

**“CHANGING VIEWS...
...CHANGING LIVES”**

NOTTINGHAM CITY

LINK

Launch Event Report

LOCAL INVOLVEMENT NETWORK

Your Stronger Local Voice

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CHANGING VIEWS... CHANGING LIVES

“Understanding Health Inequalities in Nottingham City”

Thursday 20th August

AGENDA

TIME	ACTIVITY
9:15am to 9:30am	Registration (Teas and Coffee)
9:30am to 9:45am	Welcome and Introduction to the LINK and event by KATH SOANES
9:45am to 10:30am	“Understanding Health Inequalities in Nottingham” by DR JEANELLE DE GRUCHY
<i>15 MINUTE BREAK</i> till 10:45am	
10:45am to 11:15am	“City Council’s role in reducing health inequalities” by ANNE CARSWELL
11:15am to 11:30am	– DVD showing interviews of 3 Nottingham City residents describing their lifestyle choices also featuring interviews with CARL FROCH and JERMAINE LIBURD
<i>15 MINUTE BREAK</i> till 11:45am	
11:45am to 1:00pm	Workshops - Each workshop will focus on the priority health concern for the particular area ward. Equipped with statistical information about the area, delegates will be asked to state what support and services they would need to overcome the health concern. The aim of the workshops is to

	initiate discussions on whether the obstacles to reducing health inequalities are about access to or lack of services.
<i>1 HOUR LUNCH</i> till at 2:30pm	
2:30pm to 3:30pm	Summary of workshop findings and wrap up of event

Background to LINKs

Since April 2008 a Local Involvement Network has been set up in every Local Authority area of England to give communities a stronger voice for how their health and social care services are delivered.

The LINK is an independent network of local individuals, groups and organizations that work together to raise community concerns about all publicly funded health and social care services. LINKs are part of the local accountability and scrutiny arrangements thus have powers requiring health and social care commissioners to respond to them. Your LINK will investigate local issues, propose improvements and use their powers to hold service providers in your area to account.

The powers of LINK entail:

- “enter and view” arrangements of publicly funded health and social care facilities;
- referring matters up to the Overview and Scrutiny Committee of the City Council;
- health and social care service providers have a duty to respond to recommendations and suggestions within 20 days;
- nationally the Secretary of State can issue directions for NHS providers on the basis of LINKs Annual Reports.



Your Local Involvement Network (LINK) gives you the opportunity to influence your local health and social care services. You can get involved in a flexible way that suits you. We want to hear about your experiences of health and social services and your ideas for improvements or changes.

The Nottingham City LINK has been up and running since August 2008. The Board of Directors is busy implementing the Work Plan for April 2009 to March 2010. Various Task and Finish groups have been formed to address the four main issues being investigated by the LINK. All the information collated in this report will be incorporated into the 2010/2011 Work Plan.

Nottingham City LINK is in the process of registering as a company limited by guarantee to ensure full indemnity insurance and to enable the organization to sort further funding if necessary. The core mission statement of Nottingham City LINK is a clear reflection of its goals and objectives:

“Enabling local people to have a voice and influence the planning, commissioning and delivery of health and social care services to the residents of Nottingham”.

Together we can make a difference in how social care and health services are provided in Nottingham and we aim to improve engagement of the public in the commissioning and planning of services in local areas.

Objectives of the event

The Nottingham City LINK is committed to supporting the reduction of health inequalities across Nottingham City. As such the Nottingham City LINK is embarking upon a campaign to raise awareness, engage members of the public and to resolve community concerns with service providers and commissioners as appropriate. Thus, the focus of the **CHANGING VIEWS...CHANGING LIVES** launch event is on understanding Health Inequalities in Nottingham City.

The day was delivered in two parts, the first consisting in a series of presentations from key services providers highlighting the Health Inequalities in Nottingham and what the City Council and NHS Nottingham City are doing to curb the gaps. The second part of the event featured a short DVD with public opinions on Health Inequalities and what it means for local residents and local celebrities. Furthermore, the second part also included a series of Workshops engaging the delegates in identifying the gaps in services and possible recommendations for improvements.



work around Health Inequalities and inform providers of gaps in services or recommendations for improvements.

The event will ensure that the LINK is recognised by service users and providers alike and also provide an opportunity for the LINK to be 'visible' in the community. The event also provides an opportunity to give an example of the type of work the LINK can be involved with. It opens the doors to working in partnership with key service providers and raises the profile of voluntary organisations.

