European Commission

VulnerABLE: Pilot project related to the development of evidence based strategies to improve the health of isolated and vulnerable persons

Dissemination Conference Report

7th November 2017

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1 Introduction

The conference took place in Brussels (Belgium) on Tuesday 7 November 2017. The aim of the conference was to present the pilot project outputs and disseminate them across a wide spectrum of relevant stakeholders, including those at the local level. More specifically, the objective of the conference was to focus on the results that are critical for policy agendas; act as a platform for broader reflection on the issues at hand, taking stock of the overall results and defining aspirations for the future; and, provide an opportunity to explore the findings from a comparative perspective, drawing on both qualitative and quantitative information, and inviting input from a wide range of stakeholders.

Approximately 200 participants attended the conference, including experts from EU Member States, EU Institutions, non-governmental organisations and projects working with vulnerable and isolated groups.

The following report provides an overview of the main messages from the conference, including views of key speakers and issues raised during the thematic session discussions.

2 Conference Summary

2.1 Opening session

The opening session of the conference was chaired by Caroline Costongs, Director of EuroHealthNet. It was divided into three parts, summarised below.

2.1.1 Setting the scene

This first part of the session introduced the conference to delegates providing information on what the delegates could expect from the day, with contributions from three of the main organisations involved in the pilot project. This included:

- **A welcome from EuroHealthNet**. Caroline Costongs introduced the conference and provided an overview of how they day would run.
- **Opening words from DG SANTE**. Arila Pochet, (Policy Officer, Unit C4 Health determinants and inequality, DG Health and Food Safety) gave an opening speech highlighting the key health concerns at the EU level (e.g. health inequalities; vulnerability being closely linked to poverty; burden of non-communicable diseases on health systems) and what DG SANTE has been doing, and planned to do, to support Member States in meeting the health challenges they face. This included reference to DG SANTE's work on health prevention, protection and promotion; how they are focusing on Goal 3 and Goal 10 of the United Nation's Sustainable Development Goals; and how the project supports DG SANTE's Joint Action on health inequalities. The Commission's Digital Marketing Strategy was also mentioned in reference to how digitalisation can be used to help overcome barriers to access and reduce costs for patients and health systems.
- **Introduction of the pilot project from ICF.** Christina Dziewanska-Stringer (Project Manager, ICF) presented an overview of the pilot project, including the main research aims, the specific target groups under study, and the research activities undertaken as part of the project.

2.1.2 Access to healthcare for vulnerable and isolated groups: thematic context

The second part of the session provided background and context to the thematic sessions that would follow the opening session. This included:

- **A thematic commentary on the main themes and project result from the UCL Institute of Health Equity.** Professor Peter Goldblatt provided a recap of the objectives of the project and presented a definition of vulnerability and the processes that can lead to vulnerability. This was followed by several pieces of data highlighting the complexity of vulnerability and the extent of health inequalities across the social determinants within Europe (e.g. the difference in life expectancy between those with high levels of education and those with low levels of education). The key findings from the scientific report were also presented, highlighting the link between vulnerability and poor health, as well as challenges in accessing social protection services.
- **Introduction to the four thematic sessions from ICF.** Christina Dziewanska-Stringer introduced the four parallel thematic sessions to conference participants.

1.1.1 Key themes from the discussion

The third part of the session, following the presentations, involved questions from the floor and the opportunity for speakers to respond. The following themes emerged from the discussion between the participants and the speakers:

- **Administrative barriers to healthcare access:** it was mentioned that there was a need for greater focus on the administrative barriers affecting vulnerable populations. This was perceived by some participants as the main barrier influencing vulnerability of people across EU (including groups not included in the project, such as migrants, Roma people). The speakers felt that the need to overcome administrative burdens was very much underpinned by the need for universal approaches to healthcare provision (acknowledging that there are gaps in current systems of universal healthcare provision).
- **The issue of child poverty:** there were concerns from some delegates about the state of income inequality across Member States and the best way to address these. Influencing governments to enforce better paid work was needed to address income inequalities.
- **Call to place greater value in social policy:** participants stressed that health advocates and policy makers need to change the way they think about and approach social policies, not as 'repair policies' but as policies that invest in society. In particular, there needs to be greater focus on both investing in methods that prevent people becoming vulnerable, as well as investing in action to meet the needs of those already experiencing vulnerability.

