

# **Cross-Party Group on Health Inequalities**

**6pm-7.15pm Monday 6<sup>th</sup> December 2021**

**Zoom Chat** (edited version, with **questions highlighted in red** and **Fiona Moss's retrospective answers in blue** and **David Blane's retrospective answers in Purple**)

**Lauren Blair- Events and Engagement Lead, VHS**

Welcome to the meeting!

**Hilda Campbell, CEO COPE Scotland**

Hello all as a gift for the meeting, we can all feel overwhelmed at times and have a wee need to take a pause, this wee recording maybe something which is of interest <https://www.cope-scotland.org/wellbeing-tips/entry/learning-to-hit-the-pause-button> please have a visit at a time works for you, only takes 5min remember you are worth it and self care matters

**Claire Stevens, Chief Executive, VHS**

For Tweeters please use #CPGHealthInequalities and @VHSComms

**Richard Simpson, Professor of Health Sciences and Sport, Stirling University**

On BP measurement Prof Barbour at Glasgow University and I published opportunistic BP in six practices - urban, suburban & rural - over three yrs 90% measured 1979 BMJ

**Margaret Brown, NHS Highland**

In remote rural areas, SIMD is not a useful measure of deprivation as populations are scattered, without the clusters which SIMD identifies.

**Richard Simpson**

Big Q for MSPs is why after 20yrs NRAC hasn't provided the data for Primary Care and the BMA and Scot Gov have failed to create either a contract or fund distribution which mitigates the Inverse Care Law.

Worse they have not followed thru on pilots like [Govan] SHIP

**Hilda Campbell, COPE Scotland**

Working with QNIS and Capacitar Scotland as part of a CHSA funded project we are exploring barriers to wellbeing with a specific focus on community nurses, to start we put together this nurses and midwives wellbeing resource booklet <https://www.cope-scotland.org/wellbeing-tips/entry/national-self-care-week> this is only one of several strands to this work please feel free to get in touch for more info.

This may also be of interest <https://www.qnis.org.uk/blog/understanding-barriers-to-self-care/>

### **Richard Simpson**

Is it true that GP Fellows or SHIP early career GPs mainly mostly stayed in Glasgow south side deprived practices?

David Blane replies: Yes, that's correct. My understanding is that all of the early career GPs in Govan SHIP have stayed on in Govan (mostly becoming partners), while 9 out of 12 Pioneer fellows remain in Deep End practices.

### **Brian Forbes, AstraZeneca**

The 2018 GMS contract aims to build teams and resources around the EMG and practise structure. Is that resource coming in place with the inverse care law i.e. highest need first, in mind?

David Blane Replies: The new GP contract does not address deprivation. New recommendations coming from the Scottish Government's Short Life Working Group on Health Inequalities and Primary Care will be out soon and will hopefully address this shortcoming.

### **Hilda Campbell**

This may also be of interest around team wellbeing <https://www.qnis.org.uk/blog/nurses-please-remember-self-care-matters-for-you-too/>

### **Ijeoma Azodo, NHS National Services Scotland**

How is the feedback of the people / practice users captured in the Inverse Care work in Presentation 1? Thank you.

David Blane replies: This is an excellent question and something we hope to improve in the years ahead. There are examples of very active Patient Participation Groups (like 'Chance to Change' in Drumchapel), but we do not yet have anything similar for the wider Deep End group

### **Hilda Campbell**

Interesting work also happened with the Jigsaw project around mental health in primary care and co-designing solutions with many stakeholders report on same - if anyone wants a copy please email [hilda@cope-scotland.org](mailto:hilda@cope-scotland.org) - we worked with Dr Peter Cawston on this and the voices of lived experience.

### **Una Mac Fadyen, NSS CEN**

Could primary to secondary care working be helped if doctors spoke to each other directly more often rather than relying on formal referral or IDs? Also should deep end practices have Family Nurses for all newborns?

