Cross Party Group: Health Inequalities

Thursday 26th November 2015

Health and Social Care Integration

Community Connectors

Improving connections with and for 60 + and their carers

Funded by Glasgow's Integrated Care Fund

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Overview

- Background
- The Community Connectors Model
  - Aims
  - Service Model
  - Reach, Eligibility and Referral sources
  - Activity to date
- Questions

Background

- Reshaping Care For Older people
  - Glasgow Transformation Fund
  - The JSCP Consultation 2013 placed information as a top priority
- Research by FMR scoped out the needs for the cc, preferred approaches and learnings from others experiences

The Aim of The Service

- To **support people** to live well day to day through enabling access to community-led resources that will support them to meet their financial needs, participate in social life and adopt healthier habits

- To improve **communication, connectivity** and **referral pathways**, reducing barriers to services and so enabling greater activity and take up of support by older people

CC Service Model

- 3 local CC teams, in each Sector of the city, based within and working alongside a Host RSL

- A central Community Connector Team based in GCVS, linking to and supporting the local CCs, and providing the overall management and co-ordination of city wide and local connectivity

    - Asset mapping- to furnish the CC teams with data that will aid referrals, community asset mapping processes and collaboration. Providing detailed information on who, what, when, costs, accessibility, etc

Services Offered:

- **Signposting & referring** – to facilitate better access to better information on local services, groups, clubs and activities.
- **One to one person centred service** – to support older people to identify issues that affect their ability to live well and work collaboratively with them to support them to make decisions on the issues they would like to address.
- **Buddy support** – to provide support to accompanying older people to activities or services to help them to settle in.
- **Volunteering opportunities & recognising older people as assets** – matching older people into appropriate volunteering opportunities

Eligibility

Who can access the service?

- Anyone over 60
- Anyone caring for someone over 60
- Those who live in the area covered by the host Housing Associations. (The service is tenure neutral)

Particular target groups include:

- Older people in periods of transition (e.g. moved house, recent ill health.)
- Older people who are: frail and vulnerable, at risk of social isolation, not eating well, facing challenges and crises, etc.
- Men
- Carers

Referrals:

- People can self-refer, or can be referred by another agency
- Referrals by email, telephone, post, online or in person
- The project will provide feedback to referrers on service outcomes

Progress so far…

Referrals & Service Activity to date:

153 referrals

216 sessions offered

191 sessions attended

Referrals & Service Activity to date:

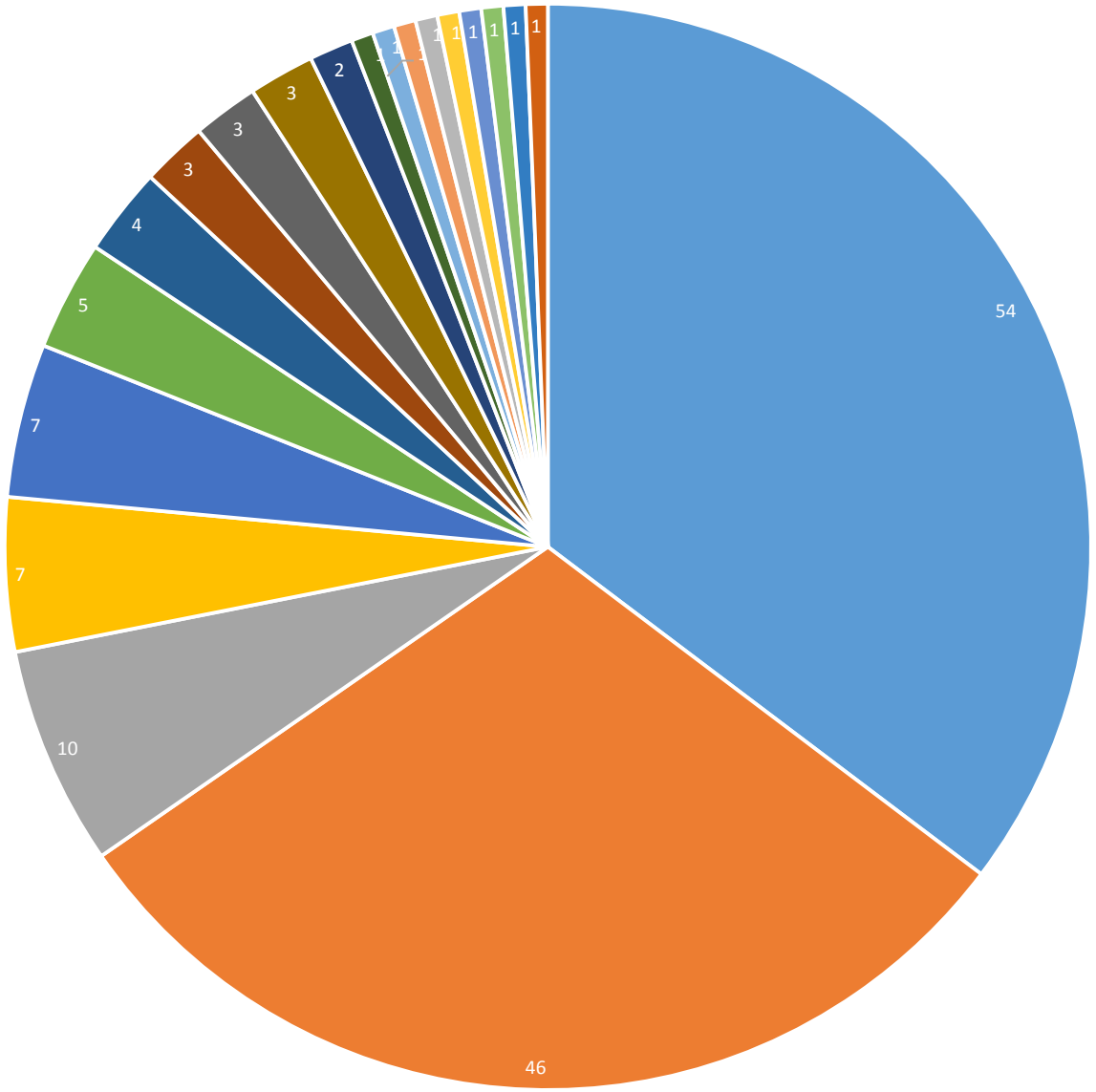
50 were for men

23 were for carers of older people

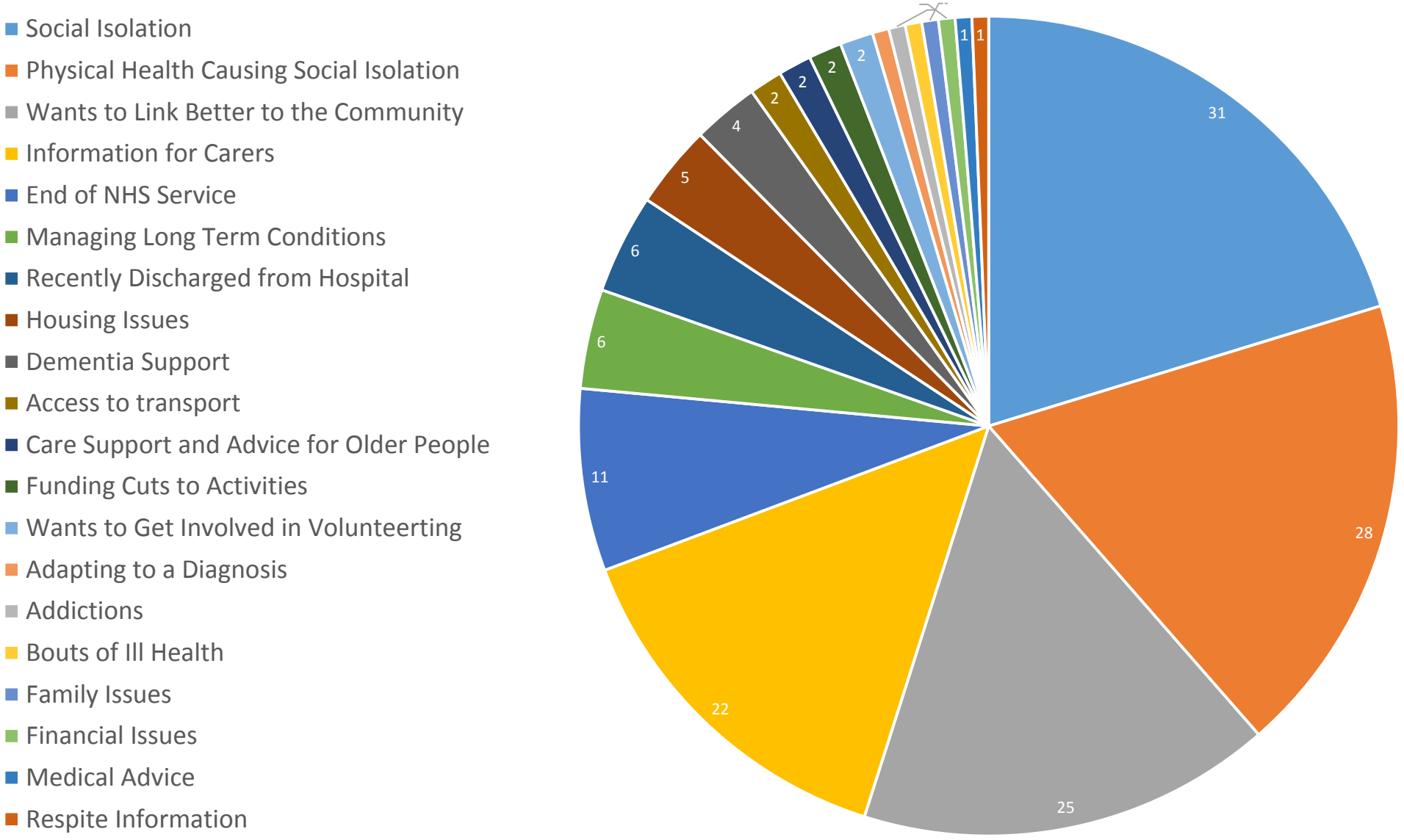
60% of older people accessing the service falling into the 76 - 95 categories.

