



**HEALTH INEQUALITIES GROUP
NOTE OF MEETING/SEMINAR HELD ON
TUESDAY 26TH AUGUST 2008 IN
SOUTH EDINBURGH PARTNERSHIP OFFICES
13 NEWTOFT STREET, EDINBURGH, EH17 8RG.**

In order to aid understanding, the notes have been presented under various headings and not necessarily in the order in which the discussion took place.

PRESENT

Chris Hampton	Community Director, Gracemount
Ian Brooke	S.E. Voluntary Sector Support Project
Agnes Renton	CEC Services for Communities
Pamela Spiers	CEC Children and Families, C L & D
John Nicholls	Health Opportunities Team
Hugo Whittaker	S.E. Healthy Living Initiative
Jason Lee	Libertus Services (formerly LAHA)
Jane Ramage	CEC Children and Families – Early Years Manager
Anne-Marie Comber	NHS Lothian, Community Health Partnership
Sandy Corlett	CHILDREN 1 st
Jennifer Fairgrieve	S.E. Local Health partnership
Robert Ford	Bridgend Community Allotments Project
Hazel Rendall	VOCAL (Addictions Service)
Scott Donkin	South Edinburgh Partnership (Chair)
Madelaine Traynor	South Edinburgh Partnership.

APOLOGIES

Lesley Baxter	NHS Lothian (Community Health Partnership)
Tracy McGillivray	SE Local Health Partnership – Dietician
Lisa Rice	VOCAL Carers Support Project
Wilma Nelson	Libertus Services (Formerly LAHA)
Gail Bain	S.E. Local Health Partnership – Public Health Nurse
Katrina Balmer	S.E. Local Health Partnership – Dementia Co-ordinator
Anne Jepson	Bridgend Community Allotment Project
Moirra Haston	NHS Lothian – Dental Health Promotion.

1. OVERVIEW AND PURPOSE OF SEMINAR

- 1.1 Scott Donkin welcomed everyone to the seminar, and after introductions had been made, he explained the purpose of the seminar.

- 1.2 The Health Inequalities Group had been established for some time as part of the sub structure of the South Edinburgh Partnership. That sub-structure has now been adopted as part of the sub-structure of the Liberton/Gilmerton Neighbourhood Partnership.
- 1.3 Liberton/Gilmerton Neighbourhood Partnership is now in the process of developing its community plan and seven priorities have been identified for development and possible inclusion in the plan. The next meeting of the Neighbourhood Partnership is on the evening of Wednesday 10th September, to which everyone will be welcome. Scott anticipated that the Partnership Board is likely to adopt these key priorities.
- 1.4 Scott suggested that now was an appropriate time for the Health Inequalities Group to revisit its roles and functions. The seminar had been designed to allow members of the group to examine these priorities in the context of the work and membership of the Health Inequalities Group.
- 1.5 Scott informed the group the other two principal groups ie the Youth Issues Group and the Education, Training and Employment Group had gone through similar processes. The outcomes of these seminars would be incorporated into a composite report which Scott would provide to the Neighbourhood Partnership for its meetings on 10th September.
- 1.6 Scott reminded the group that although three priorities have been aligned to the remit of the Health Inequalities Group, it was obvious that health and well being would benefit from the existence and development of the other four and that they in turn would benefit from the 3 Health Inequalities Group-led priorities, ie there would be a great deal of cross-fertilisation between all of the priorities, their development and their eventual implementation.
- 1.7 The seven proposed priorities (with HIG related priorities highlighted) at present are:-
- (a) Improve the employment opportunities for the community
Co-ordinated by the Education Training and Employment Group
 - (b) **Provide support to parents and children at appropriate ages and stages**
Co-ordinated by the HIG Group
 - (c) **Develop and enhance a co-ordinated service for older people**
Co-ordinated by the Older Peoples Services Group – a sub of the HIG
 - (d) Support people to access information and services to meet their needs
Co-ordinated by the Education, Training and Employment Group
 - (e) **Improve the health of children in the Liberton/ Gilmerton area with an initial focus on dental health.**
Co-ordinated by the HIG Group
 - (f) Prevent alcohol behaviour in young people becoming health or social problems for them now and society in later years
Co-ordinated by the Youth Issues Group
 - (g) Protect and develop investment in green spaces.
Co-ordinating mechanism still to be identified

