



Reducing the impact of health Inequalities in Portsmouth

NHS Portsmouth CCG stakeholders' event
St James' Hospital, 8 May, 2013

Key issues raised from the table discussions and from the feedback forms

Introduction

The CCG's second major stakeholder event, aimed particularly at the city's Third and voluntary sector organisations, was themed **Reducing the impact of health inequalities in Portsmouth**. This was to reflect concern that men in some of the city's more deprived areas on average die 11 years earlier than men in the more affluent wards.

The event was attended by more than 70 people, including nearly 50 from Third and voluntary sector organisations. Most of the other attendees were GPs and members of the CCG governing board, but there were also representatives from Portsmouth's Health Overview Scrutiny Panel, Portsmouth Healthwatch and 38 Degrees.

After presentations about the CCG and an overview of health inequalities in Portsmouth, attendees, working in groups of up to ten, took part in table discussions about:

- ❖ key issues they felt had been missed by the presentations
- ❖ which activities/interventions they could enable to reduce the impact of health inequalities (also considering what outcomes these would address and what benefits would arise)
- ❖ what barriers the voluntary sector faced in increasing its involvement in this area
- ❖ what actions would overcome these barriers – and who needs to take the actions?

Before the event, attendees were invited to join a table discussing one of the following five topic areas:

- ✚ Access to services and screening
- ✚ Mental health
- ✚ Alcohol/substance misuse
- ✚ Older men
- ✚ Younger men

Because of the high interest in the event, a second table was set up to discuss three of the above - access, mental health and alcohol/substance misuse. Headlines from the table discussions follow below.

TABLE 1 – Access to Services and Screening

Key issues being missed

- Education
- Broken families – loss of role model
- Male primary school teachers (good role models)
- Language barriers – communication
- Screening for men – there's nothing for men to be routinely called for other than health checks (40-75).

Activities or interventions that could enable us to help reduce the impact of health inequalities

- Getting into schools
- Housing applications – potential to target groups
- GP encouragement – following up of non-attenders, pro-active opportunistic catching of patients
- Employers/occupational health. Employer economic benefits. Employers become good employers. Mobile deployment work. Job centres. Unions should support health of members
- Use libraries – people sent there to look for work, and possibly health checks as well. Southsea Library is a busy place, and may be worth considering.
- Football/sporting venues – health checks.

Barriers to the voluntary sector increasing involvement

- ✘ Finding the right part of the NHS to get involved with
- ✘ Do men want to talk to a woman about their health issues?

Actions to overcome barriers

- ✓ Informal approach
- ✓ Outreach idea – libraries, community centres, supermarkets, Saturday school football matches, homeless shelters

- ✓ Consider a pilot study
- ✓ Where do men go – supermarkets, football grounds? Need to tap into available resources.
- ✓ Communication days, stands.

TABLE 2 – Alcohol/substance misuse

Issues

- Availability of alcohol incentives to retail sector to sell lower alcohol lager
- Family education – effects of alcohol long-term – early intervention

Other points

- Working with schools – educate younger children ; influence of parents/older siblings; drugs/alcohol discos for teens
- Need to consider how outcomes from this can access services
- Alcohol education into schools/colleges
- Better publicising of solutions, being aware of symptoms, knowing what services are available
- Understand demographics, age breakdown to help target solutions. How do we get the knowledge?
- Workplace/workforce knowledge
- How do we approach people about alcohol/substance misuse issues
- Consider national lobbying on availability of alcohol
- Stage local 'no drinking day'/alcohol awareness week
- Work with publicans/drinks industry to support 'no drinking day.' Promote non-alcohol and alcohol free products. Have a Mondays in January promotion
- Link with Portsmouth police and the university.

Barriers to voluntary sector involvement

- ✗ Education for young people whose academic achievement has been limited by drugs/alcohol
- ✗ Access to finance/buildings
- ✗ Being taken seriously
- ✗ Being commissioned to provide support.

Actions to overcome barriers

- ✓ Improved education for all
- ✓ Access to services. Promotion
- ✓ 'No drinking day' / alcohol awareness work with drinks industry, police, university, work places
- ✓ Access to finance, premises, being commissioned
- ✓ Data – demographics for appropriate marketing.

TABLE 3 – Older Men

Key points

- Loss of male-only environments
- Retirement – an ideal time to provide support and information
- Social isolation – provide meaningful activity
- Mapping exercise – info
- What makes people attend – ask them.