Typically, the types of older people we are reaching include a high % of people that are ‘just coping’ or are in time of transition, (mainly after a stay in hospital).

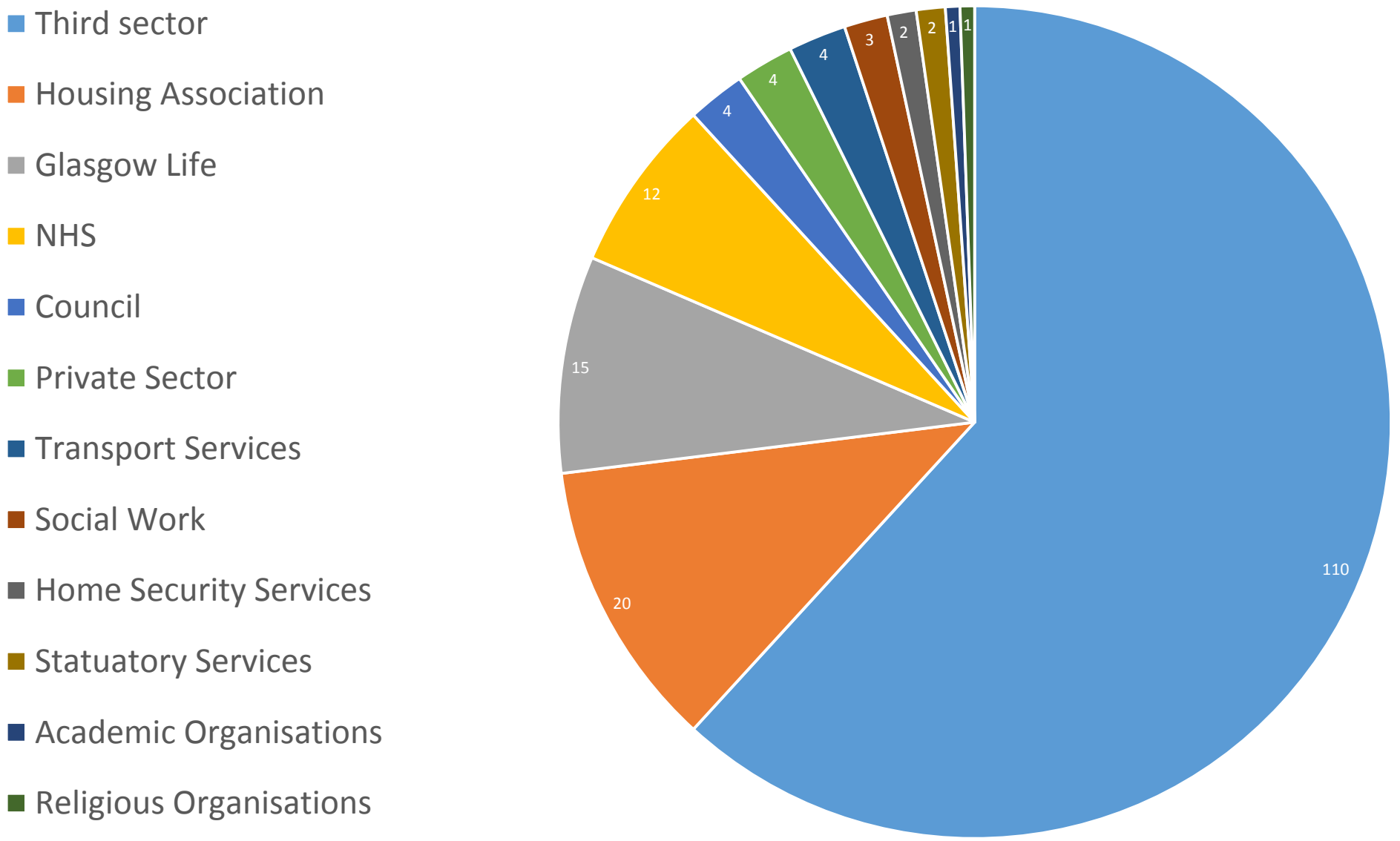
Referral sources:



Primary Reason for referral:



Breakdown of Referrals



Health and social care services contribution to reducing health inequalities

Cath Denholm
Director of Strategy
NHS Health Scotland

NHS Health Scotland- about us

- A national board working with and through the public, private and third sectors to reduce health inequalities and improve health

- Our primary purpose is to work with others to translate knowledge of what works to reduce health inequalities into action

- Our focus is on improving the health of those with the least advantages at a faster rate than those with the most advantages

National outcome 5: Health and social care services contribute to reducing health inequalities

- What is health?
- The right to health and the value of a Human Rights Based Approach
- What are health inequalities?
- What causes them?
- What is most likely to reduce them?
- What is the contribution of health and social care services?

What is health?

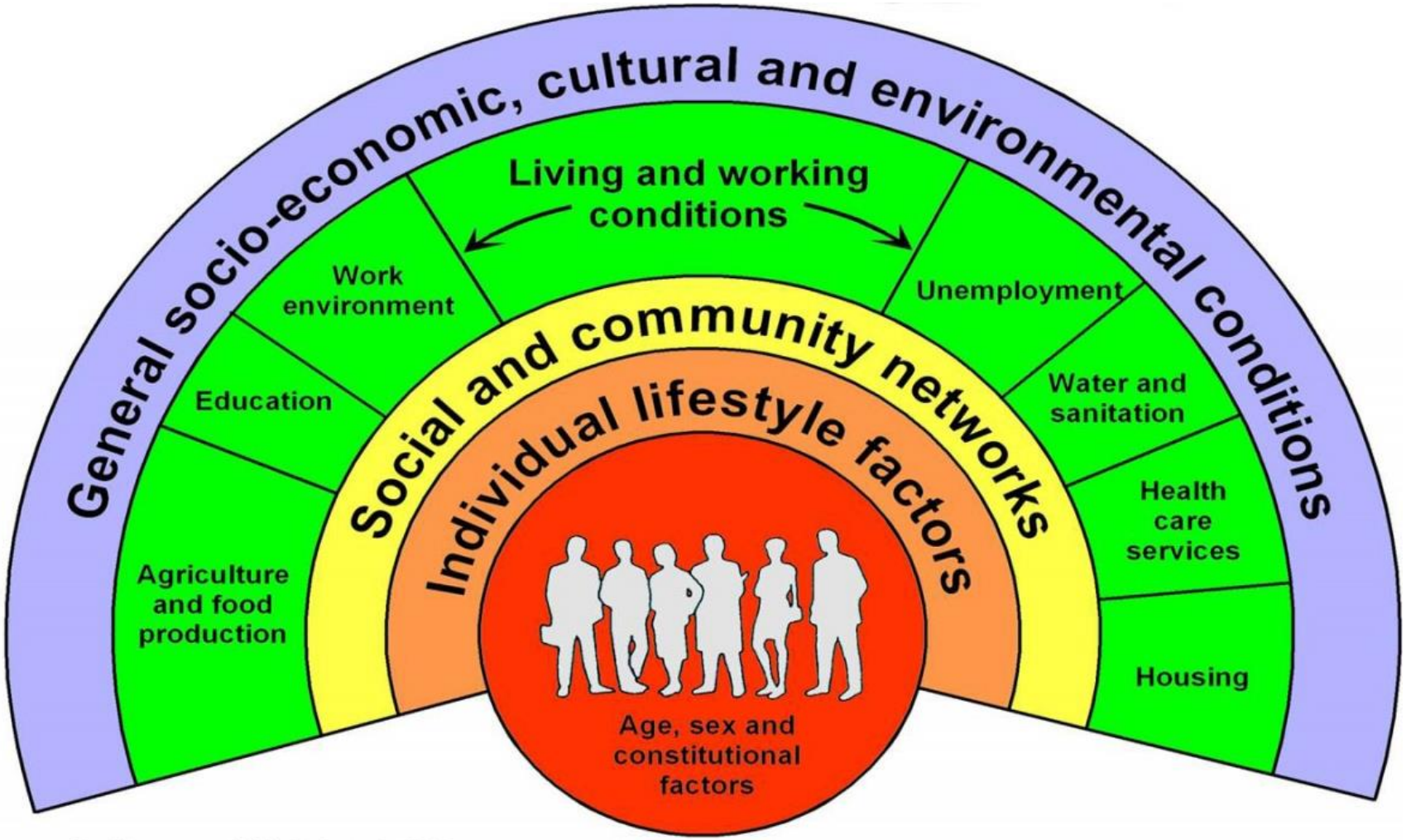
The World Health Organisation (WHO) created the most widely quoted and accepted modern definition of health:

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’

The right to health

- The highest attainable standard of health is a fundamental right of every human being and is enshrined in international and regional human rights treaties, as well as national constitutions all over the world.
- It’s about access and participation in health, but also about generating the conditions in which everyone can be as healthy as possible.