2. ACTION TO SUPPORT POSITIVE PARENTING

- 2.1 The group agreed that good positive was not the best terminology and asked that the wording be changed to “positive”.
- 2.2 A note of meeting of 15th August of the working group to develop this priority had been tabled for information and to help discussion. Madelaine spoke briefly to it giving an outline of the process to date. Madelaine continually highlighted the broad nature of the priority, the clear need for partnership working and the relevance of the work to virtually every group represented round the table.
- 2.3 The concept of parenting support across ages and stages had been proposed in the first instance by the management team of Children and Families based at No 66A Gilmerton Dykes Street. A small working group had been established with a remit at present to undertake a proposed mapping exercise and draw together an outline proposal.
- 2.4 Scott opened the discussion by asking if there was a definition of parenting. Madelaine reported that there was not definition as such but that the group had agreed an “understanding” which was included in the note of meeting as follows:-
- 2.1.4 *Positive “parenting is the process of nurturing, loving, supporting, guiding and caring children in order to enable them to meet their full potential in terms of health, relationships in family and community, and their overall cognitive development”.*
- 2.5 Jane Ramage informed the group that it was important that support to parents and families is available to people as and when it is needed. (In response to comments from Hazel Rendall it was acknowledged that this must include Kinship Carers”. Further it is important that people are supported to access available services. There has been so much change in recent months and years that awareness of services and providers has diminished. However, the group should be aware that there was a wide range of excellent services available and therefore the concept of this work would be based on a good foundation. It was the intention of the working group to undertake a mapping exercise which would allow the group to identify both existing services across all sectors and also the gaps in service.
- 2.6 Jennifer Fairgrieve informed the group that parents themselves often asked for support and advice. She explained that there may be a problem in that by focussing many resources on the “high tariff” category of families, it is possible that other families may miss out on services appropriate to their needs.
- 2.7 Jane echoed this comment and reminded the group that parenting is not just about programmes and courses. Rather it is about the provision of a whole spectrum of support mechanisms. Jane also advocated the use of peer educators, ie Parents supporting Parents. She was keen to see the development of services which enhanced the potential of people and which built on the concept of “social capital”.

- 2.8 The group acknowledged, however, that while much of the parenting support will be provided to parents who welcome it, there will always be a small proportion for whom there will need to be an element of compulsion for the greater good of the family. Sandy Corlett informed the group that CHILDREN 1ST offer the Incredible Years Parenting Programme and many parents approached this reluctantly. However, Sandy reported that most found the course very beneficial once they had actually participated in it.
- 2.9 Jane informed the group that a City wide Parenting Framework is being developed by City of Edinburgh Council and its partners. She is keen to use this as a model for the development of this work, and similarly to use this area as a demonstrator for the model. She reported that a meeting is taking place on 19th September in Goodtrees Neighbourhood Centre to explore the issues further, to which Madelaine had been invited. The Health Inequalities Group was very supportive of the area being used as a demonstrator site.
- 2.10 Hugo informed the group that SEHLI was about to submit a second stage application to the Big Lottery for funding for services around parents and children. He is still gathering evidence to support this application and it was noted that a number of meetings had been planned to meet with key members who could assist in this matter. Madelaine informed the group that she was meeting with Hugo on Thursday morning (28th August) and invited anyone to come to the meeting in order to support both the SEHLI application and the development of this priority.
- 2.11 In drawing the discussion on this priority to a close, Scott again referred to the composite report which he will present to the Neighbourhood Partnership. In regard to the Action to Support Good Parenting he would report
- (a) that a working group had been established,
 - (b) that a mapping exercise would be undertaken
 - (c) that discussions were underway to look at developing a demonstrator project based in this community.

3. CO-ORDINATING AND ENHANCING OLDER PEOPLE'S SERVICES

- 3.1 A note of meeting of the Shortlife Working Group from the Older People's Service Group was tabled for information and to assist discussion.
- 3.2 Madelaine informed the group that there was already in existence an Older People's Services Group which was administered and supported by the South Edinburgh Partnership Support Team, on behalf of a multi-agency group led by SE Local Health Partnership. This group covers the whole of the S.E. Local Health Partnership Area, although it was acknowledged that the development of the priority related to Liberton/Gilmerton only.
- 3.3 A short life working group had been established to look at the panorama of issues and had agreed that this should be focussed down to three priorities as follows:-

(a) **Independent Living incorporating**

- Prevention of falls
- Increased Household Income
- Housing and Accommodation
- Access to leisure, recreational and educational services
- Community and public transport
- Health promotion services for older people including
 - (i) Podiatry,
 - (ii) Oral and dental health
 - (iii) Nutrition
 - (iv) Physical Exercise.