David Blane replies: Always scope for improved communication between primary and secondary care (and various other interfaces), but this is being worked on. For instance, Consultant Connect has improved communication related to referrals/for

advice, and we were recently invited to speak at one of the NHS GGC 'Grand Rounds' (now open to all NHS staff in the Health Board), which sparked some really helpful dialogue

### **Richard Simpson**

I am walled [sic] that the CLWs are still after 8 years from first appointment still is short term and insecure contracts. This applies to many third sector or organisations. I am gathering information on short contracts and repetitive tendering for a possible Parliament petition. Anyone affected by this practice and can give examples, email [richard@richardsimpson.info](mailto:richard@richardsimpson.info)

### **Pervin Ahmad - Saheliya**

Deep-end issues tie in with issues identified by the recent Joseph Rowntree Foundation report which identified these as issues that BME communities fare worse in almost all of these areas. My concern is the Scottish data from Public Health Scotland (to quote) 'suggest that minority ethnic groups, with some exceptions such as Gypsy/Travellers, have better general health than the majority of the white population. The question is taking this into consideration and the fact that there is growing recognition of the poorer health outcomes for minority ethnic communities (especially if we look at research in England and Wales which highlights the higher rates of BME health issues) my question is as follows: **is the reality that data for BME communities is highly flawed and if funding is allocated based on statistics and reporting from organisations such as Public Health Scotland then are minority ethnic communities not losing out and will this continue to increase the gap in health inequalities for BME communities?**

David Blane replies: I'm conscious that there is a lot of working going on in Public Health Scotland to improve the data quality related to ethnic inequalities. As we mentioned, there is considerable diversity within and between different ethnic minority groups, and the concept of 'intersectionality' is increasingly recognised to be of central importance in understanding health inequalities.

**Also how can link workers support individuals with English as a second language combined with high levels of trauma meaning individuals will not be ready to engage?**

Fiona Moss replies: In Glasgow Link Workers use the NHS interpreting service during their appointments with those who require this support (they will also use the service to make appointments). We recognise that those with English as a second language require extra time in appointments and CLWs are able to build this into their working week. CLWs in Glasgow are trained in trauma informed practice to level three equivalent and will advocate for those who have experienced trauma, including working with GP for referral to specialist services where required. They will support people with broader issues that may be impacting their health and wellbeing. If someone decides they are unable to engage with the CLW at a point in time they will be informed they can contact the CLW or practice to arrange another appointment at any time.

David Blane replies: Link workers are doing a fantastic job (see my comment below), but there will undoubtedly be learning gaps and training needs as they start to find their feet in these relatively new roles. I'm quite sure that working with people who have language barriers or who have experienced trauma will be part of that training, but am happy to follow up on this to find out more.

**Mike Downham, retired paediatrician**

It would be great if we could hear/find out about some specific examples of how CLW's have benefited individual patients

We have lots of case studies illustrating how CLWs have benefited patients, there are some included in our annual report which can be read at this link:

<https://glasgowcity.hscp.scot/publication/glasgow-city-hscp-community-link-worker-programme-annual-report-20202021>

David Blane replies: Kathy or Fiona may be able to provide more detailed examples, but the Alliance's Link Worker website is a good place to start to find out more

**Ijeoma Azodo**

What was the name of the entry and exit well-being scale used in CLW presentation?

We use the Short Warrick-Edinburgh Mental Wellbeing Scale (WEMWBS)

**Elinor Jayne, Director, SHAAP**

Hello everyone, we at Scottish Health Action on Alcohol Problems (SHAAP) have funded some research due to be published in the next couple of months about the role and impact of Alcohol Liaison Nurses embedded in Deep End Practices. Would be delighted to share with the CPG once it's ready.

How well known are these nurses by links workers?

Fiona Moss replies: Links workers are embedded in their practice MDTs so do get to know the Alcohol Liaison Nurses, however happy to do some joint work to ensure all necessary connections have been made in the practices which have both staff members.

**Claire Stevens**

Our third presenter is Fiona Moss, head of health improvement and equalities at Glasgow City Health and Social Care Partnership, Kathy Owens' colleague.

**Una Mac Fadyen**

It seems locating services together on one site is important so should this be considered in siting GP practice building has and adapting this concept for Emergency Departments in hospital?

David Blane replies: I'm not entirely sure I understand the question here? Is this about having GP practices beside Emergency departments, or about having other services (e.g. financial advice) close to EDs? [Both have been tried before!]

**Clare Cable, Chief Executive and Nurse Director, Queen's Nursing Institute Scotland**

Thanks Elinor, I think there is a whole host of specialist nursing staff working with Deep End practices and the wider teams around inclusion health - in asylum support, homeless outreach, criminal justice, as well as Family Nurse Partnership and health visitors, school nurses who work in areas of deprivation. David's important point about how interprofessional teams work together across health, social work, third sector has to be key to the way we truly reverse the inverse care law.

