

“WORKING WITH COMMUNITIES TO REDUCE HEALTH INEQUALITIES”

CONTEXT:

Where we live can greatly affect our opportunities in life. Looking at the city of Newcastle Upon Tyne, in the north east of England, we can see this in action across the districts which make up what is a fairly small urban area with a population of approximately 275,600¹

As in any city there are areas of prosperity sitting alongside areas of less obvious wealth, which contrast with pockets of severe deprivation. Those living in areas of poverty have the double problem of poor life chances AND poor health. Traditionally, society has looked to the health sector to address health issues but many of the health issues facing society today cannot be addressed by the health sector alone. Indeed many would argue that the health sector has a relatively minor role in addressing inequities and the social determinants of health.

An important precursor to tackling health inequalities is an understanding of the determinants of health beyond purely genetic factors. The World Health Organisation (WHO) describes the social determinants of health as “the conditions in which people are born, grow, live, work and age”. It goes on to state that these conditions or circumstances are shaped by the distribution of money, power and resources at global, national and local levels. These are themselves influenced by policy choices. It makes clear the link between the social determinants of health and health inequities. These are defined as “the unfair and avoidable differences in health status seen within and between countries”.

Within the English context Newcastle is recognised as having a challenging health profile:

- there is a 12.6 year difference between the ward with the highest and the ward with the lowest life expectancy at birth: in South Gosforth male life expectancy at birth is 79.3 years, while in Byker it is 66.7 years.
- 28% of dependent children aged under 16 living in Newcastle live in an income-deprived family. This ranges from 1% in North Gosforth to 99% in parts of Cowgate and Benwell.
- Elswick has the highest rate of unemployment claimants at 15.3% and parts of North Gosforth have the lowest rate, 1.9% - compared to the 5.8% across the city as a whole and the national figure of 3.0%
- 21% of the city's residents are amongst the 5% most deprived in England; 31% are amongst the 10% most deprived
- Newcastle is ranked 37th of 354 Local Authorities for multiple deprivation (where 1st is the most deprived)
- Newcastle has 53 Super Output Areas (out of 173) in the most deprived 10% of Super Output Areas in the Country, a figure that is three times as many as would otherwise be expected

Successive policy documents, including public health and local government white papers, have provided a mandate for multi agency involvement in tackling health inequities. The social determinants of health and health inequalities are multifaceted. Addressing them requires

¹ Newcastle Joint Strategic Needs Assessment (JSNA)

multifaceted solutions that cut across sectors. This takes account of the broader social, cultural, economic, political and physical environments which shape people's experience of health and wellbeing.

As third sector organizations and registered charities, Community Action on Health, HealthWORKS Newcastle and Newcastle Healthy City have been working at finding local solutions to local issues, believing that great results can be achieved when staff at the frontline are empowered to lead on projects to reduce health inequalities.

RATIONALE:

In the UK there has been a significant shift in national policy from a 'one size fits all' approach in service provision to what is called, in the health and social care field, the 'personalisation agenda'. 'Personalisation' is explicitly intended to increase the power of the individual service user by giving direct control over the purchase of personal care services. In other service areas initiatives to increase choice and control and the 'Duty to Involve' are also part of the 'empowerment movement'.

Newcastle Partnership, the Local Strategic Partnership (LSP) for the city, provides a supportive local policy framework for community engagement and empowerment. The Community Empowerment Framework gives weight and significance to engagement and empowerment work in Newcastle and this has led the work to be regarded as a core activity, rather than being viewed as an additional activity. Newcastle Partnership recognises that community empowerment contributes to improved quality of services, greater community cohesion and social inclusion, thriving democracy and enhanced community capacity and learning.

Our organisations' have an ongoing dialogue with communities that leads us to understand their needs better and recognise the importance of providing a variety of engagement opportunities in order to enable them to fully participate in Newcastle's economic, social and cultural life. As third sector organisations in Newcastle we have developed a range of engagement mechanisms to meet the diverse needs of our communities. We work together to ensure the use of resources is coordinated, best practice is promoted and standards are raised.

