

Cross-Party Group on Health Inequalities

Wednesday 10th September 2025, 6-7.30pm

Minute

Present

MSPs

Brian Whittle MSP, Emma Harper MSP, Craig Hoy MSP

Invited Guests

- Ralph Hartley, The Poverty Alliance
- Professor Neil McHugh, Yunus Centre for Social Business and Health at Glasgow Caledonian University

Non-MSP Group Members

- Sarah Latto, Voluntary Health Scotland
- Tejesh Mistry, Voluntary Health Scotland
- Roisin Hurst, Voluntary Health Scotland
- Cecily May, Voluntary Health Scotland
- Vongayi Mufara, Amma Birth Companions
- Christine Carlin, Voluntary Health Scotland
- Sarah Van Putten, Life Care Edinburgh
- Christine Muir, Scottish Recovery Network
- Iain Fraser, Age Scotland
- Sara Bradley, University of South Wales
- Helene van der Ploeg, Grassmarket Community Project
- Evelyn Chong, Culture Counts
- Rob Gowans, The ALLIANCE
- Lesley Ross, Glasgow Council on Alcohol
- Alan Eagleson, Terrence Higgins Trust
- David Weir, Gilead
- Natalie Frankish, Genetic Alliance UK
- Karen Sweeney, PLUS Forth Valley
- Sarah Curtis, University of Edinburgh and University of Durham
- Maree Aldam, Amma Birth Companions
- Helen Reilly, Queen's Nursing Institute Scotland
- Lorraine Dallas, Cancer Card
- Robin Ireland, Obesity Action Scotland
- Andrea Ma, Age Scotland
- Susan Hunter, Befriending Networks

- Gillian Hallard, RNIB Scotland
- Amanda Purdie, Amma Birth Companions
- Virginia Francis, MECOPP
- Amy Callaghan, Chest Heart and Stroke Scotland
- Salena Begley MBE, Family Fund
- Farid Bardid, University of Strathclyde
- Una MacFadyen, PLUS Forth Valley
- Nancy Riach, ACHWS

Non-Group Members

- Sarah McDermott, NHS Education Scotland
- Steve Brown, Roche Products Ltd
- Sarah Edwards, The Breastfeeding Network
- Alex Jones, BEAT

Agenda item 1

Welcome and Apologies

Brian Whittle MSP welcomed attendees.

Apologies:

- Miles Briggs MSP
- Bob Doris MSP
- Carol Mochan MSP
- Fedcap
- Versus Arthritis
- University of Strathclyde
- Royal Voluntary Service
- Deaf Links
- MEND
- COPE
- Kidney Care UK

Agenda item 2

Approve Minutes

Brian invited comments on the minutes of the previous meeting held on 4th June 2025 and asked for members to approve and second minutes.

Approved by Roisin Hurst and seconded by Tejesh Mistry.

Agenda item 3

Approve New Members

Craig Hoy MSP was approved by Brian Whittle and seconded by Christine Carlin.

The following organisations were also approved as new members of the CPG:

- [Amma Birth Companions](#)
- [Art In Healthcare](#)
- [COPE Scotland](#)
- [Grassmarket Community Project](#)
- [Voluntary Action South Ayrshire \(VASA\)](#)
- [LifeCare Edinburgh](#)
- [Scottish Partnership for Palliative Care](#)
- [Scottish Recovery Network](#)
- [Abertay University](#)
- [Blue Triangle](#)
- [Glasgow Council on Alcohol](#)
- [MEND](#)
- [PLUS Forth Valley](#)
- [Royal College of Paediatrics and Child Health \(RCPCH\)](#)
- [University of Strathclyde](#)
- [Wales School for Social Prescribing Research \(University of South Wales\)](#)
- [Mydex CIC](#)
- [Town Break Dementia Support](#)
- [Prostate Cancer UK](#)

Agenda item 4

AGM

- 1) Election of Co-Convenors.

Brian Whittle MSP invited Tejesh Mistry from VHS Scotland to lead the AGM. Tejesh advised that both Brian and Emma were both standing for re-election.

Brian Whittle MSP: Susan Hunter proposed, Craig Hoy seconded.

Emma Harper MSP: Alan Eagleson proposed, Roisin Hurst seconded.

Tejesh thanked both Brian and Emma for their ongoing commitment to the CPG, and for continuing to convene meetings with passion, personality, and character. Tejesh also went on to thank the members of the CPG and noted it was one of the largest CPGs.

- 2) Appointment of secretariat

Brian advised that VHS are intending to remain as secretariat and invited a proposer and seconder.

Brian Whittle proposed, Rob Gowans seconded.

Agenda item 5

Poverty and Health Inequalities

Brian introduced the theme and shared that a person's healthy life expectancy varies widely if they live in an area of deprivation. Women in Scotland's most deprived communities have a healthy life expectancy that is about 10 years lower than women living in Scotland's least deprived communities, and for men the difference is over 13 years.

