

Improving Scotland's Health: 2021 and Beyond Cross-Party Group - Annual Summary of Meetings: November 2016 to October 2017

Introduction

ASH Scotland consulted on whether to seek to re-establish the CPG on Tobacco. Recognising the demands on MSPs' time, Convenor Willie Rennie MSP had suggested there may be interest in a new CPG with a broader public health/prevention focus. ASH Scotland, Alcohol Focus Scotland (AFS), Scottish Health Action on Alcohol Problems (SHAAP) and Obesity Action Scotland (OAS) formed a coalition to take this forward. With the Alcohol and Drug Misuse CPG continuing to focus on care and services, the Group proposed to join up thinking and experience in tackling health-harming commodities.

The Group was established in 2016, and has the following registered purpose:

- to take a **solutions-oriented focus** on how to improve the health of the people of Scotland 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.

Following the Scottish Parliamentary elections in May 2016, the coalition sought the support of MSPs to establish the Improving Scotland's Health: 2021 and Beyond CPG. The first meeting was held in November 2016, where two co-conveners were elected: Kenneth Gibson MSP and Jenny Marra MSP. ASH Scotland and Alcohol Focus Scotland were appointed as Secretariat to the Group. The following principles were also agreed:

- ✓ **Public health:** population measures are most effective and cost-effective
- ✓ **Rights:** people have a right to health and wellbeing
- ✓ **Prevention:** avoid harm rather than treat symptoms
- ✓ **Inequalities:** reduce impacts on the most disadvantaged
- ✓ **Aspirational:** make a difference for the next generation
- ✓ **Evidence:** use best evidence & theories of change
- ✓ **Impartial:** free of commercial or vested interest
- ✓ **Action:** identify and take practical steps

The CPG has met three times (twice formally and once informally) since it was established (2nd November 2016, 25th January 2017 and 24th May 2017). Each meeting was attended by between 30 and 50 people. The CPG membership currently consists of 61 organisations, 7 individuals, and 10 MSPs. The Group has brought together a variety of stakeholders from different fields, from politicians and public health organisations, to service providers, academics and members of the public.

This report provides a summary of the topics presented and discussed at the three meetings held during this time period. The next meeting will be the AGM, to be held at 5.30pm on Thursday 26th October, at which the Minister for Health and Sport will be talking on the forthcoming new public health Government strategies and strategy refreshes.

Meetings Summary

Wednesday 2nd November 2016: Inaugural Meeting

The Group considered the harms caused by tobacco, alcohol and unhealthy foods, in particular their impact on poorer people and on children. They compared and contrasted the significant progress that had been made in tobacco control (legislation to ban advertising, create smoke-free public places and require plain packaging), with the more limited progress on alcohol (whole population approach to policy, legislation on separate display areas, ban on multi-buys and potentially minimum unit pricing); and more limited progress still on unhealthy foods (reformulation, labelling and potential legislation for a soft drinks industry levy).

Wednesday 25th January: The Economy and Public Health: Understanding the impact of health-harming industries

Speakers: **Professor Graeme Roy**, Director of the independent Fraser of Allander Institute at the University of Strathclyde; and **Professor Jeff Collin**, Professor of Global Health Policy at the University of Edinburgh.

This consisted of presentations by two leading experts in economics and global health policy. The first recognised that the economy and health are interdependent and this needs to be considered in reviewing possible measures to deal with health harming goods, and public health impacts assessed with regard to trade agreements. It was agreed there was scope for research to understand these complex links and to be braver at experimenting and monitoring impacts. The second recognised that NCDs are 'industrial epidemics', driven by corporations and their allies. There are inevitable tensions between economic interests of key actors and global health objectives and this conflict of interest needs to be recognised and managed.

Wednesday 24th May: Behavioural Influences to prevent uptake of health harming commodities, focussing on tobacco, alcohol and unhealthy diet

Speaker: **Professor Theresa Marteau**, Director of the Behaviour and Health Research Unit at the University of Cambridge. Due to security concerns at the Scottish Parliament, the presentation took place in the offices of ASH Scotland and this was not recorded as a CPG meeting.

Reducing food, alcohol and tobacco consumption would dramatically reduce non-communicable disease and, since these behaviours cluster by deprivation, would also reduce health inequalities. Achieving this will require multiple interventions in different systems. Evidence was presented on interventions in micro-physical environments – also known as Choice Architecture interventions or Nudge theory - which have potentially larger, more equitable effects than information-based interventions. These involve redesigning environments e.g. reducing plate and glass sizes, and restricting where food and alcohol is available, to reduce consumption.