healthwatch
Oxfordshire

Voluntary Sector Forum: Health Inequalities

September 2017

How you can help make health and social care better

it starts with YOU

healthwatch
Oxfordshire

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1 Introduction

On 13th July 2017, Healthwatch Oxfordshire held a meeting for voluntary sector organisations and community groups with a focus on health inequalities. The forum was held in Abingdon, at the Preston Road Community Centre and 50 people attended the meeting representing 28 different voluntary sector and statutory organisations.[1]

The meeting took as its starting point the report by the Health Inequalities Commission (HIC) on health inequalities in Oxfordshire. Richard Lohman, a commissioner on the HIC, provided attendees with an overview of the process of how the HIC took evidence and the 60 recommendations it made.[2]

Jackie Wilderspin, Public Health Specialist, Public Health, Oxfordshire County Council then spoke about the progress that has been made to date on addressing these inequalities.[3] Jackie started her presentation by stating the established link between deprivation and health inequalities, making the point that people who lived in more deprived communities lived less long and were sicker for longer.

Ms Wilderspin provided information on the various initiatives around the county to tackle health inequalities such as the Oxford City Council project to tackle homelessness after discharge from hospital or prison, or measures taken to support the 10% of the population in Oxfordshire who are considered to live in fuel poverty.

This report summarises the responses and feedback from attendees at the event.

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[1] A full list of organisations that were represented can be found in the Appendix.
[2] The slides from Richard Lohman's presentation can be read here: http://bit.ly/2uJgCks
[3] The slides from Jackie Wilderspin's presentation can be read here: http://bit.ly/2uJfa1P

2 The most pressing health inequalities

The Forum identified current challenges/gaps in services including:

2.1 Geographical inequalities are akin to a postcode lottery.

It was felt that where you live can determine what services you are able to access, thereby exacerbating health inequalities. For example, The Early Supported Discharge service for stroke patients is only available in Oxford city and Bicester. [4]

Similarly, parents who feel they may need extra support are only able to access the support of an organisation like the Oxford Parent Infant Project in some areas of Oxford city and West Oxfordshire. There is no such provision in the south, east or north of Oxfordshire.

It was also felt that Oxfordshire was an expensive place to live and this had an impact on the recruitment and retention of staff.

2.2 The unequal impact of cuts in funding to public services with the most negative impact on the most vulnerable people in society.

Attendees stated that cuts to transport services have created a gap for those who need support to reach medical appointments.

Cuts to day centres have an adverse impact on those who used these social care services. Attendees urged commissioners to ensure that services that were now replacing day centres and children's centres met the needs of people using these services.

Similarly, attendees said that GPs were now overstretched and unable to take the time to adopt a holistic approach to a person's health.

There was a strong concern expressed about the lack of resources available to invest in prevention activities, which are of critical importance in tackling health inequalities and ensuring people understand how to stay healthy. One discussion focussed on the constraints on mental health services particularly for more marginalised groups of people such as detainees and prisoners. People emphasised the danger that health inequalities will increase because of cuts to community services.

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[4] Making this service county-wide is one of the proposed changes that Oxfordshire Clinical Commissioning Group consulted on in Phase one of their Transformation consultation that closed in April 2017.

Lack of joined up care for people- one group stated that people are often pushed from pillar to post trying to access services they need, and different agencies involved in their care fail to communicate adequately.   Attendees urged commissioners and providers to do more to join up pathways for people to bridge what was described as a massive void between health and social care. Attendees said that previous cooperation between agencies was now in disarray.

2.3   Inequalities in access to technology

Attendees raised the point that for there to be true equality in health, if health services are going to rely increasingly on technology to support people, there has to be equality in access to technology. Often people living in rural areas don't have access to good broadband and therefore struggle to access information online or use technology such as Skype or email in contacting health professionals.

2.4   Inequalities in access to information

Related to the inequalities in technology is also the access to user-friendly, accessible information. Attendees pointed out that it is important that easy to understand information on staying healthy is available for people offline as well as online. The point was also raised that some people are disengaged from services and are not aware of certain services (for example advocacy services, or appointment buddies). The challenge is to reach people who need services but aren't aware they exist.

2.5   Inequalities in data on different sub groups of the population.

One attendee raised the difficulty she had had in gathering data on the number of older carers in Oxfordshire looking after people with learning difficulties. Another raised the challenge in collecting information about household income and poverty in giving benefits advice to people.

3 The role of the voluntary sector in tackling health inequalities

Representatives of different organisations made the point that voluntary sector organisations are at the forefront of addressing health inequalities. They provided examples of the kind of work that their organisations carry out such as:

3.1   Signposting to services

Many organisations play an important role in guiding the vulnerable people they support through the complex health and care system.

