

Cross Party Group on Health Inequalities

Minutes of the sixth meeting (Parliamentary session 2016-2021)

Thursday 7th December 2017

The Scottish Parliament

MSPs present: Anas Sarwar MSP and Brian Whittle MSP

MSP Apologies: Clare Haughey MSP, Donald Cameron MSP

Other CPG members present:

Lauren	Blair	Voluntary Health Scotland
Sandra	Brown	Befriending Networks
Samantha	Fiander	MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
Laura	Jones	RNIB
Rob	Mackie	Queens Nursing Institute for Scotland
Bernadette	Monaghan	Criminal Justice Voluntary Sector Forum
Jonathan	Ssentamu	Waverley Care
Claire	Stevens	Voluntary Health Scotland
Kiren	Zubairi	Voluntary Health Scotland
Christine	Carlin	The Salvesen Mindroom Centre
Cath	Denholm	NHS Health Scotland

Non-members present:

Michelle	Armstrong	Hearts and Minds
Lisa	Arnott	Out of the Blue/Silverhub Studios
Leonie	Bell	Scottish Government
Claire	Bennet	Music in Hospitals & Care Scotland
Lorne	Boswell	Equity
Kate	Craik	North Edinburgh Arts
Linda	Cressford	Teapot Trust
Kirsty	Cumming	Sporta Edinburgh International Festival
Caroline	Donald	
David	Ferguson	Sporta
Dawn	Henderson	Families Outside
Jim	Hollington	Edinburgh International Festival
Jessica	Howarth	Silverhub Studios
Malcolm	Le Maistre McEwan	Environmental Arts Theatre Company
Barbara	Gulliver	Art in Hospital
Robbie	McGhee	University of Glasgow
Milica	Milosevic	Creative Scotland
Roseannah	Murphy	Scottish Parliament

Margaret	O'Connor	Art in Healthcare
Fiona	O'Sullivan	Edinburgh Children's Hospital Charity Scottish Partnership for Palliative Care
Robert	Peacock	Art in Healthcare
Enita	Shala	Scottish Government
Sarah	Simpson	AROS
Iseabail	Strachan	Creative Scotland
Helen	Trew	Artlink Edinburgh
Jan-Bert	van den Berg	
Jacqueline	Whymark	

1. Welcome and minutes of last meeting

Anas Sarwar MSP (chairing) welcomed everyone to the meeting. It was noted that the draft minutes for the last meeting held on 26TH October 2017 are available on the Scottish Parliament website and have been circulated to all members prior to this meeting. The minutes were and duly approved with the addition of 2 factual amendments.

2. Matters Arising

There were no matters arising.

3. Proposed new members

One application to join the CPG was received from Family Fund Scotland, which was approved.

4. “What can arts and culture do for health inequalities?” – Developing a culture Strategy for Scotland.

Cath Denholm, Director of Strategy at NHS Health Scotland opened this session by explaining what is meant by health inequalities, their underlying causes and what can be done to tackle them.

What are Health Inequalities? – Cath Denholm

Health Inequalities are unfair, unavoidable differences in people’s health across social groups and between different population groups.

The fundamental causes of health inequalities are not down to individual behaviour but are largely determined by your environment – the availability and quality of housing, work and education, etc. This in turn is affected by political, social and fiscal decisions made around how power, income and wealth are distributed.

Health inequalities have no place in an open, outward looking nation, such as Scotland. The more that this is seen as an issue that crosses all sectors and the more we join up interventions across sectors the better.

This was followed by a presentation by Leonie Bell who has been seconded into the Scottish Government from Creative Scotland in order to develop a Culture Strategy for Scotland, a commitment from the last two Programmes for Government.

A Culture Strategy for Scotland – Leonie Bell

The Culture Strategy for Scotland aims to position culture as having intrinsic value and contributing both directly and indirectly to health, wealth and success of our nation.

