



**HEALTH INEQUALITIES GROUP  
MINUTES OF MEETING OF TUESDAY 24<sup>TH</sup> FEBRUARY 2009  
IN 13 NEWTOFT STREET, EDINBURGH, EH17 8RG**

**PRESENT**

|                   |                                       |
|-------------------|---------------------------------------|
| Susan Hunter      | CEC C & F (Intensive Family Support.) |
| Agnes Renton      | CEC Services for Communities          |
| Karen Shields     | CHILDREN 1 <sup>ST</sup>              |
| Ian Brooke        | S.E. Voluntary Sector Support Project |
| Hugo Whittaker    | S.E. Healthy Living Initiative        |
| Hazel Rendall     | VOCAL (Addictions)                    |
| Chris Macefield   | Bridgend Community Allotment Project  |
| Bob Anderson      | Community Health Partnership          |
| Lesley Baxter     | C.H.P Patient Involvement Officer     |
| Anne-Marie Comber | C.H.P. Patient Involvement Officer    |
| Wilma Nelson      | Libertus Services (Chairperson)       |
| Madelaine Traynor | CEC Services for Communities          |

**PAPERS TABLED**

- 1 Action Note of meeting of 28<sup>th</sup> January 2009 of Parenting Sub Group
- 2 "no 64" Community Garden and Mental Health Drop-in
- 3 Stop Smoking Service – Quarterly Report from Marion Woodward
- 4 (i) Health in Mind Information Briefing Note  
(ii) Abstract from South Edinburgh Echo about Altogether Better Programme.

**1 APOLOGIES**

|                     |                                      |
|---------------------|--------------------------------------|
| Jennifer Fairgrieve | S.E. Local Health Partnership        |
| Gail Bain           | S.E. Local Health Partnership        |
| Marion Woodward     | S.E. Local Health Partnership        |
| Katrina Balmer      | S.E. Local health Partnership        |
| Scott Donkin        | C.E.C. Services for Communities      |
| Jane Ramage         | C.E.C. Children and Families         |
| Anne Jepson         | Bridgend Community Allotment Project |
| Chris Hampton       | S.E.P Community Director.            |

**2. MINUTES OF MEETING OF TUESDAY 25<sup>TH</sup> NOVEMBER 2008**

- 2.1 These were agreed as an accurate record of the meeting

### 3. MATTERS ARISING

#### 3.1 Community Health Surveys

- 3.1.1 Madelaine informed the group that in early summer 2008 two community questionnaires had been issued mainly in the South Edinburgh or Liberton/Gilmerton area of the city. The two aspects being explored were (1) people's understanding of, and their experience of access to a health professional within 48 hours and (2) the experience of patients upon their discharge from hospital.
- 3.2.1 Anne-Marie Comber informed the group that the questionnaire returns had been collated and a simple analysis undertaken. These had shown that there were concerns which perhaps needed a fuller and more structured piece of research undertaken.
- 3.3.1 At present reports had been prepared for the Community Health Partnership but had not yet been fully discussed. Anne-Marie and Madelaine will attend the next meeting of the CHP sub Committee to provide them with information on the questionnaires and the findings. It was emphasised that the questionnaires had been devised following concerns expressed about problems experienced by local people.
- 3.4.1 Madelaine informed the group that around 1000 questionnaires had been issued through the existing South Edinburgh Partnership networks. Most of the returns had been postal returns but some had been through boxes prepared where people could place completed returns et in libraries and the local office etc. The volume of returns had been quite exceptional with 250 for the 48 hour access (GP) survey and 149 for the discharge from hospital experience survey.
- 3.5.1 Madelaine reported that there were recognised weaknesses in the surveys. For example the respondents were predominantly older people, predominantly women and overwhelmingly white. Only 2 or 3 people had identified themselves as being from an ethnic background. Anne-Marie added to this by reminded the group that for some groups a written questionnaire would not have been appropriate and that this is one of the issues which needs further exploration.
- 3.6.1 Anne-Marie explained the concept of 48 hour access to the group as follows:-
- (a) Patients are entitled to have contact with a health professional ie doctor, nurse or other appropriate practitioner within 48 hours of the initial call. This does not have to be face to face contact but can be a telephone conversation. One of the issues is that at present the practices only have to show they have the systems in place, not that they are operating these systems satisfactorily.
  - (b) Further, many practices now restrict the time at which you can phone to make an appointment, and some do not make advance appointments even when a patient is requested to make a return visit by the G.P.

