Item No: 6

Meeting Date: **Wednesday 11th April 2018**

Glasgow City
Integration Joint Board
Public Engagement Committee

Report By: **Fiona Moss, Head of Health Improvement and Equalities**

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GLASGOW HEALTH AND INEQUALITY COMMISSION 2017

Purpose of Report:	To present the findings of the Commission undertaken by Glasgow City Council and consider the implications of the recommendations for health and social care.

Background/Engagement:	The Commission first met in October 2016. It brought together city Councillors, public health experts, representatives from community groups and citizens with lived experience of poverty and poor health. The process used by the commission involved visiting a series of initiatives in the city and speaking to the people using and providing those services. The commission also collected testimonials. A series of 2-3 minute films have been produced including testimonials and examples of what is working well in the city.

Recommendations:	The IJB Public Engagement Committee is asked to: a) consider the report of the Health and Inequalities Commission report as attached and endorse the recommendations; b) consider how the HSCP can support and contribute to the implementation of the Commission's recommendations; and c) support the Commission's recommendations being further progressed through the development of the Community Plan Action Plan and locality planning during by March 2018.

Relevance to Integration Joint Board Strategic Plan:

The report is relevant across all strategic themes, particularly to mental health, health improvement and equalities components of the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	All
Personnel:	The findings have the potential to impact of staff practice.
Carers:	The recommendations have implications for carers and carer's services.
Provider Organisations:	Potential to impact of staff and volunteer practices in provider organisations.
Equalities:	The commission was engaged with equalities groups throughout and the recommendations reflect the issues raised.
Financial:	Not at this stage.
Legal:	None
Economic Impact:	None
Sustainability:	To be determined.
Sustainable Procurement and Article 19:	N/A
Risk Implications:	The risk of not addressing the findings of the commission is poorer quality of life for residents and the associated increase in need for health and social care provision.
Implications for Glasgow City Council:	As determined by GCC in consideration of the report.
Implications for NHS Greater Glasgow & Clyde:	Respond to the findings as a community planning partner.

1. Background to the Health and Inequality Commission

1.1 At the State of the City Conference in November 2015, the Leader of the Council announced that he was establishing a Health and Inequality Commission to "foster a cross body approach which tackles our city's poor health and creates a healthy workforce".

1.2 The Health and Inequality Commission was subsequently set up in October 2016. It brought together city Councillors, public health experts, representatives from community groups and citizens with lived experience of poverty and poor health. The attached report sets out the Commissions approach, findings and key recommendations.

1.3 Commission members heard that the difference in life expectancy for women in the city between least and most deprived is just over 8 years (75 years compared to 83 years). The difference for men in the city is just over 11 years (68 years compared to 79+ years). Compared to previous figures (2003/2007) the differences are roughly the same from women and two years less for men.

1.4 Healthy Life expectancy is equally low, which means that the burden of illness starts early and extends further for our population. Data showed that social rather than clinically driven causes of death (violence, drugs, alcohol, accidents and suicide) continue to account for the majority of the 'health inequalities gap' in mortality in Scotland. In consideration of this members identified mental health inequalities as a significant issue for consideration and determined to focus on tackling loneliness and isolation as critical to improving mental health.

2. The Commission Process

2.1 Policy Commissions are often used in Councils to provide in depth analysis and recommend solutions to a particular policy challenge. They frequently follow a Select Committee model, issuing calls for evidence and hearing from and questioning expert witnesses.

2.2 Glasgow HSCP was asked to participate and support the commission process. Organisational and policy support was provided by a mix of Council and HSCP staff, along with advisers from NHS Health Scotland and the Glasgow Centre for Population Health.

2.3 GHSCP Organisational Development staff were invited by commission members, at the outset, to assist them to consider the best process for them. An 'Appreciative Inquiry' approach was subsequently adopted, in recognition of its well-being and mental health ethos.

2.4 Appreciative enquiry is an asset based inquiry, involving a cross-section of people so all voices can be heard and everyone's contribution valued. It offers a framework for conversation that builds on the 'best and most valued' using a model of enquiry known as the 4D cycle;

- Discover – the best of what is
- Dream – what could be
- Design – what should be
- Destiny – what will be

2.5 The approach led to four types of evidence gathering. Members

- considered examples of what works elsewhere, both in the UK and worldwide with regard to improving mental health;
- visited community projects to learn how they support the local community; and
- Gathered testimonials from people with experience of mental health problems, services having an impact and professionals who support this area.
- heard verbal testimony and reviewed literature sources to understand the impact poor mental health and loneliness and isolation have on health;

2.6 A media organisation was commissioned and worked with projects and individuals to create short films. Three positive practice and testimonial films were produced, along with a professional context film. The media organisation worked with people to capture their testimonial journey. People created their story which was used as a voiceover for the film and the individuals helped to film visuals that translated their experiences into film.

2.7 Commission members and those involved in creating the films came together in May 2017 to share a final screening of all the films and consider the emerging recommendations. This led to further development of the initial recommendations into those presented in the final report.

3. Commission Findings and Recommendations

3.1 The commission gained a number of insights from the four enquiry areas. The key messages from all the learning were

- There is no health without good mental health, ensuring strong social connections is an essential part of promoting and maintaining good mental health
- Prevention is better than cure
- That **good participation is infectious**, but certain conditions are needed to help this happen. An improved community infrastructure or 'ecosystem' would support communities to thrive.
- Community led groups and organisations are critical. People who are active in their communities tend to need public services less. Third sector organisations can also be vital to support people to access public services.
- Primary care (GPs) have an important role to play and were often the first place people sighted that they went when experiencing distress

- Employers in Glasgow have a fundamental role to play in supporting their employees to maintain good mental health and well-being
- As a city we must **value more people who bring others together**, from small community activities, third sector organisations, through to those in public services that connect people.

