

## **Cross Party Group on Health Inequalities**

### **Minutes of the Meeting held Thursday 10<sup>th</sup> September 2015, Committee Room 3, The Scottish Parliament**

**MSPs in attendance:** Malcolm Chisholm MSP (chairing), Murdo Fraser MSP, Richard Simpson MSP, Ken Macintosh MSP.

See Appendix for list of other attendees.

#### **1. Welcome, introduction and apologies**

Malcolm Chisholm MSP welcomed those present, thanked VHS for organising the meeting in their new capacity as Secretariat, and invited everyone to introduce themselves. There were no formal apologies.

#### **2. Minutes of the AGM and meeting held on 4<sup>th</sup> June 2015**

These were agreed as a correct record.

#### **3. Matters arising**

None.

#### **4. Housing and health inequalities: presentations and discussions**

Malcolm Chisholm MSP introduced Katy Hetherington of NHS Health Scotland and Neil Hamlet of NHS Fife, co-authors and presenters of the report published by the Scottish Public Health Network (SPHN): *Restoring the Public Health Response to Homelessness in Scotland*. He also introduced Fiona King of Shelter Scotland, presenter of the work of the Commission on Housing and Wellbeing. Katy and Neil circulated a briefing paper and copies of their presentation slides and Fiona distributed copies of the Commission's final report: *A blueprint for Scotland's future*.

- a. *Restoring the Public Health Response to Homelessness in Scotland*.  
Highlights from the presentation:

The issues:

- Homelessness is not a new issue for the NHS: Health and Homelessness Standards were put in place for NHS Boards and partners in 2005 but now need revised and updated
- Homeless and insecurely housed people have much poorer mental and physical health profiles than the general population and are at much higher risk of death from a range of causes

- Poor health is both an effect and cause of homelessness
- Homeless and insecurely housed people have dramatically higher rates of attendance at Accident and Emergency ('frequent fliers') compared to the general population
- They have higher rates of non-attendance (DNA) at new outpatient appointments (changed address, fearful to open mail, no money for bus, no confidence the appointment will do any good etc)

#### Early wins and developments:

- Katy and Neil's research included speaking to many non-NHS staff about what they think can and must be done to address these poor health outcomes
- The Health Promoting Health Service Chief Executive's letter (CEL 01 2012) is a mechanism for bringing homelessness into action reporting by health boards.
- Useful developments include: Housing Hubs Training Toolkit health module; the Commission on Housing and Wellbeing; the new Homelessness Prevention and Strategy Group; awareness raising on back of NHS Fife's data linkage work

#### Key learning:

- Multiple exclusion homelessness: overlapping of mental ill-health, substance misuse, offending and prison
  - Early childhood trauma
  - Visible homelessness happens late – people present as last resort
- High cost of this 'churn' to society – estimated at £250k to £1 million over an individual's lifetime
- Home as either the springboard to nurture, education, life chances – or the place where opportunity is crushed out of you
- Housing's contribution to good health and social care (housing and social care partnerships need to support housing and homelessness within remits; role of the partnerships' strategic commissioning process)

#### What next?

- Create a Scottish faculty of homelessness and inclusion health
- Get the new National Health and Homelessness Group up and running
- Event planned on remote and rural issues (December tbc)

- Exploring opportunities with Scottish Prison Service (SPS), Joint Improvement Team (JIT), The Institute for Research and Innovation in Social Services (IRISS)

b. *The Commission on Housing and Wellbeing*. Key points from the presentation:

- Established by national charity Shelter Scotland, the purpose of the independent Commission was to examine the relationship between housing and wellbeing, to test the established views of the housing sector against other perspectives, and to build understanding and links across from housing into other sectors. All but one of the Commissioners were non-housing people.
- The Commission selected eight types of wellbeing relevant to assessing the benefits of good housing. One of these was health.
- Its final report was published on 10<sup>th</sup> June. *A blueprint for Scotland* contains 47 recommendations for action. Shelter Scotland is focused on raising awareness of the report, stimulating discussion and getting the recommendations onto the public agenda.
- Scale and cost of some key issues:
  - 30% of prisoners leave prison with no address to go;
  - re-offending increases dramatically where people have nowhere to stay;
  - it costs £26k to see a homeless person through the homelessness process;
  - 39% of Scottish households experience fuel poverty;
  - homeless children miss 55 days of school pa on average
- Housing which is secure, adequately heated and free of serious condensation and dampness and which provides adequate space and supports independent living is important for good physical and psychological health and positive educational outcomes.
- Housing should be a full and equal partner in health and social care partnerships.

There followed questions and discussion. Areas explored included:

- What scope there was for those present to get involved with the National Health and Homelessness Group
- The importance of involving 'experts by experience' when looking for solutions, including people with experience of prison. The valuable role of the organisations Positive Prisons and VOX. SPS has now employed a policy specialist on housing, with whom the Scottish Public Health Network plan to engage.