Speaker 1: Ralph Hartley, The Poverty Alliance

Ralph stated that he was going to explore the connection between poverty and health inequalities. He provided the caveat that he is bringing the perspective of an organisation focused on poverty, not health.

The Poverty Alliance are Scotland's anti-poverty network and have 500 members from civil society across Scotland. At the core of what they do is campaigning and advocating for policy change to achieve the transformative change required.

Ralph spoke about the inextricable link between health inequalities and poverty and stated that we can't be serious about tackling health inequalities if we're not serious about tackling poverty. He stressed that the tools and policies to address poverty and the health inequalities related to poverty already exist.

Ralph referred to a report from the Health, Social Care and Sport Committee from a few years ago which found that health inequalities arise from the unequal distribution of income, wealth and power and the societal conditions known as the social determinants of health. This shows the strong negative impact that poverty has on health and wellbeing outcomes.

He further referred to the Leave No One behind report by the Health Foundation which found that the poorest two fifths of households in Scotland are almost eight times more likely to report poor health than the fifth richest. In 2019, there was a 24-year gap in the time spent in good health between people living in the most and least socio economically deprived local areas in Scotland which equates to an extra quarter of a century living in good health.

Ralph stated that poverty is largely driven by income, but this is not the only factor affecting health inequalities which are incredibly nuanced and complicated. However, he will be focusing on income and its relationship with health. One in five people in Scotland today are held back by poverty, equating to a million people who are not able to access an adequate standard of living. Poverty rates are higher for children at 24%, so 240,000 children in Scotland live in poverty, higher than that for working age adults or for pensioners.

Poverty is disproportionately high for particular groups, including disabled people, women, Black and minority ethnic people, unpaid carers and single parents, with 90% of single parents being women.

Ralph further explored some of the ways that poverty affects people's health. He explored that a key factor is income, and that this is not just related to those who are not in work. He reflected on the number of working households in poverty. Three out of four children living in poverty live in a household where somebody works. He further reflected that having an insufficient or unsecure income causes considerable stress.

He then explored the impact of poverty on transport, and how this affects health. Public Health Scotland identifies transport poverty as a key factor affecting an individual's ability to meet their daily needs, including health needs. People living in deprived areas are also twice as likely to be in a car accident.

Ralph then reflected on the impact of fuel poverty and poor housing on health, with people often living in cold or damp homes, or in overcrowded living situations. He shared that poor housing has a demonstrable impact on cardiovascular and respiratory health.

Poverty can also be a consequence of poor health. 63% of people experiencing destitution in Scotland are disabled or have a long-term health condition. This resulting poverty can exacerbate conditions and cause further stress.

Ralph spoke about the impact of poverty on children and reflected that addressing child poverty in Scotland is clear way to address wider health inequalities. He stated that the solutions exist, for example increasing Scottish Child Payment to £40 would lift 10,000 children out of poverty, and an uplift to £55 would lift 20,000 children out of poverty.

Ralph finished by sharing information about the Scotland Demands Better Campaign that will be culminating in a march in Edinburgh on the 25th of October 2025.

Speaker 2: Vongayi Mufara, Amma Birth Companions

Vongayi shared that Amma Birth Companions was launched in 2019, and that her relationship with the organisation started as a service user in 2020 during a difficult pregnancy. Amma is a charitable organisation based in Glasgow that supports birthing people from migrant backgrounds. Services include one-on-one birth and post-natal companionship, peer support, infant feeding support, and antenatal education.

Amma support people experiencing a range of issues. These include social isolation, insecure immigration status or those seeking asylum, limited English proficiency, histories of trauma including gender-based violence and female genital mutilation or mental health issues.

Vongayi reflected on the current perception of migrants and people seeking asylum, and how they are portrayed in the mainstream media. She spoke about the

falsehoods that are reported, and how this group are being demonised. She stated that in reality, people seeking asylum receive £9.95 per week if they have been placed in a hotel, which is not enough to cover basic essentials, let alone transport costs to medical appointments or warm clothes. They often have no cooking or laundry facilities, no fridge, and no choice about what they eat. Babies are provided with nappies, milk, and baby food. If breastfeeding mothers are not receiving sufficient nutrition, this can affect milk supply too and baby formula is expensive.

Vongayi further stated that those with no recourse to public funds (NRPF) often find themselves in poverty, and unable to meet their basic needs. People with NRPF often cannot access statutory maternity pay for example. Those with no recourse to public funds are also often scared to use services, worrying that it will affect their immigration status.