3.2 The commission made a series of recommendations, most with specific actions and others requiring more development.

- Tackle discrimination and exclusion for people in the city
- Prioritise activity to raise awareness of and tackle the stigma associated with mental ill health
- Improve opportunities for people locally to connect, contribute and make friendships
- Protect and generate new investment to strengthen social cohesion in the city
- Ensure easier access to information on what's going on and available supports
- Ensure equity of access to health and other services
- Ensure disabled people and those with mobility, mental health and sensory barriers are able to get about and use the resources of the city
- Ensure effective support in work and when seeking work

4. Recommendations

4.1 The IJB Public Engagement Committee is asked to:

a) consider the report of the Health and Inequalities Commission report as attached and endorse the recommendations;
b) consider how the HSCP can support and contribute to the implementation of the Commission's recommendations; and
c) support the Commission's recommendations being further progressed through the development of the Community Plan Action Plan and locality planning during by March 2018.

GLASGOW HEALTH AND INEQUALITY COMMISSION

Contents

Foreword

Statement by Baillie Russell Robertson
(Chair of the Commission from June 2017)

I would firstly like to extend thanks to Anne Simpson, formerly a councillor for the Shettleston Ward who initiated the Health and Inequality Commission in summer 2016 and led and directed its work until April 2016. Anne's strong personal commitment and community focus shaped and informed the work of the Commission and highlighted the importance of ensuring social connection and tackling loneliness and isolation in our communities.

The Commission has highlighted that mental health inequalities are a real challenge in our city. Those in our most deprived communities are much more likely to experience mental ill health and associated challenges of social isolation and loneliness.

Maintaining mental health and well-being is as important as supporting mental ill health and the Commission had the opportunity to visit a number of community based projects working to support and connect people across Glasgow. I would like to thank the people that we met through these visits who gave up their time to share their personal stories with us. The film produced to document and record those visits is a legacy of the Commission's work and we hope that it will be a useful resource in raising awareness to help tackle mental health inequality and discrimination.

Glasgow has a great many assets, as a Council and with our city partners we need to do more to make sure all our citizens can access and be part of our community and a healthier Glasgow. As chair of the Glasgow Community Planning Partnership, I am committed to ensuring that delivering equality and better health and mental health for Glaswegians is embedded in our next Community Plan.

Summary

The Health and Inequality Commission was set up by Glasgow City Council in summer 2016. It brought together city Councillors, public health experts, representatives from community groups and citizens with lived experience of poverty and poor health.

The Commission identified mental health inequalities as a significant issue for the city preventing many from sharing in the cities prosperity and growth. We believe that the focus for public sector partners needs to be as much on maintaining good mental health for our citizens as supporting those with poor mental health. Loneliness and social isolation can have a powerful negative effect on health, well-being and life chances. We believe that tackling this effectively is fundamental to improving the health of Glaswegians and effectively tackling health inequalities.

We therefore need to:

- Tackle discrimination and exclusion for people in the city
- Prioritise activity to raise awareness of and tackle the stigma associated with mental ill health
- Improve opportunities for people locally to connect, contribute and make friendships
- Protect and generate new investment to strengthen social cohesion in the city
- Ensure easier access to information on what's going on and available supports
- Ensure equity of access to health and other services
- Ensure disabled people and those with mobility, mental health and sensory barriers are able to get about and use the resources of the city
- Ensure effective support in work and when seeking work

1. Background and Context

1.1 Glasgow is a vibrant, cosmopolitan, award-winning city with much to be proud of. It is Scotland's largest and most diverse city with a population of around 600,000 and has the fastest growing city economy in the UK. However our challenges in addressing poverty, ill health and inequality remain significant. The Scottish Index of Multiple Deprivation 2016 (SIMD) shows that Glasgow is the most deprived city and local authority area in Scotland, with almost half of residents (around 286,000 people) living in the 20% most deprived areas of Scotland.

1.2 Glasgow has enjoyed economic success in recent years, yet this has not led to improvements in health for those in our most deprived communities. It is clear that the economic success story of Glasgow has not been shared with all of our citizens. We are attempting to address this through the Glasgow Economic Strategy 2016-2023. The Strategy highlights the importance of tackling the causes of generational unemployment, poor health and a shortage of skills in some communities and sets out commitments to ensure that the city's economic success is shared by all.

1.3 Understanding Health Inequalities

1.3.1 Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. These unfair differences are not random or by chance, but are caused by social inequalities out with an individual's control. Health inequalities represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly 25 fewer years spent in 'good health' and 22 years for women [(1)].

1.3.2 Health inequalities are not inevitable and a lot of progress has been made in Glasgow to address them. Glaswegians are living longer than ever before. Over the last 15 years, male and female life expectancy has improved across the city. Male life expectancy has improved at a faster rate than for women, meaning the gender gap has narrowed [(2)]. Glasgow's suicide rate has decreased in recent years and is now a similar rate to the national average. However, the scale and challenge from poor health and inequality across the city remains considerable with the poorest communities experiencing the greatest burden of poor health.

1.4 Mental Health

1.4.1 Mental Health is a significant issue for Glasgow, both for those not in work and in work. It is the single biggest factor in terms of ill health and disability in Glasgow, compounded by poverty [(2)]. It is estimated that up to 75,000 people in Glasgow experience common mental health problems such as depression or anxiety. [(3)]. People with severe mental health illness in Glasgow experience higher mortality rates compared to the general populations in both Glasgow and Scotland [(4)].

1.4.2 People with mental health problems can experience significant stigma and social exclusion, have higher rates of morbidity and mortality and are at increased risk of poor social outcomes such as unemployment, financial hardship and poverty, homelessness and loss of human rights (5). Good mental health is vital in supporting positive outcomes for individuals, families, communities and society.