What Creates Health?



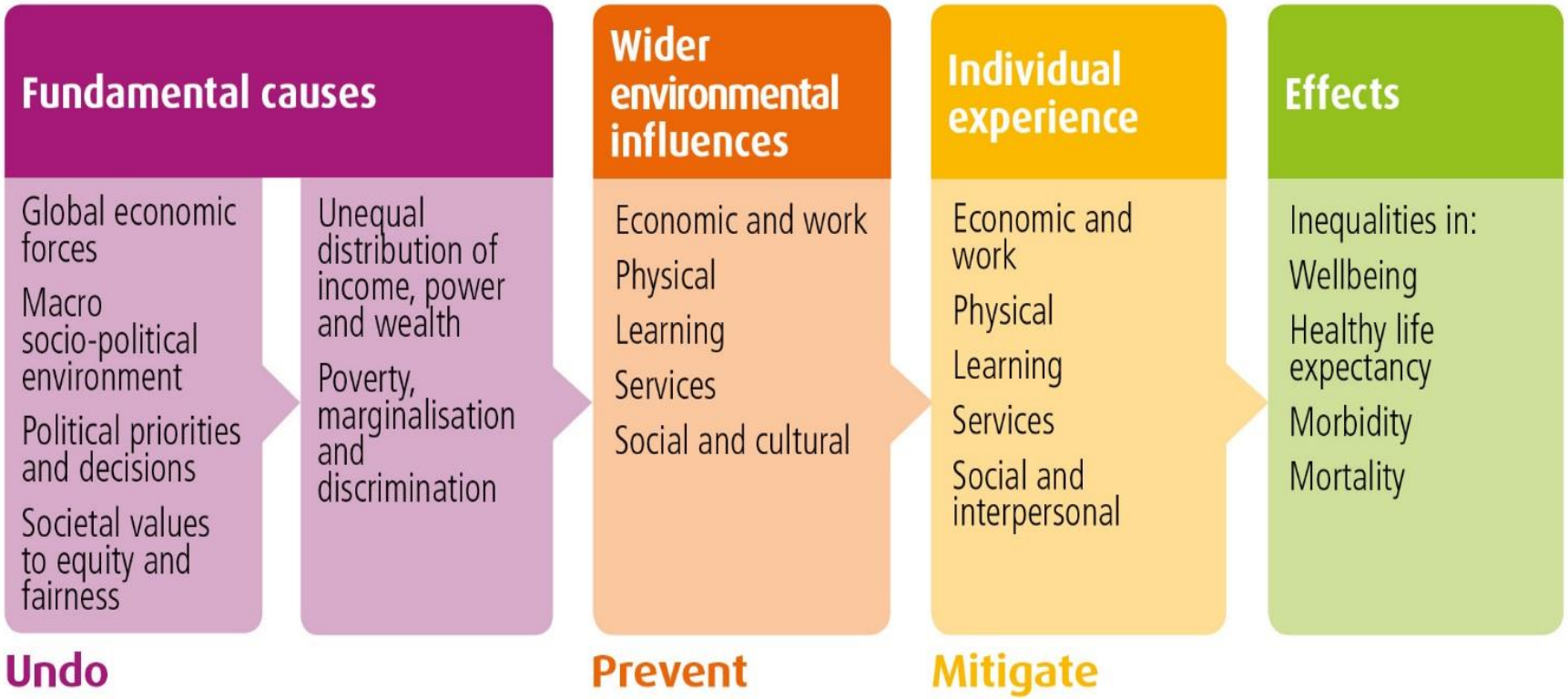
Source: Dahlgren and Whitehead, 1991

Health inequalities are differences in the health of the population that occur across and between social classes or population groups.

They are largely determined by social and economic factors and the way that the resources of income, power and wealth are distributed in a society.

