

# UNDERSTANDING THE GAP

## HOW RESEARCH CAN HELP US ADDRESS HEALTH INEQUALITIES IN SCOTLAND

### STIRLING, 1 JUNE 2016

#### KEY MESSAGES

### Introduction

On 1<sup>st</sup> June 2016, in partnership with The Open University, VHS held a one day conference to explore what the latest research tells us about health inequalities, including the causes, the lived reality and some potential solutions.

The focus was on exchanging knowledge and building understanding about the role research plays in closing the health inequalities gap. It provided a platform to discuss new and on-going research that universities, the third sector and the NHS are involved in.

The event was chaired by Martyn Evans, CEO of the Carnegie UK Trust, who opened the day with a number of key points. Principally:

- Inequality is both a social and economic issue
- The future of research is collaboration
- Academics and the third sector can work together to influence policy and practice – read Carnegie UK Trust's [InterAction](#) publication to learn more about how to collaborate.

### DR GERRY MOONEY, SENIOR LECTURER, THE OPEN UNIVERSITY

#### **Austerity, Poverty and Social Inequalities: Contextualising Health Inequalities in Scotland – key messages:**

1. It's important to establish the impact of austerity - the social harms e.g. suicide, infant mortality, poverty/child poverty, financial insecurity, social isolation.
2. Inequalities aren't accidental, rather, they're the result of deliberate policies – austerity is a strategy of inequality. UK welfare reforms are unevenly impacting on the poorest.
3. The role of the state has changed – what's happening is a transfer of responsibility from government(s), to the individual, with government intervention focusing on re-socialising the 'underclass'.
4. Gerry is co-editor of [Poverty in Scotland 2016](#), which explores:
  - How poverty is defined and measured
  - What causes poverty in Scotland and the trends in levels of poverty experienced
  - The impact of poverty on individuals, families and communities across Scotland
  - The extent to which key 'tools' – such as work, social security, housing, health and education – have and could transform Scotland towards a poverty-free country.
5. View Dr Gerry Mooney's presentation [here](#).

PROFESSOR GRAHAM WATT, PROFESSOR OF GENERAL PRACTICE,  
UNIVERSITY OF GLASGOW AND CO-ORDINATOR OF GPs AT THE DEEP  
END;

PROFESSOR STEWART MERCER, PROFESSOR OF PRIMARY CARE  
RESEARCH, UNIVERSITY OF GLASGOW AND DIRECTOR OF THE  
SCOTTISH SCHOOL OF PRIMARY CARE

**Research Matters: What can NHS Scotland do to Prevent and Reduce Health  
Inequalities – key messages:**

1. There is a denial of the inverse care law in Scotland – this needs to be addressed. It is resulting in the NHS itself being a social determinant of health inequalities.
2. There is a need to create strong, local health systems with community and third sector services integrated into these systems.
3. There is a need for greater investment in GP/primary care – only this will allow community-based health to perform its gatekeeper role effectively, mitigating against health inequalities and ultimately preventing them. [GPs at the Deep End](#) have shown the success of an integrated approach to primary care in Scotland's most deprived communities.
4. Multi-morbidity is very common in Scotland – those living in the most deprived areas develop multi-morbidity on average 10 years earlier than those living in the most affluent areas. Despite this, the NHS is largely designed to support people with single conditions.
5. [The CARE Plus](#) intervention looked at how to better support those with multi-morbidity. It found that continuity of care and particularly longer appointment times, resulted in a higher level of patient satisfaction, and importantly, improved health. The control group against which the research was compared, reported a decline in health, demonstrating that the Care Plus interventions were cost-effective.
6. There has been very little research into GP/primary care in deprived areas – it is hard to get funding for this type of research. Perhaps single-condition charities that invest in research could work collaboratively on research that addresses the prevention of multi-morbidity.
7. View Professor Graham Watt's presentation [here](#).
8. View Professor Stewart Mercer's presentation [here](#).

**Questions and Discussion - key messages:**

1. 'Big pharma' research distorts the research landscape – often what's delivered is based on what there is funding for, rather than what there is a need for.
2. Good research needs a marriage of third sector, academia and frontline staff.