Key issues being missed

- Moment of retirement – takes away from men meaning of life
- Companies and individual's planning for retirement is required
- Men don't think about 'health' issues until they retire

- Middle class men – have more awareness and options
- Working class men – not many options for meaningful activity or funds or ability to make informed choices
- Self-sustainability groups really important
- Men are more likely to engage in meaningful activity such as volunteer driving and allotments
- Preparation for old age
- Ex-servicemen leaving the Armed Forces (who are directed all their career and then left alone as veterans)

Other points

- Intergenerational. What is the hook for men?
- Ex-Servicemen bring lots of skills
- Men and sheds. Age UK have set up three sheds nationally (one at Gosport)
- Men working with their hands works across the social classes
- Gosport men on the Sheds project are looking at veterans using skills
- Veterans small boats project
- Sheds a great venue for disseminating health information
- Key milestones – retirement, becoming a carer, death of a partner
- How do we get communities involved?
- How do we enable social groups that are meaningful and provide support and meet the required needs
- Hidden carers
- Keep people active in the community
- Community and voluntary sector are good at prevention and early intervention
- The bigger picture needs to be seen
- Opportunities for men where they don't feel threatened
- How do we share and ensure the information/communication gets to the people that need it
- Employers' retirement packages – Royal Navy, IBM, BAE
- Chamber of Commerce
- Workplace health
- Links between employers in the city

- Occupational health providers
- Health should divert funding into preventative activity as preventative work is cost-effective

Barriers

- ✘ Funding
- ✘ Stresses on the system
- ✘ Need to arrange ways of delivery.

Actions

- ✓ Promotion of self-care
- ✓ Managing ageing population/dementia
- ✓ Small household tasks
- ✓ Improved communication
- ✓ Working in partnership
- ✓ Mapping
- ✓ Use PIP and SCIP better

TABLE 4 – Mental Health

Key issues missed

- Number of years that people stay healthy – quality of life
- Complexity of emotional, mental and physical well-being
- Not so much about ‘how long’ – but ‘how well’ people live.

Activities or interventions that could enable reductions of inequalities

- Programmes to improve self-esteem in boys at school
- Mentoring/male role modelling/address confusion of gender roles through generations
- Data on family structures
- Improvement of housing (some homes still have outside toilets etc)
- Lifestyle survey – asking people what they need
- Sharing of data between voluntary organisations (which will enable it to be used in a much more effective way)
- Convincing individuals/people to make use of services available.

Barriers to increasing involvement

- ✗ People feel 'surveyed out'
- ✗ Incomes and lack of choice preventing lifestyle choices
- ✗ Recognition that voluntary services don't come free but that an investment in services does repay investment
- ✗ The voluntary sector is willing to be involved but the tender process is too complex and long for them to invest HR time and the costs of tendering and contracting
- ✗ Not enough resources to bid 'at risk.'

Actions to overcome barriers

- ✓ Funding – recognising the 'will' to support is present but financial support is needed too
- ✓ The voluntary sector brings passion and a desire for things to happen
- ✓ Balance between contracts and grants – small grants are available for bidding
- ✓ Providing stability for a service that is being offered based on quality measures. Ensuring cash flow is in place when contracts are placed.

Who needs to take action? The commissioning CCG and the city council. It's impossible for some voluntary organisation to meet their Pre-Qualification Questionnaire (three year record etc).

TABLE 5 – Access to Services and Screening

Key issues missed

- Do we understand why the life expectancy of women in Portsmouth had improved over recent years? Can that learning be used to have a similar effect on the male population?
- The traditional population of Portsmouth has changed over the last 50 years from a more trade orientated and manual work to a high student population and important service industry. Do we appreciate these changes in the statistics and comparisons made of the Portsmouth population?

Activities or interventions that could enable reductions of inequalities

- We need to appreciate that accessing health services is something you learn and is not natural for all parts of the population. Young men learn differently from young women. Early intervention with young males to teach the benefits of accessing health care is important.
- Easier access to GP appointments, using the internet, text and email and other methods used frequently by young men.
- Better understanding of where young men go to find information - Google!
- Better knowledge and connections with street pastors and other often unheard voluntary groups.

Barriers to increasing involvement

- ✘ Myths around health issues. Young men often believe that their mates drink more than they do or smoke more than they do. Knowing the reality may dissuade some young men from trying to match what they think their friends are doing.

