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APOLOGIES

Kenneth Gibson MSP
David Stewart MSP
Miles Briggs MSP
Alex Cole-Hamilton MSP
Alison Whiteman MSP
Anas Sarwar MSP

David Blane
Karen Barton
Aileen Bryson
Eric Carlin
Jeff Collin
Lucia D'Ambroso
Nadia Fanous
Andrew Fraser
Carol Emslie
Laurence Gruer
Elizabeth Hurst
Shruti Jane
Jennifer Kennedy
Dave Liddell
Andy MacGregor
Drew Walker

University of Glasgow
Abertay University
Royal Pharmaceutical Society
SHAAP
University of Edinburgh
Centre for Global Development, University of Aberdeen
University of Glasgow
NHS Health Scotland
Glasgow Caledonian University
Individual member
Mentor Scotland
Scottish Obesity Alliance
Homes for Scotland
Scottish Drugs Forum
Scotcen
NHS Tayside

PART ONE

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<p>1.</p>	<p>Welcome by the Convener, Brian Whittle MSP</p> <p>The Convener welcomed everyone to the meeting and a special welcome to the guest speakers, Tom Bennett from Forth Valley Recovery Community and Stephanie Girdwood, from Happy Valleys in Lanarkshire.</p> <p>Co-Conveners David Stewart MSP and Kenneth Gibson MSP were unable to make the meeting. The Convener welcomed Finlay Carson MSP to the meeting.</p>	
<p>2.</p>	<p>Declaration of Interests (Standing Item)</p> <p>Members were asked to declare any updates to their original declared interests, and to highlight any conflicts of interest specific to today's meeting.</p> <p>There were no declarations.</p>	
<p>3.</p>	<p>Topic Discussion: Empowered communities reducing use of and harm from unhealthy commodities.</p> <p>The Convener introduced the guest speakers, and it was noted questions and discussion would follow.</p> <p><u>Tom Bennett, Team Leader, Forth Valley Recovery Community (FVRC)</u></p> <p>Tom Bennett started his presentation by explaining that the Forth Valley Recovery Community is a community, not a service, for those recovering from process or behavioural issues (eg gambling, alcohol or drug use). Recovery development workers are in recovery themselves so they model life in recovery, showing the behavioural and attitudinal changes that are required for people to establish and sustain recovery. Mutual aid is fundamental in this also.</p> <p>The organisation provides holistic support, helping people get back into education and employment, helping with diet and general health, and ensuring this is all done in an enjoyable way. They work on an asset-based community development model, where they work with the skills and qualities of community members.</p> <p>FVRC offers community members the opportunity to train to be a community volunteer, which is quite a sought after position within the community. It provides people with a sense of belonging and ownership, and makes them feel responsible and reliable. Afterwards they can go through six months of peer support training, and receive a nationally recognised qualification. Peer workers go into, and work with, a number of different services and organisations, such as</p>	

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<p>hospital addiction teams, substance misuse services, homeless accommodation, etc. Peer supporters are very well respected within treatment services and are in demand, so much so that they cannot currently satisfy all requests.</p> <p>The FVRC run seven recovery cafes every week (one every day). The Tuesday café is for women only, which meets the specific needs and recognises the vulnerabilities of this group. Cafes are the easiest way to access the community in the beginning; all that is asked is that they are abstinent on that day. The recovery café network provides: recovery support (mutual aid, peer support, positive modelling), health and wellbeing (e.g. an outreach nurse comes along), and social integration (e.g. developing friendships).</p> <p>Tom talked through some statistics of the recovery community. For example, there were almost 5000 visits to the cafés in the last tax year. They currently have 23 active volunteers, 11 of whom are peer supporter trained, although this has likely increased more recently.</p> <p>Alongside the cafes, the FVRC provide ‘Recovery in the wild’ and ‘Recovery rambling’. They work with Active Stirling, using their facilities, do Fitness Fridays, and help with outdoor tasks such as chopping back rhododendrons. The recovery rambling takes place three times a week, with groups going for an hour or so walk. Walking helps to break down social anxieties and barriers that may be present in other settings.</p> <p>The Community is only three years old, and Jardine Simpson (now CEO of Scottish Recovery Consortium) is Tom’s predecessor. It has grown from over 2,700 visits a year to over 4,800 visits a year. The recovery development has grown with funding from the Alcohol and Drug Partnership. The yearly operating costs are £175,000, with five team members.</p> <p>Tom spoke of the Recovery Olympics, which is in its 4th year. This will take place on 5th July at the Mayfield Centre in Stirling, and Tom encouraged Group members to attend.</p> <p>Tom finished by highlighting that the Forth Valley Recovery Community has been able to find ways to help people where they have not been helped before.</p> <p><u>Stephanie Girdwood, Project Worker, Healthy Valleys in Lanarkshire</u></p> <p>Stephanie described the origins of the Healthy Valleys project in Lanarkshire, as supported by NHS Lanarkshire and South Lanarkshire Council. Their vision is to reduce health inequalities, and have people take responsibility for their own health and wellbeing.</p>	