**PARALLEL SESSION 1 – JULIE BRESLIN, PROGRAMME MANAGER,  
ADDACTION;  
PROFESSOR LAWRIE ELLIOT, GLASGOW CALEDONIAN UNIVERSITY**

**Drink Wise Age Well – key messages:**

1. Drink wise, Age well is a partnership funded by Big Lottery Fund to rethink good health. It is a £25 million UK-wide, 7 year programme combining practice, research and evaluation, and policy influencing. Glasgow is the project area in Scotland.
2. In the UK at least 20% of our over 50s population are drinking at hazardous/harmful levels – that's 4.5 million people!
3. Through prevention & campaigning, increasing resilience and direct engagement and support, the project aims to tackle awareness, attitudes, stigma, behaviour change, social inclusion, coping strategies, participation and relationships to reduce harmful drinking, promote health and well-being and self-recovery.
4. View Julie Breslin and Professor Lawrie Elliot's presentation [here](#).

**PARALLEL SESSION 2 – DR TONY ROBERTSON, LECTURER IN PUBLIC  
HEALTH, UNIVERSITY OF STIRLING**

**The Biology of Inequality: understanding the biological pathways linking social and economic circumstances and health – key messages:**

1. Socioeconomic inequalities in health occur within and between countries and across the physical and mental health spectrum, whereby those with lower socioeconomic positions (lower incomes, poorer housing, lower education etc.) have worse health than their more affluent counterparts.
2. We still know very little about the biological mechanisms that might help explain the pathways between these social and economic triggers and health throughout the life course.
3. The research purpose is to help us design better interventions and policies to help reduce health inequalities before the effects are irreversible.
4. View Dr Tony Robertson's presentation [here](#).

**PARALLEL SESSION 3 – CATHERINE SOMERVILLE, CAMPAIGN, POLICY  
AND RESEARCH MANAGEER, STONEWALL SCOTLAND**

**Unhealthy Attitudes: the treatment of LGBT people within health and social care services – key messages:**

1. LGBT people experience significant health inequalities and face many barriers to accessing services.
2. LGBT people are 4 x more likely to describe their GP experience as poor or very poor. ¼ said their experience of mental health services was poor or very poor. They experience significant discrimination from staff and patients and too often this is just brushed off as banter.

3. Stonewall Scotland has presented its research to NHS Scotland CEO Paul Gray and will use it to engage with health boards in ensuring LGBT people receive fair and quality care. Key is ensuring staff are trained on the health needs of LGBT people and take it seriously. Leaders need to challenge bad practice when they see it and encourage all staff to do more in ensuring LGBT people receive quality, compassionate care.
4. View Catherine Somerville's presentation [here](#).

## PARALLEL SESSION 4 – HANNA MCCULLOCH, POLICY & PARLIAMENTARY OFFICER FOR CHILD POVERTY ACTION GROUP (CPAG) IN SCOTLAND

### The key factors driving up demand for food banks and the role that health organisations can play in averting income crisis – key messages:

1. The use of emergency food aid in the UK, particularly in the form of food banks, has dramatically increased over the last decade.
2. Research was jointly conducted by Oxfam, Child Poverty Action Group (CPAG), the Church of England and The Trussell Trust to examine why people are turning to food banks, how food bank use fits with their wider coping strategies, and what might be done to reduce the need that leads to food bank use.
3. Interviews with clients at seven food banks across the UK revealed that the acute crisis that leads people to turn to food banks is often set against a background of complex, difficult lives. Experiences included ill health, bereavement, relationship breakdown, heavy caring responsibilities or job loss, as well as constantly low income.
4. The report shows that action is needed to ensure that the safety net provided by the social security system is vital. It can help prevent life shocks becoming crises, and offer vital protection for vulnerable people.
5. This report points to practical, measured changes in policy and practice that will help to reduce the need for food banks, and ensure vital support for people in times of crisis.
6. View Hannah McCulloch's presentation [here](#).

## PARALLEL SESSION 5 – AMANDA LARKIN, TRAINEE CLINICAL PSYCHOLOGIST, NHS DUMFRIES & GALLOWAY

### Living at the sharp end: the experience of living with schizophrenia – key messages:

1. 87% of people with lived experience of schizophrenia or psychosis experience stigma and discrimination. Misunderstanding and misinformation about serious mental illness are common: "When the press write about cancer they write with admiration or sympathy - when they write about schizophrenia, we're always chopping someone up with an axe."
2. People's poor mental health impacted significantly on their physical health but they reported that their health needs were not considered holistically by health professionals.
3. Good, non-judgemental relationships with family, friends and professionals were highly valued but professionals were seen as lacking the time for this.
4. The needs of people's carers and other family members are largely invisible and ignored, despite the big toll on their own physical and mental health.
5. The Scottish Schizophrenia Survey and resultant report were a collaboration between Support in Mind Scotland and the University of Edinburgh: "Working with the third sector and service users made things come alive" for the researcher and has impacted on her clinical practice as a psychologist.

