

Cross-Party Group on Health Inequalities

Monday 6th December 6pm – 7:15pm

Minute

Present

MSPs

Paul O’Kane
Brian Whittle

Invited guests

Narek Bido, Addictions Support & Counselling (ASC)
Sara Bradley, University of Highlands and Islands
Margaret Brown, NHS Highland
Hilda Campbell, COPE Scotland
Mike Downham
Stephen Eccles, Medcats patient group
Brian Forbes, AstraZeneca
Helen Forrest, Children's Health Scotland
Jennifer Forsyth, Obesity Action Scotland
Stephanie Fraser, Cerebral Palsy Scotland
Anne Garry, Sight Scotland Veterans
Colwyn Jones, The East of Scotland Branch of the British Dental Association
Alison Keir, Royal College of Occupational Therapists
Una MacFadyen, NSS CEN
Pam Maxwell, Lead Scotland
Morag McFadyen, VSA
Fiona Moss, Glasgow Health & Social Care Partnership
Kathy Owens, Glasgow Health & Social Care Partnership
Sarah Randall, Teapot trust
Busra Riaz, Kidney Research UK
Graeme Rose, Novartis
Pat Scrutton, Intergenerational National Network
Richard Simpson
Kimi Smith, Scottish Government
Maureen Sturrock, Soroptimists International
Fiona Thackeray, Trellis Scotland
Sheila Thomson, Community Renewal Trust
Colette Walker, IPS

Non-MSP Group Members

Ijeoma Azodo, NHS National Services Scotland
Pervin Ahmad, Saheliya
Lauren Blair, Voluntary Health Scotland
David Blane, University of Glasgow
Katherine Byrne, Chest Heart & Stroke Scotland
Clare Cable, QNIS
Christine Carlin, Homestart
Alison Crofts, Voluntary Health Scotland
Kirsty Dickson, LinkNet
Alan Eagleson, Terrence Higgins Trust
Susanne Forup, Cycling Scotland
Paula Fraser, VOX Scotland
Roisin Hurst, Voluntary Health Scotland
Elinor Jayne, Scottish Health Action on Alcohol Problems (SHAAP)
Mark Macleod, Energy Saving Trust - Home Energy Scotland
David Main, Voluntary Health Scotland
Leigh Mair, Scottish Rural Health Partnership
Ian McCall, Paths for All
Rebecca McColl, Scottish Families
Gillian McNicoll, Rowan Alba
Nell Page, Salvesen Mindroom Centre
Fiona Partington, The Health Agency
Daniela Rondina, SIAA
Danielle Rowley, Samaritans
Jason Schroeder, Scottish Men's Sheds Association
Konstantina Scott-Barrett, RCPCH Scotland
Kimberley Somerside, Voluntary Health Scotland
Claire Stevens, Voluntary Health Scotland
Ellie Wagstaff, Marie Curie
Tom Whightman, Pasda
Laura Wilson, Royal Pharmaceutical Society

Apologies

Carol Mochan MSP, Donald Cameron MSP, Emma Harper MSP

Welcome and apologies

Claire Stevens, Chief Executive of Voluntary Health Scotland opened the meeting and handed over to Paul O'Kane, MSP and CPG co-convenor, who chaired the session.

Minutes of last meeting

Narek Bido, ASC, approved and Tom Wightman, Pasda, seconded the minutes of the CPG meeting on Monday 27th September as an accurate record.

Proposed new members

The following applications to join the CPG were agreed:

- Cycling UK

- Diabetes UK
- Home start
- Faith in Older People
- LinkNet
- Marie Curie
- Positive Help

Topic for discussion: Responses to the inverse care law in Scotland over the last 20 years

The CPG heard from:

- Dr David Blane, GP and Researcher at the University of Glasgow and Academic lead for the Scottish Deep End GP Project.

David Blane explained that most determinants of health lay outside the NHS, and the distribution of resource is an often-overlooked health determinant. He said the inverse care law was about what could be done if resources were distributed according to need. He outlined that the main causes of health inequalities required a blend of action to undo the fundamental causes, prevent the harmful wider environmental influences and mitigate the negative impact on individuals.