1.4.3 Great work is going on in the city to tackle health inequalities including the Poverty Leadership Panel's work to address poverty and partners working together to tackle the impact of alcohol and drugs misuse and violence (Alcohol and Drug Prevention and Recovery Strategy and Community Justice Plan). However, mental health inequalities have not been looked at in quite the same way and this Commission agreed it was an area that we wanted to explore further.

The World Health Organisation (WHO) states that good mental health is not only the absence of mental health problems but is "a state of [mental] well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" [(6)].

1.4.4 The Commission recognised from the outset that the Health and Social Care Partnership and the health service consider the quality and provision of specialist mental health services and took a more preventative and general view of mental health and wellbeing throughout.

1.4.5 There is a growing UK policy consensus that mental health requires increased attention to address the huge economic and social costs to individuals, families, communities and society. We also know that the primary health impacts of economic downturns and resultant social and employment instability are on mental health.

1.4.6 We were struck by the impact that loneliness and isolation can have on mental health and well-being. A large body of studies have demonstrated how loneliness and/or social isolation can lead to physical and mental health problems. Social isolation and loneliness are both associated with increased risk of premature mortality, elevated blood pressure, heart problems, declining physical functioning, physical disability, unhealthy behaviours and worse overall self-reported health. These issues pose not only a serious public health risk to individuals, but also for society in terms of healthcare costs and loss of economic activity. Social networks and friendships not only have an impact on reducing the risk of mortality, but also help individuals recover when they do fall ill (7)

2. About the Commission

2.1 Commissions are used to provide in depth analysis and recommend solutions to particular policy challenges. Generally they work by gathering and hearing evidence from a range of sources including citizens with lived experience of the issues, service providers and academics. Evidence can be presented in a written format, verbally or by visits to community projects. Commissions tend to be fixed term, for example meeting and reporting within a year. Membership can include elected members, public figures and representatives/experts from the appropriate policy field and may also include citizens.

2.2 The Health and Inequality Commission was set up to develop proposals to improve the health of the city and ensure that there are opportunities for everyone to live longer, healthier, more independent lives.

2.3 The Commission was chaired by Baillie Russell Robertson (June 2017 onwards) and Baillie Anne Simpson (August 2016 to April 2017), with members including:

- Baillie James Scanlon
- Councillor Martin Bartos
- Councillor Bill Butler
- Councillor Helen Stephen
- Councillor Alex Wilson
- Jo Anderson – SAMH (Scottish Association for Mental Health)
- Michael Igoe – Glasgow Poverty Leadership Panel
- Lee Knifton – Scottish Mental Health Partnership
- Rona Sweeney – Greater Glasgow and Clyde NHS Board
- Alison Thomson – Mental Welfare Commission
- Nuala Watt – Glasgow Poverty Leadership Panel
- Fiona Moss – Glasgow Health and Social Care Partnership

2.4 The Commission met between October 2016 and August 2017. The Commission was also supported by the following :

- Pete Seaman - Glasgow Centre for Population Health
- Trevor Lakey - Glasgow Health and Social Care Partnership
- Alana Atkinson and Kelly Muir - NHS Health Scotland
- Stewart Robinson and Tom McHugh - NHS National Services Scotland
- Cathy Birrell, Louise MacKenzie and Suzanne McShane - Glasgow City Council

2.5 This is not the first Glasgow City Council Commission to look at health inequalities. It follows in the footsteps of the Glasgow Health Commission which had a broad strategic focus on the causes of ill health and health inequalities in the city. It reported in 2009 and set out 20 recommendations relating to the key health issues for Glasgow's communities. The recommendations were taken forward by the Council and our partners.

2.6 Building on the work of the previous Commission, we looked at;

- the progress in tackling health inequality in the city,
- what works well in our communities,
- identifying what partners across the city could do collectively to further narrow the health inequalities gap in our communities by engaging with citizens and community organisations.

2.7 As part of our work, we produced a series of short films which present the themes that the Commission explored in an accessible format and provide a resource to help promote discussion and understanding of the themes raised. We would like to thank everyone who took time to help us make the films and share their insight and personal experience with us. We believe that these insightful and moving stories provide an invaluable resource for communities and policymakers alike.

3. Our Approach

3.1 We used four different approaches to better understand mental health inequalities, the impact of loneliness and isolation and what we can do to tackle mental health inequalities in Glasgow. We:

- heard verbal testimony and reviewed literature sources to understand the impact poor mental health and loneliness and isolation have on health;
- considered examples of what works elsewhere, both in the UK and worldwide with regard to improving mental health;
- visited community projects to learn how they support the local community; and
- gathered testimonials from people with experience of mental health problems, services having an impact and professionals who support this area.

4. Our Findings

4.1 Learning from Professionals and the Literature

4.1.1 The wide-ranging membership of the Commission and its support group allowed for a wealth of knowledge and expertise about mental health inequalities to be shared. This has expanded our understanding of the issues and informed our thinking when developing recommendations. It is not possible to include all the evidence in this report but we have summarised some key points below. Details of all the literature considered by the Commission is available on our web page.

4.1.2 The Impact of Mental Health

4.1.2.1 The Glasgow Health and Social Care Partnership presented evidence to the Commission on how Scotland and Glasgow are affected by health inequalities, the improvements made in recent years to reduce the health inequalities gap and what local actions have the most potential to impact on health inequalities. Dr Trevor Lakey, Health Improvement and Inequalities Manager at NHS Greater Glasgow and Clyde discussed mental health inequalities and the impact poor mental health has on people's ability to participate fully in society. Dr Lakey also told us that mental health is a major challenge with wider societal impact. As a consequence, it is not only an issue for mental health services but for multiple partners to be involved in promoting mental health and addressing its determinants.