6. Trainee psychologists are expected (and funded) to carry out a piece of research, so there are opportunities for partnering with third sector organisations needing research done.
7. View Amanda Larkin's presentation [here](#).

**PARALLEL SESSION 6 – DR NEIL HAMLET, CONSULTANT IN PUBLIC HEALTH MEDICINE, NHS FIFE;  
EMILY TWEED, SPECIALITY REGISTRAR IN PUBLIC HEALTH MEDICINE,  
NHS GREATER GLASGOW AND CLYDE**

**Restoring the Public Health Response to Homelessness in Scotland – key messages:**

1. Housing is the bedrock on which we build our lives and reach our potential for health and wellbeing.
2. Attendees were encouraged to watch *Cathy Come Home* and *I, Daniel Blake* – Neil noted them as films that effectively highlight the challenges of homelessness.
3. We are all just 2 pay cheques away from homelessness.
4. Attendees were encouraged to read the [Commission on Housing and Wellbeing's final report: A Blueprint for Scotland's Future](#), which was led by Shelter Scotland, as well as the Scottish Public Health Network's (ScotPHN) paper, [Restoring the Public Health Response to Homelessness in Scotland](#) – the focus of this session.
5. The ScotPHN report sees public health as a catalyst for new approaches and practices.
6. Multiple exclusion homelessness is the visible, deeply damaged and vulnerable tip of the homelessness iceberg, often rooting from things like childhood trauma, relationship breakdown, mental distress, addiction and involvement in the criminal justice system.
7. [Data linkage is a helpful tool in understanding the social determinants of health](#). It's about bringing a person's data together, both within and between services.
8. View Dr Neil Hamlet's presentation [here](#).
9. View Emily Tweed's presentation [here](#).

**RESEARCH COLLABORATION WITH:**

- Lisa Curtice, Honorary Senior Research Fellow, Centre for Health Policy, University of Strathclyde;
- Duncan Easton, Claire Frew and Douglas McLaughlin, Glasgow Homelessness Network;
- Jaan Abdulkadir, Mental Health Foundation

**National peer research programme on the right to health for marginalised groups – key messages:**

1. The contribution of peer researchers has proved invaluable in providing unique insight from those with lived experience.
2. Those in marginalised groups are often unaware of their right to health and don't realise what services and care they're entitled to. Even if told they have human rights, people often don't know how to exercise them.
3. Preconceptions are made about the needs of people based on stereotyping, rather than asking what they want e.g. assumptions that all homeless people have an alcohol problem.

4. The effect on mental health of the asylum process is often not taken into consideration.

## Recommendations

1. Challenge stigma and negative stereotyping of marginalised groups.
2. Promote knowledge of rights and how to claim them.
3. Improve complaint mechanisms.
4. Bring research and policy alive by increasingly engaging those with lived experience.
5. Train primary care staff in the asylum process in order to improve their understanding.
6. Build anti-discrimination into person-centred practice.

## PLENARY PANEL SESSION WITH:

Martyn Evans, Carnegie UK Trust; Dr Cassy Rutherford, The Robertson Trust; Allyson McCollam, NHS Borders; Dr Joyce Cavaye, The Open University; Julie Breslin, Drink Wise Age Well and Claire Stevens, VHS

### Key Messages:

1. It's important to do research that is useful – increased collaboration is key to that.
2. Collaborative research can bridge that gap between lived experience, academia and practice.
3. We should all be more inclusive of people with lived experience e.g. through peer researchers. They are the assets that brings research alive.
4. There's a need for less theoretical research and more which trials practical measures – more 'what if' research.
5. Academics are very open to the third sector coming forward with research proposals.
6. Third sector organisations should consider incorporating a research strand into their funding requests.

### What can you do next?

- [View all presentations from the event](#)
- [View the Twitter storify](#)
- [View Katie's blog](#)

For further information, contact Claire Stevens, Chief Officer: [claire.stevens@vhscotland.org.uk](mailto:claire.stevens@vhscotland.org.uk).

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