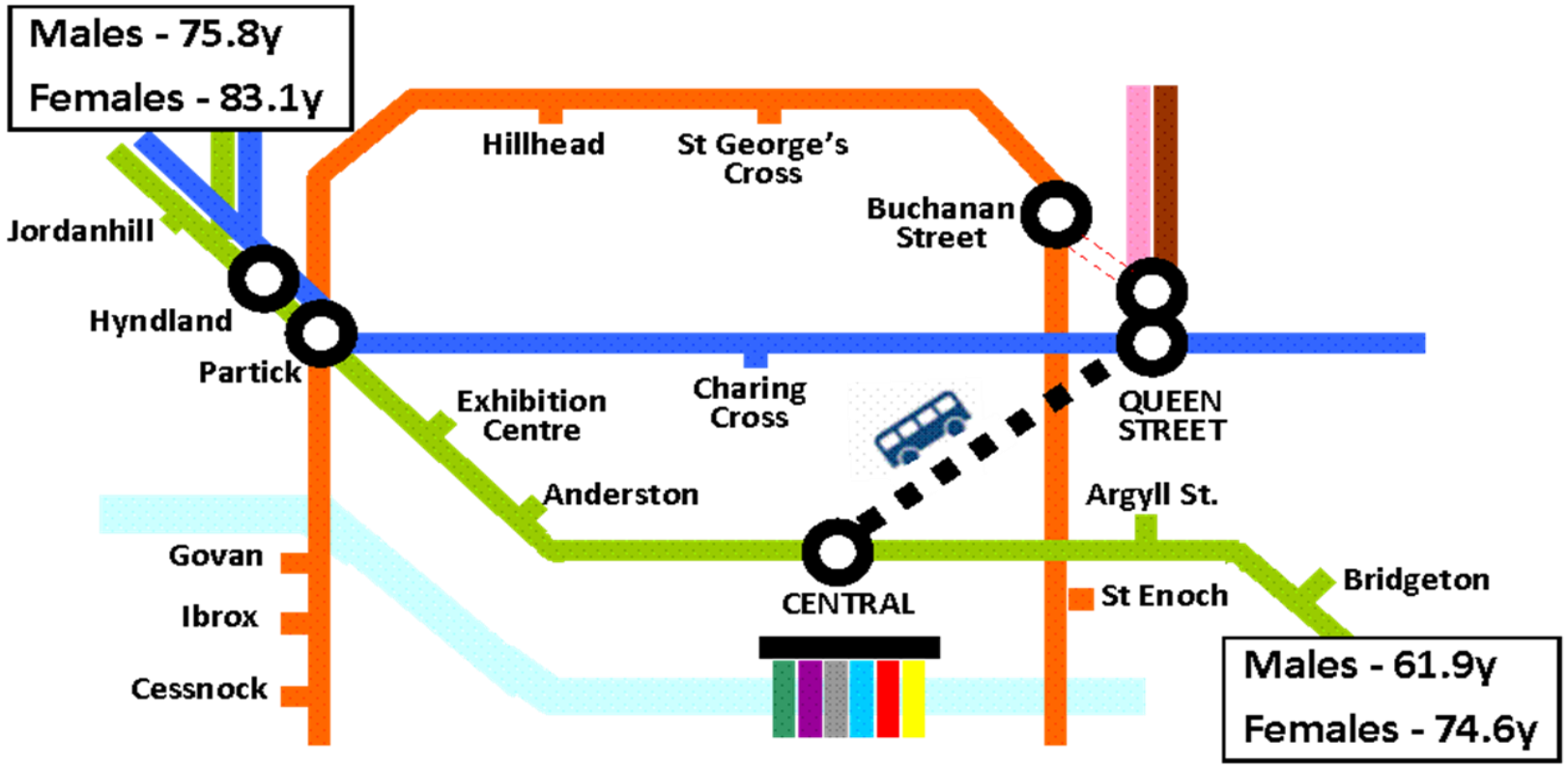
They are not inevitable and can be reduced

What causes Health Inequalities?



