Health Inequalities and Healthwatch Dudley, 24th July 2013

This is a summary of information and insights gathered from the participants at the workshop. We are very grateful to all those who shared their wisdom and experience.

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Executive Summary

Health inequalities are…

- Shocking: the poor are being unfairly penalised.
- Unjustifiable: you can't choose where you are born.
- Worsening: due to cuts to preventative services.
- Avoidable: but we have not allocated resources effectively.

Information for local Healthwatch should be…

- 'Top line': telling us the main points and where we can get more information if we want it.
- Interpreted: out of public health jargon, into lay-person's terms.
- Real: reflecting people's real lives and related to local places and services that we know about.
- Inspiring: tell us how to change situations for the better.

Participation strategies that address health inequalities are…

- Meaningful and empowering: concerned with topics that people care about and providing avenues for action.
- Local: led by people who come from the area.
- Broad and proactive: involving many people in a range of different ways.

Healthwatch can…

- Gain authority on this subject by listening to local experts. These are people who live in Dudley and have personal experience of the factors that create health inequalities. This is largely missing from official research.
- Search out solutions from people's stories.
- Encourage 'Citizenship learning': so ordinary folk can have information on who makes decisions, and how can they be held to account. False promises are demoralising and must be challenged.

The workshop in more detail

Contents

1. Causes of ill health

Root causes: lack of communication**;** lack of money**;** unemployment**;** lack of education**;** genetics**;** stress**;** culture**;** social/economic forces**;** environment

Direct causes: anxiety**;** bad diet

Examples of ill health: rheumatoid arthritis**;** high cholesterol**;** cancer**;** obesity**;** dementia; anxiety**;** depression**;** asthma**;** hyper-tension**;** diabetes; addiction

2. Health inequalities are…

Participants were asked to fill in two sides of a postcard, one before and one after the main body of discussion in this session, saying what they thought 'health inequalities' meant. These are reproduced here.

Side 1	Side 2
- When not everyone who needs services or support can access for whatever reason - External factors impact on peoples' health and well-being may be environmental / financial / age	Interested in issue about how much more effective and supportive Community Voluntary Service organisations can be than statutory. A lot seems to rest on General Practioners and their role as gatekeepers.
Health equalities should be where services should be accessible for everyone without barriers between neighbourhoods, age, etc.	Where we're not given options on services available and there are barriers. Big divide on statutory / voluntary services

	provided
Equal right to use all service for the best treatment outcome for the service users. For the right to choose treatment and obtain the best possible service for everyone to have the right for treatment	All the other side as well as... Rights and responsibilities from both services users and organisations
Poor communication from some services ie. DMBC DGH.	Environment can lead to stress then ill health.
[Drawing of river of life!] 'We're all in the river of life – some of us have found ways to cope' (Antonovsky).[1]	Me vs. us People wanting to / thinking they can't get out of places. Convenient myth perpetuated by people with power and vested interests. What about those left behind? Lack of collectivism -> exacerbates / maintains
Deprived of information, poverty, services, ability to access services because language barriers, communication skills, expectation, location, lack of knowledge. Access to information, lack of choice.	Where you live Your income Your environment Lack of resources e.g. exercise, social activities Lack of information e.g. what's going in the council.
1) Unjustifiable within a state with a cradle to grave health service. 2) Inevitable where people make their own lifestyle choices. 3) Capable of being influenced if we get policy right	Strongly influenced by the choices available to you
An individual being treated differently to another person. Being judged for your illness. Not receiving the right help or being listened to.	-
I don't know.	- Health inequalities are very much influenced by social and economic status. - The cuts in preventative services are leading to higher frequency of health inequality.
Different presentation of illness / conditions according to circumstances in which you live Differences in access to services / facilities dependent on where you live, class, ethnicity, age etc. Postcode lottery – differences in	Complex in origin that is dependent on a number of variables impacting on a person's life. Some things are at a societal level and can be about government / culture etc – poverty Some things are about individual choice (but

