

Cross-Party Group on Sexual Health and Blood Borne Viruses

Theme of Meeting: Social Security and Annual General Meeting (AGM)

MINUTES for CPG on SHBBV and AGM

06 December 2017

Scottish Parliament, Sir Alexander Fleming Room (Committee Room 3)

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Meeting Minutes – 6th December 2017 – Social Security & AGM

1. Attendance and apologies

Present: Ann Eriksen (SHBBV Executive Lead, NHS Tayside), Anne McLellan (Sexual Health Lead Clinician, NHS Lanarkshire), Avril Hendry (Edinburgh Napier University), Cathy Crawford (HIV Scotland), Chris Stothart (NHS Lothian Patient Forum), David Wallace (Social Security Agency, Implementation & Performance), Eric Chen (NHS Lothian), Grant Sugden (Waverley Care), James Stewart (Lothian HIV Patient Forum), Jeane Freeman (Minister for Social Security, MSP), Jeffrey Hirono (Policy and Research, HIV Scotland), Kirsty Slack (Policy and Campaigning Manager, HIV Scotland), Leon Wylie (Hepatitis Scotland), Martin Hutcheson (Terrence Higgins Trust Scotland), Nathan Sparling (Head of Policy and Campaigning, HIV Scotland), Nicola Plunkett (Head of Ill Health and Disability Benefits Unit, Social Security Policy), Patrick Harvie (Member of Scottish Parliament), Paula McCabe (Terrence Higgins Trust Scotland), Petra Wright (Hepatitis C Trust), Rachel Barr (NHS Lothian), Rachel Smith (Waverley Care), Ruth Lewis (University of Glasgow), Tom Arthur (Member of Scottish Parliament), Will Dalgleish (Lothian HIV Patient Forum).

Apologies: Aidan Rylatt (Hepatitis C Trust), Aileen Ferguson (National Gender Identity Clinical Network), Alastair Rose (SX, Waverley Care), Alex Cole-Hamilton (Member of Scottish Parliament), Brandi Lee Lough Dennell (LGBT Youth Scotland), Cara Spence (LGBT Youth Scotland), Christine Bird (Project Officer, SHBBV Managed Care Network NHS Tayside), Clive King (Terrence Higgins Trust Scotland), Daniela Brawley (BASHH Scotland), David Liddell (Scottish Drugs Forum), David Whiteley (Edinburgh Napier, School of Health and Social Care), Dina Sidhva (University of Edinburgh), Frances Neo Johnston (University of Aberdeen), Gail Grant (Abbvie), George Palattiyil (University of Edinburgh), Hosanna Bankhead (Hwupenyu Project), Ingrid Young (University of Edinburgh), Jai NicAllen (Scottish Transgender Alliance), Jamie Frankis (Glasgow Caledonian University), Jayne Scotland (National Specialist and Screening Services Directorate), Jim Clark (Hepatitis C Trust), Jonathan Ssentamu (Waverley Care), Julian Heng (Steve Retson Project), Karen Lorimer (Senior Research Fellow, Glasgow Caledonian University), Katai Kasengele (HIV Peer Supporter & Patient Engagement Manager (Brownlee), Kathleen Grieve (MSD), Kay Eadie (Gilead), Kezia Dugdale (Member of Scottish Parliament), Lesley Wallace (Health Protection Scotland), Lisa McDaid (University of Glasgow), Maggie Gurney (NHS Dumfries and Galloway), Maruska Greenwood (LGBT Health and Wellbeing), Mary Stewart (Scottish Government), Matthew Straw (Positive Help), Michael Verlander (HIV Scotland volunteer), Nadine Stott (SCOT-PEP), Nicola Boydell (University of Edinburgh), Nicoletta Policek (HIV Scotland board member), Nil Banergee (NHS Fife), Patrick Harvie (Member of Scottish Parliament), Paul Flowers (Glasgow Caledonian University), Paul Surgenor (Pagoda Porter

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Novelli), Pauline McGough (Chair, Lead Clinicians Sexual Health), Ryan Devlin (Edinburgh Youth Stop AIDS), Sian Rees (THT Scotland), Sophie Bridger (Stonewall Scotland), Swang Shallangwa (Waverley Care), Tom Arthur (Member of Scottish Parliament), Urte Macikene (The Hepatitis C Trust), William Ferrie (Steve Retson Project), Yvonne Kerr (NHS Lothian), Zoe Kelly (NHS Ayrshire and Arran). The meeting was convened by Patrick Harvie MSP.

2. Welcome and Introductions

Patrick Harvie welcomes everyone and introduces the Minister for Social Security, Jeanne Freeman MSP, who is available only until 1:30PM.

3. Social Security

Minister for Social Security

Minister for Social Security Jeane Freeman MSP introduces David Wallace and Nicola Plunkett who are engaged with the establishment of Scotland's new social security agency, noting that there are eleven benefits that are being devolved and transferred over to Scotland. Jeane advises that the UK will retain responsibility over work related benefits, but notes that this is a great opportunity to build a new public service built on the foundation of dignity, respect, and human rights. The social security bill will be passed next spring. The social security will oversee increase in covers allowance, funeral assistance, and changes to the sure start grant. The agency will have a local presence in each local authority and will have available multiple ways in applying for benefits, including the ability to speak with a person.

Q&A for Minister Jeane Freeman

1. *Leon Wiley (Hepatitis Scotland) – What has been done to ensure that people most stigmatised and marginalised had an opportunity to weigh in and engage throughout the process?*

Jeane Freeman MSP: There were a number of ways that we engaged and consulted with the community. The Scottish Government asked a number of organisations to organise consultation events. In addition, there were opportunities to submit written submissions for a range of organisations and individuals. There are still opportunities to engage with the process. For example, experience panels are being led by researchers and analysts which are transparent and can be called upon for accountability, and the Government is always looking for new ideas on what more can be done to ensure that the social security agency provides the best services.

