

## Cross Party Group on Health Inequalities

Draft Minutes of the Eighth Meeting (Parliamentary session 2016-2021)

Thursday 3<sup>rd</sup> May 2018

The Scottish Parliament

**MSPs present:** Donal Cameron MSP (Chair), Alex Burnett MSP, Alison Johnstone MSP

**MSP Apologies:** Clare Haughey MSP, Anas Sarwar MSP and Brian Whittle MSP

**Other CPG members present:**

Salena	Begley	Family Fund
Lauren	Blair	Voluntary Health Scotland
Teresa	Bray	Changeworks
Stuart	Callison	St Andrew's First Aid
Kate	Cunningham	Energy Action Scotland
Lisa	Glass	Shelter Scotland
Nick	Hay	NHS Health Scotland
Dorry	McLaughlin	Viewpoint
Gillian	McNicoll	Rowan Alba
Helen	Melone	Energy Action Scotland
Justina	Murray	Scottish Families Affected by Alcohol & Drugs
Lindsay	Paterson	Royal College of Physicians of Edinburgh
Zareen	Raza	ASH Scotland
Katrina	Reid	NHS Health Scotland
Louise	Rennick	NHS Health Scotland
Tony	Robertson	The People's Health Movement Scotland
Daniel	Rutherford	Edinburgh Children's Hospital Charity
Arvind	Salwan	Care Inspectorate
Claire	Stevens	Voluntary Health Scotland
David	Webster	RCGP Scotland
Tom	Wightman	Pasda
Kiren	Zubairi	Voluntary Health Scotland

**Non-members present:**

Taiba	Ali	Scottish Parliament
Jennifer	Hunter	Culture Counts
Colwyn	Jones	
Mark	Macleod	Energy Savings Trust
Liz	Marquis	Energy Agency
Harry	Mayers	Energy Savings Trust

Jo	Mulligan	Office for Statistics Regulation
Neil	Quinn	University of Strathclyde
Sandy	Robinson	Scottish Government
Adrian	Shaw	Church of Scotland
David	Smith	A C Whyte

## 1. Welcome and minutes of last meeting

Donald Cameron MSP (chairing) welcomed everyone to the meeting. It was noted that VHS has circulated the previous minutes from the last CPG meeting, held on 25th January. However, the meeting could not be recorded as an official Parliamentary meeting, as it was not quorate. The Code of Conduct requires two MSPs to attend, for a CPG meeting to be quorate and considered official Parliamentary business. At the last meeting only one MSP was able to attend, Brian Whittle, although there were 46 other attendees. It was noted that the minutes of the previous meeting cannot be published on the Parliament's website, so have been hosted on the VHS [website](#).

Donald Cameron went on record to acknowledge that the Health Inequalities CPG was the one of the most well attended groups in Parliament, with a diverse membership and relevant and interesting topics.

## 2. Proposed new members

The Secretariat had received applications from six organisations wishing to join the CPG. The first three listed were agreed at the last non-quorate meeting, so still required to be formally agreed, and the other three were new applications.

- Sporta (National Association of Leisure & Cultural Trusts)
- Viewpoint Housing Association
- Edinburgh Children's Hospital Charity
- Inspiring Scotland (works to tackle poverty and deep rooted social problems)
- Rowan Alba (works with people who are homeless)
- Culture Counts (the collective voice of Scotland's cultural sector)

These were approved, bringing membership up to over 65 organisations (and 11 MSPs).

## 3. Fuel Poverty and Health Inequalities

**Lisa Glass, Senior Campaigns and Policy Officer at Shelter Scotland** introduced the topic of fuel poverty in Scotland, the links with health and health inequalities, and set the policy context for tackling it.

A household is in fuel poverty if, in order to maintain a satisfactory heating regime, it would be required to spend more than 10% of its income on all household fuel use. There are currently 649,000 households in Scotland (26.5%) living in fuel poverty.

There is a bi-directional relationship between health and fuel poverty. Some of the impacts of fuel poverty on health include:

- cardiovascular, respiratory and mental health problems across all ages
- Children in cold houses are twice as likely to suffer respiratory problems
- Cold homes increase the incidence of common colds and flu, and exacerbate conditions such as arthritis and rheumatism

The impact of health on fuel poverty include:

- Health conditions can result in people being unable to work which means they spend more time at home – having to spend more to heat their homes for longer
- There are extra fuel costs to running medical machinery at home such as oxygen and dialysis machines.
- Cancer and its treatment can result in people feeling the cold more
- Certain medication needs to be refrigerated which can have additional costs

There were 2,720 excess deaths recorded in the winter of 2017, 30% of which were as a result of cold indoor temperatures. This means that 816 people died because of cold homes last winter.