- Whether NHS Fife's experience of 'A&E frequent fliers' was likely to be replicated elsewhere. Also, the extent to which integrated teams designed to support people with multiple problems, such as the long-established Edinburgh Access Practice (NHS Lothian/Keep Well) had been replicated elsewhere in Scotland (Richard Simpson MSP)
- Edinburgh Access Practice means that some homeless people are supported into more sustainable solutions eventually, but some are so damaged and/or fearful of mainstream services (e.g. can't cope with tenancy rules) that this is not realistic. Edinburgh's experience is that austerity measures/ benefit sanctions are driving up homelessness and insecure housing. Edinburgh has created a network of advocates who can talk to DWP officials when necessary (Alison McCollam)
- The abolition of the need for homeless people to demonstrate they are in 'priority need' has had a very positive impact but has had little impact on those groups who have been disproportionately represented in the homelessness statistics for 20 years or more (Fanchea Kelly).
- There are well established specialist health services for homeless people but the real challenge is addressing the inadequate response of mainstream health services (including some GPs) to homeless and insecurely housed people. Rural areas are of concern (Sue Irving)
- Various views expressed on the Health and Housing Standards. They have been useful in those areas of Scotland where agencies have been keen to do the work, but not in areas where there has been little enthusiasm. The standards do not reflect the current environment or Government agenda and are not to the front and centre of people's thinking.
- Health and social care integration must be seized as an opportunity to build engagement and embed housing into the partnerships (Neil Hamlet). Integration partnership strategic plans are the place to push for the wider preventative agenda of helping people to live in a healthy environment (Fanchea Kelly).
- Giving children the best start in life and following a GIRFEC approach is challenging for midwives when homeless/insecurely housed families forced to move from place to place, an issue compounded by silo thinking/structures (Gillian Smith)
- What other ways forward are there? (Ken Mackintosh MSP). Investment in socially and private rented housing and in supporting owner occupation - requires a 20 and 30 year investment programme to be effective; make a better case for 'spend to save' and get criminal justice and health sectors (etc) to champion the importance of housing (Fanchea Kelly).
- Does the NHS Fife data support the case for more targeted universal services rather than a whole population approach? (Peter Craig). More analysis to be done to see whether the onset of Housing Options did influence the trends/patterns (Neil Hamlet).

- Discussion on the opportunities and challenges for NHS front line staff (GPs, health visitors, midwives etc) when they become aware a patient lives in a cold/damp/badly maintained house. The case for greater NHS staff awareness of and confidence to raise these issues was made, but also the value of multi-agency, cross-sectoral partnerships designed to draw in expertise and resources from the most appropriate source. The MARCH initiative in Midlothian is a formal partnership that is addressing fuel and other poverty factors that affect people's health outcomes (Claire Stevens). Care and Repair services and housing associations are well placed to intervene effectively and support anticipatory planning – e.g. interventions in relation to fuel/cold, falls, minor repairs etc. (Julia Fitzpatrick).

Malcolm Chisholm MSP concluded by thanking the three speakers and asking them what their top priority would be for the Scottish Parliament regarding the issues discussed. Responses were:

- Tackle poverty and get more upstream to prevent problems arising in the first place
- Use the opportunities provided by the Fairer Scotland and Healthier Scotland conversations to take the debate forward
- Focus on the 32 health and social care partnerships – put them under pressure to ensure housing is fully and effectively involved
- Stop expecting damaged people to be able to slot into public service models
- Support middle managers in the public sector to have the courage to do the right thing
- Ask health and social care partnerships to consider setting up localities of interest (not just geographic localities): 'the most excluded' are not easily identified by geography
- Build 10,000 new socially rented houses a year over the next 5+ years
- Revisit Housing Options: works well for those who simply don't know their options, but doesn't work at all for those people who are not even engaged

## **5. Any other business**

Claire Stevens advised that the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison MSP, will address the Cross Party Group on the Voluntary Sector and Volunteering on the subject of health and social care integration and the voluntary sector, at their meeting on Tuesday 24<sup>th</sup> November, 13.00, at the Scottish Parliament. Members of the Cross Party Group on Health Inequalities are welcome to attend.

## **6. Future meetings**

**Thursday 26<sup>th</sup> November 2015**, 12.30 – 14.00, Committee Room 6, The Scottish Parliament. Theme: the contribution of health and social care integration to reducing

health inequalities. Suggestions for speakers should be sent to Claire Stevens at VHS. [Claire.stevens@vhscotland.org.uk](mailto:Claire.stevens@vhscotland.org.uk)

**Thursday 25<sup>th</sup> February 2016, 12.30 – 14.00, Committee Room 6, The Scottish Parliament.** Theme: spotlight on research. Suggestions for speakers should be sent to Claire Stevens at VHS. [Claire.stevens@vhscotland.org.uk](mailto:Claire.stevens@vhscotland.org.uk)

## Appendix 1:

### Attendees on the 10<sup>th</sup> of September

<b>First name</b>	<b>Surname</b>	<b>Organisation</b>
Mahmud	Al-Gailani	VOX Scotland c/o Mental Health Foundation
Lauren	Blair	Voluntary Health Scotland
Laura	Blair	NHS Health Scotland
Sara	Collier	Royal College of Physicians of Edinburgh
Peter	Craig	University of Glasgow
Philippa	Faulkner	Leonard Cheshire Disability
Julia	Fitzpatrick	Horizon Housing Association
Neil	Hamlet	NHS Fife
Katy	Hetherington	NHS Health Scotland
Sue	Irving	Dumfries & Galloway Citizen's Advice Service
Vittal	Katikireddi	NHS Lothian
Eleana	Kazakeou	Office of Jim Hume MSP
Fanchea	Kelly	Margaret Blackwood Housing Association
Fiona	King	Shelter Scotland
Karen	Lennox	Margaret Blackwood Housing Association
Andrew	Lindsay	Big Lottery Fund
Alison	McCallum	NHS Lothian
Linda	Morrow	Chest Heart and Stroke Scotland
Robin	Parker	WWF Scotland
Elizabeth	Reilly O'Brien	British Psychological Society
Louise	Rogers	The Health and Social Care Alliance Scotland
Tracy	Rogers	ASH Scotland
Gillian	Smith	RCM Scotland
Claire	Stevens	Voluntary Health Scotland
Robert	Thomson	Care and Repair Scotland