[1] Antonovsky, A, *'Unravelling the Mystery of Health'*¸ 1987: *'…none walk the shore safely, so the nature of one's river and the things that shape one's ability to swim must all be considered.'*

diagnosis/treatment dependent on where you live, personal circumstances.	from what set of options?)
Information - lack of	-
Information Access to services Quality information training	Lack of information Lack of education Lack of knowledge
Information makes it easier to understand Waiting for long periods of time Making sure people talk to you and not your carer Training Treating everyone equally Making things accessible	Proactive not reactive services not available Communicating well with everyone Choice Self responsibility Knowing what the efforts are of their choices Signposting well with GPs Decision making Education
Information not clear. Access to services. Knowing about services. Untrained staff.	Lack of knowledge. Lack of choice. No-one is independent!!
How to control my diabetes or my anger that comes when low or high	-

3. How you would improve the presentation on health inequalities

Key points:

- Include a discussion about how choice and self responsibility fit into the social, economic and environmental picture. Otherwise, the description of health inequalities seems too determinist. We have agency and autonomy, but then private companies are also attempting to skew our choices.
- Society may be wrapping people up too much already: we don't want pity, and it's patronising to imply that people from poorer backgrounds are trapped in these circumstances, and with ill-health.
- Analysis of the current changes: the impact of cuts to preventative services on health inequalities.
- Labelling can be problematic – being told you're from a 'deprived' area is enough to make you ill!
- Thinking on government resource allocation (picking up on the point that the NHS alone cannot address health inequalities): If community and voluntary services are best like the government often says, why can't we invest in these?

4. Evaluating the local information

Table 1

- Seemed bland. Very little colour.
- Too much information in text, some good graphics would be better.
- Helpful to have summaries and info-graphic grabs before more detailed information.
- Please no acronyms. No fancy words.
- We all learn in different ways; we need to cater for this.
- Some of the signage was misleading because the page that said health in Dudley was about life expectancy.
- When differentiating between male and female life expectancy it's misleading as it doesn't show how women are at the sharp end of poverty.
- No information about economic activity.
- The map should include things like house prices and where there are green spaces.
- Not enough on mental health
- Information on who is using services is missing.
- The comparisons showing your area is ranked in the middle doesn't really give you enough incentive to change.

Table 2

- Needs to be in lay-person's terms.
- Put in easy read.
- Put things in plain English and don't give us information that we cannot grasp.
- This isn't reflective of people. Everyone is a number in there.
- Needs to be better awareness of Joint Strategic Needs Assessment as it's a powerful part of the system.
- This info is useful to researchers but not people who live in Dudley, they wouldn't find it interesting.
- Labels such as 'deprived' are classist.
- Missing information on employment and transport
- Could tailor the information to particular client group – i.e. if I have diabetes I'll be interested in reading about this.

Table 3

- People say graphs are easy because visual. But unless you understand the terms and think in that kind of analytical way, they're difficult to understand. It's about how they're represented. Graphs clearly showing trends can be useful.
- Liked the key fact boxes from the Joint Strategic Needs Assessment
- Unless you have an analytical mind, you can't understand any of this
- You do need some statistics – these can be useful.
- Are people interested in national comparisons or are local ones better? Both are important but people relate to local comparisons better than places they've never heard of or don't know.

- Visual impairments are missed. Info on older people is missed out. The National Health Service don't see older people as a separate client group.
- It all needs to be in large font.
- People like maps because you can see the whole borough. But these ones are illegible.
- Information should always be designed ergonomically. Healthwatch should do this.

5. Examples of local action

Some current successes in Dudley

- COAST (Community Outreach and Satellite Team Dudley) are a Dudley service to support people having problems with alcohol and substance abuse. They are doing drop-in sessions at libraries and GPs. They try and get people engaged in issues around addiction and give advice and signpost. The drop in concept is great. It's a good way of taking things to the community.
- At the Purple Hub in Russells Hall hospital, there's desk area which organisations can take over for a day to give advice, support and promote their organisation and services.
- When New Testament Welfare Association give people culturally sensitive food it triggers their memories which is good for preventing depression and dementia.
- Pharmacies are great places to get information in simple language. Dudley Council has been setting up 'community access points' including pharmacies who have signed up to provide networked information on a range of health, wellbeing and welfare topics.

What else could be done?

- Training for GPs. They often have their own views and this can be a problem e.g. some GPs tell people their problems are just 'due to old age'
- Training for Doctors who aren't educated in addiction. Alcohol addiction has only recently been classed as a mental health problem.
- Citizenship learning: so ordinary folk can have information on who makes decisions, and how can they be held to account. False promises are very demoralising and must be challenged.
- Develop indices of wellbeing
- Invest in spaces and places
- Having places where people can meet is very important. Human contact is always better than machine contact.