Health Inequalities Explained

The health of people in England has improved markedly over the last 150 years. In 1841 life expectancy at birth for men was 40.2 years and for women 42.2. By 1948 it was 66.4 and 71.2 years respectively. In 2000 the figures were 75.6 and 80.3. However, despite these huge improvements, there are marked differences in the health of different groups. Such health inequalities show themselves in many ways. The most notable English statistics relate to the life expectancy of different social groups; the higher an individual's social group, the longer he or she is likely to live. There are striking differences between rich and poor areas. In 2006 the life expectancy for Wollaton, a more affluent area of Nottingham was 83 whereas St Ann's, a more deprived area of Nottingham was 73.

Health inequalities can be found in many aspects of health; for example, poor people not only live less long than rich, but also have more years of poor health. Access to health is also uneven.

Inequalities are pervasive throughout the world. They are apparent in all developed countries, including ones with highly developed welfare systems such as Norway and the Netherlands.

Health inequalities have been studied for decades. Key works include the Black Report (1980), the Acheson Report (1998) and more recently the final report of the WHO Commission on the Social Determinants of Health (2008). Governments have made serious efforts to address the problem. Since the 1970s poorer areas have received more funds per head than richer ones. The present Government has made tackling health inequalities a priority, introducing "the most comprehensive programme ever seen in this country to address health inequalities". In 2003 it established the first ever national Public Service Agreement (PSA) target for health inequalities:

By 2010 to reduce inequalities in health outcomes by 10 per cent as measured by infant mortality and life expectancy at birth. This is perhaps the toughest target adopted by any country in the world. In addition, to this target, the Government has introduced a series of policies which are expected to reduce inequalities, including Health Action Zones and Sure Start.

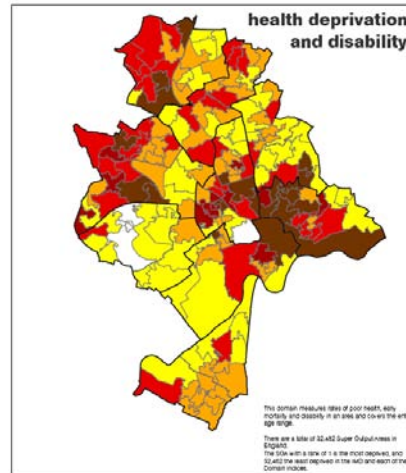
Unfortunately, despite these efforts, health inequalities have continued to increase. This is not because the poor are getting less healthy; life expectancy of the poorest quintile of the population is now as high as that of the richest quintile 30 years ago. However, richer people are getting healthier more quickly. Nottingham is a spearhead area with some of the worst health inequalities in the country. In 2003 Nottingham became one of the 12 health inequalities shared priority pathfinders. During the initial phase, a self assessment exercise identified that knowledge and commitment in tackling health inequalities was inconsistent across partners. This is why the LINK chose this topic as the focus of the launch event to ensure that people are fully aware of this inequality and we can all work together to tackle it.

A) Presentations

The event included two presentations with time for questions at the end of each one. The first presentation was given by Dr Jeanelle De Gruchy, Deputy Director for Public Health. Her presentation focused on the specifics of health inequalities in Nottingham City outlining the life expectancy rate in areas of Nottingham, what Nottingham is like as a city and what are the main causes of health inequalities in the city. The main focus of the presentation was on how poverty impacts health and how people who live in more deprived areas of the city have lower life expectancies than people living in more affluent areas. She shows how health is linked to other inequalities in the city such as poor housing, crime, teenage pregnancy and unemployment. Below is an example of one of the slides used:

Nottingham

- High levels of deprivation compared to England (ranked 13th)
- High unemployment
- High levels of long term sick
- High level of families with only one parent
- High child poverty



The second presentation was delivered by Anne Carswell the Directors of Commissioning & Performance for Adult Support and Health for the Nottingham City Council. The presentation was titled 'City Councils Role in Reducing Health Inequalities,' and showed the various factors that contribute to health inequalities. She opened the floor for discussion on what the audience thought the City Councils role was to reduce health inequalities. The suggestions made were:

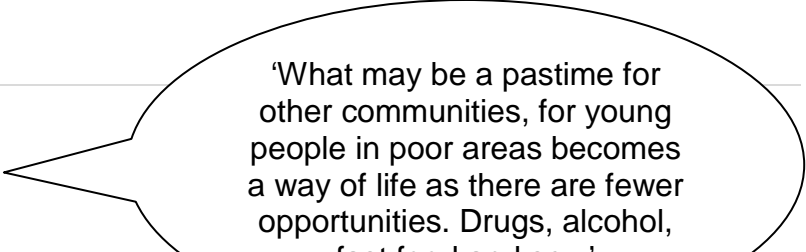
- Engagement with local councillors in every area
- Communication with communities to ask them and give them information on health and why they make their health choices
- Give communities opportunities to influence services
- Ensure that hospital discharge is handled correctly and that early discharge isn't given
- Social Service/Council need to market themselves in a way that takes away the 'bad reputation' that they have gained
- The City Council should actively promote transport services, give information and signpost people to relevant services
- Ensure that there are Council Workers in Lenton
- Ensure leisure centres target obesity and smoking
- Job opportunities as a major health factor is stress due to unemployment
- Projects to re-house the homeless
- Health inequalities training in neighbourhoods

These points raised will be given to the City Council by the LINK. All service providers have a duty to respond to LINK recommendations within 20 working days.

B) DVD

A DVD was showed to the participants at the Launch Event, the short film aimed to represent the health inequalities in Nottingham with various speakers showing the diversity of Nottingham and why people make certain health choices. The DVD consisted of 5 speakers from across the city, these consisted of:

Jermaine Liburd- Jermaine was born in the Meadows area of Nottingham and spent many years in and out of care homes. Jermaine is now a semi professional footballer, actor and model. Jermaine discusses why health became important to him.



'What may be a pastime for other communities, for young people in poor areas becomes a way of life as there are fewer opportunities. Drugs, alcohol, fast food, smoking'



Annette Haywood- Annette was brought up in a mining village outside of Nottingham and has lived in the St Ann's area of Nottingham for over 20 years and raised her family here. She is now a Benefit Advice Worker for the St Ann's Advice Centre. Annette discusses the difficulties faced by people on low incomes and how other issues such as mental health, poverty, crime and unemployment and how they have a huge impact on health.



'I believe people are crying out, the young people are in pain, the community is in pain, alcohol and drugs numb pain.'

Mohammed Aslam- Mohammed was brought up in Pakistan and moved to Nottingham as a young adult, he has lived in Sneinton, the Meadows and Wollaton. He is now a councillor for Nottingham City. Mohammed talks about the differences between areas and the factors that contribute to health inequalities.

'There are many factors that contribute to health inequalities, crime, poverty, environment, housing and unemployment. Inner city areas have all these problems.'



Carl Froch- Carl was brought up in the Meadows and is now a World Champion lightweight boxer. Carl talks about his own experiences and what he is currently doing to ensure that young people are seeing their health as a priority.



Young people are going to choose Mcdonalds and KFC over healthy choices. Families and schools need to work together to ensure children are eating more healthily

Cindy Richards- Cindy was brought up in the Broxtowe area of Nottingham and now lives with her son in Strelley. She has just finished a University course. Cindy discusses the difficulties bringing children up healthily on a low income and how her health has slipped as a result.



‘ People have a lot of problems round here, lots of crime, single parents, drugs, the last thing on their mind is their health.’

The DVD gave a personalised view on health and the difficulties faced by people living in disadvantaged areas to live healthy lifestyles.

C) Workshops

Outline

The workshop sessions were 9 small groups of around 8 people, each workshop represented the 9 wards of Nottingham City. These were:

- 1) Workshop 1- Area 1- Bulwell/Bulwell Forest
- 2) Workshop 2- Area 2- Bestwood/Basford
- 3) Workshop 3- Area 3- Aspley, Bilborough and Leen Valley
- 4) Workshop 4- Area 4- Berridge, Arboretum, Radford and Park
- 5) Workshop 5- Area 5- Sherwood & Mapperley
- 6) Workshop 6- Area 6- St Ann's and Dales
- 7) Workshop 7- Area 7- Wollaton and Lenton Valley
- 8) Workshop 8- Area 8- Dunkirk, Lenton & Bridge
- 9) Workshop 9- Area 9- Clifton North & South

Each workshop was given statistics for that specific area, these statistics were health related giving information such as life expectancy in that area, obesity rates, heart disease and other health facts. Each workshop was also given details of the most pressing health issue for that particular area for example: cardiovascular disease was the highest priority health issue in Area 1 as it was significantly higher than the national average.