3.7.1 Bob Anderson acknowledged that these are concerns of which NHS Lothian is aware. He suggested that in trying to achieve the targets set, an unintended consequence is that some patients are being disadvantaged.

3.8.1 The report on the patient involvement surveys carried out by the South Edinburgh Partnership will be discussed by Madelaine, Anne-Marie and Bob in due course.

**\* Action: Madelaine/Anne-Marie/Bob Anderson.**

3.2 There were no further matters arising not already on the agenda.

#### **4. REPORTS FROM ASSOCIATED GROUPS AND PROJECTS**

##### **4.1 South Edinburgh Healthy Living Initiative**

4.1.1 Hugo Whittaker provided the group with 2 papers, ie

- (i) Health in Mind Information Briefing Note
- (ii) Abstract from South Edinburgh Echo about Altogether Better Programme.

4.2.1 Hugo was delighted to report that substantial funding had had been secured for a project principally focussed on the family. This was warmly welcomed by the group.

4.3.1 "Altogether Better" will be a major element in addressing the Community Priority of Provide Support to Parents and Children at all ages and stages." It was noted that Hugo is an active member of the Parenting Sub Group.

4.4.1 "Altogether Better" has been awarded £350,000 from the Big Lottery and the funding is very focussed on the parents and their children under 18 years of age,

4.5.1 "Altogether Better" will provide <sup>1</sup>

- (a) Activities for parents and children to do together
- (b) Group activities, parenting programmes and complementary therapies for parents and carers.
- (c) Support for families to contribute to neighbourhood and community events
- (d) Support for participants who lack confidence to take part in the project through befriending, mentoring and peer support and an introductory taster programme
- (e) Volunteering – there will be lots of different ways in which local residents and others can volunteer to deliver services and help develop the project.

4.6.1 In addition to the briefing note and the South Edinburgh Echo abstract , Hugo highlighted the following information:-

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<sup>1</sup> Detail abstracted and adapted from the article in the South Edinburgh Echo

- There are around a dozen Volunteer "Walk Leaders"
- The cycling project relies on Volunteers
- Create is new project working with lone parents of both genders.

**4.7.1 Funding Issues** Hugo informed the group that match funding has still to be secured for the grant. Further funding needs to be identified in order to continue to provide the SEHLI services which are outwith the scope of the Altogether Better project and its funding.

**4.8.1 Partnership Working** Hugo complemented the area for its strong partnership working and for the practical assistance and advice he had received in drawing up the application.

**4.9.1 Community Health Flats** It was noted that the Fala Court Community Health Flat has now closed and the building is awaiting demolition. Some of the services have been or will be transferred to the Community Health Flat at Craigour. Ian reported that the management group of Craigour Flat will be reconvened shortly. It was noted that the Keep Well Project is no longer operating from Craigour Flat and this means that fuller use can be made of the flat. Agnes welcomed this good use of a council flat.

## **4.2 Libertus Services**

**4.1.2** Wilma informed the group that Libertus Services (formerly LAHA) had recently had a Care Commission inspection. There are 6 categories of inspection, each with a potential score of 6. Wilma reported that Libertus had received a perfect 6 in each category. The group expressed its warm congratulations to Wilma, her staff and management group.

**4.2.2** It was noted that the Liberton Gardens day services have now been transferred to Libertus. Wilma reported that the transition went very smoothly. A special service for people with dementia with high care needs can now be offered on a Friday in Libertus. This too was welcomed by the group.