The consequences: Inequality in life expectancy

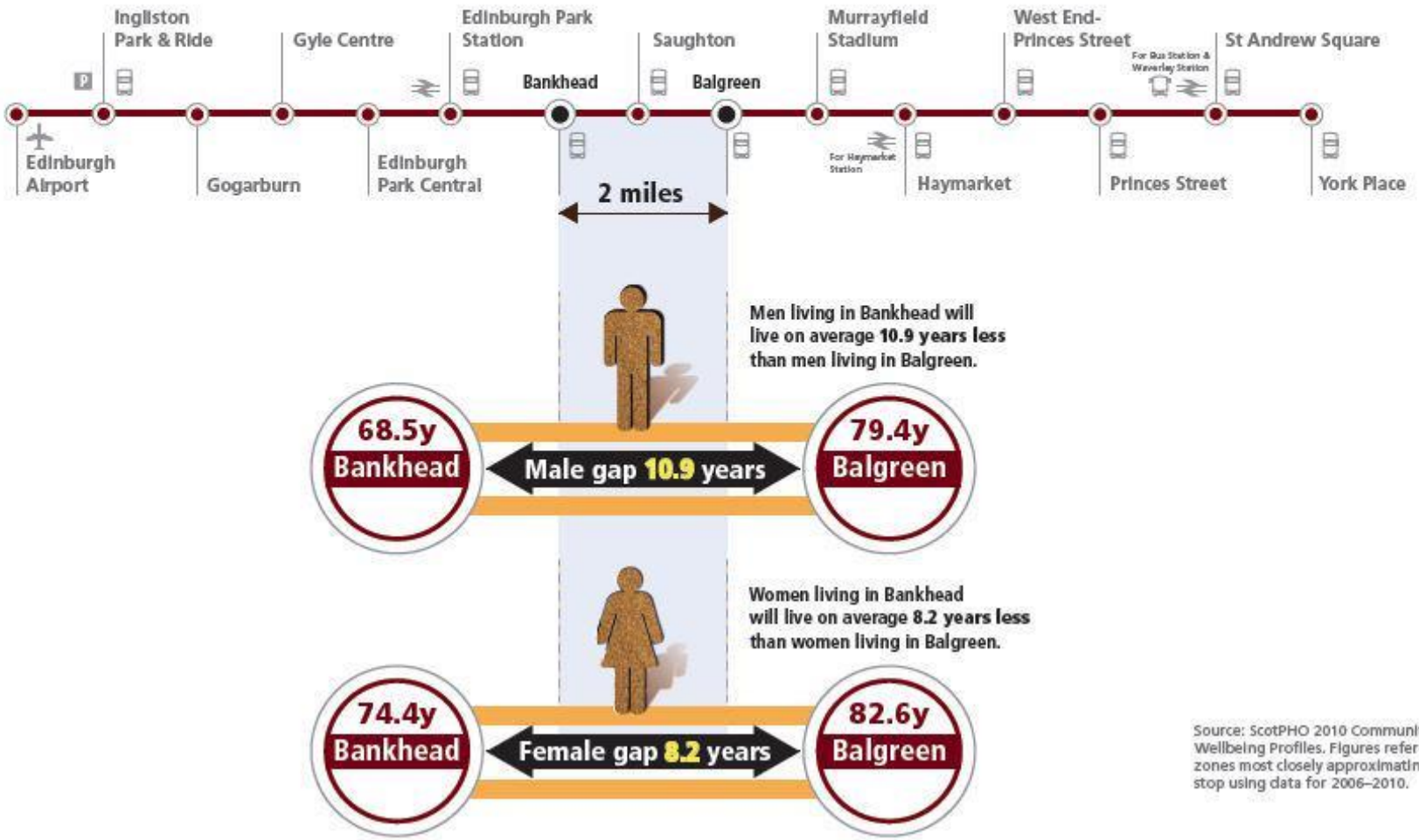
…difference of 13.9 years for men and 8.5 years for women between affluent Jordanhill and deprived Bridgeton…



Life expectancy data refers to 2001-05 and was extracted from the Glasgow Centre for Population Health community health and wellbeing profiles. Adapted from the Strathclyde Partnership for Transport travel map.

Source: McCartney G. Illustrating Glasgow's health inequalities. (*ECH* 2010; doi 10.1136/jech.2010.120451

Mind the GAP: inequalities in life expectancy in Edinburgh



Source: ScotPHO 2010 Community Health and Wellbeing Profiles. Figures refer to Intermediate zones most closely approximating to each tram stop using data for 2006–2010.

Healthy Life Expectancy

Source: http://www.gov.scot/Publications/2013/10/7316

What works to reduce health inequalities?

Most likely to be effective

Structural changes to the environment, legislation, fiscal policies, income support, **accessibility of public services**, **intensive support for disadvantaged population groups.**

Least likely to be effective

Interventions such as information based campaigns, written materials, information campaigns reliant on people opting in; messages designed for the whole population

So what is the contribution of Health and social care?

- Understanding the profile of their communities- health and social care data and information AND information and knowledge held by community and voluntary services
- Planning and delivering services in proportion to need
- Delivering services that are sensitive and compassionate for each individual- understanding the circumstances of people's lives, listening to what they need, involving them in their care
- Recognising the rights and needs of the workforce in delivering good care
- Working with other services, statutory and voluntary to meet needs – ensuring meaningful involvement in planning of services

How NHS Health Scotland can help

- Community profile data and evidence
- Expertise in evaluation of interventions and innovative/creative approaches
- Knowledge of what works to reduce health inequalities and improve health
- Workforce development for inequalities sensitive practice
- Local consultancy support in partnership with local public health teams and other national agencies - JIT, IS and community and voluntary sector

Thank You!