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<p>Their work is based on a social rather than clinical model, and is about empowering communities. They are embedded within communities so they can engage with hard to reach and vulnerable individuals. They also help tackle barriers between communities and statutory agencies, as they are trusted.</p> <p>Referrals are diverse and complex, from a variety of agencies. There are also many self-referrals, which reflects the fact that they are well respected and trusted in the community.</p> <p>Volunteers are the heart of the organisation. They were awarded the Queen’s Award for volunteers last year, and received another volunteer award just last month. Stephanie ran through some of the project’s statistics, including that they have 91 volunteers. The volunteers are often beneficiaries of the project, and sometimes go on to become sessional workers and staff.</p> <p>Stephanie provided detail on their smoke-free project, run in Clydesdale which is a very rural area with high smoking and deprivation rates but low rates of access to quit support. This project was commissioned by NHS Lanarkshire and was about speaking with people about smoking. They found that people felt that there was poor accessibility and availability of services. There was lots of buy-in however as they knew that smoking was bad for them, and they wanted to prevent young people taking it up too.</p> <p>The Stop Smoking Programmes supported people in all aspects of their life. It was resource and time intensive, but successful. Over the last three years, 147 people made a quit attempt, 62% were still stopped at 4 weeks and 53% at 12 weeks plus. They could also see the benefits for the families, such as through increased disposable income.</p> <p>As part of the Smoke-Free Homes initiative, they went door-to-door as they knew that some people wouldn’t access the groups. They took a certificate so that people could pledge to keep their homes and cars smoke-free, becoming role models. Many kept these certificates on their walls. It was quite successful, e.g. three streets in Rigside are completely smoke-free, and 77 houses pledged in total.</p> <p>Healthy Valleys also engaged with the community on smoking through community events. More intensive programmes with families also took place, alongside work with schools (primaries 1-7), where they encouraged them to take up tobacco work. From this, eight partners have signed up to the ASH Scotland charter. Some schools have made progress on their policies and how they deliver tobacco education.</p> <p>Stephanie encouraged members to take a copy of their annual report, which provides a more comprehensive overview of the organisation’s work.</p>	

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<p>The Convener opened up to questions from Group members:</p> <p>Brian Whittle MSP highlighted that many would applaud those who are now peer supporters but talked of a lack of trust for those who at an earlier point in their recovery journey. He asked Tom Bennett if he agreed with this, and <u>what can be done to tackle this stigma?</u></p> <p>Tom Bennett said that stigma is a huge issue. It holds people back from accessing help, stops them from being honest about their issues, and the public and media portrayal of addiction problems exacerbates this. In FVRC, community members are courageous in accessing help and changing their way of being. It should be recognised that they have not made a conscious choice but have grown up in adverse circumstances, and often cannot bear to be present in their own life. Lack of trust is an issue due to some of the behaviours, but this is a tiny proportion of everyday life. We need attitudinal change, and to see this as a public health issue that needs public backing. From the Government down, more funding is needed to help people with these issues, particularly taking into account the recent increase in drug-related deaths. We need more support like their community so that people can come together and show local communities that they will repay them if they are given a chance. He highlighted the need to change attitudes, and gave an example of a local community council meeting where a service was to move into an area with high levels of heroin addiction. The uproar was due to people being more visible in their community, although they have always been there. Stephanie Girdwood agreed with Tom, and talked of the stigma that is attached to poverty, using foodbanks, smoking, etc. As Happy Valleys is well-recognised in the community and provides a diverse range of services, stigma doesn't seem to hold people back from self-referring to them. Brian Whittle MSP referred to the media response to the Riverside Project in Ayr, stating the need for re-training of the media.</p> <p>Jardine Simpson, Scottish Recovery Consortium said that stigma is not only a problem in itself but can re-traumatise people. People in recovery are assets and can become positive transformers. They are holding out their hand to professionals to say they are here to help. He hopes the Rights, Respect and Recovery strategy will enable legislation for people with lived experience to be treated equally and as experts. He asked the speakers <u>how they see local projects contributing to lived experience as an equitable and contributing partner?</u></p> <p>Tom Bennett said that he doesn't currently see equity. There is a great variety of reactions to the FVRC, with some statutory services 'getting it' that they can do something that they have previously struggled to do. Such services include the Forth Valley Royal Hospital where they have a terrific relationship with the addictions team. The recovery community has the ability to connect and communicate with people who are still in the problem, which is difficult for others to do.</p>	

