Wessex Voices

local healthwatch working together

NHS England

‘Let’s use the power of people’s experience and voices to address health inequalities’

Good for Wessex event:

Engaging in health inequalities

Full report

20th November 2018

Event background

The health inequalities gap is growing. This will only be addressed by enabling those affected to have a voice in shaping the solutions to the issues they face. The aim of this event was to provide a unique opportunity for a range of different people from different organisations across Wessex to:

- Create a common understanding of what we mean by health inequalities and how current patient and public involvement can address these issues
- Share what is already working in terms of engaging with communities to address health inequalities and improve equitable access to services
- Identify areas where we can improve engagement and amplify the voice of people affected by health inequalities to bring about changes

Thirty-six people came from:

- Healthwatch and the wider voluntary sector
- Local Authorities
- NHS England (nationally and locally)
- Clinical Commissioning Groups
- Public Health England
- Provider Trusts
- Housing organisations
- Wessex Voices

Context for the day

The event opened by exploring where health inequalities in Wessex are experienced and the link with socio-economic deprivation across Dorset, Hampshire and the Isle of Wight. We explored how this can affect people's outcomes from before they are born through to death.

We then explored the terminology used to describe who may be affected. For example, people with 'protected characteristics' as defined by the Equality Act 2012; 'health inclusion' and socio-economic groups. Understanding who we are talking about can refine what needs addressing and who we need to involve and engage with.

The mortality gap between those of lower and higher socio-economic groups has been growing since the 1930s. Looking at disability-free life expectancy and multi-morbidities, rather than general life expectancy, can help us address this gap by focusing on the social determinants of health. This data can help show which communities are affected, at what age, and by what conditions – and therefore develop potential health interventions. When overlaid with demographic information, e.g. gender, ethnic groups and disability, this can highlight which

groups we should engage and develop specific initiatives with, particularly those that are seldom heard.

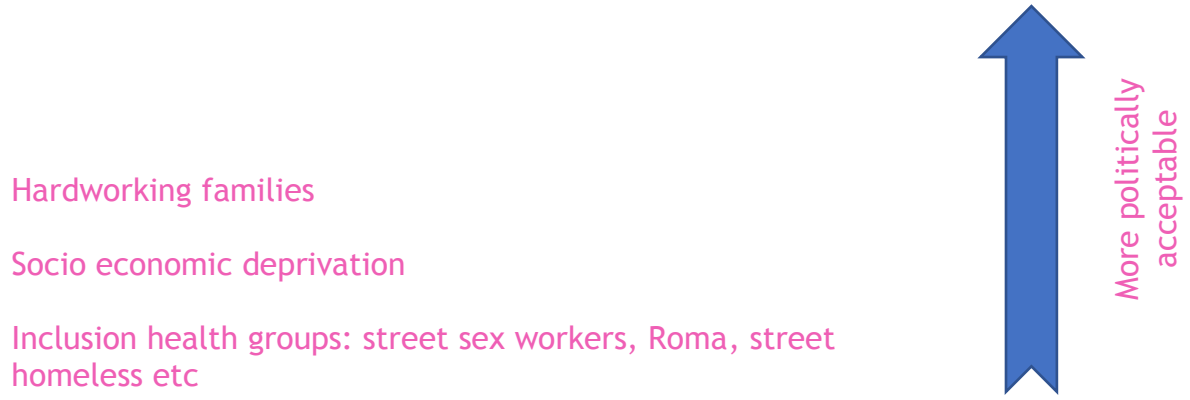
Some of the factors that stop action to address inequalities being taken include:

- Legislation
- Power (or lack of)
- Who is round the table discussing these issues
- Lack of clarity about where action is needed
- Isolation and defensiveness
- False expectations (small improvements can make a difference)

Whilst those experiencing health inequalities are generally more frequent users of health services, most of what keeps us well has nothing to do with these services. Health is determined largely by a person's job, housing, education and access to welfare benefits that can lift people out of poverty. People's mental health also has a significant impact on their motivation and ability to take responsibility for their own health. It's not the health services job to solve the issues around inequality in isolation but they can make a difference to their patients' lives.