It is important to tackle the four main drivers of fuel poverty:

- Increase household income
- Decrease energy costs
- Decrease energy use
- Increase energy efficiency

People also need access to good quality signposting and advice – the right people at the right time. The Scottish Government has given a commitment to bring in minimum efficiency standards for private rented housing, as such standards already exist for social housing.

The Warm Homes Bill, also known as Fuel Poverty (Scotland) Bill, is due to be introduced in June 2018: this is a once in a generation opportunity to tackle fuel poverty and enable a low carbon future. There will be a [Parliamentary Reception](#) on 29<sup>th</sup> of May launching the Existing Homes Alliance Scotland's [joint statement](#) on the Warm Homes Bill, which Lisa urged CPG members to support.

**Liz Marquis, Director of Energy Agency** introduced the topic of the Scottish Government's Home Energy Efficiency Programme for Scotland, which aims to tackle fuel poverty by increasing the energy efficiency of domestic buildings. The programme provides local authorities with funding to improve homes in the most deprived areas, focusing on 'hard to treat' properties which require either internal or external wall insulation.

Energy Agency managed an evaluation project for NHS Ayrshire and Arran (Public Health), looking at the effects of the programme on people's health and wellbeing.

The study engaged over 300 household and found that:

- 93% of participants agree that the overall condition of their home had been improved by the insulation
- 51% of the participants that noted having a problem with condensation or dampness said that this appears to have improved
- The need for additional clothing and hot water bottles has been reduced
- Fuel bills were reduced by 21% equating to an annual fuel saving on £250.

The impact on people's health was significant, with people experiencing better mental health, fewer colds, better circulation and fewer respiratory issues.

Participants also noted an improvement in the perception of their neighbourhood: 78% felt that their street or neighbourhood had "improved a lot". The study also found a correlation between anti-social behaviour and fuel poverty.

**Teresa Bray, Chief Executive of Changeworks** spoke about delivering practical partnerships with health services and improving the energy efficiency of homes. She explained she would start by describing a project that had 'failed', as the lessons learned had been very valuable.

Changeworks had applied to the Edinburgh and Lothians Health Foundation 2014/15 for funding for a two year project to support patients on discharge, to be affordably warm in their home. The project planned to identify patients through respiratory nurses and hospital discharge staff at the Royal Infirmary Edinburgh and Western General Hospital. At the project's onset there was a high level of buy-in from all levels of NHS staff.

However, Changeworks encountered significant challenges when it came to securing NHS staff's practical support, i.e. identifying and referring patients. Whilst there was high level support within NHS Lothian and contacts for delivery staff were provided, support to Changeworks didn't extend to getting the necessary relationships established at the delivery level. As a result, Changeworks found it was difficult to make contact and build the necessary relationships and partnership working with NHS staff who didn't know them and were already very busy.

Responding to this challenge, Changeworks changed its operational plan in order to secure health referrals from elsewhere. The onset of EVOC's Local Opportunities for Older People (LOOPs) scheme meant the establishment of a third sector, hospital based outreach team working with NHS discharge staff to identify vulnerable patients whose discharge can be speeded up by accessing third sector support at home. Changeworks has successfully involved itself with LOOPs, has trained the outreach team, and now receive many referrals from them.

Learnings:

- Starting with smaller hospitals might have helped. Changeworks were inexperienced and perhaps a little naïve in their expectations and took on the two busiest hospitals in the region. When success came it was from working with smaller, community based discharge teams

- High level NHS strategic support needs to flow through to patient delivery level
- NHS patient delivery teams are incredibly busy and whilst they see the benefit of the service to patients and the NHS, their processes are very rigid and they struggle to find time in their day to plan a new delivery mechanism into their work.
- Data protection and the requirement for an internal email address was a significant barrier, but it doesn't need to be and there are work arounds
- There are many layers and staff within the NHS, and it is often unclear to an outside organisation who the most appropriate person to talk to is, which needlessly takes up time and resources.

Changeworks set up further projects, in NHS Highland community hospitals and in flu vaccination clinics in areas with high levels of deprivation. Since January 2018 advisors have been regularly based in practices for one or two days a month. Medical staff sign post to Changeworks advisors and provide signposting when advisors are not available. Craigmillar Medical Practice in South East Edinburgh has also signed up to Changeworks' referral portal meaning staff can refer patients at any time. Changeworks also holds advice sessions at Edinburgh Cancer Centre, Western General Outpatients clinics, Astley Ainsley Hospital, Musselburgh Health Centre and Midlothian Community Hospital, as well as community pharmacies.

The reasons for success have been:

- Initiatives that are supported at local level
- Limiting data sharing and administrative requirements
- Integration with wider services
- Clear successes for all parties make committing resources worthwhile
- Successes communicated clearly to NHS partners

#### 4. Questions and discussion

Following the presentations, David Cameron invited Kate Cunningham and Helen Melone of Energy Action Scotland the opportunity to give a response to the presentations, before opening up to wider questions and discussion.