There is a generally accepted scale of empowerment activity, originating from the work of Arnstein in the 1960's, but adapted by many others since. This scale shows five levels of empowerment activity ranging from information and consultation to deciding together, acting together and supporting independent community initiatives. Each of our organisations, whilst taking different approaches to engagement and empowerment activity, cover each level and therefore enable more people to participate in the ways they want to in the city.

Despite being three distinct third sector organisations, we share a similar value base which informs our practice. We have pro-active communication strategies which promote these values that underpin our ideas about respect, equality, social justice and lead us to challenge discriminatory and oppressive practices. We view people as individuals and, by respecting their right to self-determination, the foundations are laid for empowering people.

DESCRIPTION & ACHIEVEMENTS:

Community Action on Health

Community Action on Health was established to give communities, especially those “seldom seen, seldom heard”, a stronger voice in health care decision-making. The majority of our funding comes from grants and service level agreements with public agencies, including Newcastle Primary Care Trust (the part of the National Health Service responsible for planning and commissioning services in our area).

Our mission statement is: “We aim to help communities, especially those most marginalised and disadvantaged, influence health and social care planning and delivery to more accurately reflect local needs and aspirations.” We work within a community development framework, by explicitly recognising the imbalances of power that exist in our society and working to address this by focusing our work on the people who are least likely to get involved in consultation or engagement activities. We also work within a policy framework of tackling health inequalities.

We undertake a range of activities, which we structure around a “loop of involvement”. This has four stages:

- Listening
- Checking
- Influencing
- Feedback

Listening: We employ a wide range of techniques, including questionnaires, focus groups, semi-structured interviews and Participatory Appraisal to gather the views and concerns of local people on relevant health-related issues. This work is underpinned by outreach activities, to ensure that we continue to make contact with people from marginalised and disadvantaged communities – for example Black and Minority Ethnic groups, Lesbian, Gay and Bisexual and Transgender people, people with Disabilities and Learning Disabilities or those with lower levels of literacy or educational attainment.

Checking: We then bring groups together through the Health Action Network. This is an important part of the engagement process, as it is an opportunity for voluntary and community groups to meet every two months to consider a particular topic, look at the “community intelligence” gathered through outreach activities and identify any feedback / action points for service planners and providers. The Network is a good way of “de-politicising” issues, so that concerns and suggestions aren’t seen as the result of individual pressure groups. It’s also a good way of sharing information with other organisations about what we’re doing and how our activities fit with their work.

Influencing: We produce written reports after each Health Action Network event, summarising the main points raised and any recommendations. These are then discussed with relevant health and social care planners and providers. Often the topic being discussed has been initiated at the request of public agencies, and we “translate” the community intelligence into the language of statutory services.

Feedback: We keep a public record of all of our engagement work and reports on our Resource Bank (www.resourcebank.org.uk) which is a good starting point for people looking to see what consultation has already taken place on a particular topic. We also distribute a weekly e-newsletter of relevant information to 385 community groups in the city, and a bi-monthly Health Action Network Newsletter which is distributed to community groups and a range of public places including libraries and doctors surgeries.

As a result of our outreach work, we have built up a comprehensive database of community groups in the city, which enables us to keep more and more people informed about issues relevant to them. We publish this information in an online signpost directory (www.healthsignpostdirectory.org.uk) which is a detailed resource for citizens, community groups and health professionals.

HealthWORKS Newcastle

HealthWORKS is a social enterprise and registered charity and carries out work commissioned by both the health sector and the local government sector to focus services in areas of high need across the city. We have five integrated teams of local people who work in the communities in which they live:

1. Community Health Trainer team
2. Physical Activity team
3. Food and Nutrition team
4. Learning and Development team
5. Volunteer team

This is pivotal to our belief in the social determinants of health being seen as a key piece of the health jigsaw. No one person is 'just' a bad knee or a bad chest but is a more complex entity comprised of: their birthplace, familial inheritance; domestic, cultural, social, economic and environmental circumstances. In recognition of this we aim to have a highly synergistic model whereby the teams have explicit roles but their skills and knowledge are highly complementary. These teams work together to ensure that individuals have access to a range of support which can better match their needs.

