

LONG TERM CONDITIONS ALLIANCE SCOTLAND AGM

CABINET SECRETARY'S SPEAKING NOTES

I'm delighted to be able to come along to your first Annual General Meeting. I'm grateful to the board of the Alliance for the invitation, and for being flexible about the date and venue so that I could be here, even if briefly.

I don't think you could have picked a more important topic for this meeting than equality and long term conditions. We included in our Manifesto a commitment to pay particular attention to reducing health inequalities in Scotland by expanding primary and preventive healthcare services in our most deprived areas.

We have now followed that up by including a section on 'tackling health inequalities' in our discussion document *Better Health, Better Care*, which I launched last month. We want NHSScotland to put health inequalities at the heart of its agenda.

To take that forward, I have asked Shona Robinson, the Minister for Public Health, to chair a Ministerial Task Force on health inequalities. It will agree priorities for cross-cutting Government activity that will achieve measurable outcomes in reducing health inequalities. Practical measures will be identified to reduce the most significant and widening health inequalities in Scotland.

That thinking will feed into the action plan for Health and Wellbeing which we'll publish after the consultation on *Better Health, Better Care*. Key sectors and organisations will be involved in the delivery actions. When she met representatives of the Alliance in July, the Minister gave a commitment to keep the Alliance informed of progress.

Closely allied to this work is our increased focus on anticipatory care. That's our name for the shift from a reactive system of healthcare to one that seeks to anticipate and prevent health problems before they develop. I know the Alliance shares our wish to do much more around the prevention and early detection of long term conditions.

An example of this in practice is the 'Keep Well' pilots. These are about identifying those in our most deprived communities at greatest risk of having a heart attack, or a stroke, or developing diabetes. We can then offer them support to help them reduce their risk.

I hope we can build on that approach. You may have seen the research earlier this week showing a 17% reduction in admissions to hospitals with heart attacks, as a result of the smoking ban. Respiratory health has also improved. That shows what can be done. The same approaches – stopping smoking, better diet, more exercise – of course apply to a much wider range of conditions.

We also mention in *Better Health, Better Care* the introduction of the 'Life Begins' initiative, as part of a move to extend screening programmes. It will also extend the range of opportunities for people to assess their lifestyle risks, with support and advice as needed. That work, too, will help us to stem the rising tide of long term conditions.

I also believe it's essential to make sure our long term conditions work tackles both the physical and mental health issues that people may have. If we needed any justification for that approach, the World Health Surveys study reported in the *Lancet* last week on depression and chronic disease certainly provided it.

It's no surprise that people with conditions such as angina, arthritis, asthma or diabetes have an increased risk of depression. But the study also found that depression combined with any of these conditions produces a far worse decline in health than having any pairing of the physical conditions. It's impossible to argue with the conclusion that treatment for depression should at least be on a par with that for other long term conditions.

The Alliance's motto is 'living well with long term conditions'. Ultimately, the key to the successful management of long term conditions lies in the hands of the person who has to live with those conditions, and their desire and ability to care about themselves. That's why self-management has to be one of the key elements in our approach to long term conditions management.

We're very grateful that the Alliance has agreed to take the lead in developing the national strategy for self-management. It would contradict the whole concept of self-management if anyone tried to impose such a strategy. Our role as the Scottish Government is to find ways of making the strategy work, and that's what we'll do in our action plan for health and wellbeing.

I welcome the intention to focus the self-management strategy on the key stages where people need support. Communication and information are going to be central to making this work, including a recognition of the support which voluntary sector organisations can provide. We also need to make sure that the professionals providing services understand and accept the process of enabling people with long term conditions to act as equal partners in their own care.

We must make sure that our approach to self-management is implemented in a way that doesn't widen health inequalities. We also need to make clear that it doesn't mean abandoning people to their fate.

I know the Alliance has had an exceptionally busy first year. As a Government, we're grateful for the role you played in the 'open space' events on long term conditions, and the very valuable report which came out of them. I also know you have only one full-time member of staff to support you, when you all have your own organisations to run as well.

We'll need to wait for the outcome of the current spending review, but I can assure you we recognise the need to find ways of expanding your capacity, so that you can take on all the work that comes your way.

I hope the next year will be even more successful than the previous one. I look forward to working together, so that we can achieve the sort of personal and responsive services everyone in Scotland living with a long term condition is looking for, and deserves.