4.1.2.2 Jo Anderson, Director of External Affairs at SAMH told us about the work they do to support people with mental health problems in to employment. Jo explained how people with mental health problems are poorly served by existing UK Government employability schemes owing to a lack of understanding of mental health and related barriers. She told us about the Individual Placement and Support (IPS) service SAMH provides. IPS aims to get people into paid employment, of their choice, and provides support that continues once the person gets a job. This is combined with clinical care and welfare benefits advice. We heard that IPS clients are twice as likely to gain employment (55% compared to 28%)[*], work for significantly longer and that people who gained employment had reduced hospitalisation rates.

4.1.2.3 The literature we reviewed supported what we heard from service providers. We learned that many people in Scotland enjoy good mental health but that a person's position in society plays an important part in shaping their mental health experiences. The link between social status and mental health problems is thought to result from the level, frequency and duration of stressful events or episodes we experience and the availability of social and individual sources of support that can reduce their impact. Stressful experiences occur across the life course, are multiple and many are associated with living in poverty. These include poverty itself, poor housing, and

[*] Compared with other vocational/rehabilitation services in six European countries – EQOLISE project, 2008

unemployment. Childhood adversity, family conflict and chronic health problems also contribute to a greater risk of experiencing mental health problems, particularly if several occur together in the absence of protective factors to offset their negative impact.

4.1.2.4 The evidence highlights inequalities in mental health outcomes with economic disadvantage associated with poorer mental health. For example, adults living in the most deprived areas in Scotland are approximately twice as likely to have common mental health problems (such as depression, generalised anxiety disorder, phobias, post-traumatic stress disorder (PTSD)) as those in the least deprived areas (22% versus 11%)[8]. In 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 versus 28 consultations per 1,000 patients) [9].

4.1.2.5 Inequalities in life expectancy and mortality are particularly stark for people with severe mental illness (for example schizophrenia, bipolar disorder). Typically people with severe mental illness can expect to live 10-20 years less than the general population [10]. Mental health problems are one of the major contributors to disability in the UK [11] and are a major risk factor for suicidal behaviour [12].

4.1.2.6 The economic costs of mental health to Scotland are substantial. In 2009/10, this was approximately £10.8 billion, a 25% increase from 2004/05 (£8.6 billion) [13]. The losses to the Scottish economy as a result of mental health problems experienced by the workforce during 2009/10 were estimated to be £3.2 billion. Unemployment has consistently been associated with an increased risk of common mental health problems [14,15]. This is of particular concern in relation to young people with few qualifications who find it difficult to enter the labour market and those with mental health problems who are often excluded from the workforce. Similarly poor quality employment which doesn't protect against poverty and offers limited control is associated with an increased risk to mental health . Good work is good for your mental health. There is recognition that many people facing sustained unemployment have health and social care issues and this requires support which combines health, social care and employability interventions. There is overwhelming evidence that, for many, gaining employment is related to improving the recovery journey, improving physical and mental health and improving social care outcomes [16].

4.1.3 Loneliness and Isolation

4.1.3.1 Many people experience loneliness at some point in their lives and for many loneliness can have a potentially devastating impact on their daily lives, health and wellbeing. Feelings of loneliness are linked with poor health, including high blood pressure, weakened immune system and an increased risk of developing dementia.

4.1.3.2 In their report on Age and Social Isolation, the Scottish Parliament Equal Opportunities Commission concluded that 'social isolation and loneliness are significant problems in Scotland… we believe that it should be considered alongside issues such as poverty and poor housing as part of the public health agenda in Scotland' [17]. Research shows

that lacking social connections is as damaging to our health as smoking 15 cigarettes a day [18].

4.1.3.3 Loneliness and isolation affects people of all ages and from all backgrounds. However evidence shows that social isolation is higher in the most deprived neighbourhoods. The GoWell study in deprived communities in Glasgow found that loneliness was most common for people living alone or with long-term conditions or disabilities, those of working age, those with no qualifications and those not in employment, training or education. The study also reported that people who used more local amenities and those who rated their neighbourhood environment as higher quality were less likely to report occasional or frequent loneliness. Lack of work contributes to social isolation and exclusion as well as having significant implications on income, daily routines and choices [19].

4.1.3.4 Additional barriers faced by some groups can put them at greater risk of loneliness. Loneliness is not an inevitable part of ageing but some of the common experiences of later life such as the loss of family and friends through death, living alone, retirement and poor physical health or lack of mobility place older people at greater risk of it.

4.1.3.5 Loneliness can increase the pressure on a wide range of council and health services such as referral to adult social care and can be the cause of a significant number of attendances at GP surgeries [20]. The annual cost to public services of social isolation and disconnected communities could be costing the UK economy £32 billion every year [21].

4.1.3.6 We learned from the literature and professionals we spoke with that being socially isolated or lonely can have a powerful negative effect on our health, well-being and life chances. Tackling isolation and helping people build strong social connections can be crucial in helping people secure employment, build new life opportunities and improve their mental health and well-being. It could also reduce demands on public services such as healthcare, social care, welfare and the environment.

4.2 Learning from the UK and Elsewhere

4.2.1 As a Commission we wanted to learn about what works well and how the ingredients of successful projects could be replicated across the city. We took this ‘appreciative’ approach to data gathering and how we considered the evidence to develop our recommendations.

4.2.2 We explored examples of positive practice in preventative mental health activity in the city and further afield. In doing so we reviewed a range of work that has explored similar themes to our own Commission’s work, to generate additional insight grounded in the challenges and opportunities found in our local communities. Some of these insights are summarised below.