He stressed the need to support the GP workforce as more practitioners take up consultant positions. He noted there was an arbitrary cut-off of the Deep End “100” GPs and suggested perhaps the next 600 practices should be included too. He went on to discuss the inclusion health agenda, the role of [Deep End](#) practices and the importance of the Community Link Worker (CLW) programme. He cited the Govan SHIP Programme as an example of structured multidisciplinary team meetings which freed up GP time and allowed for other care, like polypharmacy reviews. He highlighted further examples which were contained in his [presentation](#). He ended by highlighting a project being funded by the Health Foundation on addressing the inverse care law in general practice which draws on the success of Deep End GP projects.

The CPG then heard from:

- Kathy Owens, Health Improvement Lead - Community Link Workers, Health Improvement Team, Glasgow City Health & Social Care Partnership
- Fiona Moss, Head of Health Improvement & Equalities, Health Improvement Team, Glasgow City Health & Social Care Partnership

Kathy Owens delivered a presentation on the value of the CLW programme in Glasgow. She highlighted that the NRAC formula did not consider deprivation and there was currently not enough resource to reach all Deep End practices. Currently 81 GP practices in Glasgow had a CLW, but 40 of them had non-recurring funding, so were not a secure resource. She emphasised there was a greater level of need than there was resource in practices.

Kathy Owens said the role of link workers was mainly one to one work with patients, but they also work in group settings and to better understand the social issues affecting

practice populations. This helps build capacity in practices and keeps the workforce engaged. Further details on the health inequalities focus of the programme was included in her [presentation](#) along with two case studies.

Fiona Moss gave an update on inequalities issues and the expansion of the CLW programme. She confirmed they were waiting for final guidance around the Primary Care Mental Health Teams in relation to link workers. She said there had been valuable learning about providing support to patients beyond the traditional primary care methods. She emphasised the programme was committed to the services the third sector offered, but highlighted challenges in maintaining this.

During the questions:

- **Community Access:** Brian Whittle, MSP, raised a point on access to activities in communities. He felt there was a need to look at access to space and activity in a holistic way. In terms of support for children, Fiona Moss highlighted the work of the Challenge Child Poverty Partnership in Glasgow. She said support needed to be provided in a place-based way and encouraged thinking beyond the health service.
- **Resources:** Richard Simpson, NMAHPRU Stirling University, expressed his disappointment that NRAC still didn't fully take account of deprivation. He highlighted the limitations of having CLWs on short term contracts. He felt the value of the programme had been proven and long-term funding contracts should be provided. It was suggested that making the case for long-term funding should be an action point from the meeting.
- **Link Workers:** Colette Walker felt we should increase awareness of CLWs as it could really benefit some people who were unaware of them, especially in social care. Sheila Thomson, Community Renewal Trust, called for flexibility in the number of times CLWs could see a patient. She explained patients' initial presenting problem was not always the underlying problem. Pervin Ahmad, Saheliya, said patients who were referred to Saheliya's eight-week programme often had support extended as deeper-rooted problems emerged. She highlighted Saheliya doesn't get funding from the health service so delivery was a challenge. It was noted that the third sector needed the capacity to support people and better links. Kathy Owens acknowledged the points made but highlighted the link worker service was not supposed to hold patients for a long time, it was designed to link them with services. She highlighted there was more shared learning happening in the CLW service now and noted Voluntary Health Scotland's work in supporting this nationally.
- **Research:** Pervin Ahmad also called for better research on the health inequalities experienced by ethnic minority communities. David Blane felt there should be an intersectional approach to research as many issues often compounded to make access to healthcare more challenging or worsen people's outcomes. He felt poverty and socio-economic deprivation were the fundamental drivers of health inequalities.

Actions to be taken forward:

- MSPs to place CLWs on the agenda of the Scottish Budget. Paul O’Kane agreed to take this forward, with a focus on securing long term funding.
- To ask government through parliamentary questions about the pace of the CLW programme rollout in Scotland compared to the rest of the UK.
- To highlight the value of the CLW programme in a motion to parliament. Voluntary Health Scotland agreed to work with members of the group on this collaboratively.

Any other business

N/A.

Date and topic of next meeting:

The next meeting will be in early 2022. Voluntary Health Scotland will advise on the date and topic of this in due course. Brian Whittle, MSP and co-convenor of the CPG, will chair that meeting.