Culture and creativity have an important role in the development of society and have value in relation to health as they can help us think about prevention in the long term. From the perspective of Realistic Medicine all national strategies should consider health as a policy priority. Realistic Medicine states that as a society we are over medicating, that other avenues need to be explored and that there is evidence that arts and culture can contribute to this.

The cultural and creative sectors are a massive asset and significant resource for society that contribute to our physical, mental and community health and well-being. This Contribution can be significantly strengthened by better inter and cross sector partnerships that plan for the long term.

Many of the conversations around the development of the Culture Strategy have been centred on culture as both a human and community right, where every citizen has a right to participate in culture. Evidence shows that there are inequalities in engagement with culture. Those from lower socio-economic groups, living in poverty and in areas needing regeneration or people living with long-term physical or mental health conditions, and those who do not have University degrees are not engaging in culture as we currently measure it.

This needs to be the start of a long term strategic relationship between culture and health. It seems that if we see culture and creativity not as add-ons for a few but as a vital way that we can all have positive experiences no matter who we are or where we are from, as individuals. This way we will be contributing to a society that places values like dignity, kindness, creativity and fairness at its heart, and that is something we can all be optimistic about.

The Cross Party Group then heard from Margaret O'Connor of Art in Healthcare who spoke about the relationship between art and health and initiatives such as social prescribing which can help develop links between culture and other sectors.

The relationship between art and health – Margaret O'Connor

There are a number of specific health benefits of engaging with the arts. Some of these include; reduced stress levels, supporting recovery, encouraging social interaction and reducing loneliness and social isolation, as well as fostering improved doctor/patient relationships.

Art in Healthcare's own research shows that around 50% of the patients that they have surveyed at hospital sites say they have never visited an art gallery. When hospital admission data is mapped to data zones, it is clear that people from the most deprived areas of Scotland are disproportionately represented amongst the users of hospital services. So it becomes possible to reach people with contemporary art who may not otherwise be engaging.

Social prescribing is a model that can achieve significant health benefits, sometimes where other support and intervention has not been able to achieve success. The Scottish Government has made a commitment to social prescribing and is recruiting 250 community link workers to work in general practice over the next few years to mitigate the impact of the social determinant of health for people that live in areas of high socio-economic deprivation. Many third sector organisations, particularly community health organisations work in this way already; prescribing art, gardening, exercise, cookery classes etc. It is just one model for using art to address health inequalities and there is a growing evidence base demonstrating its success in Scotland and other parts of the UK.

For Art in Healthcare and other providers there are often difficulties sustaining the funding required to support this work.

Art in Healthcare would like to commend the recent cross-party parliamentary report 'Creative Health' which looks at the role of the arts in relation to health and wellbeing. The section on health inequality concludes:

“Engagement with the arts can play a role in mitigating health inequalities. Evidence has shown that engagement with the arts can influence maternal nutrition, perinatal mental health and childhood development; shape educational and employment opportunities and tackle chronic distress; enable self-expression and empowerment and help to overcome social isolation; and prevent illness and infirmity from developing or worsening.”

Anas Sarwar MSP thanked the presenters and invited questions and comment.

Brian Whittle MSP: Culture, the arts, sport, have the ability to draw people together, tackle social isolation and combat mental ill health. There is a lot of evidence around the impact of culture and arts on health and also the judicial system. What are the economic implications of cultural interventions?

Art in Hospital: Art and culture is fundamental to health and wellbeing. This area of practice needs to be recognised in the Culture Strategy and funded appropriately.

Culture Counts: Culture Counts is a membership body of culture and arts organisations. Our members told us that more partnership work needs to be developed in the local communities to encourage cultural consumption at all socio-economic levels.

Artlink: Economic impact of cultural interventions can be evidenced through the effect it has on staff motivations and reduction in staff absenteeism. The Cultural Strategy is an opportunity to be brave and work together more efficiently. Community Connectors are very positive but the services that they refer to are being reduced. We need to be creative and examine things in a new way, we should ask “How do you build services around the people who use them?”, whereas Integrated Joint Boards have a top down approach.