## **4.3 Bridgend Community Allotments**

**4.1.3** Chris Macefield reported that the Bridgend Community Allotments have received funding from Lloyds TSB to carry out a feasibility study for the potential to turn the Farmhouse at Bridgend into a mental health drop-in facility and resource centre. Other agencies who have also expressed a wish to participate in using the farmhouse include CEC park Ranger Service, Craigmillar Castle Park and SEHLI.

**4.2.3** It was noted that there are a variety of groups and different forms of access associated with the Community Allotment Project. Eg there is a Women's Group on a Monday which includes some young mothers, and drop-in days are Tuesdays and Thursdays.

- 4.3.3 **Outreach Service** A paper giving information on the planned outreach service at no 64 Gilmerton Dykes Street had been tabled for information and discussion. It was noted that the project has now secured permission to turn the green spaces surrounding no 64 Gilmerton Dykes Street premises into a garden area. The rent for the gardens is a peppercorn rent of £1 per year for the lifetime of the lease.
- 4.4.3 There was disappointment that the hoped-for support from Dave Stewart, a Community Psychiatric Nurse, was no longer available due to changes in his workload. It was noted that Dave Stewart's caseload had doubled since November and that staff shortages in his team continue. In effect they were doing more work with fewer staff.
- 4.5.3 There was some discussion on these issues and it was noted that in the present financial climate the risks of anxiety and depression are likely to increase, thus increasing the need for more services in the area.
- 4.6.3 Ian reminded the group that there had been concerns about child protection issues when the project had first been mooted. However, these concerns had been thoroughly examined and a resolution found for them. He reminded the group that the service being provided is mainly for people with fairly low levels of mental health problems. Hazel echoed this and reminded the group that this is a clear example of a preventative or early intervention approach to mental health.
- 4.7.3 **Gracemount Walled Garden** Chris Macefield reminded the group of the good work being done in the Gracemount Walled Garden, in which cross-generational work is being undertaken in conjunction with Gracemount High School. It was noted that contact has been made with the "mansionhouse" Management Committee.
- 4.8.3 Agnes reminded the group that this is an area which will be affected by the forthcoming Gracemount Master Plan, upon which there will be community consultation.
- 4.9.3 **Discussion** Lesley was interested in this approach to mental health and informed the group that the North Public Partnership Forum was taking an interest in community mental health services. Agnes indicated that she would link in with the Bridgend Project.

#### 4.4 Drugs and Alcohol Practitioners Forum

- 4.1.4 Madelaine informed the group that the Drugs and Alcohol Forum continues to meet on a quarterly basis. Unfortunately it is now out of kilter with the Health Inequalities Group and is not due to meet until just after this meeting.
- 4.2.4 Madelaine commented that she was reluctant to print out lengthy notes of all the various sub groups of the Health Inequalities Group but if people wanted a copy they should contact her and she will make them available.

4.3.4 She reminded the group that while the Drugs and Alcohol Practitioners' Forum is the formal mechanism through which the Liberton/Gilmerton Neighbourhood Partnership is made aware of Drugs and Alcohol issues in the area (with the exception of the Young People and Alcohol Priority which is led through the Youth Issues Group) the Forum had a remit for the whole of the South East Local Health Partnership area and indeed has representation from city wide services. (of Edinburgh Drugs and Alcohol Action Team) that every area should have a Drugs and Alcohol Practitioners' Forum along the lines of the South East group. The chair of the Forum, Neil Stewart of the Castle Project will write a paper in collaboration with Madelaine for presentation to the Agency Managers Group.

**Action: Neil Stewart/Madelaine Traynor**

4.4.4 The next meeting of the Forum will take place on **Monday 9<sup>th</sup> march 2009 at 12 noon in 13 Newtoft Street, Edinburgh, EH17 8RG.**

#### **4.5 Mental Health Forum**

4.1.5 Madelaine informed the group that this is a fairly new innovation and she complemented Ian Brooke on the work he had led which had resulted in the creation of the Forum. Unlike the Drugs and Alcohol Practitioners Group this was a group which include service users. However, like the D&APF this group covers the full South East Local Health Partnership area and also has representation from city wide and city based services.