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	<p>There should be more scope for the recovery community and those with lived experience to fill positions and have greater influence in shaping how we address this problem. Stephanie Girdwood agreed with Tom, and wants to see communities supporting communities.</p> <p>Brian Whittle MSP raised that he spoke of the impact of smoking and deprivation at the Love Your Lungs Week debate today. Physical activity and sport has an important role in smoking prevention. Giving access to activity from a young age means that people are less likely to take up smoking. <u>He asked if the speakers agree, and what we can do to prevent young people from following previous generations in smoking behaviour?</u></p> <p>Stephanie Girdwood highlighted that Healthy Valleys do full school tobacco sessions, and agreed if they young people have more to do then they are more fulfilled and less likely to take up smoking. They also promote healthy eating, cooking, and physical activity in their work. They have a Fit for Life project, which provides in and after school activity, including trips to outdoor spaces. They have learned that they need to provide equipment to children to ensure they can attend. Tom Bennett said that tobacco is in an issue for those in recovery. Fitness plays a huge part of recovery, with peers modelling the process of moving away from unhealthy behaviours (those who are further on in their recovery are often nicotine free).</p> <p>Alison McCallum, Director of Public Health, NHS Lothian asked <u>how can we take networks of individuals and turn this into a community of activists to achieve policy change?</u> She gave the example of ambassadors in Edinburgh who have been vocal on welfare reform and other issues – they are a powerful group of people able to change minds and policy.</p> <p>Stephanie Girdwood agreed. They have people who are assets and positive role models. They provide opportunities for this and work with agencies to gain access to these people. They want to help cross barriers between people and agencies and what is needed is partnership working with people on the front line. Tom Bennett highlighted the moves within Scottish Recovery Consortium to train people with lived experience and create a panel of experts. There are endless barriers to engagement, but we should invite people to come and be a part of strategy meetings and decision-making bodies, and listen to them. Then we will be able to hear what it is like to live with challenges such as deprivation and having no escape from addiction at home.</p> <p>Finlay Carson MSP commended the work of the FVRC and Healthy Valleys organisation. His constituency is rural, and there are limited opportunities to have recovery communities due to lack of capacity to organise these. It is an issue not unique to addiction and could apply to mental health too. He asked if <u>such communities have to be</u></p>	

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<p><u>restricted to addictions or whether these can be open to those with other issues, such as mental health, bereavement, accidents, etc.?</u></p> <p>Tom Bennett said that there is a great deal of overlap between these issues, e.g. those with addictions issues often have poor mental health. He agreed that it is better than nothing to have something that is open to all, but his experience is that the power is in the connection between people they can identify with – they know they can be open about their experiences and behaviours, and will get acceptance rather than reaction. There is a strength in specificity.</p> <p>Stephanie Girdwood agreed on the importance of belonging and acceptance. They run various cafes and other projects in rural communities for different issues. There is merit in specific groups but encouraging people to come together to support each other more generally in a safe space, with a variety of services, helps to build relationships.</p> <p>Brian Whittle MSP asked <u>what can politicians do for the third sector?</u></p> <p>Stephanie Girdwood said it is great that there is a recognised place for the third sector, particularly in relation to health inequalities and health issues. However, funding is a constant issue. They need longevity so that they can deliver more services and greater outcomes, rather than spending a lot of their time on sourcing funding. Tom Bennett echoed this. He highlighted that although FVRC is seen as a good model to emulate across Scotland, they have recently lost their tender to another organisation, so their future is uncertain after the next 11-12 months. If people are convinced that their organisation is doing good work, then they should secure its future. The respect for the service should be backed up with funding, and it should be recognised that as the team grows, so too does their reach and impact. He also highlighted the value for money the third sector provides, as every pound is accountable.</p> <p>Alison McCallum raised <u>the need for clearer guidance in the use of the Procurement Act</u>, so as to avoid unnecessary competitive tendering. Often collaborative and compact agreements to develop outcomes are sufficient.</p> <p>Brian Whittle MSP said that there is often protectionism due to the way the third sector is funded. The word collaborative is important, as there is often a tendency not to approach other agencies to work together. There is need to feel safe within the funding structure for this to happen. Brian Pringle, West Lothian Drug & Alcohol Service feels that tendering and commissioning has regressed, with a lot of fear experienced. He would like to see encouragement of alliances, networks and partnerships. There is more accountability in the third sector. There should be no need to go to tender; service level agreements could be used and where objectives are being met these could be rolled forward. There is a need for guidance for local</p>	<p>Brian Whittle MSP will try to secure party debate time in the chamber on the role of the third sector in public health.</p>