(b) **Delayed Discharge from hospital, combined with continuity of care on discharge**

(c) **Mental Health and well being in the community for older people**

3.4 Madelaine informed the group that, like the parenting priority already discussed, there was a wide range of excellent services in place. However, due to changes in organisation and governance, changes in staff etc, the previously existing networks had been fractured, leading to a need for a mapping exercise combined with awareness raising to be undertaken. She also reminded the group that the need for effective partnership working across the whole spectrum of service providers and other relevant agencies was paramount.

3.5 Ian Brooke informed the group that there were a number of issues which would need immediate attention in order to support and sustain community based services. He reported that a number of local group, in particular the lunch clubs in the area which provide services for around 100 people, were facing considerable problems in accessing transport services which allow the clients to attend services.

3.6 In the past these organisations had made applications to the South Edinburgh partnership small grants fund for transport costs on an annual basis. However the new Partnership arrangements did not allow for repeat funding and already some of the projects were experiencing difficulties. This meant that services for 100 local people were jeopardised.

3.7 Scott invited Ian to meet with him to discuss the issues.

*** Action: Scott/Ian**

3.8 Jennifer reminded the group that many statutory agencies are happy to refer people to these voluntary sector projects and services. However, they seldom provide the funding to go with the referrals. For example, in the recent past there would have been access to a few Social Work mini-buses but these are no longer available.

- 3.9 The group agreed that this was a piece of work worthy of further development. Madelaine informed the group that she would prepare an outline proposal in the near future and once this had been circulated to the short life working group she would circulate it to the Health Inequalities Working Group for critical comment and suggestions for improvement.

*** Action : Madelaine**

3.10 Care Homes in the community:

3.1.10 Madelaine referred the group to the final part of the note of meeting in which the issue of people resident in local Care Homes had been discussed. The short-life Working group had discussed the experience of people living in local care homes and had expressed the wish that more could be done to bring the residents out for services including leisure and recreation and also bring the community into to the homes.

3.2.10 It was acknowledged that this was in little more than concept stage at present but there was a hope that something positive could be achieved although there were considerable barriers, not least the issue of insurance and resourcing, although it was understood that while some managers would be supportive, others may see the idea as very problematic. Other issues could include the need for disclosure etc.

- 3.11 In drawing the discussion on this proposed priority to a close Scott informed the group that he would report

- (a) that a working group had been established,
- (b) that three priority areas for development had been identified
- (c) that further exploration of the community and care homes would be undertaken.
- (d) That a proposal would be developed and circulated in due course.

4. IMPROVING THE HEALTH OF CHILDREN AND YOUNG PEOPLE: FOCUS ON DENTAL AND ORAL HEALTH

4.1 A proposal paper had been tabled for information and to aid discussion. Madelaine spoke briefly to it.

4.2 She informed the group that the importance of good dental health for children cannot be over-estimated. Children's development – social, speech, education and health - can all be impeded if they are in pain. She gave an example quoted at a previous meeting by Moira Haston, of a child who had a number of mouth abscesses which were having a significant negative impact on the child. His speech and language was not developing properly, he was unable to eat properly and thus was not thriving, and his education was affected since he was in considerable pain and unable to concentrate.

- 4.3 Madelaine informed the group that she understood there was not a lot of enthusiasm in the community for this priority, compared to others. However, Scott was less negative and suggested that while the forums may not have ranked this amongst their top three priorities it was identified as linking with other priorities such as positive parenting. Jennifer, however, reported that she had handed in over 40 consultation forms in which this priority had been ranked as amongst the most important.
- 4.4 This issue, however, sparked wider discussion on why it may not have been as enthusiastically received as the HIG would have expected. Pamela Spiers suggested that one reason may be the focus on health and since the general public may not be aware of the developmental aspects of dental health, then this may need to be reflected in the priority's name. She suggested an alternative of "Maximising the development and health of children and young people with a first year focus on Dental and Oral Health."
- 4.5 Anne-Marie Comber suggested that there are a number of negative perceptions in the community, eg that there was no access to NHS dental services and that cost of dental treatment was now prohibitive. There is a lack of knowledge and understanding about the rights of children to free treatment. She offered to undertake some patient involvement work to further explore this aspect of possible barriers. Anne-Marie will discuss this with her line Manager.