4.2.5 The Forum meets quarterly and the next meeting of the group will take place on Wednesday 8<sup>th</sup> April 2009 at 12 noon in 13 Newtoft Street, Edinburgh, EH17 8RG.

4.3.5 Ian informed the group that the Review of Mental Health Day Services is about to be published. The key person for contact about this is Ellen Hair of City of Edinburgh Council. It was noted that this has been a very thorough process with a high degree of involvement of the service users. It was noted that a review of the counselling services had been undertaken about a year ago.

4.4.5 Karen Shields of CHILDREN 1<sup>st</sup> informed the group that some of her team have raised concerns of the mental health of some of their clients (particularly women) and she would be interested in gaining knowledge about the various services which exist in the area. Jane Ramage informed the group that a Directory of Services which would include such information was being devised for Team Around the Child (which is a function of Getting it Right for Every Child).

4.5.5 Karen and Madelaine will discuss the issues further and bring the matter to the Parenting Sub Group where mental health has already been identified as a key issue.

**\* Action: Madelaine/Karen.**

#### **4.6 South East Older People's Services Group**

- 4.1.6 Madelaine introduced the discussion on this item by explaining that this is another group convened and serviced from Liberton/Gilmerton Neighbourhood Partnership but which serves the whole of the South East LHP area. This group meets quarterly and is chaired by Katrina Balmer, the Dementia Services Co-ordinator.
- 4.2.6 This group meets quarterly and the next meeting will take place on **Thursday 14<sup>th</sup> May 2009 at 2.00 pm in 13 Newtoft Street, Edinburgh, EH17 8RG.**
- 4.3.6 Wilma informed the group that the biggest concern for the Older People's Services Group at present is the change on the Day Hospital Services for older people with mental health problems. These services were previously provided by the Balfour and Jardine Day Clinics. The service is now changed to an assessment service with the intention that the day services needed will be provided in a community rather than day hospital setting.
- 4.4.6 Wilma reported that the OPSG had considerable concerns about this change eg there are insufficient spaces in the community to support higher needs clients. Wilma also queried whether it was appropriate for voluntary organisations to deal with people with these higher needs.
- 4.5.6 The OPSG had also expressed concerns about the mechanisms and protocols for linking back to the psychiatrists when the need arises.
- 4.6.6 Wilma informed the group that she understood the changes had been brought about following a systematic review within the hospital and its satellite clinics. However, no consultation had taken place with community based services.
- 4.7.6 The matter had been discussed at the Resource and Referrals group where concern had been expressed that people on the waiting list for services could fall further down the list as people with higher needs who would previously been treated in a day hospital setting, are now cared for in the community and would take priority.
- 4.8.6 Wilma indicated that the level of care which people currently get is not the optimum they require but rather the minimum they require. There are major issues still to be identified, addressed and discussed such as the resources needed and the skills and expertise of the staff of the community based service providers. Wilma reminded the group that Liberton has a good mix of people which brings mutual benefits to the clients in terms of stimulation etc. However, the nature of the service could change radically if the needs of the clients become markedly higher to the detriment of the clientele as a whole.

4.9.6 The group was informed that the NHS does not see day care as appropriate for it since the NHS is for assessment and treatment. Madelaine informed the group that the concerns were being aired in a variety of fora such as this. Dr Guy Holloway, a consultant psychiatrist, had agreed to take the concerns back to the management team at the Royal Edinburgh Hospital and it had already been raised at the Resource and Referral Group. Bob Anderson, the chair of the CHP agreed to discuss the issues with Peter Gabbitas, the head of Health and Social Care and the Chief Executive of the Community Health Partnership.