4.2.3 Bromley-by-Bow Centre

4.2.3.1 Bromley-by-Bow is a long-standing programme focused around primary care services seeking to build active connections between existing community resources and activities through social prescribing. It sustains a network of more than 40 different local services through referring practice patients.

4.2.4 The Participatory City

4.2.4.1 The Participatory City - Open Works approach, in Lambeth and other parts of London shows how creating a network of accessible community involvement opportunities can enhance well-being. Drawing people into wider community activity – not necessarily labelled as mental health support – has a significant effect on improving mental well-being, alongside other health benefits. The Participatory City work has demonstrated that:

- Social capital (ensuring people have the skills and connections in their community to be more self-reliant and take more control over their lives and communities) boosts health and decreases anxiety
- Strong social relationships reduces mortality risk by 50%
- Civic participation boosts academic achievement
- Social capital builds resilience and creates positive life outcomes
- Social capital and family participation associated with less violent behaviour

4.2.4.2 The Participatory City work recommended a 'support system' approach. This outlined the vital importance of public agencies collaborating to help make it as easy as possible for community members to set up and get involved in activities in their neighbourhoods. This means providing support on issues like affordable and accessible community spaces, effective public transport systems, community safety, legal and financial advice, promotions and communication support, support on data (e.g. collecting evidence of involvement and impact).

4.2.4.3 It also recommends the need to 'stick with' communities and projects over the longer term. They concluded that it takes around three years of support and investment for a participatory culture to embed in an area. Having this stability provides a positive way of drawing out the talents, energy and expertise of the local community themselves, through volunteering and entrepreneurship.

4.2.5 Collective Impact

4.2.5.1 There is a similar conclusion from the approach called Collective Impact (large-scale collaborative approaches to complex social challenges), that highlights the vital importance of "backbone organisations". These provide infrastructural support, communication and networking, resource around planning and data and evaluation as means for supporting collective leadership.

4.3 Learning from our Communities

4.3.1 The learning from elsewhere chimes with what we heard from the community projects we spoke with. We visited six projects to hear personal testimony from the people who attend them and the staff that support them. We held facilitated sessions to hear how the project supports mental health and well-being and what they think works well and could be replicated across the city. The projects we visited were:

- GPs at the Deep End,
- Glasgow Disability Alliance (GDA),
- LGBT Health and Wellbeing,
- Lifelink,
- Maryhill Integration Network, and
- Shettleston's Men's Shed.

➢ Appendix 1 has further information about the work of each of these projects.

4.3.2 A number of themes emerged from the visits, primarily the importance of:

- Social connections
- Supporting communities to thrive
- Access, accessibility and flexibility
- Well-being of those working with our communities

4.3.3 Social Connections

4.3.3.1 The value of having a sense of belonging and the support that brings came through from all the conversations we had.

"I think people need a structure in their life and they need a community to belong to"

Volunteer, LGBT Age, LGBT Health and Wellbeing

"Even for guys to come down and talk to somebody, they might not have spoken to somebody all week"

Member, Shettleston Men's Shed

4.3.3.2 People told us how attending and/or participating in the project had built their self-confidence and resilience and that they'd learned new skills and coping mechanisms. For some, this had allowed them to give something back to the project or elsewhere in the community, for example through volunteering. We learned that the projects helped people make connections and friends and gave people the opportunity to meet and talk to 'others in the same boat' and share experiences.

4.3.3.3 The role that the projects play in prevention was evident. The importance of feeling valued and the impact this can have on someone's mental and physical health came through strongly. People who are active in their community tend to need public services less and examples were given of this at the visits. The projects spoke about focusing on what makes people well and allowing that to grow.

"If I hadn't come to the Shed, I still would be on a downer and I'd be suffering more mentally"

Member, Shettleston Men's Shed

"It's inspiring to know that when I go home, whatever I've benefitted from here I manage to in fact take with me".

Member, Shettleston Men's Shed

"I would be unhealthier if organisations like GDA didn't exist"

Member, Glasgow Disability Alliance

4.3.3.4 However we learned that when people do need public services, the projects play a valuable role in supporting them. They are often a stepping stone to accessing NHS services, ensuring that people receive the right help and treatment.

"At my lowest, I cried out for help, but I'd hidden it so well that the doctors didn't even realise the crisis that I was actually in".

Case Study Volunteer

4.3.3.5 The projects can also support people with other vital services, for example providing money advice services, writing letters for benefit requests and connecting with Jobcentre Plus.

4.3.4 Supporting Communities to Thrive

4.3.4.1 We learned that good participation is infectious but certain conditions are needed to help this happen. Staff we spoke to commented that they aren't always aware of other services available and so were unable to connect people to them. It was felt that having better connections would allow better collaboration, greater innovation and spread of resources and onward referral. Understanding your local community and the issues that affect them, and listening to and working with them to tailor services to meet the needs and strengths of the people who use them was considered a key component to building a successful project.

"It's all the wee things that matter, it's being sensitive to 'my' needs"

Member, Glasgow Disability Alliance

"When we are together we can problem solve better than them [professionals]".

Member, Glasgow Disability Alliance

4.3.4.2 Difficulties with funding, both securing it and the uncertainty of stable long-term funding, came out in all the conversations. Arranging small amounts of funding and the time this takes away from running the project was raised by some as a concern.

4.3.4.3 GPs were recognised as one of the critical connectors where many of us go in times of distress and trauma and the Link Worker role with GP practice was seen as an asset with potential for development. The role of a Link Worker is to support people to live well in their community through enabling better access to information, knowledge, skills, relationships and resources.