2.2 Thematic session 1: Universal health coverage: how can universal access to healthcare be guaranteed for everyone?

Thematic session 1 reflected on universal approaches to delivering healthcare, and considered how healthcare systems can guarantee universal access in practice.

The session was facilitated by David Pattison (Moderator, VulnerABLE Project Team), who introduced the theme and presented key findings from the project.

2.2.1 Presentation of good practice examples

Speakers gave insight into specific examples of good practice:

- **Family Centres in Sweden**. Vikebe Bing (Public Health Consultant) described how family centres in Sweden are a universal service, available for all children and free at the point of access. They offer a range of services, including pre-natal, maternity and other healthcare facilities, family counselling and open nursery schools. One of their core aims is to contribute to the reduction of inequalities by improving children's wellbeing and the life chances of parents. They are funded through public taxation and represent a flexible space for interaction and social intervention.
- **Medicins du Monde.** Lucy Jones (Head of the Domestic Programmes of Medecins du Monde, UK) delivered a presentation on Medecins du Monde's offer of outreach services in the United Kingdom, based on the idea of being 'low-threshold' and accessible to those are unable to access public healthcare provision. Primarily, the organisation's work focuses on supporting non-EU migrants to overcome administrative barriers and antenatal charges. The representative pointed to examples of 'what works' with these types of interventions, for instance working on the basis of trust with service users and offering a degree of separation from the state, as well as the ability of outreach services and mobile clinics is their ability to "go where people are". Pitfalls to avoid include: working in silos and focusing solely

on health without considering other social needs ([1]). In addition to the UK, Medicins du Monde also provide services in other parts of the EU and further afield.

2.2.2 **Key themes from the discussion**

Following the presentations, there was a Q&A session where the session's speakers had the opportunity to take questions from the floor. The following themes emerged from the discussion between the delegates and speakers:

- **Even with universal approaches, some groups can lag behind in terms of effective access, reflecting a need for outreach:** participants were in broad agreement about this point. However, it was also agreed that systems targeting 'vulnerable groups' must be based on a basic floor of social entitlements for all. Participants called for a mix of targeted, mainstream and combined approaches, and emphasised the need to ensure that targeted outreach is done in an integrated fashion with the rest of the health and social system.
- **There is a need to ensure that services are uniformly of the highest standard, to be adaptable to the most vulnerable:** for instance, participants pointed out that some mainstream services across Europe are failing those with mental health issues, due to the limited competence of the healthcare professionals to respond in an appropriate way. Participants recognised that need to bring up the standard of mainstream services and ensure that these are equitable.
- **Universal services should be responsive to changing needs:** This issue was discussed particularly in relation to the needs of people with physical disabilities; for instance, there may be greater access to services and facilities for someone when he/she is young, but these may fail to cater for them as they become adults. This can undermine these adults' own access to services, but by extension it can also impede access for their children and/or other dependents (even if these individuals do not have disabilities themselves).
- **Ability to "make the invisible, visible":** Some attendees spoke of the challenges in making this issue visible, because some of those most affected can be on the fringes of society. They agreed that everyone can play a role in adding their voices to national policy debates around access and entitlement, and promoting the more empowering approach of co-production within healthcare design and delivery (see Thematic Session 3 below).
- **'Never solely a health intervention':** It was highlighted that health and psychosocial needs go hand in hand, and that interventions must address both aspects. Given this connection, participants pointed out that the design of the social protection and healthcare system are closely related.
- **The 'mixed blessing' of digital advances:** Whilst recognising the opportunities posed by digital services, doctors warned of their personal challenges in engaging in digital consulting, particularly when it comes to the risks posed to individualised consultation. Participants also highlighted concerns in relation to data-sharing and privacy, as well as the limited IT competence/access of some groups in vulnerable situations.

[1] Here, the representative pointed to a Medicins du Monde clinic in Munich as a positive example, which is co-housed alongside a legal advice centre.

2.3 Thematic session 2: Multi-sectoral approaches to addressing health inequalities

Thematic session 2 reflected on multi-sectoral approaches to tackle inequalities in health. The session opened with an overview of the findings from the scientific report, where the participants were asked to think beyond traditional approaches to health policy and consider the wider policy areas that influence health determinants. It then defined multi-sectoral approaches and outlined some of the key principles of delivering multi-sectoral approaches, highlighting the need for the identification of common goals between partners.