There are also significant issues about people not having a voice to articulate their experiences and ideas for solutions, not only those affected by health inequalities but also frontline staff working with these communities. Addressing issues of the most health excluded are often the least politically and socially acceptable (see figure 1). GPs and community providers will, however, have a good understanding of the circumstances people in those communities find themselves in and they need to be part of the solution too.

Figure 1. Acceptable face of inequality



An example was given of how Macmillan listened to cancer patients and their carers about their experiences. One of people's main concerns was around the financial impact that a cancer diagnosis has, which led to Macmillan providing welfare rights services across the country. These financial concerns also have a

significant impact on people's recovery from mental health issues.

Example approaches to engaging with seldom heard communities

Mark Gamsu, Fellow of Faculty of Public Health at Leeds Beckett University and Sheffield CCG Lay Member, shared an example of how Healthwatch Sheffield gave small #SpeakUp grants to community groups to enable them to gather the views and experiences of health and social care services from Sheffield residents, especially from those who historically do not have a voice. The aim was to ensure that health and social care decision makers in the city hear from a diverse range of people about their experiences of services.

Lou Bate, from Healthwatch Dorset, then shared their approach to giving small grants to support local voluntary and community groups that help them reach communities and people with "protected characteristics" as defined in the Equality Act 2010. As well as creating a lasting impact and spin offs for the groups for very small amounts of money (which is often match funded), learning from this has encouraged Healthwatch Dorset to be more creative in their own engagement approaches and has created a legacy of sustained relationships.

Steve Manley, of North East Hampshire and Farnham Clinical Commissioning Group (CCG), reflected on the Healthwatch Dorset example and said that the CCG do something similar but that they also support the applicants via an Innovation Conference. Here they can connect to other applicants and people in the system to discuss their ideas and get feedback, which often leads to in kind offers of support.

Steve then went on to describe the CCGs' whole organisation commitment to involving people in services; their support for staff to do this; their Community Ambassador Programme; and invitations to seldom heard communities to have conversations with CCG staff who may not have regular contact with local members of the public. This gives them an opportunity to hear from different groups about their culture and values, and listen to the challenges they face in accessing healthcare. Finally, Steve described some work the CCG is embarking on; having listened to Deaf people, the Nepalese community, carers and people with mental health issues and learning disabilities; to improve access to information and services.

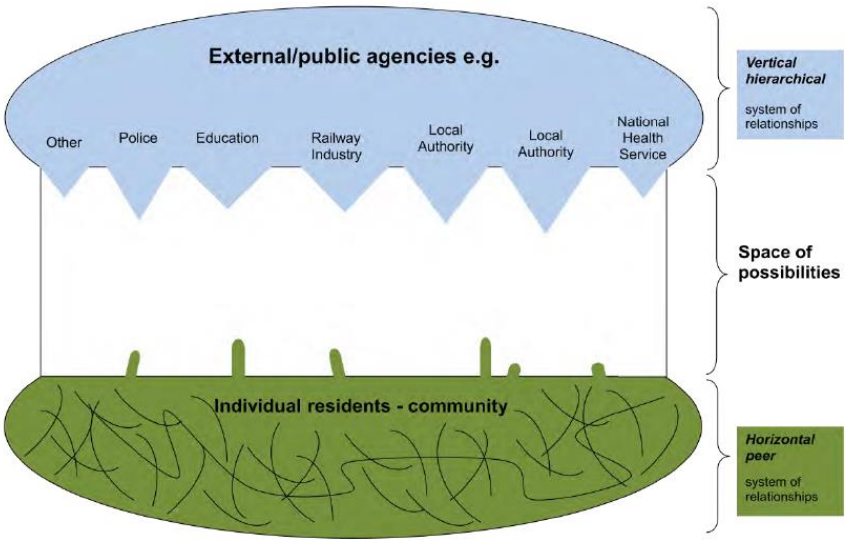
Reflections on these examples included:

- Engagement with seldom heard groups is complicated and therefore organisations have to think through and be sharp with their approach.
- It was useful to see an example of where a CCG has a strong commitment to engagement and is trying to put this into practice at different levels.
- The higher the level of people's involvement in services and decision-making people have, the greater their ownership of that shared decision is (see below).

