

Cross-Party Group on Improving Scotland's Health

Tuesday 1 October 2024, 18:30-19:30, Hybrid

Minute

Present

MSPs

Emma Harper MSP (Convenor)

Brian Whittle MSP (Convenor)

Invited guests

Professor Simon Capewell, Emeritus Professor, Institute of Population Health, University of Liverpool, and ASH Scotland Board Member

Scott Edgar, Senior Research Manager from Diffley Partnership

Non-MSP Group Members

Alison Douglas, Alcohol Focus Scotland

Amy Smith, Alcohol Focus Scotland

Nicola Merrin, Alcohol Focus Scotland

Rebecca McColl – Alcohol Focus Scotland

Alan Dalziel – ASH Scotland

Scott Hogg – ASH Scotland

Lucy Dymock – ASH Scotland

Sheila Duffy – ASH Scotland

Megan Dickson – Diffley Partnership

Mark Diffley – Diffley Partnership

Ewan Carmichael – Individual Member

Abigail McCall – Nourish Scotland

Anudari Boldbaatar - Individual Member/NHS Lothian

Shoba John – Obesity Action Scotland

Bushra Riaz – Kidney Research

Claire Hislop – Public Health Scotland

Lucia D'Ambruoso– University of Aberdeen

Chantal Den Daas – University of Aberdeen

Elena Dimova – Glasgow Caledonia University

Hannah Parker - Royal College of Physicians and Surgeons of Glasgow

Heather Connolly – NHS Education for Scotland

Helen Reilly – Queens Nursing Institute Scotland

Jennifer Forsyth – Obesity Action Scotland

Jordan Maclean– University of Stirling
Richard Simpson - University of Stirling
Lauren Carters White – SPECTRUM
Mathis Heydtmann - NHS Greater Glasgow and Clyde
Niamh Shortt – University of Edinburgh
Sally Amor – NHS Ayrshire and Arran
Dr Jonathan Sher – Queens Nursing Institute Scotland

Apologies

Foysol Choudhury MSP
Dr C Jane Miller – NHS Lothian
Kenneth Anderson – Scottish Thoracic Society
Jackie McCabe – REHIS
Jacqueline Cunningham - REHIS
Anne Meikle – Versus Arthritis
Bruce Ritson - SHAAP

Agenda item 1

Emma Harper MSP (EH) welcomed in-person and online attendees, and **Brian Whittle MSP (BW)**, and all in-person and online attendees to the meeting. Apologies were noted in the meeting minutes, as above.

EH outlined the agenda and reminded members that the purpose of the Cross Party Group on Improving Scotland’s Health is:

- To take a solutions-oriented focus on how to improve the health of the people of Scotland primarily by reducing the health harms caused by alcohol, tobacco, poor diet and obesity and
- To join up knowledge and learning, and to identify positive ways forward, with a range of stakeholders committed to improving public health and to preventing and reducing non-communicable diseases for the next generation.

Agenda item 2

No interests were declared. **Mathis Heydtmann** advised that there is no conflict, but he is now a member of European Association on the Study of Liver Policy and Public Health Advocacy Committee.

Agenda item 3

EH asked members to propose and second approving the minutes. **BW** proposed approving the minutes and **Scott Hogg (SH)** seconded their approval. The group unanimously approved the previous meeting minutes with no amendments.

Agenda item 4

EH introduced **Professor Simon Capewell (SC)**, who trained in clinical medicine (general, respiratory and cardiovascular) in Oxford, Cardiff and then Edinburgh where he discovered Public Health. His public health expertise spans the policy, population, health service and clinical aspects of health and disease prevention.

SC began his presentation by asking are population wide prevention policies powerful, rapid, equitable and cost saving? He will include three considerations when answering this, the NCD burden, intervention and prevention policies. **SC** reminded everyone that the four major categories of NCD's are cardiovascular disease, diabetes, chronic respiratory diseases and cancer however, it also includes dementia, liver disease and kidney disease. He highlighted that this is a massive burden and accounts for 90% of deaths in the UK, crucially 4/5 of these deaths are preventable. In Scotland this would equate to 20,000 deaths per year.

SC shared extensive evidence suggests that legislators, charities and NGOs can prevent the most premature deaths as opposed to doctors and nurses. Prevention policies are more powerful than pills and surgery. He advised the NCD drivers for prevention policies are poor diet and obesity (40%), tobacco (20%), alcohol (10%), physical inactivity (5%).

He discussed an effective hierarchy for public health and highlighted how upstream policy options are more powerful. This can be wrapped up in the '3As', affordability, acceptability and accessibility. Looking at the evidence for rapid effects, CVD mortality reduction rates can occur within months of a population wide change in smoking, diet or preventative medication. This approach is equitable and narrows the gap between rich and poor by using a structural change. As an ounce of prevention is worth a pound of cure.

SC closed his presentation by reiterating that policies are influential, and we can learn a lot from the successes of tobacco. Advocacy and healthy alliances are the way forward in supporting change.

EH thanked **SC** for his presentation and will open the floor to questions after **Scott Edgars (SE)** presentation.

Agenda item 5

EH introduced **Scott Edgar (SE)**, who has extensive knowledge working in the public sector and with public sector clients in social research. He has a track record of delivering qualitative and quantitative research projects. From this experience he has gained significant expertise in research design, project management and analysis and reporting.

SE began by explaining they were commissioned to do a research project on behalf of NCD Alliance to look at commercial determinants of health and public attitudes. The research was carried because public activities had been lacking. They adopted a deliberative research process and investigated alcohol, tobacco, high fat, salt and sugar products across marketing, availability and price and promotion.

He advised that a deliberative research approach allows panellists to discuss issues extensively over a period of time. They began the research with a rapid scoping exercise, followed by a national survey, panel recruitment, deliberative sessions and concluded with analysis reporting and a presentation of findings. The sessions were both online and in person and included introductions, personal choice versus government responsibility, industry tactics, potential interventions and policies and a wrapping up session.

The key findings from these sessions were that people considered tobacco to be a past problem and acknowledged headway had been made. However, there was a lot of concern around vaping and people now viewed this as a replacement issue to tobacco. This included concern around targeting young people in the marketing of vaping. Panellists acknowledged the trend towards low and no alcohol alternatives and were surprised by the high number of deaths associated to alcohol. Scott explained that in relation to HFSS foods panellists viewed food as a necessity and thought it should be treated differently. There was a consistent desire to equip people with knowledge and skills to cook healthy food and many were sceptical about increasing food prices

Scott concluded that overall, there was a consistent desire for better public health and intervention across all the different areas.

Agenda item 6

EH thanked **SE** for his presentation and opened the floor to questions.

The presentations were followed by discussion, which included:

- Healthy life expectancy
- Inequalities and the cost of living
- Desire to incentivise positive behaviour
- Common perception to prevent bad/harmful things when we should also be promoting and supporting good things
- Inclusive approach and early embedding
- Public attitudes and conflict of interest

Agenda item 7

Members were invited to make suggestions of topics for future CPG meetings or to send them to the Secretariat.

EH ended the meeting by thanking **SC and SE** for their presentations and insights, and participants for their questions.

CPG members will be notified of the date of the next meeting by email.

END