

LIVING IN THE GAP DUNDEE SEMINAR

KEY MESSAGES FROM THURSDAY 1 OCTOBER 2015

5 OCTOBER

Introduction

The VHS report *Living in the Gap: a voluntary health sector perspective on health inequalities in Scotland* was launched in March 2015. It examined the nature and extent of our sector's work, particularly in mitigating the lived experience of health inequalities. It highlighted the opportunity for more effective upstream working through stronger collaboration, resourcing and partnership working across sectors.

We are holding a series of regional seminars throughout 2015 to promote and discuss *Living in the Gap* and a *Closing the Gap* conference on 11th November to challenge everyone to make health inequalities their business.

Dundee seminar

Our Dundee seminar on 1st October brought together 42 people from the third sector and NHS, to introduce *Living in the Gap* to a wider audience and use it as a catalyst for discussion and debate. Inputs from NHS Health Scotland, ASH Scotland and Fife Society for the Blind (both case studies in the report) and Royal Voluntary Service stimulated round table discussions.

ROBERT PACKHAM, PERTH AND KINROSS INTEGRATED JOINT BOARD

5 introductory messages

1. Read The Spirit Level [e.g. via <https://www.equalitytrust.org.uk/resources/the-spirit-level>]. In Japan, the ratio between the richest in society and the poorest is 3:1. In the UK it is 186:1.
2. A child born in Edinburgh's Sighthill hears 3 million words by the age of 3 – but the 3 year old in a more affluent area has already heard 10 million. At 3, the Sighthill child is already held back – language impacts on their early development and understanding, and in turn on their future ability to learn, navigate life and make healthy choices.
3. Up to 30% of hospital inpatients shouldn't be there.
4. Existing models of health and social care mean services are directed at and most accessible to the people who need them least. Meantime, people who need the most help get the least.
5. What people need is support – and kindness and consideration - to live well in their community and to be resilient if things go badly. Third sector has vital role in both prevention and intervention.

CLAIRE STEVENS, VOLUNTARY HEALTH SCOTLAND

5 messages from Living in the Gap

1. The third sector has a powerful understanding of the lived reality of health inequalities and policy and decision makers should recognise and use this.
2. The third sector definition of health inequalities: 'you get sick more, you're sick longer and you die younger'.
3. Social isolation, poverty, stigma and barriers to services are defining factors in health inequalities, is the evidence from the third sector.
4. The third sector is a strong mitigator of the negative effects of health inequalities, but the sector's involvement at an upstream and strategic level is under-developed and needs better harnessed by public sector partners.
5. National policies to address health inequalities have been ineffective. Third sector ideas include requiring public sector funding to have overt health inequalities criteria.

ROUND TABLE DISCUSSIONS

10 key messages from delegates: How can we make health inequalities everyone's business?

1. Partnerships must involve communities. You need health, housing, social work and communities round the table, but give communities the authority to determine what outcomes should be.
2. Take a whole systems approach, look at equality in the widest possible sense and join up agendas.
3. Change public perceptions of what health care is/needs to be. Prioritise those who need most, not those who shout loudest.
4. Get a better - and shared - understanding of what health inequalities are and of what resources exist/can be developed to act preventatively, provide community support and develop resilience.
5. Challenge yourself to involve the hardest to reach in all of the above.
6. Have a clear vision. Demand significant political leadership and long term thinking. Call for a Minister for Health Inequalities? Lobby your MSPs and councillors.
7. Argue for new democratic infrastructures and capacity at the very local community level – they are too weak and therefore a barrier to effective community leadership.
8. Challenge yourself and others. Being risk averse won't change anything. Don't be constrained by what has gone before or your existing service model. Really mean it when you say you have an open mind to new ideas. Really look at the evidence of what works. Ask our children and young people what they think should be done.
9. Get much better at arguing that all policy areas must acknowledge and play their part in addressing health inequalities e.g. employment and leisure.
10. Challenge Integrated Joint Boards to resource and implement preventative work.

IN CONVERSATION WITH LESLEY MUNRO: 3 CASE STUDY MESSAGES

Collectively, the three charities have a 267 year long track record of action.

