Cross-Party Group on health inequalities

1.00pm-2.30pm Wednesday 14 June

Minute

Present

MSPs

Emma Harper MSP
Carol Mochan MSP

Invited guests

Shruti Jain Organisational Lead for Inclusion Health at Public Health Scotland

Melanie Weldon, Head of the Racialised Health Inequalities in Health and Social Care Team, Scottish Government

Non-MSP Group Members

Pervin Ahmad, Saheliya
Gillian Bell, University of Glasgow
Lauren Blair, Voluntary Health Scotland
Daniel Bradford, University of Glasgow
Sara Bradley, UHI
Christine Carlin, Voluntary Health Scotland
Judith Connell, Kidney Care UK
William Cook, BDA Scotland Board
Anna Cowan, Waverley Care
Magda Czarnecka, Feniks
Alan Eagleson, Terrence Higgins Trust Scotland
Gillian Fergie, University of Glasgow
Jennifer Forsyth, Obesity Action Scotland
Paula Fraser, Voices of Experience Scotland
Rob Gowans, Health and Social Care Alliance Scotland (the ALLIANCE)
Toni Groundwater, Families Outside
Susan Hunter, Befriending Networks
Shruti Jain, Public Health Scotland
Ese Johnson, Waverley care
Jaki Lambert, Royal College of Midwives Scotland
Roseann Logan, The Health and Social Care Alliance
Elizabeth Lumsden, RoSPA
Ian McCall, Paths for All

Catriona Melville, Age Scotland
Dave Morris, Samaritans Scotland
Agnieszka Morrison, Feniks.
Rob Murray, Red Cross Scotland
Bushra Riaz, Kidney Research UK
Tilly Robinson-Miles, Food Train
Mehar Shagufta, Playlist for Life
Stuart Smith, Terrence Higgins Trust
Kimberley Somerside, Voluntary Health Scotland
Claire Stevens, Voluntary Health Scotland
Alexandra Taylor, Alcohol Focus Scotland
Ellie Wagstaff, Marie Curie
Tom Wightman, Pasda
Kirstin Worsley, The Breastfeeding Network

Non Group Members

Alexandra Adair, VoiceAbility
Errol Baptiste, Advice Resolutions
Angela Bennett, Advice Resolutions
Irene Cree, Glasgow Life
Tricia Edington, Venture Scotland
Fiona Fraser, Mwamba
Smita Grant, NHS Lothian (MEHIS)
Andrew Gregory, Vertex Pharmaceuticals (Europe) Limited
Wendy Halliday, See Me
Euan Hamilton, Volunteer Edinburgh
Neil, Hay, Space @ The Broomhouse Hub
Katy Hetherington, NHS Education for Scotland (NES)
Andrew Hollingsworth, Vertex Pharmaceuticals (Europe) Limited
Rahila Khalid, Health in Mind
Andrea Lenssen, Scottish Government
Crawford McGugan, Glasgow Life
Ashley McLean, Poverty Alliance
Nony Mordi, NHS Fife
Mimie F.Oudaungh, Coalition for Race, Equality and Rights
Elaine Pritchard, Lloyd's
Rhiannon Sims, Crisis
Trishna Singh OBE, Sikh Sanjog
Melanie Weldon, Scottish Government
Julia White, VoiceAbility
Erin Williams, FEED

Apologies

Paul O'Kane MSP, Brian Whittle MSP, Donald Cameron MSP

Agenda item 1 – Welcome and apologies

Emma Harper MSP welcomed everyone to the meeting, apologising for the late start due to a committee session finishing late and some technical issues with the hybrid element.

Agenda item 2 – Minutes of the last meeting

Alan Eagleson, Terrance Higgins Trust, approved the minutes of the business meeting on 7 February 2023 and Kirstin Worsley, Breast Feeding Network, seconded them.

Agenda item 3 – Matters arising

There were no matters arising.

Agenda item 4 – applications to join the CPG

The group unanimously approved the following applications to join the CPG on health inequalities:

- Fedcap Scotland
- Institute of Health Research and Innovation - Rural Health and Wellbeing (University of the Highlands and Islands)
- Feniks
- British Psychological Society
- Playlist for Life

Agenda item 5 - Discussion

Discussion Topic: Racialised Health Inequalities

Presentations by:

- **Shruti Jain, Organisational Lead for Inclusion Health at Public Health Scotland**

Shruti Jain introduced herself and provided some background context about Public Health Scotland as an organisation and its central mission to tackle health inequalities.

Shruti went on to outline the difference between race, racism and racialisation. Race is a social construct; racism is a system of oppression; and racialisation describes the process done to individuals and communities by the system. “Racialised” describes the individual or community as a result of racialisation. Shruti explained the system had been built without the people it affects most.