Poverty is one of the main factors that make it more difficult for people from migrant backgrounds to either access health care or to receive equitable care. There are known systemic inequalities that are directly linked to race, language, poverty that create worse outcomes for women from migrant backgrounds. These include:

- Black women in the UK are 3x more likely to die in pregnancy and childbirth, Asian and mixed-race women 1.7x more likely to die than white women.
- Babies of both Asian and Black ethnicity or those from deprived areas have much higher rates of neonatal mortality.
- Women who do not speak English are 25% more likely to die in pregnancy, birth, or the postnatal period.

Vongayi shared a video which featured several people who have NRPF detailing the impact it had on their lives, and the lives of their families. She further shared a number of quotes from mothers who have experienced a range of issues and how poverty has affected their lives, or the lives of their families.

Finally, Vongayi shared a range of recommendations for ensuring that the health of migrant or asylum-seeking individuals and families is not adversely affected by poverty. These include more support for people with NRPF, the right to work for asylum seekers, better training for healthcare providers, better accommodation for women and babies, free bus travel, and better data collection and monitoring on health outcomes by migration status.

Speaker 3: Professor Neil McHugh, Yunus Centre for Social Business and Health at Glasgow Caledonian University

Neil explained that he was going to speak about income-based policies to address health inequalities related to poverty, and public appetites for such policies. He posed two questions: does the policy through which health inequalities are reduced matter, and what would you give up, if anything, to reduce health inequalities? These questions help to understand whether a public mandate exists for more transformative policies without which implementation is unlikely.

He explained that income-based policies impact on how much money people in society have through redistribution. In Scotland, two income-based policies have

gained prominence in recent years – Universal Basic Income (UBI), and Minimum Income Guarantee (MIG). UBI is an unconditional cash payment to everyone in society, regardless of their income level. MIG is a means-tested cash payment that provides a guaranteed income floor beneath which no one should fall.

Neil explained that the Scottish Government has a long-standing interest in income-based policies and their potential impact on population health. The Scottish Government first funded a feasibility study of a UBI model with the final report published in 2020. The Scottish Government turned its attention to MIG and establishing a steering group to explore the feasibility of implementing a MIG to enable people to lead, in their words, a decent, dignified, healthy and financially secure life. The final report has just been published, and its main recommendation was the introduction of a full minimum income guarantee that meets the minimum income standard over the next 10 years.

Neil referenced that the recent Population Health Framework and the Health and Social Care Service Renewal Framework both recognise UBI and MIG as ways to address the fundamental causes of health inequalities.

It was then highlighted that UBI and MIG can vary widely, and there are no standard models for each. Neil stated that the introduction of an income-based model like this would replace universal credit, and the biggest difference from existing arrangements would be the lack of conditionality.

He stated that interpreting the potential effectiveness of such models is reliant on modelling, and none of the modelling undertaken by the government has so far looked at the potential impact on health. However, some evidence suggests that they could be considered as upstream interventions capable of positively impacting health and reducing health inequalities, particularly because of the potential impact on child poverty.

He further reflected that such policies face two major issues - uncertainty over public support and the potential expense. As such, understanding the extent of public appetite for these policies is vital. Only three studies have explored public support for income-based policies in the UK using a design that combines both policies, design features, and policy outcomes and this includes two YUNUS studies. It appears that new income-based policies are preferred to the status quo, but it's not clear what policies are the preferred option.

It is clear from the Scottish Social Attitude Survey that most people support increasing taxes to spend more on health and social benefits, and that the majority of people support redistributing income. However, it is not known how much people would be willing to pay for UBI or MIG. This will rely on 'willingness to pay' questions being asked of the public which YUNUS are intending to explore.

Questions and Discussion

Helene van der Ploeg: reflected on the importance of being able to quantify impact in monetary terms, and the need for cost benefit analysis, to secure investment in solutions to poverty.

Brian Whittle: reflected that the inability so far to quantify the impact of income-based policies in financial terms could be why it hasn't made it into any manifestos so far.

Tejesh Mistry: commented on how powerful the stories and statistics are that were shared in the presentations, and how the reality they portray should leave us all feeling uncomfortable. He further asked about the impact of poverty in causing stress, and how that impacts health.

Vongayi responded that many of the people they support arrive with multiple traumas, and that the asylum system is itself traumatic. She reiterated their recommendation to provide greater support to people living in poverty.

Ralph further added the impact of stigma on the mental health of people living in poverty, and the need to gain the appropriate balance between support services and income-based policies.

Sarah Latto: Reflected that there is a balance to be struck when influencing policy around demonstrating impact in financial terms, but also in gauging public support for policies too as this is a key consideration for policy makers. She further reflected on the current rhetoric and stigma around migrants and asylum seekers, and how this is having a considerable impact on policy priorities for many of the main political parties.

Salena Begley: A further reflection on stigma, and how this can become internalised and can affect people's likelihood to seek support.

Agenda Item 6

Any other business

No other business raised. Brian confirmed the next meeting will be in January, date TBC.

Brian thanked all speakers and attendees and closed the meeting.