4.3.5 Access, Accessibility and Flexibility

4.3.5.1 People need to feel that they can participate in the life of their community and examples of the benefits of participation were given at several of the visits. However we learned that access to third and public sector services is not equitable with certain groups finding access more difficult or experiencing unintentional exclusion. Lack of transport and accessible buildings were raised as barriers to people participating in their community. Some people spoke about finding it difficult to get from where they live to where some NHS services are provided and often they are given no alternative.

4.3.5.2 Project staff and participants spoke about the importance of having a safe space for people to be themselves and feel like they belong. A place where they feel valued, listened to, empowered, understood and accepted.

"We have a safe space policy where people feel that they can be themselves, say what they want to say and not be judged by the people around them and have a sense of confidence that they are around people who understand or are attempting to understand what they are going through".

Volunteer, LGBT Age, LGBT Health and Wellbeing

"it's the only place I go".

Member, Glasgow Disability Alliance

4.3.6 Well-being of those Working with our Communities

4.3.6.1 It was evident from the conversations we had that the dedication of staff working in the project is an asset and that caring and connected staff empower and support strong communities.

"If somebody's not here for two or three weeks, we'll be phoning them, especially if they live alone".

Shettleston Men's Shed

"they keep in touch with you".

Member, Glasgow Disability Alliance

4.3.6.2 Support needed for staff to be able to do their job was mentioned, this included professional development as well as emotional support, particularly for staff working in some of the most difficult circumstances.

5. Personal Testimonies

5.1 As well as this written report, we wanted to produce a 'visual capture' of our work to give greater insight into mental health inequalities. We worked with Media Education, a specialist film production and training provider, to create an inspiring and accessible series of short films to complement this report. The films present the themes explored by the Commission on a more human level. They were created by people with lived experience of the themes discussed in this report and provide an authentic, relatable and valuable insight into people's lives. The aim of the films is to widen the audience and reach of our work and be a stimuli for meaningful discussions within communities. The films are presented in three parts – case studies, positive practice examples and professional context.

5.2 **Part 1: Case Studies Films**

5.2.1 Through North West Glasgow Recovery Communities, GDA and Lifelink, Media Education were put in touch with three individuals with lived experience of mental health issues. The case study films have been made in collaboration with the individuals to allow them ownership and control of the film. Media Education worked with them to reflect on their journey and create a short script to tell their story. This story was used as a voiceover for the film and the individuals helped to film visuals that translated their experiences into film. The participants reported positive experiences from taking part in the filming.

Participant 1:

"I am really happy with how it all turned out. If it could help just one person I would be so pleased, although I'm sure it can help more. I thought the film Media Education made was powerful and watching all the films at the feedback screening was insightful."

Participant 2:

"It feels good to be helping people in this way. I'm glad I got my message across about how exercise has worked for me. The process felt humanised and more about people. Even the filmmaking process and the feedback screening felt person centred and immediate."

Participant 3:

"I was thrilled to be a part of this process because I feel that it's so important to get the word out there about mental health and try and break the stigma that surrounds it. My reason for telling a little part of my story is to try and let people suffering out there to see that things can improve and that there is help out there for them and give them a bit of

hope. The process has also helped me to see that even after years of pain and suffering I am strong enough to deal with life with my mental health issues and don't need to be a statistic."

5.3 Part 2: Positive Practice Films

5.3.1 Media Education visited three organisations identified by the Commission as examples of positive practice in reducing mental health inequalities. These were: LGBT Health and Wellbeing, Men's Shed and Scottish Association for Mental Health (SAMH). Media Education captured interviews with staff, volunteers and people taking part in the initiatives and programmes to give insight into positive working methods and demonstrate the impact that they have made on the mental health of the people involved.

5.4 Part 3: Professional Context Films

5.4.1 Media Education filmed interviews with Fiona Moss and Michael Smith from Glasgow City Community Health Partnership and Professor Graham Watt from the GPs and the Deep End project to give a wider Glasgow and mental health context. This insight gave valuable reflections on how inequalities can develop and the impact that this can have on peoples' mental health.

5.5 Part 4: Film Feedback and Review Session

5.5.1 Media Education presented the series of films at a feedback and review session. This session brought the people involved in the film process and the Commission together to view and discuss the films. The premise was to involve everyone in the same discussion on an equal footing with facilitated activities to reflect on the themes being presented in the films. It became an important process for people who had been involved in the film to come along and make sure that they were happy with their image and the message that they were presenting.

5.5.2 For the community members with lived experience of the issues, it provided a valuable opportunity to be heard directly from people involved in decision making and counter potential feelings of disempowerment and isolation.

5.5.3 For the Commission members, it provided a valuable opportunity to have an open and inclusive discussion around the themes brought up in the films. This helped to strengthen our conclusions and prioritise recommendations.

5.5.4 The session demonstrated and added value to our commitment to recognising everyone's role in the community for reducing mental health inequalities to be able to suggest collective, whole community based approaches to create positive change.

6. Key Messages

6.1 **There is no health without good mental health**. Manifestations of mental ill health are increasingly common and it is clearly more prevalent in our more disadvantaged communities. The reasons for mental ill health are very often complex and deep-rooted. We believe that mental health is still not well understood and there is still a stigma associated with mental health problems. This means that people may not disclose difficulties for fear of discrimination.

6.2 It is evident that **prevention is better than cure**. The focus of public sector partners should be as much on maintaining good mental health for our citizens as supporting those with poor mental health. Being able to support people to access the right support and services at the right time will lead to better outcomes.

6.3 **Primary care (GPs) have an important role to play**, they are well placed to identify mental health issues at an early stage and to help and support patients. Initiatives such as the Scottish Government commitment for additional 'Link Worker' roles in GP surgeries offer a real opportunity to allow primary care services to be more routed in the communities they service.