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	<p>authorities and health boards on this to give them reassurance they they do not always need to go down the competitive tendering route. Core funding should be provided to enable organisations to bid for other funding (quite often going for a 3 year bid is restricted by only having 1 year core funding). Graeme Callander raised that the Big Lottery is often relied upon for funding. Drink Wise Age Well was funded for 5 years, which is unusual, whereas evidence says that this is the bare minimum that is required for positive change to occur.</p>	

PART TWO

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4.	<p>Welcome to new members and apologies for absence</p> <p>The meeting welcomed two new member organisations to the Group: Scottish Obesity Alliance (joined 12th March 2019) and Homes for Scotland (joined 21st March 2019).</p> <p>The number of apologies received (as detailed above) was 6 MPS and 16 non-MSP group members.</p>	
5.	<p>Minute of Meeting – 20th February 2019</p> <p>The minutes were approved as correct.</p> <p>Matters arising:</p> <p>Sheila Duffy updated the Group that the Scottish Government and COSLA have launched a consultation on the new public health body, Public Health Scotland. There is a short consultation period (deadline of 8th July), and she encouraged members to respond. The secretariat will circulate the link for this.</p> <p>Alison Douglas updated that a debate has now been secured for the motion lodged by Kenneth Gibson after the last meeting. This summarises the evidence presented at the previous CPG meeting, highlights the support from the Group for the alcohol marketing pledge, and welcomes the Scottish Government’s commitment to consult on measures to restrict alcohol marketing to protect children and young people. Brian Whittle MSP will also be speaking at this debate.</p>	<p>Secretariat to disseminate the Scottish Government and COSLA consultation on the new public health body</p>
6.	<p>Any Other Business</p> <p>Graeme Callendar updated the Group on the work of Drink Wise Age Well with six volunteers with lived experience in Glasgow. They felt that alcohol services did not adequately fit their needs, and released a charter with asks of Scottish Government, local</p>	

	<p>commissioners, and other to improve services for older people. This covers themes such as isolation, advertising, stigma, and engagement. Videos were made of their own experiences. Graeme asked members to get behind the campaign; the hashtag is #CallingTimeForChange</p> <p>Jonathan Sher supports what has been said about third sector relationships. The Christie Commission in 2011 highlighted the need for primary prevention, which could prevent 40% of current spending on health harm. Both Scottish Parliament on a cross-party basis and Scottish Government have said that priority should be given to preventative spending, but in reality this is not occurring. There is a need to move beyond the rhetoric into action, as if anything, the proportion of what could be prevented is even higher than the previous estimate of 40%.</p> <p>The convener agreed that there is too much rhetoric and not enough action. He asked that members consider what actions this group could take and feed any ideas into the secretariat. For his part the convener indicated that he intended to explore the role of the third sector in public health and where it work well.</p>	<p>Members to submit potential issues, topics and actions to the secretariat.</p>
<p>7.</p>	<p>Further Meetings 2019</p> <p>Wednesday 18th September 2019 – 5.30pm to 7pm, in Committee Room 5 of the Scottish Parliament – Chair David Stewart MSP. This is the AGM meeting, with confirmation of attendance from Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing.</p>	

The Convener thanked everyone for coming and closed the meeting.