Jan Bell, Royal Voluntary Service (RVS) Home from Hospital Project:

- Supports people in Dundee aged 65+ who would struggle to manage at home initially after hospital discharge. Clients are very anxious about going home because they have no family to rely on and are socially isolated.
- A team of 25 volunteers provides practical support to help them get back on their feet, regain confidence to live independently and get signposted to other resources and services that they may find helpful.
- The volunteers ensure house is warm and fresh food in fridge before they get home, then help with essential tasks like taking them to appointments, shopping, getting prescriptions, for up to 6 weeks.
- Don't do personal care, cooking or medication. Do sit and spend time talking/listening and do link people up to other services and resources.
- Bridges had to be built to convince NHS staff and care workers this was an additional service to what they provide, not a competing or duplicate service, and that it would reduce pressure on them whilst helping their patients/clients regain independence as quickly as possible.

Linda Bates, Action on Smoking and Health (ASH) Scotland:

- Ambition is for a tobacco free Scotland. Strong correlation between tobacco use and social inequalities.
- Takes action on smoking and health, raises awareness about the causal links between smoking, health conditions and health inequalities, uses robust evidence to campaign for greater tobacco control legislation
- If we are serious about reducing smoking, why do we allow 10,000 tobacco outlets to operate in Scotland, 8 times the number of pharmacies?
- The vulnerable are most affected by tobacco: e.g. 33% of all tobacco use is by people with a mental health issue
- During the 3 hours of this seminar, 21 people will have been admitted to hospital due to smoking related illnesses and 4 people will have died from them

David Ross, Fife Society for the Blind (FSB)

- Supports people with sight loss to live independently and safely, with full, person centred assessment of needs being their starting point.
- Run Nairn Opticians – Scotland's first charity run opticians. Longer, friendlier appointments, and a gateway to the NHS eye clinic via direct electronic referrals.
- Partnership working is embedded: NHS runs two weekly clinics at FSB and the NHS acular degeneration clinic refers direct to FSB.

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- FSB cuts out bureaucracy and unnecessary delays for people: if someone is assessed as needing a magnifier they can take one home immediately; if someone wants to learn how to use a computer an appointment for training can be made straight away.
- Social isolation is a big issue. 1 in 5 people over 75 have sight loss, rising to 1 in 2 over age of 90. 2 out of 3 registered blind people are women. People with learning disabilities are ten times more likely to have a sight problem than other people. Some people's sight loss is only discovered after they fall and are admitted to hospital.
- Technological developments are making a real difference e.g. mobile and tablet voiceover apps. It is harder to adjust and learn new strategies and technologies if you are older when your sight loss is first identified and you likely have other conditions to deal with too; much better to have regular eye tests which will identify any problem early on and help prevent unnecessary loss of independence later on.
- FSB is already working with Fife Integrated Joint Board. Have been awarded a total of £60k over 3 years to run a befriending programme and also plan to establish community navigators to help people navigate community services.

PAULINE CRAIG, NHS HEALTH SCOTLAND

5 ways to make this everyone's business

1. Social decisions determine social inequalities. Health inequalities are unfair, not inevitable and must be tackled. They can be prevented, mitigated and undone.
2. Population-wide measures and services are in danger of exacerbating inequalities: open access for all means reduced access for some. We need to address this.
3. Champion the role of the third sector as a partner in prevention, mitigation and undoing. Fife Society for the Blind *prevents* sight loss causing unnecessary difficulties by helping people put in place what they need to make living with sight loss easier. RVS Home from Hospital Project *mitigates* the difficulties people face on leaving hospital and has time to go at people's own pace and make them comfortable. ASH Scotland goes to the root causes of health inequalities and works to *undo* these causes by lobbying and advocating for system change, going upstream with their message of 'let's stop tobacco production'.
4. Be realistic about what your organisation can achieve: identify, work at and evaluate what you do best, whether it is prevention, mitigation or undoing inequalities.
5. Prevention is where the big potential lies but it is yet to be exploited. The NHS is still caught up in mitigation: only 4% of NHS budget is spent on prevention. Help get the prevention message upstream and acted on – use the independence of the third sector voice to lobby for real radical change.

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What can you do next?

- Read the full report and case studies: [Living in the Gap](#)
- If you've limited time, read the [Executive Summary](#)
- Download our poster: [Living in the Gap Poster](#)
- Register for our annual conference [Closing the Gap Wednesday 11th November 2015](#)
- Invite VHS to give a presentation, workshop or attend a discussion at your own event or meeting
- Get involved – we welcome new members from all sectors: [Join us now](#)

For further information please contact:

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We welcome new members from all sectors – [join us now.](#)
www.vhscotland.org.uk/get-involved

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