Figure 2: Shared ownership of decisions

- Grants offer the opportunity for the agenda to be set by the group undertaking the project.
- These initiatives can enable a collective voice that can then be fed into the system.
- Engagement of this sort can create a space of possibilities between hierarchical public sector organisations and the community where innovation and new creative solutions can emerge (See Figure 3 below).

Figure 3: The space of opportunities[1]



All the presentations and links to the films shown on the day can be found at: www.wessexvoices.org/key-reading.html

[1] Eileen Conn, July 2011 'Community engagement in the social eco-system dance'

Key messages and recommendations summary

Key messages	Recommendations
1. Amplifying the voice of people, communities who experience health inequalities and those that work with them, is needed to inspire action to bring about change.	1.1 Share stories from real people with decision makers in ways that create an emotional impact and challenge assumptions. 1.2 Consider how a range of stories can be used as tools to bring about change. 1.3 Tell people what has changed as a result of their feedback. Be honest about what hasn't.
2. It is important to be clear about who experiences inequality and discrimination. Multi-morbidity and disability free life expectancy data, not just overall life expectancy, is helpful as it makes it clearer what health services and their partners can do to address the issues.	2.1 Be clear about definitions of inequality and equality and what these mean for your populations. 2.2 Give priority to addressing health inequalities in planning and delivery of services, and measure the impact. 2.3 Ask and discuss how funding for health inequalities is distributed, in particular how the NHS funding formula and inequalities weighting for primary care is allocated locally.
3. It is important to recognise the impact of other policies on health inequality and equality. Possibly the most important are those that impact on financial insecurity, such as national policy on welfare rights and housing. While policy is set by government it is important to be clear about what local health systems can still do. 80% of our health and well-being is about having access to good housing, schools, employment, food, open spaces etc, and only 20% is about access to health services.	3.1 Push for health inequalities to be on agendas regularly at all levels of the system and in individual organisations. 3.2 Make sure there is a balanced voice of those who are rarely heard with those who are always heard in service reconfiguration. Continue to challenge the depth and reach of engagement and coproduction at all levels of service design. Healthwatch can play a role to champion this.

4. People's mental health is important as it affects their ability to take control of their own lives and to make changes for themselves.	4.1 Continue to challenge stigma around mental health issues. Provide mental health awareness training for frontline staff who are dealing with people's physical health. 4.2 Ask and discuss how funding allocations decisions for mental health services are made, particularly how activity levels affect funding and therefore provision.
5. Do not be overwhelmed by the task. Small local improvements can make a difference. It is not the NHS's job to solve all inequalities but as a significant part of the health and social care system they can do better.	5.1 Work with the public to make localised decisions about health communities. Make it simple and rewarding for people to get involved. Include all community and frontline workers, from food banks, pharmacies to taxi drivers to hairdressers in this. 5.2 Offer small grants and in kind support so people's voice is heard and they are enable to create their own solutions.

Conclusion

If improvements to the outcomes of those experiencing widening health inequalities are to be addressed, it is clear those people need to have a voice and be involved in creating the solutions. They, and others working closely with them in those communities, know and understand the issues but may feel unable to make the changes needed.

There are already simple and effective ways, demonstrated by today's presentations, of amplifying the voice of seldom heard groups that can be built on. There was a strong message that small local improvements can make a difference. We do, however, need to engage with a wide range of powerful decision-makers to connect people's stories and experiences to ensure resources and action are focussed on addressing health inequalities in the near and longer-term.

