



**HEALTH INEQUALITIES GROUP  
MINUTES OF MEETING OF 6<sup>TH</sup> MAY 2008  
IN SOUTH EDINBURGH PARTNERSHIP OFFICES  
13 NEWTOFT STREET, EDINBURGH, EH17 8RG.**

**Present**

Allan Teesdale	LGNP Board Member (Inch)
Jennifer Fairgrieve	S.E., Local Health Partnership
Agnes Renton	CEC Services for Communities
Pam Spiers	CEC Children and Families
Chris Hampton	SEP Community Director (Gracemount)
Hazel Rendall	VOCAL – Addictions Service
Marion Woodward	S.E. Local Health Partnership – Smoking Cessation
Hugo Whittaker	S.E. Healthy Living Initiative
Scott Donkin	South Edinburgh Partnership (Chair)
Madelaine Traynor	South Edinburgh Partnership

**1 APOLOGIES**

Sylvia Latona	CEC Health and Social Care
Gail Bain	S.E. Local Health Partnership
Ian Brooke	S.E. Voluntary Sector Support Project
Rob Regan	Community Director (Moredun)
Wilma Nelson	LAHA
Moira Haston	NHS Lothian (Oral Health Promotion)
Jane Ramage	CEC Children and Families (Early Years)
Lisa Rice	VOCAL – Carers Project
Anne Jepson	Bridgend Allotment Project

**2. MINUTES OF MEETING OF 28<sup>TH</sup> FEBRUARY 2008**

- 2.1. **Para 2.2** Pam requested that the reference to the vegetable runs be removed since the vegetable runs are not part of the joint work.
- 2.2. With this amendment the minutes were agreed as an accurate record of the meeting.

### **3. MATTERS ARISING**

#### **3.1. Social Prescribing**

3.1.1. Madelaine informed the group that this had been discussed at the recent Action Team Leaders' Group meeting, where there was considerable interest in the concept. Madelaine reported that she and Jennifer would now meet formally to discuss the project, its current status and what potential exists for both resurrecting the project and expanding it. A report will be prepared for the next meeting of the Health Inequalities Group.

**\* Action: Madelaine/Jennifer**

3.1.2. Jennifer informed the group that a considerable volume of prescription pads remained and that it would be possible to provide sticky labels to replace the reference to EASE. At present there were at least 2 specific referral possibilities ie Edinburgh Leisure and SEHLI.

3.1.3. Hugo informed the group that Sheena Lowrie and Gillian Amos of Lothian Health were exploring the potential of exercise referral as a means of improving mental health. SEHLI would wish to become involved in this.

#### **3.2. Workplan**

3.2.1. Madelaine reported that although she had intended to revise the Workplan and bring it to this meeting of the group, this had proved to be impractical since the Neighbourhood Priorities in relation to the Community Plan have not yet been agreed. Further, new monitoring frameworks and guidelines were still coming to hand. Madelaine will start work on the revision of the workplan and will bring it to the next meeting, on the assumption that the Neighbourhood Outcomes will by then have been identified and confirmed.

#### **3.3. G.P. Lists**

3.3.1. Madelaine reminded the group that a community resident had recently raised concerns that some of the local G.P.s had closed their lists to new patients. She reported that she had raised this with staff at the Community Health Partnership who had assured her that this was not the case.

3.3.2. Allan Teesdale, however, informed the group that he believed that Inch Park surgery currently has a closed list. Jennifer agreed to look into this.

**\* Action: Jennifer**

### **4. NEIGHBOURHOOD OUTCOMES**

4.1. A paper had been circulated for information and discussion. Madelaine spoke briefly to it. She explained that at present there were 7 priorities which could be adopted as Neighbourhood Outcomes. All of these were relevant to this group but it was anticipated that two, if they were adopted by the Neighbourhood Partnership, would be taken forward and overseen by this group, ie the Enhancing and Co-ordinating Services for Older People and Improving the Oral Health of Children.

- 4.2. Madelaine informed the group that she would be meeting with Martin Foster, Head of Paediatric Dental Services in the near future. She would keep the group informed and involved in the development of the Neighbourhood Priority.
- 4.3. Access to Information and Services had arisen in the first instance in this group but was now being progressed through the Education, Training and Employment Group under a group chaired by Wilma Nelson. It had already been identified as part of the Community Learning and Development Plan which was embedded in the Community Plan. She reported that it is intended to bring reports or minutes from the Access to Information and Services Group to the Health Inequalities Group for information, comment and suggestions for further development.
- 4.4. Scott informed the group that the work around the Burdiehouse Burn (please refer to para 3.1.1 in the paper) would be taken forward by the Burdiehouse Burn Valley Park Steering group – not the management group as indicated in the paper. He reported that other aspects of the green environment related work would possibly be taken forward under a re-convened Better, Safer and Stronger Community Group.
- 4.5. The group noted the paper, and agreed that this item would be the principal focus at the next meeting of the group.