\* **Action: Bob Anderson.**

#### **4.7 Smoking Cessation Services**

4.1.7 Madelaine informed the group that Marion Woodward was unable to attend the meeting due to a heavy workload and shortage of staff. However, she had sent in her quarterly report which had been tabled for information and which again demonstrated the excellent work she and her team are undertaking.

### **5. NEIGHBOURHOOD PARTNERSHIP - COMMUNITY PLAN**

5.1 A paper outlining the progress on each of the three priorities for which the Health Inequalities Group has oversight and developmental responsibilities had been circulated for information.

5.2 The three priorities are:-

- Support for Parents and Children at all ages and stages
- Enhancing and co-ordinating Services for Older People
- Oral Health of Young Children.

#### **5.3 Support for Parents and Children at all ages and stages**

5.1.3 An action note of the Parenting Sub Group meeting was tabled for further information. The primary function of this priority is to take an early identification/early response/early intervention approach in order to prevent situations escalating and to prevent the necessity of child protection measures being put in place.

5.2.3 In addition to the information provided in the Action Note, the following information was highlighted.

- (a) **Enhancement of Information Services** The sub group is hoping to build on the Council's Children's Services directory, to use this as a core and to tailor it to meet local needs. Funding for this may be available. It is also exploring the potential of creating parents information points.
- (b) **Key Officers** The key officer in NHS Lothian in regard to parenting is Michelle McCoy and in the Council is Lynne Porteous, of CEC Children and Families.

- (c) **Action Plan** Liz and Pat are currently developing an action plan to implement the Edinburgh Parenting Framework. NB it was noted that Liberton/Gilmerton is the development site for the Parenting Framework.

5.3.3 Anne-Marie informed the group of work undertaken in South Central Local Health Partnership area and agreed to send Madelaine a copy of the report in order to assist the group.

**Action: Anne-Marie**

5.4.3 Madelaine and Jane Ramage, who is leading the Parenting Sub group will keep the Health Inequalities group informed of developments.

#### **5.4 Enhancing and Co-ordinating Services for Older People**

5.1.4 Madelaine informed the group that the working group for this priority is now meeting on a regular basis and had met recently. She informed the group that the Action Plan for this priority is a complex since there are three aspects to the work to be undertaken, ie

- (a) Independent Living
- (b) Mental Health of Older People
- (c) Prevention of delayed discharge and the continuity of services upon discharge.

5.2.4 These three aspects together will address the overall outcome - the wording of which has still to be refined.

5.3.4 Benefits/Welfare Rights Pilot Project Ian Brooke informed the group that a pilot project was being developed, which would run in April to provide Benefits and Welfare Rights information in informal settings. The aim of the pilot was income maximisation for both service users and where appropriate their carers.

5.4.4 The agencies taking part in the pilot project include Community Help and Advice Initiative, South Edinburgh, Voluntary Sector Support Project, the Benefits Agency, Libertus, CEC Advice Service amongst others.

Comment [W1]: VOCAL is one of the main organisations in this initiative and should be included.

5.5.4 The intention of this pilot was to provide benefits checks and information in informal settings. 3 such settings have been identified.

5.6.4 The group warmly welcomed this approach and reports will be brought to the next meeting of the group.

5.7.4 Discussion Bob suggested that Telehealth or telecare could be a useful tool in the Independent Living section. Lesley agreed to provide information on this.

**\* Action: Lesley Baxter.**

5.8.4 Anne-Marie drew the attention of the group to the long-term conditions strategy and to the Falls Crisis Team which is being piloted from Captain's Road. This work is being led by Angela Lindsay, Dr Carl Bickler, and Sylvia Latona.

5.9.4 The group welcomed the work being done on this priority.

## 5.5 Oral Health of Young Children

5.1.5 Madelaine informed the group that the working group for this priority has been formed and has met recently.

5.2.5 Madelaine reported that she had received the AMR statistics for the area. (AMR stands for teeth with **A**ctive Decay, **M**issing, or **R**estored teeth.) The target in relation to oral health was that 60% of children in primary 1 would be free of evidence of dental caries at the inspection. However, in Liberton/Gilmerton only 1 school of the 7 primaries had achieved that target, and even then this target hid serious oral health problems. For example, using the same school as an example, Madelaine reported that 1 child had a score of 12 AMR; in other words that 12 of its 20 teeth had evidence of decay, were already missing or had already been restored.