What are Community Health Trainers? In Choosing Health (DoH 2004) Health Trainers were identified as a means of providing advice, motivation and practical support to individuals in their local communities.

"in keeping with a shift in public health approach from 'advice from on high to support from next door', health trainers will be drawn from local communities, understanding the day-to-day concerns and experiences of the people they are supporting on health. They will be accredited by the NHS to have skills appropriate to make the changes they want, in touch with the realities of the lives of the people they work with and with a shared stake in improving the health of the communities they live in, health trainers will be approachable, understanding and supportive."

The Physical Activity Team work within our community gyms, using their expertise to support and encourage people who would not normally take part in any exercise. They are especially qualified to help those with long term conditions such as heart disease, diabetes, arthritis etc. The community gyms are based within our centres in the heart of the areas we serve. Prices are subsidised to a level that is seen to be affordable to most and asylum seekers are not charged at all. We strongly believe that physical activity is of crucial importance to health AND wellbeing and we see the results of bringing people together to exercise as they benefit from a sense of 'belonging' and socialising with others from their locality.

The Food and Nutrition team introduce people of all ages to basic cooking skills and increase awareness of healthy eating whatever the cultural background. They work from our community kitchens or go out and about in schools or community centres. From introducing small children in playgroups to fruit and vegetable tastings to helping older people come

together to cook healthier versions of traditional foods they cover a wide range of topics, including literacy and numeracy skills via weighing and measuring and using simple recipes.

The Learning and Development team deliver a range of courses designed for those without any formal qualifications. These are starter courses which encourage people to widen their horizons and continue with adult learning. The topics cover community development, health improvement, mental health issues and food hygiene; mainstream subjects but delivered in a way which engages local people, in that they engage in discussion and problem solving together, learning to listen to one another and respect differences in opinion.

Our achievements lie in the fact that we employ 66 local people who supported over 46,500 attendances last year, with another 11,000 attending our community café.
(www.hwn.org.uk)

Newcastle Healthy City

Newcastle Healthy City (NHC) supports communities of interest, identity and place to improve their health and tackle health inequalities within the WHO vision of a healthy city. Our main areas of work are Action for Health (older people), BAN Waste, Carers Centre, Community Food Initiative, Deaflink, Health & Race Equality Forum, Newcastle Citizens Assembly and the Quality of Life Partnership (older people).

Newcastle Citizens Assembly is one engagement mechanism that has been utilised by all NHC areas of work. The Assembly has greatly benefited from the support, knowledge and expertise of the staff and has valued the contributions of the communities they work with in bringing forward improvements for the City.

The Assembly is a new process to engage communities in the work of the Newcastle Partnership, the Local Strategic Partnership (LSP) for the city. The Citizens Assembly acts as a platform to enable dialogue between the citizens of Newcastle and the Newcastle Partnership on city-wide issues.

The Assembly aims to influence decision makers and bring about positive change by encouraging people to become 'active' citizens, and championing the issues they raise.

Newcastle Citizens Assembly is a participatory process rather than a representative process and therefore there is no formal membership of Newcastle Citizens Assembly. Membership is fluid rather than fixed to encourage participation from a wide range of citizens in ways that are appropriate to them and create a broader sense of ownership over the process.

The Assembly works in partnership with other engagement mechanisms to ensure there is a coordinated approach to engagement and empowerment work across the city.

Working alongside the range of agencies, organisations and networks that work with community groups in Newcastle and by doing outreach work, the Assembly staff engage people who do not normally participate in the existing engagement mechanisms in the city.

Using a facilitated community development approach the Assembly staff encourages community groups to share their ideas for city-wide improvements in Newcastle. All aspects of life in the city are considered from the economy, health and wellbeing and the environment to creating quality places to live, safer communities and improving the lives of children and young people.

Through a process of dialogue and negotiation each group reaches a consensus on one improvement. Once the improvement is agreed by the whole group they then explore ways to present their improvement to the wider audience of the Assembly at an event.

