Cross Party Group on Health Inequalities

Minutes of the Meeting held Thursday 26ᵗʰ November 2015, Committee Room 6, The Scottish Parliament

MSPs in attendance for whole or part of meeting: Malcolm Chisholm MSP (chairing); Murdo Fraser MSP.

See Appendix for list of other attendees.

1. **Welcome, introductions and apologies**

    Malcolm Chisholm MSP welcomed those present. A formal note of attendees and apologies was taken.

2. **Minutes of the meeting held on 10ᵗʰ September 2015**

    These were approved as a correct record.

3. **Matters arising**

    None.

4. **Health and social care integration and health inequalities: the Community Connectors programme in Glasgow**. Gillian McCamley, Community Connectors Programme Manager, gave a presentation on this new partnership between Glasgow Council for Voluntary Services and three Glasgow based housing associations, funded through the Integrated Care Fund as part of Glasgow's accommodation work stream within health and social care integration.

    Key elements of Community Connectors:

    a. A person centred, assets based approach that has had 153 referrals in its first 11 weeks, and engaged 300 organisations across Glasgow. Connects vulnerable older people (e.g. bereaved, not eating well, socially isolated through poor health/discharge from hospital etc) to services and resources, and provides volunteer buddies, themselves older people.

    b. Born from the experience of Reshaping Care for Older People (RCOP) which demonstrated how the third sector can add value, increase older people's social connectivity and independence, and take pressure off public sector services.

    c. Designed in response to asking older people: "What keeps you well?" and to responses like: "Please work better together!" and "We are fed up of being described as a burden on society when it is we who are the biggest providers of unpaid care" and: "We would rather serve lunch than take it" and: "Bureaucracy has made volunteering too so complicated".

5. Discussion following Gillian's presentation covered topics that included:

    a. Asset mapping – using data built up during RCOP as starting point
    b. Evaluation – squaring the circle between measuring hard data and assessing the impact of the person centred approach
    c. Barriers to volunteering faced by people with poor mental health
    d. Upstream potential – the programme's intelligence/data gathered should inform and make for better decision making by the integration authority
    e. Barriers to accessing community assets/resources if there are long waiting lists and/or transport difficulties for people getting to them
    f. Gaps that no-one takes responsibility for filling: e.g the blind man unable to attend hospital appointments because there was no-one to help him get there
    g. Other useful models: House of Care; Link Workers (The Alliance) with Deep End GPs
    h. Information sharing issues across agencies even within the same partnership is challenging but must be addressed
    i. Integration agenda is slowly opening up opportunities for third sector and housing associations to gain recognition, be seen as partners with NHS/local authority, and provide vital evidence of what works - BUT sweeping funding cuts are undermining and removing voluntary/community assets.
    j. Smaller, neighbourhood based services provided by third sector are very poorly understood/appreciated by NHS – health prefers services to be city wide and commissions on that basis.
    k. More work needed to strengthen engagement and understanding between NHS and third/housing sectors, e.g. through programmes like VHS's Learning to Lead in Health.

6. **How health and social care integration can help reduce health inequalities.** Cath Denholm, Director of Strategy, NHS Health Scotland outlined the role of NHS Health Scotland as the special health board focused on promoting the evidence base on the causes (not just the outcomes) of health inequalities:
    a. Fundamental causes lie in global, political and societal decisions and concern human rights.
    b. Interventions focused on information campaigns to ask people to change their behaviours are least effective.
    c. For change to happen, we need: appropriate fiscal policies and structural changes; consciously advocating and planning for health equity; targeting and intensive interventions for those whose needs are greatest.
    d. By taking a human rights approach, health and social care integration could help assure people's right to safety, dignity, participation, information and empowerment.

7. Questions and discussion following Cath's presentation included:

    a. The 'stigmatising public discourse on strivers versus skivers'
    b. The extent to which addressing the fundamental causes of inequalities is in the remit/power of health and social care integration

c. The usefulness of the Fairer Scotland and Healthier Scotland debates in raising awareness.

8. **Locality of interest: integration, homelessness and exclusion**. Robby Steel, Consultant Liaison Psychiatrist at Edinburgh's Royal Infirmary [ie. general hospital] presented how NHS Lothian set out to reduce pressure on hospitals and provide a more person centred response to people who present repeatedly whilst in crisis and mental distress, pro-actively supporting them to self-manage more effectively.

9. Lothian High Demand service identified the 2,000 people who put most demand on its hospitals and set out to understand who they were and what their needs were. Robby described the 'Penrose population": predominantly homeless people, often with overlapping issues concerning addictions, low level crime and police involvement. This marginalised population is the embodiment of health inequalities, having 'spectacularly poor health outcomes by any measure: mental, physical, dental and sexual'. They are high users of all services (NHS, social care, housing, prison, third sector) so the issue is not a lack of resources, because services expend high levels of resource on them. The problem is expecting them to fit into pre-determined services.

10. The Patient Anticipatory Care Team (PACT) is designed to address these issues. What works:
    a. Being pro-active about going to see these people - don't expect them to make or keep appointments.
    b. Changing NHS culture, behaviours and responses to be more person centred is not possible whilst rigid targets are in place.
    c. Recognising that inequalities are sustained by people's lack of a voice/power
    d. Recognising that homeless people embody health inequalities and should be at the core not the margins of what health and social care integration needs to delivery - so make homeless people a locality of interest
    e. Making room for other agencies, including third sector and police, to be engaged/involved in helping.

11. Any other business

Noted that Audit Scotland's first audit report on health and social care integration will be published 3rd December.

12. Next meeting

Thursday 25th February 2016, 12.30 pm, The Livingstone Room T4.60-CR6 at the Scottish Parliament. Theme: spotlight on research. Speaker(s) to be confirmed.

Appendix1:
Attendees on the 26th November 2015

Mahmud	Al-Gailani	VOX-Voices of eXperience
Lauren	Blair	Voluntary Health Scotland
Paul	Bradley	Shelter Scotland
Hilda	Campbell	COPE Scotland
Christine	Carlin	Mindroom
Malcolm	Chisholm MSP	Scottish Parliament
Peter	Craig	University of Glasgow
Sarah	Currie	SCVO
Cath	Denholm	NHS Health Scotland
Philippa	Faulkner	Leonard Cheshire Disability
Lucy	Fraser	Albyn Housing
Jennifer	Fingland	SHAAP
Murdo	Fraser MSP	Scottish Parliament
Vicky	Glen	British Lung Foundation
Sue	Gray	Macmillan Cancer Support
Rachel	Hardie	NHS Lothian
Nick	Hay	NHS Health Scotland
Katy	Hetherington	NHS Health Scotland
Jennifer	Hill	SCCS
Sue	Irving	Dumfries & Galloway Citizens Advice Service
Gillian	McCamley	Glasgow Council for the Voluntary Sector (GCVS)
Helen	Melone	Energy Action Scotland
Sam	Mills	Changeworks
Margaret	Moore	JIT Action Group Member
Linda	Morrow	Chest Heart & Stroke Scotland
Muriel	Mowat	Scottish Independent Advocacy Alliance
Rob	Murray	Changes Faces
Alana	Neil	SCVO
Paul	Okroj	Chest Heart & Stroke Scotland
Elizabeth	Reilly O'Brien	British Psychological Society
Louise	Rogers	The health and social care alliance
Catherine	Ronald	SSA
Mary	Ross Davie	RCM
Robby	Steel	NHS Lothian
Claire	Stevens	Voluntary Health Scotland
Alana	Trusty	Deaf Links
Liz	Watson	Befriending Networks