To illustrate the extent of racialised health inequalities in Scotland, Shruti provided some statistics on the socio-economic factors which impact people's health outcomes. She noted ethnic minority people were twice as likely to experience poverty as white Scots and 48% of ethnic minority children were living in relative poverty. She added that there were also huge inequalities in employment and income which perpetuated the problem. Ethnic minorities continue to be under-represented in public sector leadership roles and academic achievements were not translated into employment opportunities. Shruti explained that these socio-economic factors lead to poorer health outcomes, we saw this during the COVID-19 pandemic, we see it in cancer prevalence, coronary heart disease and type-2 diabetes. Shruti urged us not to focus solely on geographic communities when looking at inequalities, but also communities based on the colour of our skin.

She noted that Michael Marmot had recognised structural racism as one of the causes of health inequities. Tackling racism and discrimination was his seventh recommendation to reduce health inequalities, sitting alongside socio-economics. Shruti emphasised that tackling racism was critical and demanded our attention.

With the help of a diagram included in her slides, Shruti outlined the multiple pathways through which racism can affect our health. She explained it impacted the way our services were designed, which can reduce access to healthcare and healthy behaviours, and in turn increase unhealthy behaviours. This results in poorer mental and physical health outcomes for ethnic minorities. Shruti shared that she experiences racism, and highlighted that racism affects everyone, no matter their employment or economic status.

She went on to further illustrate the interconnectedness of racism and health inequalities, noting the need for whole system action. Racism limits life opportunities and socio-economic status through things like housing, jobs etc. Shruti emphasised that it isn't the person or their behaviours that create these poorer outcomes, it's the structures and inequalities of racism. She felt we needed to focus on primary prevention and the socio-economic factors which impact our health, while acknowledging secondary services were important too.

Shruti noted the lack of culturally appropriate services made access harder for ethnic minorities. She used an illustration which highlighted that services were being designed for English speaking, white, middle class, able-bodied, heterosexual, cisgendered people. She explained its services which are hard to reach, not people. Providers of services do not understand the impacts of racism on individuals, we need to change services to meet the needs of our communities.

Shruti called for collaborative action to help achieve the shift in power and resources we need. Ethnic minorities need to be at the heart of this shift and the system needs changed.

- **Melanie Weldon, Head of the Racialised Health Inequalities in Health and Social Care Team, Scottish Government.**

Melanie Weldon explained her job in the Scottish Government was to provide leadership on all of these issues. She felt we hadn't had the action we needed yet to make any serious progress in tackling racialised health inequalities. She went on to outline how the government plans to imbed anti-racism across health and social care.

Melanie noted that Shruti's presentation had covered the persistence of racialised health inequalities in Scotland, so she didn't reiterate the problems. However, she added that the data in Scotland on racialised health inequalities was poor and the government were working to improve it.

She set out the policy context over the last ten years noting that the Race Equality Framework published in 2016 would see us through to 2030 and was constantly being updated and refreshed. The Expert Reference Group on COVID-19 and Ethnicity had published two reports; on systemic issues and on data. Melanie felt we already knew a lot of what the reports raised. She said the First Minister's vision for Scotland 'Equality, Opportunity, Community' marked an unequivocal commitment to anti-racism, including establishing the first Anti-Racism Observatory for Scotland. She said we need to take a structural approach and imbed anti-racism in everything we do.

Melanie explained the Care and Wellbeing Portfolio within government aimed to bring coherence to and accelerate progress on efforts to improve population health, reduce health inequalities, and create a more sustainable health and care system. This was underpinned by the Marmot principles. She said the Place and Wellbeing element of this portfolio and how we work with local communities was really key. She acknowledged the importance of proactive and preventative care too.

She explained the Expert Reference Group recommendations on systemic issues and data was the starting point for progress. The government was taking a multifaceted, multilevel approach with a systemic focus on anti-racism. She said the government was working on some key strands of work and a public facing plan would be published next year. These actions include leadership, workforce, healthcare equity, ethnicity data and NHS Board planning. Melanie acknowledged a need to diversify senior leadership within the NHS and noted the work of the NHS Ethnic Minority Forum. She confirmed CRER were being commissioned to develop anti-racist resources.

In conclusion Melanie felt racism was starting to be acknowledged as a fundamental determinant of health and these issues were now landing in conversations where they weren't before Michael Marmot's contribution. She acknowledged there would be gaps in the government's approach, but they had to start taking action and build from there. She confirmed they were taking a transparent and anti-racist approach.