**Hilda Campbell**

Maybe of interest <https://www.bbbc.org.uk/health-centres/bromley-by-bow-health-centre/>

**Sheila Thomson, Regional Director-East, Community Renewal Trust**

Here at Community Renewal we have been working with both clients and GP surgeries and out of hours services across Scotland at different times. Here is a link to the work we are undertaking in Edinburgh just now. One link gives the info we provide to GPs and the other for clients.

GPs: [https://issuu.com/communityrenewal/docs/gp\\_flyer](https://issuu.com/communityrenewal/docs/gp_flyer)

Clients: [https://issuu.com/communityrenewal/docs/client\\_flyer](https://issuu.com/communityrenewal/docs/client_flyer)

**Clare Cable**

Thanks Hilda - just as Fiona [Moss] describes, BBC provides a great model of community led social enterprise where health and wellbeing support can be found alongside opportunities to flourish as a local citizen

**Una Mac Fadyen**

Are school nurses involved in these projects including the links to creative activities?

**David Blane, GP and researcher and Scottish Deep End Project academic lead, University of Glasgow**

Thanks Hilda, useful resources/thinking from the Health Creation Alliance also: <https://thehealthcreationalliance.org/>

**Kathy Owens, Health Improvement Lead – Community Link Workers, Glasgow City Health and Social Care Partnership**

Hi Ijeoma [Azodo], the scale is the short WEMWBS (Warrick Edinburgh Mental Wellbeing Scale)

## **Tom Wightman, Padsa**

How do these initiatives help with getting an autism diagnosis, since this is fundamental to a huge swathe of people who need access to services?

Fiona Moss replies: In their role CLWs help people understand and navigate services, they will also support individuals and parents/carers to access other sources of support in local communities while they await a diagnosis or post-diagnosis.

## **Gillian Phillips, NHS GGC/East Renfrewshire Health and Social Care Partnership**

The CLW is currently unavailable in East Ren HSCPHGoi

Just to flag – this is not accurate

## **Hilda Campbell**

Our one to one service noticed significant increase in parents seeking support as they were struggling with stress and their own wellbeing, including helping their children who may be autistic persons to adjust as well as delays in assessment

## **Alan Eagleson – Terence Higgins Trust**

Such an important point about the short term and fragile nature of funding. A constant personal challenge for staff delivering services and a threat to continuity of care for those who depend on them.

## **Richard Simpson**

Many of the courses in Further Education mentioned were cut along with 120,000 places during the college amalgamations.

## **Clare Cable**

Thanks @Una [MacFayden]. The refreshed school nursing framework has an emphasis on mental health and supporting the most vulnerable children through cross sector working <https://www.gov.scot/publications/school-nursing-role-integrated-community-nursing-teams/>

## **Hilda Campbell**

Local consultation in Drumchapel highlighted need for funding to help autistic persons especially young people to engage, one example given was by finding funds for a young person who was an autistic person to have individual tuition to learn to ride a bike they were then able to join sessions with everyone else, but without financial support for this to happen as cost was £25 an hour for 6 sessions total £150 they couldn't have afforded it, but that investment of £150 had so many more health benefits

Also how we help build capacity within communities to develop their own responses e.g. men matter Scotland who now occupy the premises we used to <https://www.menmatterscotland.org/>

Chance to change which evolved from primary care nurse led QNIS catalyst for change programme, now doing some amazing work led by the group themselves

### **Brian Whittle MSP**

Sorry I have to leave and get onto another call. Thank you so much to our presenters and attendees.

### **Claire Stevens**

Thank you, Brian Whittle MSP, for attending, especially for sitting in your car in the cold, much appreciated.

### **Richard Simpson**

If anyone has clients In Clackmannanshire who are 'distant from employment' I and colleagues have set up a new Charity CERT which has been awarded >>£500k by UK Gov to help 150 programmes to be delivered thru 9 local third sector organisations. Hoping to sign LA/UKGov governance contract next week - courses starting January 22.