You can contact me

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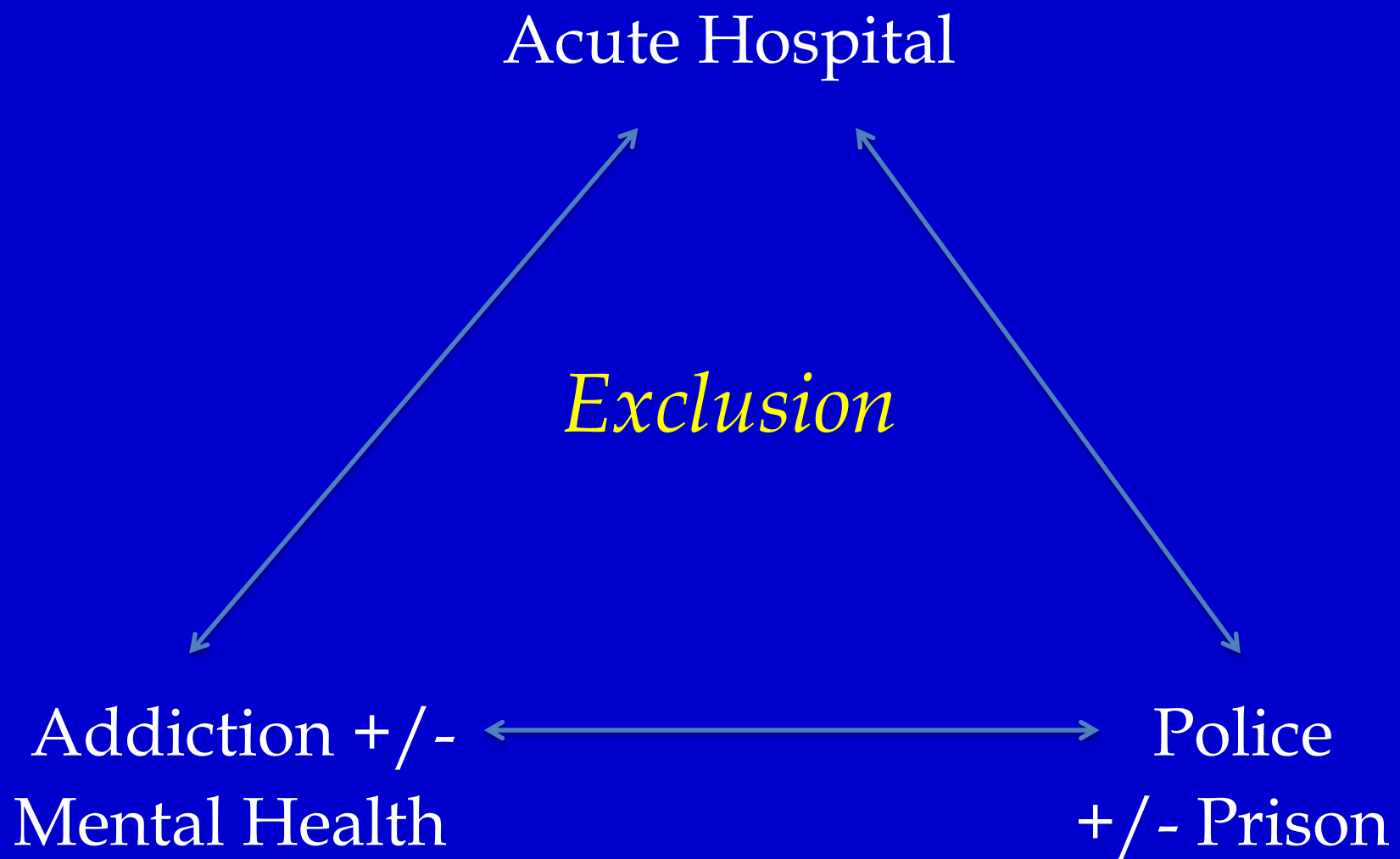
Integrated Homelessness & Exclusion Health

("Locality of Interest")

Dr Robby Steel
Consultant Liaison Psychiatrist
Royal Infirmary Edinburgh

"Lothian High Demand Service"

- 2,000 highest users of acute hospitals identified by algorithm *("big data")*
- *"PACT"* staff listen to their experience & collaborate on an anticipatory care plan
- Cohort characterised by:
  - Homelessness/Poverty
  - Addiction/Mental Health Problems
  - Police/Criminal Justice Contact


Acute Hospital
Exclusion
Addiction +/-
Mental Health
Police
+/- Prison

Homelessness & Exclusion:
current (traditional) approach

- Piecemeal
- Peripheral
- Precarious

“When the elephant dances the mouse may die: the dangers of short term missions”

Homelessness & Exclusion:
an evidence informed approach

1. Systematic identification of cohort
2. Service embedded in patients' community
3. Service engages proactively with patients
4. Staff + patients work collaboratively on a shared plan
5. Service advocates for its patients
6. Robust information sharing / coordination between services

Health & Social Care Integration:

offers an (unique) opportunity

- Piecemeal ➔ Integrated
- Peripheral ➔ Mainstream
- Precarious ➔ Stable

Integrated Homelessness & Exclusion Health:
"Locality of Interest"

Thank you

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