North Edinburgh Arts: Local partnerships are very important – 90% of people who use our service are from the local community. There is a need to build safe spaces

for local projects that offer a range of projects for different groups. Funding and a lack of security is creating problems for well used local projects.

SPORTA: SPORTA: Funding is a big problem and a large number of publically owned sports and leisure facilities were at risk of shutting down as a result of the Barclay report recommendation. <http://www.gov.scot/Publications/2017/08/3435>

Leisure and cultural trusts are concerned with how best to spend their limited funding and access hard to reach groups as well as tackling health inequalities. SPORTA want to work in partnership with a range of other organisations and develop relationships between trusts and local and national organisations.

Anas Sarwar MSP: A key question is how policy and budgets will sit below the new strategy; how will local partnerships and local authorities deliver at the local level? How do we deliver at the local level and build confidence and resilience in addressing people's health problems? One challenge is that some Integrated Joint Boards do seem to be very top down.

SilverHub Studios: Craft industries have a huge impact on people's health and wellbeing especially in their recovery from a number of health issues. It can also provide a range of employment opportunities for people.

Cath Denholm: Economics of prevention provides a long term gain: we would argue that there is a need to systematically fund upstream. We have limited resources and we need to direct these at the most disadvantaged groups and not where there are currently being spent. Integrated Joint Boards use targets and measures to drive their spending: maybe there is an opportunity to implement change using the review of NHS targets by Sir Harry Burns?

Leonie Bell: There is a lot of standalone evidence which has not been gathered together to show the cumulative effect of upstream spending on arts and culture. There are patterns emerging in development of the Culture Strategy around the role culture and arts in health. We need to look at how we measure culture; traditionally this is done by capturing the number of people attending a museum, but we need to extend the view culture to be more inclusive. We should decide on our own culture, this can be inclusive of, for example, what we do socially, YouTube, etc. The Community Empowerment Bill should help communities make decisions about what they would like in their own environments.

Margaret O'Connor: There need to be more stepping stones to help people engage with arts and culture. We need to increase the accessibility of arts and culture to help people engage – even free places like museums need to support people to increase engagement. Funding is a key issue, we do not have a systematic funding infrastructure. GPs will not refer to you as they don't know if you will be here tomorrow.

Waverley Care: There are barriers in the way of Black and Minority Ethnic (BME) groups getting involved with arts and culture. More partnerships need to be

developed between BME organisations and arts and culture organisations to increase participation and engagement.

Artlink: We need to change the way in which we think: rather than thinking about our limited budgets and figuring out what we can cut, we should consider how to grow our budgets.

Jacqueline Whymark: There is a lot of relevant work being undertaken by arts and culture organisations working in partnership with health and science, for example, the Rowling Centre and ASCUS, and this needs to be recognised by the Culture Strategy.

Claire Stevens, VHS: VHS can play a key role as an intermediary, to help build on and extend the links between cultural, health and third sectors. VHS is keen to help continue the conversation begun today about integrating health and culture strategies. VHS is also mindful about the need to be inclusive of those groups whose health inequalities may be greatest and who are also facing exclusion from culture as defined today. We would like to work to build stronger bridges.

Brian Whittle MSP: This is an important CPG and its meetings always resonate with my own thoughts and findings. We need to start thinking about how we take the discussion out of this room and implement it outside. There are a number of arts organisations working in prisons: it's ironic that you have to go to prison to learn art! How do we increase funding to the third sector and cultural sectors, how do we develop stronger partnerships between art and culture organisations and the wider health sector? Schools are in every community and are an under-utilised asset in terms of arts and culture.

Any other business

There was no other business raised.

5. Dates of Next Meetings

Thursday 25th January at 1pm. The topic is the new Health and Social Care Standards. Presentations from Dr Fiona Wardell, Healthcare Improvement Scotland, and Henry Mathias, Care Inspectorate

Thursday 3rd May at 1pm. The topic is still to be agreed.