*** Action: Anne-Marie Comber**

- 4.6 Madelaine informed the group that in some work carried out by the South Edinburgh Partnership on behalf of the Community Health Partnership, some information had been gleaned on the numbers of people who are registered with a dentist. She indicated that she was surprised at the proportions of admittedly older people who were not registered with a dentist and who had not attended a dentist in many years.
- 4.7 It was noted that considerable work is undertaken in schools and nurseries to encourage tooth-brushing but that this is not always enthusiastically supported by school staff. Some see it as outwith their remit while others feel it is very time consuming. However, Jane indicated that she would like to see a question in the enrolment process which asked about registration with a dentist. Jennifer informed the group that the 2 year check carried out by health visitors had included this question and parents were encouraged to register with a dentist. However, this 2 year check is not longer carried out for the general population.
- 4.8 Madelaine informed the HIG that there was considerable evidence for the need for this project. She reported that recent statistics suggested that Liberton/Gilmerton probably had the worst dental health (at primary 1 intake stage) in the city. Jennifer informed the group that one local school recently had the worst record in Scotland. The group agreed that this situation had to be addressed and challenged.

4.9 The concept of the proposal is that work would begin with ante-natal mothers who would be encouraged to look after their own general and oral health and this support would progress throughout infancy and toddler stage. It would take in aspects of tooth-brushing, food and nutrition of mother and child, weaning, education, registration with a dentist etc. Within the proposal document, there was a suggestion that there should be a seven year timescale for the project. However, many of the group members were concerned that agencies could not commit to such a long timescale. It was thus agreed that the timescale would simply say "timescale to be identified"

4.10 The group was very supportive of the proposal. Madelaine informed the group that although a small working group had been identified, it was important that other members of the HIG group should be involved to bring a wider perspective.

4.11 The group presently would consist of

Mr Martin Foster	Asst Director Community Dental Health
Ms Moira Haston	Dental Health Promoter
Ms Jennifer Fairgrieve	Community Development Facilitator
Ms Jane Ramage	Early Years Manager, Edinburgh South Neighbourhood.

Supported by Madelaine Traynor, South Edinburgh Partnership

4.12 Anne-Marie Comber agreed to speak to her line manager with a view to becoming involved in the group.

4.13 Chris Hampton offered to become a member

4.14 Madelaine was asked to invite Tracy McGillivray of SELHP and Hugo Whittaker of SEHLI to join the group to give support on food and nutrition, weaning etc.

*** Action: Madelaine**

4.15 In closing the discussion on this priority Scott informed the group that he would report

- (a) That a proposal paper had been developed
- (b) That a working group had been identified and which would be convened in the near future.
- (c) That the proposal was evidence based and responded to clear need.

5. RELATIONSHIP TO OTHER PRIORITIES

- 5.1 Scott informed the Health Inequalities Group that all seven of the priorities link together. He suggested that there is a lack of knowledge and understanding in the wider community, and sometimes amongst service providers, of the services which are available. In this respect Scott was very encouraged that the consultation process currently underway was actually strengthening the partnership processes and encouraging community involvement. He then went on to provide basic information on each of the other priorities.
- 5.2 **Improving Employment Opportunities** Scott informed the group that this was also relevant to health and well-being. The Education, Training and Employment Group had agreed that it would look further at how it could work to mutual benefit with the City Strategy.
- 5.3 **Access to information and Services** Scott reported that this priority was being led by the ETE group and it was already a principle aspect of the Liberton/Gilmerton Community Learning and Development Plan. The co-ordinating group is led by Wilma Nelson. This priority clearly had high relevance for health and well-being and thus for the Health Inequalities Group. An application for funding to the Investing in Ideas Fund of the Big Lottery had been submitted with a view to exploring the viability and feasibility of the proposed project.
- 5.4 **Protecting Investment in Green Spaces** Scott indicated that there were 2 principal aspects to this work; (i) the Burdiehouse Burn Valley Park and (ii) the wider environmental issues for the community. In regard to the Burdiehouse Burn there was a Burdiehouse Burn Valley Park Steering Group which meets regularly to take this work forward. In regard to the wider environmental issues, Scott informed the group that it was possible that the Better and Safer Communities Group would be reconvened to oversee this work.
- 5.5 **Young People and Alcohol.** Scott reported that the Youth Issues Group had been working on this for some time. He welcomed the new perspective and approach of working with people to ***Prevent alcohol behaviour in young people becoming health or social problems for them and society now and in later years.*** Scott emphasised that the wording of the priority needed to include both the present and long term aspects of alcohol related behaviour. The project proposal at present includes the creation of a dedicated project. A working group has already been established and includes John Nicholls of Health Opportunities Team, HYPE and Rathbone. (This is a new service provider in the area.) Scott reported that the group is almost ready to submit a bid for funding.
- 5.6 Scott informed the group that he would now be able to complete the composite report.
- 5.7 Scott thanked everyone for their attendance and participation in the meeting.

6. DATE AND VENUE OF NEXT MEETING

- 6.1 Tuesday 25th November 2008 at 9.30 am in the Partnership Support Team Offices, 13 Newtoft Street, Edinburgh, EH17 8RG.