6.4 We believe that GPs in Glasgow are currently not well resourced to deal with the health challenges in our most deprived communities. The current basis for allocating health funding to primary care does not, in our opinion, sufficiently take account of the impact of poverty and deprivation on both physical and mental health in our communities. This is further aggravated by current difficulties in GP recruitment.

6.5 However Primary care and other more specialist mental health services are not always what people need. In the short time we had available, we visited and heard **of community projects that play a vital role in tackling loneliness and isolation, promoting social connections and providing mutual support.** We believe that **ensuring strong social connections is of equal value to promote and maintain good mental health**. Communities are essential. People need to be able to be connected locally, have a sense of purpose and belonging and mutual support.

6.6 The current Employability Services in the city supported by Glasgow Health and Social Care Partnership deliver good outcomes and are generally cost effective. Support is focussed on employability, but also meaningful activity, recovery and rehabilitation which can be provided at varying stages of the clients' journey. Successful outcomes depend on building trust and continuing relationships with clients. The City Region Deal and the development/transition to the new national employability framework offers the opportunity to align work with other partners and maximise impact.

6.7 **Employers in Glasgow have a fundamental role to play in supporting their employees to maintain good mental health and well-being,** in supporting those who work with vulnerable clients and those in challenging circumstances and in offering employment opportunities to those with mental ill health. **Visible leadership is important but we need to go further than rhetoric and policy.** People with mental health problems still have poorer employment prospects than the population as a whole.

6.8 **Community led groups and organisations are critical.** People who are active in their communities tend to need public services less. **Third sector organisations can also be vital to support people to access public services.** However information about what is available locally can be difficult to find. Community groups in turn spoke of the importance flexibility and ease of access to small amounts of money to strengthen social cohesion and help tackle loneliness and isolation. **An improved infrastructure or 'ecosystem' would support communities to thrive. City partners should concentrate on enabling these conditions so that local groups can form and meet local needs**.

6.9 Glasgow has many assets in communities across the city including its many parks and open spaces. Access to green space has a proven therapeutic benefit. We also have world class cultural and heritage assets and our network of libraries have a strong social inclusion focus. However access to services and facilities is not equitable, with certain groups finding access more difficult or experiencing unintentional exclusion. Lack of transport and accessible buildings were raised as barriers to people participating in their community and some spoke of finding it difficult to get from where they live to where services are provided. For some, such as people with disabilities, ethnic minority groups and the LGBT community, being able to connect with communities of interest is vital for mental well-being. The groups that we met spoke of the need for a safe space and the importance of being understood and accepted

6.10 From the evidence we have considered and from talking to people across the city, we have learned that how well we thrive, how we cope with distressing events, and how we recover is all affected by our relationships with others. **As a city we must value more people who bring others together,** from small community activities, third sector organisations, through to those in public services that connect people. **We call on all partners to recognise this and prioritise the importance of tackling loneliness and isolation in our city. We believe that this is fundamental to improving the health of Glaswegians and effectively tackling health inequalities.**

7. Recommendations

7.1 We call on all partners to recognise and prioritise the importance of tackling loneliness and isolation in our city and of creating the right kind of city to enable communities (of place and common interest) to flourish. From the evidence we considered and what we have heard from residents and groups, we believe that this is fundamental to improving and sustaining mental well-being in our city. Social connections can substantially improve the health and, alongside tackling poverty, offers a real opportunity to tackle the health inequalities that Glasgow is famous for. We need to support communities, resource services and ensure citizens can access services.

7.2 We can all do something no matter how small to reach out to lonely and isolated people. The Jo Cox Commission on Tackling Loneliness has asked us all to take action to reduce loneliness with the message 'Start a Conversation' - whether chatting to a neighbour, visiting an old friend, or just making time for the people you meet.

7.3 We identified many examples of positive activity across the city making a lot of difference to mental health and well being on a daily basis. We believe that city partners need to build on what works and further support and develop this across the city. The priorities below, taken together, can make a real impact. Some initial actions have been set out against each priority. Many of these reinforce existing good practice and call for wider adoption of these across the city.

7.4 **Tackling discrimination and exclusion for people in the city.**

The Commission calls for:

- The Council, Health Board and other public and third sector partners to continue to give active support to public awareness and education programmes that tackle discrimination and create more positive narratives for diversity within the city, such as the TIE (Time for Inclusive Education) Campaign,

- All partners to continue to develop a range of ways for people with lived experience of exclusion to be able to share their perspectives and experiences in a supportive way.

7.5 **Prioritise activity to raise awareness of and tackle the stigma associated with mental ill health**

The Commission calls for:

- The Council, Health Board and other public partners to continue to support campaigns to improve understanding of and raise awareness of the impact of mental ill health. SEE ME is a national programme to tackle mental health stigma and discrimination,

- Employers in Glasgow to make a visible commitment to ensuring mentally healthy workplaces

7.6 **Improving opportunities for people locally to connect, contribute and make friendships**

The Commission calls for:

- Glasgow Community Planning Partners to consider adopting the Participatory City model developed in Lambeth for developing the right infrastructure in the city from which community endeavours can best grow.

- Partners to use the opportunities the city has, through large events, to promote the role of volunteering, with a specific focus on those that would not traditionally take part in volunteering.

- Continued promotion of the Glasgow Volunteering Charter to create and expand appropriate opportunities for volunteering across the city

- The continued support and promotion of the use of peer led services and support such as recovery and integration communities.

7.7 **Protect and generate new investment to strengthen social cohesion within the City**

The Commission calls for:

- Recognition and creation of opportunities for the activities that naturally bring people together, from the visits and from evidence this was centred on learning together, cooking together and making together (creating, fixing, growing).

- Funding bodies within and beyond the city to recognise and value building social capital as an appropriate outcome, enabling activities such as those listed above to be funded more widely. Funding bodies should utilise social mapping and social capital measures to make more informed decisions on the impact of those investments.