The session was facilitated by Jo Robins (Moderator, VulnerABLE Project Team). To set the scene for the session, Jo provided an overview of multi-sectoral approaches, defining what is meant by a multi-sectoral approach and highlighted good practice examples of multi-sectoral approaches. She also posed some key questions to delegates to encourage debate, examining some of the benefits and challenges in delivering multi-sectoral approaches.

2.3.1 Presentation of good practice examples

Speakers gave insight into specific examples of good practice:

- **Interagency guidance tool for Cork City:** Denise Cahill (Healthy Cities Coordinator) provided two examples of multi-sectoral approaches to supporting vulnerable groups and addressing health inequalities. The first was a project designed to engage men in the Traveller community through the median of providing spaces for them to rear horses (this is culturally significant to this group). The project attempted to bring together two communities (Traveller and local non-traveller population), housing, health and animal welfare. However, she highlighted that the failures of this approach were that there was not enough commitment from all of the members to agree on a common goal that could work for everyone, resulting in the project falling apart. In contrast, she went on to present the EcoWell project which aims to bring a better quality of life to the people of Cork City in a sustainable way. The initiative focuses on building common interests between different sectors to develop community strategies and has been successful in engaging a wide range of sectors from health, environment, housing, town planning, culture and education to develop synergies and shared aspirations to improve the lives of the local population. In addition, Denise Cahill stated that she, after being inspired by the Venice Capacity building exercise as part of this vulnerABLE project, is developing an Inter-Agency Guidance tool which organisations can use to support the implementation of multi-sectoral approaches.
- **Casa Aurora:** Nicoletta Capra (Psychotherapist) delivered a presentation about a programme in Italy which aimed to improve the lives of vulnerable women (e.g. drug addicts) and their children through a multi-sectoral approach. The programme, which took over 10 years to develop, sought to increase collaboration between local services to better provide support to vulnerable women and their children. It was observed that simply addressing their housing or health needs was not sufficient in reducing their vulnerability and that a more comprehensive effort was needed. However, getting all parties to participate was a major challenge, and some years of trying they were able to establish a common goal – that they needed to act together in order to protect the health and wellbeing of children. Today, a multi-sectoral approach is used to address the determinants of health and there is collaboration across a network of services that provide support across the region.
- **Expert comments on the theme:** Meri Larivaara (Member of the Expert Group on Social Determinants and Health Inequalities) provided expert comment on the

theme of health inequalities. She emphasised the importance of Health and Wellbeing Approaches in All Policies, the need to upscale projects and programmes to become permanent structures within health systems, and outlined forthcoming Joint Action on health inequalities, including monitoring health inequalities and responding to the challenges of migrant health.

2.3.2 Key themes from the discussion

Following the presentations, there was a Q&A session where the session's speakers had the opportunity to take questions from the floor. The following themes emerged from the discussion between the delegates and speakers:

- **Authenticity of engaging in wider community groups – recognising target groups in service design**: there was concern that within multi-sectoral approaches, the views and needs of vulnerable/target groups may be over looked or simply a tick box exercise. Participants stressed that it was essential to properly engage communities in the development and delivery of approaches, shaping services to meet their needs and views.
- **Finding a common agenda to work on between partners:** delegates stated that it is essential to find and harness a common agenda or set of goals in order to ensure that multi-sectoral approaches work and receive appropriate buy-in from all parties.
- **What can we learn from community groups/third sector organisations about multi-sectoral working:** it was felt by several participants that there was much to be learnt and harnessed from community organisations and voluntary services in how best to implement multi-sectoral approaches, largely because the nature of their work requires them to engage and work with a wide range of sectors and organisations, which they do effectively.

2.4 Thematic session 3: Addressing the health needs of the target groups

Thematic session 3 reflected on addressing the health needs of the target groups. The session opened with an overview of the findings from the scientific report, where health inequalities were defined, the nine target groups were identified, and, challenges were outlined which were experienced across all target groups when addressing health needs.

The session was facilitated by Jo Robins. To set the scene for the session, Jo presented the relevant findings from the project Scientific Report on addressing the health needs of vulnerable people as well as defining the vulnerable groups that the project targeted.

