



## **Connecting Health in Scotland and New Zealand**

### **Note of a networking round table held 11<sup>th</sup> September 2018**

#### **Participants**

Paula Baker, Braemar Charitable Trust  
Kate Burton, Scottish Public Health Network (ScotPHN)  
Marion Findlay, Volunteer Edinburgh  
Susan Lowes, Marie Curie  
Rob Murray, Changing Faces  
Margaret O'Conner, Art in Healthcare  
Maureen O'Neill, Faith in Older People  
Eric Samuel, VHS Board of Trustees  
Jonathan Sher, Queens Nursing Institute Scotland (QNIS)  
Claire Stevens, VHS (chairing)  
Laura Young, TheTeapot Trust  
Kiren Zubairi, VHS

#### **Purpose of meeting**

This was a networking event, hosted at the Queen's Nursing Institute of Scotland. The purpose of the event was to enjoy an international exchange of views and experiences over lunch, in a round table discussion with Paula Baker, Manager of the [Braemar Charitable Trust](#) in Hamilton, New Zealand. Paula was in the UK for the Social Enterprise World Forum and had reached out to VHS for some help in building connections with our voluntary and public health sectors whilst she was here.

Ahead of the event, VHS had circulated a briefing paper written by Paula, providing an overview of the New Zealand health sector and its challenges, as well as an overview of the work of Braemar Charitable Trust. Her paper provides a much more detailed insight into the health landscape in New Zealand than this note attempts to.

#### **Introductions**

Claire Stevens welcomed everyone to the lunch and invited Jonathan Sher to say a few words on behalf of QNIS, the host organisation. Jonathan gave a brief introduction to QNIS and their building:

- QNIS will celebrate its 130<sup>th</sup> birthday in 2019, having started as an organisation whose role was to support pre-service and in-service nurses in Scotland.

- The organisation evolved with time, as other institutions such as the Royal College of Nursing, NHS, unions and educational bodies took on the responsibility for training, educating and/or representing nurses.
- QNIS now encourages, supports and advocates for community nursing, which includes all nursing that does not take place in an acute setting. This is a diverse group including mental health, school, prison, district and sexual health nurses as well as midwives and home visitors.
- QNIS also looks after the welfare of retired older Queen's Nurses, who were not paid well and were not allowed to be married.
- To be a Queen's Nurse is an honour and an opportunity for continued professional development. The status was discontinued for a while but has been reinstated. In five years there will be around 100 new Queen's Nurses.
- The QNIS building is distinctive, with a statue of Queen Victoria on the roof, after whom the QNIS is named, and all of the chimney pots are crowns. The building used to be a training and housing facility for Queen's Nurses.

### Summary of discussion points

There was a rich exchange of information and discussion about the work those present are involved in. The following points of interest were noted.

1. Braemar Hospital was set up 92 years ago by nurses who saw an opportunity to provide services for midwifery. It is now a surgical hospital.
2. Using the hospital as an asset Braemar Charitable Trust is able to support health initiatives in the community. Braemar works collaboratively with a range of organisations who deliver health initiatives, with a focus on the wider determinants of health. They fund arts and sports projects and medical research and they provide non-publically funded surgery grants for patients.
3. There is no third sector intermediary like VHS in New Zealand.
4. If the voluntary sector did not exist in New Zealand people would not have access to a number of services.
5. Paula described NZ's housing issues as a significant determinant of health and flagged the [Healthy Homes Initiative](#) as an example of Braemar's involvement in a non-clinical, upstream approach to addressing health inequalities. Healthy Homes Initiatives (HHIs) have been established across NZ, initially in areas with a high incidence of rheumatic fever, targeting low-income families with children at risk of rheumatic fever or severe respiratory illness who are living in crowded households, damp houses etc.
6. Kate explained her role, as a NHS Lothian professional seconded to ScotPHN to focus on socio-economic inequalities and to bring the NHS, local authorities and the third sector together in order to discuss how inequalities affect people and what can we do about it. Her sphere of interest and development includes the Community Link Worker initiative and, more recently, welfare advice in health partnerships.
7. Faith in Older People focuses on the spiritual needs of people as they age, with a broad interpretation of spirituality and catering to all faiths and none. A current priority is loneliness and social isolation and the role that faith communities can play in addressing the issues.

8. The Teapot Trust uses art therapy as a way of helping children and young people cope with long term medical conditions, e.g. using art as a means to articulate what they are feeling and to help make the hospital experience more positive.
9. Volunteer Edinburgh is the longest established volunteer centre in Scotland, with 30 years of links and relationships with NZ, as they helped model the development of the volunteer centre in Dunedin, NZ.
10. Marie Curie provides palliative care services nationally and locally, across Scotland, through its two hospices and through nursing services in the home. The latter is provided in 31 out of 32 local authority areas (not in Shetland). Marie Curie also work to influence the health policy environment and represent people who need palliative care, those who receive it and their carers.
11. Changing Faces is a UK wide organisation that supports people who have a scar, mark or condition that affects their appearance. They work to change attitudes, including in schools. Only 1 in 9 people with a scar or mark feel comfortable in their appearance. Changing Faces provides confidence building activities with individuals and families and provide specialist stain camouflage (make-up).
12. Art in Healthcare is a Scottish charity working to change the health and care environment through art. They have produced/commissioned over 1600 works of art and loan these to hospitals and other healthcare settings, as well as running participatory art programmes, some of which that are socially prescribed.
13. Whereas in Scotland the integration of health and social care services Scotland is a major ambition and national programme, in NZ this is less overtly an ambition.
14. Paula described NZ's move away from hospital expansion towards self-management, with a reliance on the third sector to help deliver this. Co-production in the sense that we understand it in Scotland does not seem to be common currency in NZ.
15. In NZ a high complexity of need results in a plethora of relationships with multiple services (e.g. family with multiple health and social needs may be involved with fifteen different services). Paula flagged this as a major issue and one that needs a more joined up and holistic approach.
16. Other trends in NZ include a focus on health literacy and on prevention via health screening programmes. Community Link Working doesn't seem to feature in the NZ landscape, and the onward referral of patients by health would tend to be to publically funded services like social services or occupational therapy rather than to the third sector.

## Conclusions

Claire thanked Paula for her input, participants for their contributions, and QNIS for their hospitality.

Building on the success of our first networking round table, VHS hopes to hold future networking lunches on others topics. If you would like to suggest a topic for a future networking lunch or offer to host one, please contact [lauren.blair@vhscotland.org.uk](mailto:lauren.blair@vhscotland.org.uk)