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2. ***Patrick Harvie, MSP – There are plenty of Sexual Health and Blood Borne Viruses (SHBBV) conditions that carry stigma. How do their conditions impact engagement with social security?***

Jeane Freeman MSP: This is a common theme where many people are prevented from coming forward to share their thoughts and opinions. Social security is a huge exercise in building trust. There is a perception that the system does not put the best interest of their citizens in mind and the Scottish Government wants to change this. We want people to come forward and tell us what they think.

3. ***Petra Wright (Hepatitis C Trust) – How will the ‘man on the street’ understand the benefits provided by the new social security agency? There is a lot of confusion right now around social security and who provides the benefits.***

Jeane Freeman MSP: There is a lot of potential for confusion. Our locally based social security staff will be assisted to provide clarification and direction if needed. Plus, organisations will have assisted staff to help. It can be confusing since individuals will be receiving UK and Scottish benefits, we need a system where everyone is involved and not create unintended consequences with the UK.

4. ***Nathan Sparling (HIV Scotland) – The experience panels and the current bill refers to physical and mental health impairments. How are we ensuring that the language we use is not stigmatising?***

Jeane Freeman MSP: We use similar languages that are present in current Scottish legislation and international conventions, such as the Scotland’s Equality Act and the United Nations Convention on the Rights of People with Disability (CRPD). Evidence and benefits will provide the basis of the language used within the bill and agency. We feel that we will be judged by how we provide the benefits, as opposed to the language used. However, submissions can be made to make revisions and changes to stigmatising language.

Q&A for Agency and Implementation Team

Executive Director Social Security Implementation David Wallace introduces himself and explains that there will be challenges ahead. The establishment of the agency is complex and will take time. Further, he explains that currently people are receiving benefits from a range of systems, where a unified system would be beneficial. There is an incorrect assumption that the infrastructure is already in place, but everything is being built from scratch.

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1. **Nathan Sparling (HIV Scotland) – Regarding implementation, we've heard reports on recommendations to roll out a series of training for frontline staff. Is there something along these lines in the pipeline?**

David Wallace was interested if the DWP took up the offer of training. The Agency will be happy to speak with any organisations about training front line staff on how to navigate the agency and its services. He adds that there is a lot of goodwill out there. The agency is always looking at ways to make the current system better, including employing staff that understand the dynamics and cycles of poverty, that poverty isn't a choice. The questions is how do we target information better?

2. **Leon Wiley (Hepatitis Scotland) – Key is attitude. There needs to be a recruitment process to engage and hire the right attitudes.**

David Wallace agrees, and adds that there will be a competency-based recruitment process, including taking into account attitudes.

Discussion for Actions

Will Dalgleish from the Lothian HIV Patient Forum adds that, of the services being commissioned, there's a lot of discord on people using SHBBV services and patient groups. We need to ensure that we all work together. There must also be transparent process on how services are tendered.

Nathan Sparling (HIV Scotland) starts off by asking if the social security agency will include language on addressing stigma within their overarching themes of fairness, respect, and dignity. Leon Wiley (Hepatitis Scotland) responding to Nathan Sparling's advice on adding anti-stigma language to the agency's value statement asks how will the agency address stigma under the new agency? Nathan Sparling responds that, by addressing stigma within the Agency's language will help enshrine values of anti-stigma. Leon Wylie adds that it may be hard to legislate 'stigma.' Patrick Harvey (MSP) states that adding anti-stigma language into the agency's values and principals provides good intent and can be used as an example for other systems and services to follow suit.

Ann Eriksen (NHS Tayside, SHBBV Executive Lead) states that we need more discussion and action around eliminating BBVs. There needs to be a national best practice processes in place. There's work already being done around and led by Hepatitis C Trust and the CPG work on eliminating Hepatitis C (HCV). Nathan Sparling agrees but advises access to HCV services in the main topic, and eliminating HCV is secondary. Grant Sugden (Waverley Care) agrees that access to SHBBV services is important, although HCV may need its own focus.

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Nathan Sparling advises that there is also very little information on transgender people and SHBBVs. Grant Sugden advises the intersection between mental health and SHBBVs, especially for transgender populations. He adds that Karen Lorimer would be a good person to consult in this area.

Anne McLellan (Sexual Health Lead Clinician, NHS Lanarkshire) recommends that the sexual health and blood borne viruses should be discussed separately due to PrEP pressure. BBVs should be discussed alongside access to testing services. There is a potential to collaborate with other cross party groups to affect change at the policy and delivery level. It is clear that SHBBV is a national priority to government and it's important to understand drivers and facilitators of SHBBVs. Ann Eriksen agrees and adds that there should also be some emphasis on complementary services, such as harm reduction.

4. Future work plan discussion to confirm 2018 work plan

Nathan Sparling starts by stating that there are themes that needs to be addressed in 2018 and we can break the meetings into five themes (below). We should also look at collaborating with other cross party groups and get the backing of MSPs. The below themes will provide the basis for 2018's five CPG on SHBBV meetings. CPG members are agreeable too ensure meetings happen in the evening.

- *Women's sexual and reproductive health rights*
- *Access to sexual health services*
- *BBV testing (HCV)*
- *Mental and Sexual Health*
- *Addiction Services*

5. Close

No additional questions or business discussed.

6. Annual General Meeting (AGM)

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Patrick Harvie, MSP: Are we agreed to nominate co-chairs?

CPG on SHBBV members are agreed.

Patrick Harvie, MSP: Are we agreed to the continuation of HIV Scotland as secretariat?

CPG on SHBBV members are agreed to reappoint HIV Scotland as secretariat.

AGM concluded.