### **Sheila Thomson**

Community Renewal Report on our Moray work

<https://www.communityrenewal.org.uk/resource/reports-evaluations/community-renewal-moray-link-worker-evaluation/>

Community Renewal Trust report on our work in Grampian

<https://www.communityrenewal.org.uk/resource/reports-evaluations/modernising-primary-care-nhs-grampian-2018/>

### **Hilda Campbell**

Sometimes it's better not to get health service funding as that is contract led as opposed to community led, having lived experience panels on procurement would be one interesting development around how to invest funds and fits with participatory budgeting

### **Tom Wightman**

I so agree with Pervin [Ahmad] about the lack of funding for the 3rd sector, when we do so many things that are not being done by NHS

### **David Blane**

Lots of work being done (and much still to do) across all public sector workforce on trauma-informed practice:

<https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainingframework.pdf#:~:text=NHS%20Education%20for%20Scotland%20%28NES%29%20was%20commissioned%20to,Survivor%20Scotland%20Strategic%20Outcomes%20and%20Priorities%20%282015%E2%80%932017%29%20publication>

## **Hilda Campbell**

Challenge for NHS procurement perhaps is needs a structure with many tiers of management/liability as opposed to multiple small groups who perhaps don't feel as if they have longevity, good work being done in Glasgow between HSCP and GCVS looking at how we can improve things around building links

## **Claire Stevens**

Thank you to everyone for such thoughtful and insightful contributions, sorry we haven't been able to give everyone the opportunity to verbalise their points. We will circulate an edited version of the chat to you all after the meeting, so that you have access to the questions, comments and web links shared tonight. David and Kathy/Fiona's slides will also be shared with you afterwards.

## **Clare Cable**

David's point about GP's perception of their role is very important and underlines the importance of the collective, community based approach to looking at how we support people with complex problems which so often manifest as health issues.

## **Anne Garry, Sight Scotland Veterans**

I represent a charity that supports veterans who have visual impairment. We have resources and an outreach team that is slightly under-utilised as our target group are a niche group and hard to reach. **How should we best make our service and contacts known to CLWs? By contacting local workers or by meeting management and cascading?**

**Fiona Moss replies: The best way is to contact local management to ensure you include all of the team in information sharing – and so we can keep it handy for them on shared spaces.**

## **Hilda Campbell**

Issue is the longevity of services being there in communities who people are being linked to

## **Una Mac Fadyen**

BME is not a uniform group so a need for person centred approach h irrespective of minority status

## **Hilda Campbell**

People with complex issues can feel passed from pillar to post as still gaps in multidisciplinary packages led by the person

## **Richard Simpson**

Anyone interested in therapeutic horticulture should contact Trellis network which has c500 members



**Roisin Hurst – Network Development Officer, VHS**

<https://vhscotland.org.uk/what-we-do/the-scottish-community-link-worker-network/>

**Pervin Ahmad**

Great to have link workers (if that can be a consistent, permanent service) but in order to be able to refer (which I agree is their role) to community organisations and ensure clients receive the best support available then there needs to be more investment in third sector agencies. Agree regarding working together as partners.

**Hilda Campbell**

There is a handbook in this link <https://www.cope-scotland.org/wellbeing-tips/entry/it-has-been-cope-scotland-s-privilege-to-work-with-partners-and-the-community-on-the-new-community-growing-space-Growchapel> created as part of community growing

**David Blane**

Una - agree there is considerable diversity within and between different communities

**Mike Downham**

Yes, David, poverty remains the key question, as it has since and before Tudor Hart. I am hearing tonight from and about hugely committed people. I suggest we are not doing justice to these people unless we recognise the need to challenge the fundamental economic system which underpins everything.

**Hilda Campbell**

Also about building peer support and capacity as people can form their own informal support when supported to do so.

Comment from community session from people with moderate and enduring mental ill health.....I can self manage my condition 6 days a week if I have some support where i feel understood one day a week

**David Blane**

Data on primary care workforce (WTE) would be very helpful - not been recorded for many years...

**Bushra Riaz - Kidney Research UK**

I work with Kidney Research UK on a peer educator project lead using volunteers from community working with community members educating and raising awareness on Organ donation amongst the South Asian communities, we have been working for past 8 years and have spoken to over 7000 people and have had over 1000 people sign the register ... community volunteers are always best to work with community people

...would love to be involved more with community link workers

**Ijeoma Azodo**

Question: I am keen to hear how programmes are using digital expand their capacity around information sharing and collating evidence and bring impact in to the start of all the initiatives.

**The meeting ended with thanks expressed by a great number of participants in the chat, including:**

Suzanne Forup, Cycling UK

Helen Forrest - Children's Health Scotland

Paula Fraser - VOX Scotland

Danielle Rowley - Samaritans Scotland

Narek Bido - Addictions Support and Counselling Forth Valley