Questions and wider discussion:

- **Recognising Racism:** Pervin Ahmad, Saheliya, explained that Saheliya focused on working with women from racialised communities primarily on mental health. She welcomed the whole system action and multifaceted approach Melanie outlined. She felt it was the micro and macro-aggressions executed by the most powerful which led to these inequalities. She said racism can be conscious and unconscious, and it has such a huge impact on health and wellbeing. She explained Saheliya worked to save women's lives and racism was a huge contributing factor as to why women access their services. She said the structures and systems of care could only be as good as the people behind them so biases needed to be recognised. She urged us to look at who's missing from the table when priorities were being set. She noted for example that elderly care had not been mentioned but this would be a huge issue in future years.
- **Shifting Power**: Fiona Fraser, Mwamba, noted they also worked specifically with ethnic minority women by signposting, providing mental health support, conversation cafes and community kitchens. She felt there was a glass ceiling which prevented ethnic minorities from contributing to these conversations in government. She asked how community groups like Mwamba could learn about opportunities to influence policy and contribute. She noted Mwamba delivered their support in first language, but a lack of resource and information limited what they can do. Shruti noted she was the chair of Saheliya which had been around for thirty years and was still working to address racism. She said this emphasised the need for a shift in power. She explained that ethnic minority groups were often researched and treated as a commodity. However, communities of colour were the experts and needed to be part of service design. She also felt that sometimes we have enough data to take action and she was encouraged that the Scottish Government was taking this approach. She emphasised the need to build trust in our systems.
- **Engagement:** Erin Williams, FEED, also asked what we can do to engage with policymakers and join up the approach. Melanie reiterated that the Expert Reference Group priorities were a starting point but doesn't stop the government from taking more action. She said the government would be carrying out some engagement over the autumn months on their plan.
- **Data:** Jennifer Forsyth, Obesity Action Scotland, asked about tackling the lack of data from the Scottish Health Survey which often is put down to the sample size being too small. Melanie said she would look into what was being done as part of the Scottish Health Survey specifically. Later, Agnieszka Morrison, Feniks, asked about how we can get a fuller picture of the problem and especially disaggregated data. Melanie reiterated that improving ethnicity data was one of the government's priorities but acknowledged there were particular challenges around coding and classifications. She said it wasn't easy to resolve but it was being worked on. Shruti added that we needed granularity of data and to link the data with socio-economic data to get a fuller picture. She also felt we should really be collecting data on racism and discrimination.
- **ICERD:** Errol Baptiste, Advice Resolutions, asked about the government's compliance with the International Convention on the Elimination of All Forms of Racial Discrimination. Shruti felt this was a question for government so passed on Melanie who said she would get back to the group with a more detailed response. Her colleague from the Scottish Government, Andrea Lenssen, added that the Scottish Government had engaged with the UN Working Group of Experts on

People of African Descent when they visited the UK in January. They were waiting for the working group to publish their findings and then the Scottish Government would act on them.

- **Building Support:** Rahila Khalid, Health in Mind, highlighted the work of Black Thrive in England and asked about structured pathways for ethnic minority support in Scotland. Shruti noted a number of third sector organisations which provided support for ethnic minorities but said there were issues with the mainstream not recognising the role of the third sector. She said this was why we needed a whole system approach. She felt we needed to build on the organisations and structures we have already.
- **Decision Making:** Ese Johnson, Waverley Care, highlighted that all people experience racism in different ways which was why a broad spectrum of engagement was so important in policy and service design. He said black people were tired of giving their lived experience, they need to be making decisions not just consulted on them.
- **Valuing Third Sector:** Trishna Singh, Sikh Sanjog, also raised concerns that they had not seen progress in tackling racism since the establishment of Sikh Sanjog thirty-five years ago. She said this was really disturbing that we were still having the same conversations. She explained the services being provided to support ethnic minorities by the third sector should be mainstream but not swallowed up. She felt they weren't being valued or properly resourced. She emphasised one size does not fit all and until ethnic minorities were at the table, we won't get change.
- **Parliament's Work:** Emma Harper MSP highlighted how important all these issues were to her work on the Health, Social Care and Sport Committee. The committee had recently undertaken an inquiry into women's participation in sport, which included engaging with ethnic minority groups. However, she felt the bigger question was how we support people in health care, while acknowledging the role of prevention. She committed to taking away action points from the meeting for example parliamentary questions or motions. Claire Stevens, Voluntary Health Scotland (VHS), acknowledged that members were very engaged on this particular issue which highlighted a need for a follow-up conversation and actions which VHS would organise.

Date and topic of next meetings:

The Health Inequalities CPG will be joining the CPG on Inflammatory Bowel Disease at an event for the Scottish Parliament Festival of Politics of the 11th of August 2023.

The CPG AGM and next meeting will be held in Autumn- the date will be confirmed shortly.