## **5. MENTAL HEALTH SERVICES**

- 5.1. The group regretted that Kaye Skey was not present to provide information on the local situation with regard to mental health services.
- 5.2. The note of meeting of 4<sup>th</sup> April had been circulated for information and was noted.
- 5.3. Madelaine paid tribute to Ian Brooke and his colleagues who had undertake the work involved in exploring the issues and in convening the group. She indicated that the group proposed to have a Forum in June, along the lines of the Drugs and Alcohol Practitioners' Forum, to gather further information and seek to use the knowledge and resources of the network to identify the best way forward.
- 5.4. **Para 5.4 of Note of Meeting – green spaces at no 64 Gilmerton Dykes Street.**
  - 5.4.1. Scott informed the group that following the meeting of the Men's Mental Health Group he and Margaret Campbell had met with the tenants of number 64 and some of the service users. It was noted that the South Edinburgh Partnership is the lessee of the building and grounds from the City of Edinburgh Council and as such is the landlord.
  - 5.4.2. Scott reported that not everyone was in agreement with the proposal for a variety of reasons. In particular the South Edinburgh Partnership, as landlord has reservations based on previous experience of both themselves and other agencies. Alterations on the scale proposed and also the change of purpose of the land would need the permission of the City of Edinburgh Council.

5.4.3. Scott had proposed that an alternative way forward would be to provide large planters which would then not require any repairs to be made good to the ground upon completion of the project. It had been agreed that Ian Brooke would prepare a proposal based on the provision of planters for the next meeting of the board when it would be discussed.

5.4.4. Jennifer asked if there were any opportunities around the housing in the area, and it was suggested that many of the older people's complexes may be suitable venues.

5.4.5. Scott acknowledged that while the focus was on gardening, there was potential for offering other services. Hugo agreed, and informed the group that work associated with men's outreach suggested that men were interested in a variety of services including social and exercise, amongst which was gardening.

5.5. It was noted that the Men's Mental Health Group will meet again on Thursday 15<sup>th</sup> May 2008 . The notes of meeting will be provided to this group in due course.

## **6. VIOLENCE AGAINST WOMEN.**

6.1. The revised Violence Against Women Strategy – No Excuse – had been circulated for information and discussion. Scott reported that the Partnership Board had taken a holistic approach to domestic abuse, of which this was a significant strand. He asked members of the group to respond to the strategy document and to make their own comments to it.

6.2. Jennifer reminded the group that domestic abuse in all its various forms is a major issue for health. In particular she would like to see an autonomous drop-in service in the community. There had been one previously which had been very successful but changes to the funding streams meant that it was no longer provided. The service would need to ensure anonymity of purpose for those attending.

6.3. Scott again encouraged people to comment on the Strategy and following Jennifer's comments to possibly suggest that a local service should be provided.

## **7. ASSOCIATED GROUP REPORTS**

### **7.1. Early Years and Childcare Forum**

7.1.1. The note of meeting from 13<sup>th</sup> March had been circulated for information and was noted.

7.1.2. Madelaine informed the Health Inequalities Group that the Early Years and Childcare Forum was led by Children and Families and it was not clear at present what the future held, at least until the Review of Children and Families was completed and implemented.

### **7.2. Older People's Services Group**

7.2.1. There had been no meeting this cycle. The next meeting of the group will take place on Thursday 29<sup>th</sup> May 2008.

### 7.3. Drugs And Alcohol Practitioner's Forum

- 7.3.1. Madelaine informed the group that there had been no meeting this cycle but it was intended to reconvene the group in the near future, probably at the end of May.

## 8. ASSOCIATED PROJECT/SERVICE REPORTS

- 8.1. Madelaine informed the group that she had hoped to be able to present a portfolio of reports on the various activities which make up the workplan. However, only Marion had provided a report on smoking cessation.

### 8.2. Smoking Cessation

- 8.2.1. Marion informed the group that her report was not specifically for the Liberton/Gilmerton area but for the whole of the South East Local Health Partnership. She indicated that the work was busy and that a new member of staff – Flora Whitelaw - had made a significant difference to her ability to support local people.

- 8.2.2. There is an out of hours service provided weekly in Gilmerton Community Centre and this, combined with the provision of an additional member of staff, has reduced the waiting list in terms of numbers and time waiting. There are 3 drop-ins i.e. at Fala Court, Gilmerton Library and at Bingham. The service is advertised widely.