3.2   Prevention and raising awareness

Attendees gave examples of how their organisations raise awareness amongst communities about healthy living.

3.3   Social prescribing

Voluntary sector organisations play a pivotal role in supporting people who have been signposted to them by their healthcare professional for support other than medical input.

3.4   Challenging the system

Voluntary groups speak out where the system does not meet the needs of those they support through advocacy.

3.5   Experts in their communities

Attendees noted that their organisations have data on the groups they support and are often experts about the needs of the communities they work in.

3.6   Access to seldom heard voices

They can help those who commission and provide services hear from people who may be otherwise hard to reach or hear from.

3.7   Filling in the gaps where the statutory sector is unable to meet a need

Many organisations pointed out how the statutory sector often relies on the voluntary sector to fill in the gaps in services. Attendees said that voluntary sector organisations often provide a service that is more person-centred than other services on offer.

4 Voluntary sector suggestions on what needs to be done to tackle health inequalities.

4.1 Voluntary sector representation on the Health and Wellbeing Board

Attendees repeatedly emphasised it was important that a representative of the voluntary sector was present on the Health and Wellbeing Board. There was a discussion on how the structure of the Board can be changed and how the voluntary sector, in all its diversity, can be represented by one seat, but attendees overwhelmingly pressed for a reserved voluntary sector seat on the Board.

4.2 Involve voluntary sector organisations early in service design and delivery

Statutory sector commissioners and providers were strongly urged to:

* Work more closely with voluntary sector partners to involve them in designing services and delivering better outcomes for people.
* Have conversations early on in the process, at the initial states of strategic service co-design, with their voluntary sector colleagues.
* Source data from voluntary sector organisations on the populations they work with, as they are experts on the populations they serve and these populations are often those whose voices aren't being heard.
* Collate more data on specific population sub-groups to plug gaps in information and enable better planning of services.

4.3 Invest in preventative education, awareness raising and sustained support

Many attendees said it was very important to get the message of self-care and the importance of healthy living out to communities. Health authorities were urged to:

* get the message out that people's health is their own personal responsibility
* provide user-friendly information
* start such interventions early- for example at primary school
* teach children how to cook healthily at school
* make the information and the messages accessible without acronyms and lengthy reports but through easy to understand videos and posters

- improve communication on prevention and healthy living with young people
- build relationships of trust with communities in order to spread the message of prevention
- offer ongoing support to people looking to make changes so that changes are sustainable (rather than the time restricted programmes currently on offer).

4.4   Invest further in social prescribing

Attendees said that there was evidence that social prescribing can ease demand on GP services significantly and voluntary sector organisations are key in providing alternative sources of support to people who are signposted to them by their GP or care navigator.

4.5   Use technology in health services in a sustainable and equitable manner

Health authorities were urged to ensure that when technology was used to support a person's health, that it was accessible to them and sustainable. The example of an electronic device to monitor health was given - if someone is provided with such a device, then it is important to also provide them with the batteries that will ensure the device continues to work. It is not enough to provide the person with the technology alone. Ongoing support is needed. It is also important therefore to ensure that the technology is accessible to all and that some people are not disadvantaged because of their rural location.

5 Healthwatch Oxfordshire and the voluntary sector

In light of the issues raised by attendees at the Forum, Healthwatch Oxfordshire recognises that it can play an important role in supporting community and voluntary groups, including local, self-help groups to:

- have their voices and their members' voices heard by decision makers, commissioners and providers of health and social care services in the county.
- stay informed about upcoming events, meetings, policies, and decisions of significance that have an impact on their role.
- network with each other on key issues and areas of interest.

We are keen to develop further our mechanisms for ensuring this happens. To this end, we will be holding another Forum later in the year to explore with voluntary sector partners how we can strengthen this aspect of our work.

Appendix: List of attending organisations

Abingdon Health Walks

Action for Carers

Ami

Archway Foundation

Asylum Welcome

Carers Oxfordshire

Citizens Advice Oxfordshire South and Vale

Community Dental Service, Oxford Health NHS Foundation Trust

Elmore Community Services

Getting Heard

Goring and Woodcote Patient Participation Group

Headway Oxford

Marcham Road Patient Participation Group

Mencap

My Life My Choice

NHS England

Oxfordshire Clinical Commissioning Group

Oxfordshire County Council

Oxfordshire Family Support Network

Oxford 50+ Network

Oxfordshire Multiple Sclerosis Therapy Centre

Oxford University Hospitals NHS Foundation Trust

OXPIP

Rethink Mental Illness

Red Cross

Stroke Association

The FASD Trust

Vale of White Horse District Council