The group were then given a set of questions asking them what the area was like, what problems were experienced in that area, what services were available and various other ideas for discussion. The main objective for the group was to explore whether it was a lack of services in that area that were the main cause for concern or if there were barriers to accessing existing services. The aims of the workshops were to get area specific information and public feedback on the services or lack of in each area of Nottingham City so that the Local Involvement Network could use this information to inform the service providers and commissioners of the services and to make changes to the way in which services are delivered.

Summary of Workshops

Area 1- Bulwell/Bulwell Forest

Main Issue: Cardiovascular Disease:

The group identified that the area was made up of a majority white working class community, the area is a deprived community with one main shopping area. The issues in the area are vast with teenage pregnancy, crime and obesity being of particular concern. It was identified that some of the causes of the health issues in the area are lack of information for healthy eating, lack of facilities and lack of multi-cultural provision. The services that the group decided should be available in this community are more supermarkets, healthy eating classes, educational facilities and ensuring that leisure centres are easier to access and more cost effective. They also stated that the Bulwell Library isn't accessible or open at convenient times and that service providers should consult directly with the local community.

Area 2- Bestwood & Basford

Main Issue: Childhood Avoidable Injury

The group decided that this area is majority white working class with pockets of BME communities, that it is a young area with a lot of teenage mothers. There is high unemployment and has a bad reputation for crime. They discussed the reasons that childhood avoidable injuries is such an issue and decided that some of the reasons may be that there are a lot of young carers and there may be a lack of awareness of the responsibility of bringing up children, there are many lone parents who may be alone with no support. There are mental health issues amongst young parents and lack of activities for young children who may be playing on the street. The group identified certain services that may help with this issue such as specifically targeting young mothers between 13-17 by creating groups and projects by independent organisations to support young parents such as support workers and group activities. Also include fathers in education and deliver courses for both parents. Peer mentoring may be a project where older mums can give their advice to younger mums. It was also identified that there are very few services in Basford. The barriers for accessing services were identified as self-esteem issues, lack of opportunities, confidence issues, income and lack of education. It was decided that the best way service providers could enable easy access are education, communication, outreach work, long term funding, peer mentoring, specific transport to services, joined up working and community development approaches.

Area 3 did not have enough participants in its group and therefore we do not have workshop feedback for this group.

Workshop 4- Radford, Arboretum and Berridge

Main Issue: Adult Mental Health

The group discussed the main issue in the area, including mental health issues, cultural sensitivity, perceptions of BME groups and lack of vitamin D causing rickets in children. The group believed that the contributing factors were that the government were reluctant to encourage direct payments, that there is a lack of information in the area and high unemployment, they believed it was important to create jobs in the social sector. They identified barriers to accessing services such as lack of opportunities for physical activity for young people and mixed messages such as there is an ice cream van next to a free gym in Radford. They discussed the underlying problems in the area and identified them as the lack of sex education,

generalised cycles, a lot of young carers, crime and the police only tackling reported crime. They also stated that prostitution, homelessness, gun shops and key employers not employing local communities. They stated that the ways in which service providers could enable easy access for all is to bring back schemes such as the 'Local Employment Scheme,' ensure that people can complain without being labelled as 'troublemakers,' and creating a crime and grime policy to tackle these two issues.

Area 5- Sherwood & Mapperley

Main Issue: Cancer

The discussion focused on the concerns of the community and identified those concerns as the lack of aftercare following discharge, dignity of care, lack of knowledge within wards, people being discharged too early and patients being to scared to complain. The possible solutions they discussed were that there is appropriate support following discharge, better information provided before discharge of support services, better co-ordination between health care professionals, single sex wards and impartial attitudes towards complaints. They states that the gaps in services were that there is no leisure centre in Mapperley and no Health Trainers.

Area 6- St Ann's and Dales

Main Issue: Teenage Pregnancy

The group discussed the area and stated that it is a deprived community with many families living in poverty, high unemployment, that it is a diverse area with many migrants, there are many lone parents and broken relationships. The services they stated should be available are a wide range of services for young people, affordable facilities, more funding, parks and sports facilities and alternative education and community courses. They identified the barriers to accessing services as poor quality print, colour contrast, audio and sign language, finance, lack of confidence, jargons used and formality of services. The group stated that the underlying problems in the community were high levels of unemployment, low levels of education-attainment, lack of opportunities, lack of social facilities, lack of early intervention, low aspirations and generation and lifestyle.