Of the 18 children in that school with AMR (bearing in mind that children have 20 milk teeth)

|              |                                |
|--------------|--------------------------------|
| 1 had 12 AMR | ie 60% of their teeth affected |
| 4 had 8 AMR  | ie 40% of their teeth affected |
| 2 had 6 AMR  | ie 30% of their teeth affected |
| 3 had 4 AMR  | ie 20% of their teeth affected |
| 3 had 3 AMR  | ie 15% of their teeth affected |
| 2 had 2 AMR  | ie 10% of their teeth affected |
| 3 had 1 AMR  | ie 5% of their teeth affected  |

This shows that 15 out of the 18 children (83.3%) with AMR had more than 1 tooth affected and thus had significant high levels of oral health problems.

5.3.5 This provided clear evidence of the need for the intervention currently being developed.

5.4.5 Discussion Anne-Marie informed the group that perceptions about access to an NHS dentist for children need to be challenged. Many parents appear to believe that there are no NHS dentists in the area and are unaware of the right of children to free dental care via the NHS. Anne-Marie also reported that she has been given permission to work with the group on this aspect of the priority. This was welcomed by the group.

5.5.5 Lesley was keen to get an understanding of the reasons for the stark differences between those children who had no oral health problems and the appalling experience of some other children. She, Madelaine and Anne-Marie will discuss in due course.

5.6.5 EPODE Madelaine reminded the group that it is possible that the Liberton/Gilmerton Neighbourhood Partnership area will be development site for the EPODE programme to reduce and prevent obesity in children. This is a European Approach which appears to be having considerable success. Graham MacKenzie is the Public Health Consultant involved in this work.

5.7.5 It was acknowledged that there appears to be a correlation – although it was emphasised not necessarily a cause and effect relationship – between poor diet and the consumption of fizzy drinks and poor oral health/obesity.

5.8.5 The group agreed to receive further reports in due course.

## 6. NAPIER UNIVERSITY HEALTH RELATED COURSES

6.1 George Wilson of Napier University was unable to attend the meeting. In his absence it was agreed to postpone this item to the next meeting.

## 7. INFORMATION EXCHANGE

7.1 **CHILDREN 1<sup>ST</sup>** Karen Shields reported that CHILDREN 1<sup>ST</sup> had received funding through Inspiring Scotland to work with children from 0 – 19. Some of this funding had been allocated to South Edinburgh. There was potential for 2 new members of staff and for admin support. Karen will keep the group updated on progress.

7.2 **Working Together** Karen reported that Working Together is now changing its name and remit to Early Intervention. This team works out of Baird House as does CHILDREN 1<sup>ST</sup>.

7.3 **Ian Brooke - Secondment** Ian informed the group that he will be leaving the area for about a year to go on a secondment to the Office of the Scottish Charities Commissioner in Dundee. A new member of staff will be recruited to take his place.

7.4 Ian's "leaving do" will take place on Friday 13<sup>th</sup> March at 2.30 pm in Libertus Services. Members of the group were invited to attend for wine and nibbles.

## 8. A.O.C.B.

8.1 No further business was discussed.

## 9. DATE AND VENUE OF FUTURE MEETINGS

9.1 The group agreed the meetings of the Health Inequalities Group as follows:-

9.1.1 Tuesday 26<sup>th</sup> May 2009 at 9.30 am in 13 Newtoft Street offices.

9.2.1 Tuesday 25<sup>th</sup> August 2009 at 9.30 am in 13 Newtoft Street offices.

9.3.1 Tuesday 24<sup>th</sup> November 2009 at 9.30 am in 13 Newtoft Street offices.