- Volunteers in GP surgeries with training in mental wellbeing who could give people one-to-one advice and refer them to other sources of support and courses they can go on.
- When you go to the GP, there are thousands of sheets of information. Why not have one person with a computer to signpost instead?
- More outreach and face to face work going into schools, educating parents and children.
- We have to target minority groups in ways that make sense to them.

Considering the example of Bromley-by-Bow GP Surgery

- This example is very dependent on GPs, who aren't often willing to engage in holistic approaches. It sounds perfect in theory but perhaps not in practice?
- If the services in one area, you can't get away from the clinicians and move on. You don't always want to be at the GPs.
- Different services may require different venues, eg. with sexual health services the priority can be being far away from your parents.
- Services should be joined up better but not necessarily in the same building, even if they are in the same building you can still work in silos and never speak to each other.
- Nice idea to have 'life centres' not healthcentres. However, places such as Dudley Plus (housing and benefits) can be badly managed with very long queues. You want 'free-flowing communication'.

Considering the example of Sheffield taxi drivers

- A helpful approach – there's another example where hairdressers were trained to give advice about cervical screening services.
- Could do bus drivers, fire brigade, police etc as well.
- We all have to do things innovatively and go to people, not expect people to come to us.
- This is great because there's someone you can talk to. There's a preconceived idea that doctors are superheros so they are more off-limits.
- Using people as Health Champions is very effective. Healthwatch plan to do this via people in existing organisations who already have relationships with others. It's always better to talk to someone who has experience of your health problem, e.g. addiction, depression, than talk to someone who has no idea what it's like.

6. The role of Healthwatch in hearing the local voices

Table 1

- Use co-production to bring together service users with the experience and professionals with processes.
- Engage with politicians, professionals and all ages and backgrounds (possibly in libraries)
- Meaningful campaigns. Behaviour change initiatives often have limited effect.
- Use experts' by-experience, build on the Expert Patients Programme.

Table 2

- Healthwatch should be for everybody.
- Ask the experts who have experiences of health inequalities. Experiences are crucial because people are very different and this does come through in statistics.
- Work with user-led organisations and peer support groups
- Work with The Gallery. This is a good place to go, there's 1-1 advice and activities.
- Make use of Summer fetes and community days, eg. Scarecrow Festival in Belbroughton.
- Advertise in supermarkets, where everyone goes.
- Connect with community centres, and tenants and residents associations
- Make informal Healthwatch champions out of people in existing organisations who have relationships with people who may be affected by health inequalities.
- No stereotyping: 'If you disrespect them they'll disrespect you' – this is particularly in relation to estates in Dudley which are great, supportive communities that 'look after their own'.

Table 3

- Healthwatch is there for everyone but will need to take a targeted approach.
- In particular we should target: those less heard, those with language barriers / Black and Ethnic Minority groups; old people's homes and the frail elderly; young people in schools and colleges who could be Healthwatch Champions; uniformed groups.
- Healthwatch needs other organisations in Dudley to be willing to share information with them in appropriate formats.
- Utilise existing engagement vehicles – 'hotspots'.

7. Feedback from the 'feedback wall'

- Very good meeting. Learned a lot. These sort of meetings are very informative.
- Great to meet different people from different services.

- Good to get us thinking about health inequalities. We could do with thinking about how we follow this up and seek to influence local policy.
- I'll be thinking about this for some time – lots of ideas and thoughts triggered.
- Felt rushed and needs to be easier to understand / interactive.
- Really enjoyed and had some great input. Worthwhile coming to. Food was great!
- Found it very useful
- Thought the event was very well organised and everyone had an opportunity to give their input.
- Excellent really good ideas.
- Useful and thought provoking.
- Thought provoking time def flies!
- Excellent event – thought provoking
- I appreciated being in small group discussions
- The input and contributions and topic has prompted helpful reflection on my work and passion
- Interesting
- I liked the process and participatory nature of the workshop
- Found interesting and good
- Enjoyed the day. Good range of topics. And discussion well facilitated. Maybe some more time needed for small discussion sessions.
- I learned a lot today. I think it was a really good idea to get people together to discuss the issues around health inequalities.

Report compiled by Anna Coote, James Angel and Sarah Lyall, new economics foundation.

For more information, and to suggest additions or changes to the content of this report please email sarah.lyall@neweconomics.org.