- 8.2.3. Marion reported that she is hoping to extend services into Craigmillar and Burdiehouse as a priority. It is also intended to provide an information staff in the local office every two or three weeks. Marion and Agnes will meet to discuss potential provision in the local office.

**\* Action: Marion/Agnes**

- 8.2.4. "No Smoking" week had been very busy with Marion and her colleagues attending a number of venues and events including Supermarkets, leisure centres and International Women's Day. She acknowledged that things were always busier at no smoking day but that currently there is consideration being given to the prospect of 3 or 4 no smoking days per year in order to keep the issue high on the agenda.

- 8.2.5. The statistics show good results relative to the rest of the city, but Marion reminded the group that she had high targets to reach and there still remained a need to raise awareness both to the general public and also to other service providers and agencies. Marion informed the group that everything she does is recorded on a national data base. GPs have referral letters and forms and these too are recorded. It was noted that people appear to attend if the G.P. refers them, but it was also noted that people have to be ready to stop smoking.

- 8.2.6. **Youth worker** There is only one member of staff for the whole city, ie Diana Martin who is based at the Leith Treatment Centre. Edinburgh Leisure have done some work while promoting their Energise Cards in schools but the opportunities are ad hoc and limited.

8.2.7. **Pregnancy worker** There is only one member of staff for pregnant women for the whole city ie Gill Davis. Gill has indicated that her most successful work is through the provision on 1 to 1 service, and that group work does not appear to work well.

8.2.8. **Discussion** The group welcomed Marion's report and indicated that they were heartened by her efforts and success. Allan Teesdale was keen that patients in hospital were provided with sufficient nicotine replacement patches. Marion informed the group the patients being discharged from hospital can be and are referred to her for support.

8.2.9. In concluding the discussion Marion informed the group that she is passionate about the work she does and again the group thanked her for her report and for the work she undertakes.

### 8.3. **South Edinburgh Health Living Initiative**

8.3.1. Hugo informed the group that despite still being unaware of their future financial position, the project had taken on 2 new members of staff on a temporary basis.

8.3.1.1. **Community Health Action Worker.** – awaiting references. Pam had been on the interviewing panel.

8.3.1.2. **Community Café Skills Worker** – funding had been provided from Community Food Initiative Scotland, 4<sup>th</sup> Sector to carry out a feasibility study.

8.3.2. Hugo and Marion will meet to discuss a slot for Smoking Cessation.

**\* Action: Marion/Hugo**

8.3.3. It was noted that NHS Lothian has been provided with money from the Scotland Government to protect the Community Health Initiatives for this financial year, but no decision has yet been made. Hugo expects to hear about funding in the near future. The timescale for developing the papers requested by NHS Lothian had been very tight.

8.4. Scott thanked both Hugo and Marion for their reports and indicated that he hoped the portfolio of reports would be provided for the next meeting. Further it was agreed that Marion's report would be circulated with the minutes.

**\* Action: Madelaine**

## 9. **CONSULTATIONS**

9.1. A comprehensive paper had been prepared and Madelaine spoke briefly to it.

### 9.2. **NHS Lothian, Community Health Partnership.**

9.2.1. Madelaine informed the group that many copies of these surveys had now been circulated and indeed some responses had already been received. Members of the group agreed that it would be useful to send out copies so that they could provide them to their clients for completion.

**\* Action: Madelaine**

9.2.2. The deadline for returns was now the end of May/ beginning of June and Madelaine will thereafter begin the process of collating and analysing the responses.

### 9.3. **National Services Scotland, NHS Scotland**

9.3.1. Madelaine reminded the group that Viv Thomson of National Services Scotland had attended the last meeting of the Health Inequalities Group and had sought its advice regarding the wording of a series of letters.

9.3.2. On the basis of discussions both at the meeting and in further informal discussions Madelaine had prepared a response for Viv. She asked the group to give its approval or otherwise on her paper. The group agreed that the response reflected the discussions and sentiments expressed and agreed it should be sent to Viv.

**\* Action : Madelaine**

### **10. A.O.C.B.**

10.1. The group was informed that there would be a South East Carers Partnership event on 9<sup>th</sup> June in the Nelson Halls, St Leonard's Street. It will celebrate, amongst other things, the 60<sup>th</sup> Anniversary of the National Health Service.

### **11. DATE AND VENUE OF THE NEXT MEETING**

11.1. The next meeting of the Health Inequalities Group will take place on Tuesday 26<sup>th</sup> August 2008 at 9.30 am in the South Edinburgh Partnership Offices, when the focus of the discussions will be of the Neighbourhood Outcomes.