2.4.1 Presentation of good practice examples

Speakers gave insight into specific examples of good practice:

- **Co-production in Public Health Wales:** Maria Gallagher highlighted the importance of co-production in service and policy design and delivery. Understanding what the person needs and putting the person's priority at the heart of an intervention were underlined as key factors of success. It was stated that healthcare is now moving towards being more person centred where services are working with the agenda of the person, instead of making the person work to the service's agenda. Maria called for greater inclusion of the citizens and communities themselves in all aspects of care, including at design stage. Maria further stressed the movement towards more integrated care between services, stating that the fragmentation of care is a barrier to co-production.

- **Prison health in France.** Samuel d'Almeide (Medical Doctor), mentioned the huge deprivation model of care in prisons in France, where prisoners have less access to health and public health services. Samuel presented three steps that need to be taken to improve health in prisons; strengthening the legal framework, strategizing between the Ministry of Health and Ministry of Justice to improve health in prisons, and, tailoring guidelines and budgets of care to make it more people centred.
- **Expert comments on the theme:** Daniel Lopez-Acuna (Member of the Expert Group on Social Determinants and Health Inequalities) provided comments on the theme of health inequalities. He highlighted the importance of identifying and targeting the truly vulnerable in society, whilst also ensuring that preventative measures are in place to prevent other people from becoming vulnerable.

2.4.2 Key themes emerging from the discussion

The following themes emerged from the discussion between the delegates and the speakers:

- **Difficulties in defining vulnerable groups.** Some participants raised issues over how the nine vulnerable groups were defined, and suggested that some groups of people were not covered, such as: carers (informal and formal), migrants, people in debt, ethnic minorities. There was a general call for the recognition for the role and value of carers across all vulnerable groups. Experts called for a deeper analysis of what the root causes of vulnerability are, instead of just defining vulnerability based on the symptoms and consequences. Questions were raised over why representatives from the target groups were not present at the conference.
- **Need for comparable data across and within Member States.** In regards to prisons, the lack of comparable data on health of prisoners was mentioned as a key barrier in assessing and addressing the health needs of prisoners. Suggestions to improve data collection included increasing the number of healthcare professionals and statisticians in prisons to be able to conduct rigorous needs assessments so that adequate funding and services can be provided.
- **Call for increased emphasis on patient centred care**. Agreement was echoed by participants for clients of services to play a more participatory role in the design and delivery of services, yet participation will only work if the service's priority is a priority that matters to those that the service is helping and working with. Calls were made to better empower users of service so that they are able to effectively participate in co-production of services.

Other issues that were raised concerned the lack of funding for mental health provision within national health care systems, that primary care does not have the resources to deal with the increasing problem of mental health, and that national health services across the EU need to be strengthened.

2.5 Thematic session 4: Addressing the social determinants of health

Thematic session 4 reflected on addressing the social determinants of health. The session opened with an overview of the findings from the scientific report and considered how Member States can remove socioeconomic barriers to health outcomes and make societies more inclusive.

The session was facilitated by David Pattison (Moderator, VulnerABLE Project Team). To set the scene for the session, David highlighted key points from the concept paper and findings from the project, and suggested how they may be useful instruments for the participants to persuade policy makers and stakeholders that action is needed to address the social determinants of health. He also noted that the Scientific Report touches upon 12 of the 17 UN Sustainable Development Goals (SDGs) that were signed by the Member States- an integral priority for the future of health discussions in the EU.

2.5.1 Presentation of good practice examples

Speakers gave insight into specific examples of good practice:

- **DIATROFI Progamme in Greece:** Yiannis Koutelidas (PROLEPSIS) presented the DIATROFI Programme implemented in Greece. The aim of the practice is to improve the situation of vulnerable groups, through the provision of healthy free meals in disadvantaged schools. Schools are selected using socioeconomic criteria and all students in the schools are part of the programme, to avoid stigmatisation. One meal per day is provided, with particular attention being given to providing the right nutrients to children. The programme reduced the amount of children experiencing food insecurity and hunger and increased the amount of children with a normal weight and increased knowledge about a healthy diet. In addition, the large majority of families participating in the programme were very supportive of the programme and wished that its activities would continue.
- **Housing First.** Dalma Fabian (FEANSTA) highlighted that homeless people encounter multiple issues in accessing healthcare and suffer the most severe health conditions. This is demonstrated by the fact that homeless people live on average 30 years less compared to the general population. Housing First is an initiative that has been running for a long period of time, providing permanent housing to homeless individuals that show their ability to take treatment and respect their engagement with support services. In this context, housing is perceived as a social determinant of health, so offering housing has a direct impact on people's health. Individuals that obtain a house are able to regain control of their life. This gives them the opportunity to continue addressing other factors that affect their life (e.g. drug abuse). Thus, Housing First provides individuals with a platform where the recovery process can begin; this helps them regain a normalised life. It is a cost-effective programme that has been replicated in different countries. In Finland the national homeless strategy is based on providing the Housing First principle.
- **Expert comments on the theme:** Giuseppe Costa (Member of the Expert Group on Social Determinants and Health Inequalities) highlighted the difficulties in disentangling the different topics of discussion within the conference, given the interlinkages between them. He argued that social determinants of health are all those factors that determine social stratification and therefore access to healthcare and health outcomes. Vulnerability (i.e. exposure to disadvantage) can lead to a negative impact on health. It is therefore necessary to tailor the services offered

and the interventions implemented. It is also essential to allocate the necessary resources accordingly.

2.5.2 **Key themes emerging from the discussion**

The following themes emerged from the discussion between the delegates and the speakers:

- **Use of the concept of vulnerability.** Given its complexities, it was felt by some that the concept of vulnerability might complicate communication of the key issues of health inequalities in the attempt to achieve buy-in from policymakers. It was agreed that it is important to produce a clear and simplified message when advocating for greater action for vulnerable groups.
- **Tool for identifying vulnerable groups.** Several attendees described tools that they use in their own Member States for identifying vulnerable groups (e.g. Hungary and Italy) which have enabled them to adapt their services and better support vulnerable people.
- **Securing funding.** Attendees also stressed the importance of securing funding and gaining political will to support the issue of vulnerability.

2.6 **Plenary session**

The final panel was introduced by Caroline Costongs who chaired the discussion and introduced the speakers.

Prior to the panel discussion, David Pattison presented the main messages arising from the four thematic sessions, setting the scene for the panel discussion.

2.6.1 **Panel Discussion**

As part of the panel discussion, the panellists were given an opportunity to present their key messages on the topic. This included:

- **Ana Carla Pereira** (Head of Unit, Unit C2 – Modernisation of Social Protection Systems, DG Employment, Social Affairs and Inclusion). She presented the main activities carried out by DG Employment that are linked to social inclusion. She expressed her concern about the separation of tasks and competencies between health and employment and social inclusion within the Ministries at national level, as well as within the European Commission. She called for stronger collaboration and synergies in order to improve the effectiveness of actions.
- **Rudy Van Dam** (Chair of the Indicator's Sub-Group, European Social Protection Committee) illustrated the activities of the Committee, within the European Semester and explained that a number of indicators have been developed in healthcare. A series of recommendations are provided in this area by the European Commission. Recent research shows that proportionate universalism, which combines selective approaches, addressing the needs of vulnerable groups, and universalism is the key. Also, a multi-sectoral approach to healthcare should be pursued, but a political framework that embraces this approach is necessary. The recent Council Recommendation, of 15 February 2016, on the integration of the long-term unemployed into the labour market recommends supporting measures for individuals that have been unemployed for at least 18 months. This Recommendation is complementary to the work of the VulnerABLE project; more concrete recommendations should however be developed to take action.
- **Jorge Pinto Antunes** (Deputy Head of Unit B1, Performance of national health systems, of DG Health and Food Safety) illustrated the activities of the DG in terms of supporting Member States' healthcare systems. He highlighted that universal

access to healthcare and, in particular, access to health care for vulnerable groups is still an issue in many Member States. Benchmarking and mutual learning could improve knowledge on this and facilitate the spread of good practices.

- **Freek Spinnewijn** (Vice President, EPHA and Director of FEANSTA) commented that more action would be needed to improve inclusion and access to healthcare for vulnerable groups. He underlined that homeless people are particularly vulnerable and that targeted actions should be taken to address their needs. He also commented that while many guidelines already exists, practical actions should be taken. As a final point he underlined the necessity of a strong role for DG Health and Food Safety in overall thematic priorities of the European Commission, and solid health programme underpinned by appropriate funding.

Christina Dziewanska-Stringer and Caroline Costongs closed the conference by thanking all participants for attending and providing information on the dissemination of project outputs in December 2017.