The process is solution focused and the community groups are encouraged to propose a range of ideas that could make their improvement a reality, then discuss these with key decision makers so that together they can find ways to bring about changes that will benefit the whole city. Following the initial event, a feedback event is held to report on the progress that has been made.

All citizens in Newcastle also have an opportunity to show their support for a particular city-wide improvement that they would like to see happen.

In Newcastle Citizens Assembly's first year it has worked directly with 25 community groups, engaging over 250 people to bring forward 22 improvements for the city. This has been achieved through an ongoing development process with a range of community groups and two events held at accessible locations within the heart of the city.

The events were interactive opportunities for the community groups to present their improvements and solutions in a variety of creative ways which then prompted further discussion within a wider audience that has generated over 1200 individual comments on the proposed improvements so far.

570 other citizens of Newcastle have added their support to the improvements by text, email, online voting, post and support forms.

Newcastle Citizens Assembly is an exciting, innovative and effective way for anyone who lives, works or studies in Newcastle to get involved in improving their city.

An evaluation of the first year of Newcastle Citizens Assembly has been carried out by Northumbria University, to view the full report visit www.newcastlecitizensassembly.org.uk

CONCLUSION

We have identified a number of factors which are critical to our success. These are:

1. A supportive legislative context

Both tiers of Government affecting Newcastle – National and Local – have adopted policies which explicitly recognise the value of working with communities. Relevant national legislation includes Section 242 of the Health Act 2006 (which requires all NHS organisations to make arrangements to involve and consult patients and the public in planning and changing the delivery of services) and the Local Government and Patient Involvement in Health Act 2007, which requires Councils to set up Local Strategic Partnerships with other public bodies to jointly plan services on behalf of the population. In Newcastle, our Local Strategic Partnership has developed a Community Engagement Framework, which is a common set of standards and actions that all organisations (public or voluntary) have agreed to work towards. The City Council has also appointed a senior manager with responsibility for Community Engagement and Empowerment.

The result of this legislative framework is to give a much greater weight and significance to community engagement as a recognised factor influencing policy development within Newcastle's public sector organisations. It is seen as a "whole system" process, rather than being viewed as a stand-alone activity.

2. A funding commitment by public agencies

The legislative context has been matched by a recognition that the public agencies in the city need to invest in community engagement activities over a longer period of time if they are to be effective. We are making the case for longer funding cycles (i.e. more than one year funding agreements) which will enable us to be more strategic about how we plan and develop our work programmes.

3. Independence from the statutory sector

There is a mature recognition within our public sector agencies that, simply because of the nature of their status, their opportunities for connection with a wide range of communities are limited. People are much more willing to engage with third sector organisations, as we are recognisably independent of service planners and providers. As a result, we are able to access more communities and find out more honestly what peoples' views are.

4. A shared philosophy

We recognise and agree that good health is as much about a good society as it is about good health and social care services. We all see health inequalities as a consequence of social injustice. People who experience material disadvantage, poor housing, lower educational attainment, insecure employment or homelessness are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population. We therefore understand that measures to tackle the causes of health inequalities must be based in actions that achieve social justice, and that trying to tackle health inequalities by statutory service delivery alone will not be successful.

5. Working to complement each other, not in competition

We have a commitment between us to work in a complementary way, rather than competitively, despite being separate organisations occasionally applying to the same funding streams or working with the same communities. We have developed a level of trust and confidence between us that enables us to share commercially sensitive information and issues, and this is in part based on good inter-personal relationships between key people (e.g. the CEOs) of each of our organisations.

This is because we recognise the value of sharing resources and information, and have a commitment to avoiding duplication and overlap. We tell each other about funding opportunities, and have a good shared recognition of the distinct and different roles that we play within the city. We also share "community intelligence" and have a commitment to being open and transparent with each other as voluntary sector partners.

6. Different mechanisms for different communities

We have recognised that a “one size fits all” approach won’t work with the complexity of the different communities that exist within our city. We therefore adopt a range of techniques for engaging with communities, tailored to their individual circumstances. Instead of asking people to come to us, we go to them, and outreach activities are an integral part of all our work programmes.

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