- Further funding for building social capital in neighbourhoods and with groups that have a common bond. City partners could consider create a funding partnership with the third sector to attract new resources for this purpose.

- Community planning partners should explore the value of developing a shared digital portal for community groups to access and receive small grants from multiple sources to make accessing funding less bureaucratic and off putting.

7.8 **Ensure easier access to information on what's going on and available supports.**

The Commission calls for:

- Staff working in local communities to be community informed. This means understanding the profile and makeup of the community as well as what's available.

- Information about target or specialist services for particular groups to be more widely shared with public sector partners and in communities.

- The improvement and, where possible, the accessibility and ability of groups to use buildings owned by community planning partners in local areas,

7.9 **Ensure equity of access to health and other services**

The Commission calls for:

- A review of the model for allocation of GP funding to ensure that our most deprived communities benefit from a level of resourcing sufficient to their need.
- As the additional 'Link Worker' roles in GP surgeries are rolled out, ensure these support primary care to be more routed in the communities they service. Ensure the Link Worker programme is implemented in a way that contributes to the recommendations of the commission.
- Employability and mental health support to be effectively joined up and targeted to those who are in greatest need of support

7.10 **Ensure disabled people those with mobility, mental health and sensory barriers are able to get about and use the resources of the city.**

The Commission calls for:

- The Place Standard to be routinely considered when planning or changing our communities. It allows you to think about the physical elements of a place (e.g. its buildings, spaces, and transport links) as well as the social aspects (e.g. whether people feel they have a say in decision making).
- People with additional barriers to have routine access to financial advice services through their existing pathways of care.
- Public bodies and community services and projects to provide information and support on public transport and access to their services.
- Glasgow City Council and SPT to continue to work to improve bus provision in the city.
- Wider promotion to encourage uptake of active travel

7.11 **Ensure effective support in work and when seeking work**

The Commission calls for:

- The Council, Health Board and other public partners to take steps to maximise the take-up of supported employment and job retention schemes.
- Consideration of opportunities in the City Region Deal and transition to the new national employability framework to ensure effective employability support, such as IPS, for people with poor mental health.
- Continued promotion of local employment, pathways into work and good work through fair employment practices such as the living wage and procurement policies.

8. Next Steps

8.1 The Glasgow Community Plan presents shared priorities for the city and details areas where city partners have identified that they can make improvements. It gives a firm commitment to identify ways in which it can take action to support the outcomes of the Health and Inequality Commission. It has made early commitments to:

- deliver equality and better health. Including mental health and wellbeing
- ensuring everyone is supported to realise their potential and people have the skills and connections to be more self-reliant
- ensuring agencies and groups are able to help people make the most of what is on offer in their neighbourhood

8.2 One of the top priorities in the Plan is to ensure that there is better transport to ensure that people have access to local and city wide services to tackle social isolation and wellbeing

8.3 The Plan will be finalised in the autumn and more detailed local plans (locality plans) developed. The Commission asks that its recommendations are considered and actioned in the final Plan and in ongoing work on resilient communities and locality plans

8.4 We welcome the commitment in the Plan for Community Planning Partners to hold each other to account for delivery of recommendations and maintaining an overview on city trends such as health and mental health. We would ask that Community Planning Partners commit to reviewing progress at least annually.

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Appendix 1

Projects visited by the Health and Inequality Commission

General Practitioners at the Deep End

The Deep End group is a network of GP surgeries which cover the 100 most deprived patient populations. It was developed in 2009 in order to enable GPs to share experience of the challenges they face in dealing with some of the most deprived sectors of society. The ranking is based on the Scottish Index of Multiple Deprivation. Almost 80% of the participating practices are in Glasgow. The group acts as a network for GPs who are dealing with similar problems of health inequalities on a day to day basis. This may include complex multi-morbidity, drugs and alcohol problems, and social isolation.

GDA

Glasgow Disability Alliance (GDA) is a membership organisation run by and for disabled people. With over 3,500 members it is a unique project providing advocacy, learning and empowerment services. Members live across the city, are all ages and from all backgrounds with a range of physical and mental health disabilities.

LGBT Health and Wellbeing

LGBT Health and Wellbeing (LGBT Healthy Living Centre) is a community initiative that promotes the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) people in Scotland. It provides support, services and information to improve health and wellbeing, reduce social isolation and stimulate community development and volunteering.

They provide a range of services and varied programme of events, most delivered in central locations in Edinburgh and Glasgow.

Lifelink

Lifelink are a social enterprise with a focus for providing a service which can intervene early, help individuals to manage their own stress and improve overall mental health. It aims to provide services within a supportive and accessible therapeutic environment, particularly (but not exclusively) in areas of high deprivation and for people and communities most affected by health inequalities.

Lifelink aims to empower young people and adults to manage their stress more effectively, to reduce self-harm and suicide ideation and to support people to recognise and develop their personal strengths in order to strengthen emotional resilience and achieve full potential.

Maryhill Integration Network

Maryhill Integration Network (mIN) brings communities together through, art, social, cultural and educational groups and projects, offering people a chance to learn new skills, meet new people, share experiences and take part in worthwhile activities to improve their communities. mIN

works in partnership to develop projects and services that meet the needs of the local community. These aim to build bonds and links within and between communities to encourage cross-cultural understanding and celebrate diversity.

Shettleston Men's Shed

Shettleston Men's Shed provides a space for people to drop in two afternoons a week. Although no one is excluded, the project is aimed at older men who are at risk of social isolation and would not feel comfortable partaking in other activities provided for this age group. The project includes a workshop and suite of computers supported by Glasgow Kelvin College. There is no expectation on the types of activities the men will do at the meetings and just coming for social contact is fine.

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