With that in mind, we are asking everyone who attended the event or reads this document to take up our call to action. This is to take the key messages and recommendations summary from this document and ask the highest level meeting in their organisation they can to:

- Take this summary to the highest level meeting in your organisation you can, discuss it and ask what they might do differently as a result.
- Tell us where you took it, what was said and what further action will be taken.
- Tell us what you learnt from doing this and what would help you make this discussion stronger.

Wessex Voices will collate all the responses we received and publish these on www.wessexvoices.org.uk on an ongoing basis.

Please see the summary document or Appendix 1 for a 'Call to action response sheet' to complete.

Appendix 1: Good for Wessex event: Engaging in health inequalities - Call to action response

1. Which meeting did you take the 'Good for Wessex event: Engaging in health inequalities summary' to and when?

2. Who was represented there?

3. What did they say?

4. What further action will be taken?

5. What you learnt from doing this?

6. What would help you make this discussion stronger?

Thank you for taking the time to do this. We will collate and share responses on www.wessexvoices.org an ongoing basis. Please return your response to Sue Newell, Wessex Voices Project Managers on Sue.Newell@helpandcare.org.uk.

Further resources

Bright Blue and Joseph Rowntree Foundation's Burning injustices

This interesting publication gathers parliamentarians' contributions into the wide-reaching agenda of inequality.

GPs at the Deep End

This link provides lots of information and resources for this inspiring work where General Practitioners are serving the 100 most deprived populations in Scotland.

Health Foundation's The nation's health as an asset briefing

This makes the case for the nation's health to be viewed as a proper asset that requires long-term investment for our society to prosper. It also describes a research programme that will assess the effect of an individual's health on their social and economic outcomes.

Institute of Health Equity – A fair supportive society

This report highlights that some of the most vulnerable people in society and recommends actions focus on the 'social determinants of health' particularly addressing poverty, poor housing, discriminations and bullying.

King's Fund blog by Lord Victor Adebowale on Health inequalities and the NHS

Lord Victor's thoughtful blog argues that the NHS has a critical role in working with people and communities to reduce health inequalities, as was its original intention.

King's Fund - Talking about the 'return on investment of public health': why it's important to get it right

This article explores the challenges of using 'return on investment' in terms of public health interventions.

Local democracy and health

Mark Gamsu's blog where he regularly comments about public health and local democracy, changes in the health and social care system and health inequalities. You can also follow him on @markgamsu.

NHS England's Challenging Health Inequalities

This aims to help identify areas of variation in avoidable emergency admissions in more and less deprived CCGs as an indicator of inequality and to promote a discussion where variation occurs.

NHS England's Equality and Health Inequalities Hub

This Hub brings together NHS E equality and health inequalities resources and provides useful links and information for the sharing of good practice.

NHS England's Equality and Health Inequality NHS RightCare Packs

These contain information specific to each local health system and should be used to support local discussions and inform a more in-depth and wider analysis of health inequalities than just the data held in these packs.

A New Policy Institute's A Quiet Crisis: Changes in local government spending on disadvantage: Changes in local government spending on disadvantage

This independent research sets out to explore how English local authorities are supporting people facing disadvantage. It explores how local services have fared during a sustained period of severe financial pressure on local government finances and whether this experience differs across the country.

Public Health England's Health profile for England 2018

Chapter five of this profile provides an overview of health inequalities, concentrating mainly on inequalities by deprivation.

Social metrics commission – measuring poverty

This briefing provides unique insight into the extent and nature of poverty in the UK. It uses a new, more wholistic approach to measuring poverty launched by the Social Metrics Commission in September 2018.

University of Bristol's 'How should health policy respond to growing challenge of multimorbidity?'

This policy report discusses the issue of multimorbidity and offers a summary of recommendations.

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We would also like to thank Angela Baker, Deputy Director, Health and Wellbeing, Public Health England - South East for her presentation about health inequalities in Wessex; as well as Lou Bate from Healthwatch Dorset and Steve Manley for sharing their organisations' good practice.

The day would not have been a success, however, if it was not for all participants contributions. Thank you!