Area 7- Wollaton West, Wollaton East and Lenton Valley

Main Issue: Cardiovascular Disease

The group decided that the area is mainly made up of a middle class community with the majority of the community made up of students or pensioners. Although most of this area is well off there are certain pockets of deprivation. The main issues in the area were identified as an aging population, many widows on their own, lack of community, very few care homes, limited sheltered housing and the main causes of death being linked to age. They discussed the services that should be available and highlighted services such as health care services around Lenton Abbey, more facilities to do exercise classes and more facilities for small children. They also stated that better links are needed to Beeston and the environment needs to be improved in Lenton Abbey. They stated that the barriers that may be faced by the community in that area are high numbers of commuters, there is an older asian community whom traditionally stay at home which means they may not access support groups etc, there may be barriers for older people who are too frail to travel and are often alone and no access to information.

Area 8- Dunkirk, Lenton & Bridge

Main Issue: Cardiovascular Disease

The group discussed the area and stated that it is mainly made up of lots of students, a majority of elderly residents and a higher than average BME population. The main issues were identified as smoking, especially in Lenton which is the location of the Players factory, poor diet, physical inactivity and a large student population. The factors that contribute to this issue were identified as low income, deprivation, lack of places to buy fresh vegetables in the area, lots of takeaways in the area, poor quality of housing with high rise flats and overcrowding and alcohol related issues. They spoke about the barriers to accessing services which were discussed as lack of information about services, low uptake when service providers put on events, it was suggested that there needs to be a greater awareness and publicity for these events to make sure they attracted a much larger amount of people from the community. The group decided that the underlying problems in the community are lack of integration between members of the community e.g. members of the BME community with students and lack of information about available services and access to that information. They discussed how service providers work to enable easy access for all and decided that a more complete service should be provided e.g. going into doctors surgeries and talking to patients, allowing them to identify problems and suggest solutions. Also they suggested that young people should be encouraged to use health services.

Area 9- Clifton North & Clifton South

Main Issue: Cancer

The group identified the area as diverse in age, becoming more diverse in ethnicity but historically mainly White British, that families tend to settle there over generations and the area is cut off by the area and not really near the main city. They discussed the factors that contribute to the issue in that area and decided that it was down to age, lifestyle, deprivation, healthy eating and lack of amenities. They suggested the services that should be available as mental health services, day centres, trams, better bus service away from main line, carer groups, more supported housing and a job centre. They identified the barriers to accessing services as transport as there is no tram, lack of information and geographically separated from city services by Trent. They discussed the underlying problems in the area and identified them as mental health issues, life expectancy, teenage conceptions, fear of crime, social exclusion, speed bumps and anti-social behaviour, not enough for young people to do. They believed the best way for service providers to enable easy access for all is to have meaningful consultation followed by action, greater accountability, better partnership working councils, ensure services are in place and better transport links.

Feedback from Delegates

We Asked!

At the end of the day we asked delegates to complete an evaluation form providing your thoughts on all aspects of the day from location and refreshments, to the talks and workshops. Thank you so much to all of you who took the time to provide us with invaluable feedback through our evaluation forms. A total of 43% of delegates completed forms on the day.

'I was already aware of the subject but found stats and contacts really good'

You Said!

An overwhelming 78% of those delegates that responded rated the overall day as scoring between 7-10, and particularly enjoyed the following aspects;

- 91% of delegates that responded said that the location of the event scored between 7-10
- 70% of delegates that responded said that access arrangements for people with disabilities scored between 7-10
 - 87% of delegates that responded said that the talk on understanding Health Inequalities scored between 7-10
- 70% of delegates that responded said that the DVD scored between 7-10
- 70% of delegates that responded said that the facilitation of the workshops scored between 8-10
- 65% of delegates that responded said that relevance of workshops scored between 7- 10

'I found the talks extremely useful and gave me a good insight into how health issues vary by each city area'

We Did!

You told us that you would like to see more Nottingham City LINK events held in local areas in order to gain a real insight into the needs and issues of the people living in each area...so we have organised a series of ten events due to take place throughout October and November across each of the nine areas of Nottingham City. We look forward to seeing you there!

'This event felt more 'real' and I felt I wasn't being talked at by self congratulating politicians.'

'DVD good idea & came over extremely well'