wide Childhood Obesity Plan, however, are positive that Scotland's strategy to tackle obesity will provide a real opportunity to tackle the issue of obesity.

5. Discussion

Action on Smoking: Do definitions of unhealthy food exist? Unlike smoking and alcohol consumption unhealthy food is on a spectrum and it could be hard to define what is or isn't consider healthy.

Mona – Clear definitions already exist that are used UK wide and in reformulation.

VOX: There are inequalities surrounding Mental Health and its relationship with obesity, whether that is obesity caused by the side effects of medication or issues around low income due to mental health issues and the impact that has on your ability to buy healthier food, which is more expensive. Increasing the price of unhealthy food could result in further malnutrition.

Mona – The intention of what we are promoting is not to drive up the price of all food but just that food which is unhealthy and that low price incentives are shifted towards healthier food. We need to be mindful of the extra barrier for people with mental health issues.

Obesity Action Scotland: there is a bi-directional relationship between mental health and obesity and this is something that we are starting to look at.

Pasda: Should be mindful of the fact that sugar replacements (e.g. Aspartame) could themselves cause health issues:

Mona – We are focusing on reducing obesity and the resulting health conditions but it is important to be mindful about the substitutes.

Pasda: Can the Scottish Government use its powers, as it has done in the case of fracking, to actively work on decreasing the obesogenic environment?

Mona – We are keen to see how the draft Diet and Obesity Strategy aims to tackle the obesogenic environment, especially the proximity of fast-food outlets to schools, etc.

Waverley Care: You have only focused on income inequalities: does data exist on the relationship between obesity and ethnic minority populations?

Mona – We have derived these results from the Scottish Health Survey and I am not sure if the data sets from that survey look at population profiles.

St Andrews First Aid: We need to get to the root of the issue and it is really important to highlight that sugar is in everything – even in food that we perceive to be healthy such as salads. The sugar industry is acting in the same way as the tobacco industry and it needs more top-down action.

Donald Cameron MSP: What do you suggest we do?

St Andrews First Aid: Structured control of industry lobbying and transparency of where and how money is being spent. Raising awareness of the fact that sugar is in everything and stricter regulation of the sugar industry.

Mona – The last Diet and Obesity Strategy was over reliant on working with the industry. We think this has not worked and believe in more regulation of the industry. I would like to highlight a publication by Professor Leigh Sparks of Stirling University '[Identifying and understanding the factors that can transform the retail environment to enable healthier purchasing by consumers](#)'

Scottish Families Affected by Alcohol and Drugs: The relationship between mental health and obesity should be considered equally to that between obesity and physical health. Looking at the dynamics of power, inequality and health and their impact on obesity, as the correlation between obesity and income is not linear.

Action on Smoking: Incentives –as with the tobacco industry the food retail industry's prime objective isn't to harm people but to make money. It has been difficult with tobacco as there are no alternatives but there are healthier food alternatives that could be sold instead of unhealthy food. Regulation has a role to shift people towards these healthier substitutes whilst the retail industry can continue to make revenue.

Mona – The industry response to substitution is that it needs to be regulated and not voluntary, i.e. to compel all competitors to comply, so as not to lose revenue.

Ashleigh Ward, University of Stirling: We believe you must guard against simple conclusions about the links between obesity, deprivation and individual behaviours. Have you taken into consideration cultural and historic norms? Also would like to comment re the lack of impact analysis to determine the effect that the proposed change would have on people living within deprived areas.

Mona – We are calling for population wide policies, which is the same approach that was taken with tobacco and alcohol. We do not want to propose anything that exacerbates inequalities.

Obesity Action Scotland: Advertising and the broader environment needs to be looked at.

Brian Whittle MSP: Obesity is linked to both mental and physical health issues. Early intervention that drives behaviour towards more activity and healthy eating is needed. Research shows that the Active Schools Programme had 11% more uptake in deprived areas, which suggests that healthy behaviours are linked to opportunity and access. As well as legislating and regulating sugar industry we need to raise awareness amongst parents about healthy options.

Pasda: People with autism can often have a limited dietary choice – we need to be aware of this. There is study and practice of introducing new tastes (fruit and vegetables) to nursery school and primary school children, in the hope that teaching them so young might affect the parents, and the foods that they then offer to their children.

Brian Whittle MSP: We need to be mindful of all special circumstances. I think there is an important issue around educating people around different food choices and introducing children to different foods.

VHS: The important and growing role of the community food sector should be acknowledged as they use community development as well as education to support people to eat well and healthily. It is also a joined up approach as the community food approach addresses other such as loneliness, social isolation and mental health issue, through supporting people to grow, cook and eat food together.

Brian Whittle MSP: My own daughter was involved in community growing and now enjoys eating fruit and vegetables. It is important to recognise that you can be overweight and malnourished.

Scottish Families Affected by Drugs and Alcohol: A lot of the discussion today has been around regulation and this is important. We should also recognise that community and community activity are also important.

Obesity Action Scotland: Cultures, values, regulation and community: we need the whole package.

VHS: The Scottish Government and the Scottish Public Health Network (ScotPHN) are holding four engagement events as part of the consultation process on the new Diet and Obesity Strategy. You can find out more information about the events and how to register here: <https://www.vhscotland.org.uk/a-healthier-future-action-and-ambitions-on-diet-activity-and-healthy-weight/>

Mona – I would like to thank everyone for listening and for the interesting discussion that has given us all food for thought.

6. Any other business

Donald Cameron drew everyone's attention to the [Motion](#) submitted by Clare Haughey MSP commending the work of the CPG and the support that VHS gives the Group. Donald Cameron urged members to contact their MSPs from across all parties to support the motion

7. Dates of Next Meetings

Thursday 7th December 2017 at 1pm

Thursday 25th January at 1pm

Thursday 3rd May at 1pm