**Energy Action Scotland:** There is no single solution to this “catastrophic condition” and that it needs a joined up approach. There is an urgent need to “up the pace” of action: we understand the problem and must prioritise finding solutions. If the same number of deaths caused through fuel poverty each year happened on a road, urgency would be applied to solving the problem. Even slight drops in the outside

temperature result in an increase in GP attendance which has significant cost implications for the NHS.

**Family Fund:** Fuel poverty is a relevant issue for the people they support as a grants organisation: these include the additional fuel costs faced by disabled people who spend more time at home, and carers having to give up work so having less income but at the same time having additional fuel costs. They welcomed any work being done in this area and acknowledged the importance of referral partnerships and signposting.

**Alison Johnstone MSP:** Appreciated the honesty in Teresa Bray's presentation about what works and what does not and the recognition of how data sharing can be a barrier. It was heartening to hear that Changeworks is going to areas where they are most needed such as Craigmillar. Is there any data about the percentage change that Changeworks saw with the people supported?

**Changeworks:** Within social housing ventilation and air quality within homes has been improved. There is Scotland wide information and statistics about the effects of income maximisation on fuel poverty. Changeworks checks annually to see if people who are eligible for the Warm Homes Discount are applying. We need a long term approach and Changeworks welcomes the [Energy Efficiency Route Map](#) that was published yesterday.

**Pasda:** Is the Scottish Government were going to develop a non-profit energy supplier, as previously indicated?

**Donald Cameron MSP:** It is stated in the Programme for Government but there is not any more information about this.

**Scottish Families Affected by Alcohol and Drugs:** Is there a recognised acceptable temperature for a home? Also could Social Security have a component to ensure that homes are heated to this recognised temperature, if it exists? Also are EPC Ratings a good and accurate tool?

**Energy Agency:** It is generally recognised that a living room should be heated between 18 and 21 degrees and up to 23 degrees for elderly people. However, the temperature range that people are comfortable at is extremely wide; everybody's needs are very individual, so an agreed 'acceptable' temperature is impossible to define. Regarding the EPC ratings they are not perfect but they are better than any other measure that exists. They are used with mains gas and off-mains gas systems: they are remarkably accurate with mains gas. We know how the ratings work and what can go wrong, so we know how to use them most effectively.

**Home Energy Savings:** There needs to be more funding to enable referral and signposting processes to be improved so that services are where they need to be from the start and can develop trust with potential service users. Trust is very important, people need to trust both the referrers and the service they are being referred to. Interagency working is also important, rather than signposting: utilising

direct referrals is more efficient. This requires safe process for data to pass between organisations.

**Donald Cameron MSP:** This is a very important point, I hear far too many people simply putting up with cold homes. People need services they can trust to help them.

**Energy Action Scotland:** It is also wrong to rely totally on telephone services – we need more face-to-face support to develop trust and support the most vulnerable people. We cannot underestimate the value of local services as we need community based support to access hard to reach individuals who are often the most vulnerable.

**Shelter Scotland:** People need to know how to use their heating systems and be able to make them work efficiently and make the most of them.

**Family Fund (Selena Begley):** People need to be able to use their heating equipment, as new technology is often sold to us that is difficult to use. Her personal experience was that taking up the Green Deal had increased her fuel costs and left her with a difficult to use system. There needs to be proper support and follow up after new systems are put in, particularly for vulnerable people, to ensure they work as intended.

**AC Whyte Building Contractor:** AC Whyte's is involved in the £19 million Scottish Government funding programme to improve the energy efficiency homes on an area basis. 7,000 homes will be improved. The education and skill building of people living in improved homes so that they can use their new heating systems efficiently and effectively is important.

## 5. Any other business

- a. **Parliamentary reception to celebrate the work of the CPG.** Donald Cameron MSP has agreed to sponsor a Garden Lobby reception to build on the success of last year's reception and promote the excellent work of the CPG. VHS hopes to have a date confirmed in the near future.
- b. **Royal College of Physicians Edinburgh** Donald Cameron MSP and Claire Stevens (VHS) had been speakers at the annual meeting of the RCPE Lay Committee, to raise awareness of health inequalities and the work of the CPG. This had been well received. Donald Cameron pointed encouraged CPG members present to promote the work of the Group widely too.

## 5. Future CPG meetings

Tuesday 22 May, 5.30 pm -7.00 pm. Joint meeting with the Improving Scotland's Health CPG. To be chaired by Clare Haughey MSP and David Stewart MSP. This meeting is fully booked, with a growing waiting list.

Tuesday 30 October, 5.30 pm – 7.00pm: AGM

Thursday 6 December, 12.40 pm - 2.15 pm: topic to be confirmed.