Actions to overcome barriers

- ✓ Taking services out to where young men are. Locations such as the job centre and other employment agencies. These are locations accessed by a large number of young men who suffer with health inequalities.
- ✓ Better connections between existing services. Partnership work is becoming more important. An example could be linking support for young fathers with maternity outreach services, enabling better early support for young men.
- ✓ Health staff and the voluntary sector could work better in prevention work such as school and college visits.

- ✓ Better signposting from GP surgeries as local surgeries are often the first point of contact for service users. This could be improved by better information sharing to ensure GPs know about other local services, this could be achieved by inviting voluntary sector groups and others to TARGET afternoons where GPs gather for information and updates?

Who needs to take action?

- Primary care commissioners can assist in promoting better partnership working and facilitating better communication between GPs and the surgery staff and the voluntary sector.
- Voluntary sector need to be more proactive in sharing information.

TABLE 6 – Access to Services and Screening

Key issues missed

- Mainly women carers. Males unlikely to attend support groups. Very difficult to get them to attend or persuade them to do so
- Understanding what will encourage males to participate
- Young women engage services more freely than men
- There are lots of young people with mental health problems but it's harder to engage young men for emotional problems
- Efforts are most successful when we engage men 'by stealth.' Location is important. Other issues are embarrassment, pride and peer pressures
- Teach young people to use services effectively
- Information needs to be delivered where men go. Location is important.
- Continuity of engagement is important (identified support worker)
- Too many homeless – unable to provide all services (housing, benefit and debt problems)
- Current economic situation is driving more men to attend services
- Continuity between services – delays in referral cause potential for remission
- Link between secondary and primary care is causing issues

- Peer referrals are very important – reduces embarrassment and initial problems. Helps trust when engaging young
- Need to build trust effectively to maintain the relationship
- Need to allow sufficient time to develop the relationship.

Actions

- Interventions and initiatives would reduce inequalities
- Need more information for carers to help encourage access to services
- People who don't recognise that they are 'the carer'
- Don't label too early to avoid disengagement
- Avoid fragmentation of services – need system changes, not just service changes
- See multiple services to confirm the problems – potential waste of valuable resources
- Need outcomes and where they can own and take responsibility for their problems
- The national economic climate is a greater burden for men.

Barriers to voluntary sector involvement

- ✘ Voluntary sector income is reducing – they are expected to do more with less funds
- ✘ Contracts/grants are short-term.

TABLE 7 – Mental Health

Key issues missed

- It felt very physical based – link up to mental health
- The connection between mental health and public health often seems to get missed
- Link to on-going long-term conditions

Other points

- If we are going to target men, we need to have the services, support in place or they may not come back a second time. Options need to be available.
- What can we learn from men who do engage? Women perhaps get engaged or picked up via the children
- Access to services outside of the working day – the stigma, for clients, of having to take time out of work.

What activities or interventions help?

- VCS offer service user involvement/user involvement design
- Rape Crisis – male victims of rape want to be seen by women not men
- Stigma – mental health
- Utilise family friends/relationships to introduce to services
- Getting people into the system without reaching ‘a crisis’ – a quick way in (preventative)
- Use of internet social media
- Use of media and local campaigns
- If resources made available, voluntary organisations offer services – particularly early intervention
- Could use voluntary organisations to visit to promote health messages
- PARCS people will drop in and out over long periods of time as they try to deal with clients who have been possibly faced with a lifetime of abuse.

Barriers to VCS involvement

- ✘ If not delivering, how can we demonstrate? Somebody has to take risks
- ✘ Research – can’t get funding for research
- ✘ Knowing what commissioners want. What questions to you want answers to?
- ✘ How do we engage? – what’s the route into commissioners
- ✘ Historically, health use services and haven’t provided any funding
- ✘ Barriers between health and social care
- ✘ People dip in and dip out – need to allow projects time to engage with clients and commissioner expectations/outcomes.

What actions would overcome these barriers?

- ✓ Pilot funding innovations grants – it's ok to fail, but learn from the experience
- ✓ Skills exchange and research. Health may have researchers who would like the project
- ✓ Conversation about what your health issues are – and how we (VCS) could help you overcome them
- ✓ Events like today – feeding into commissioning plans, grants
- ✓ Integrated commissioning health and social care
- ✓ Recognise role VCS can play in care pathways

TABLE 8 – Alcohol and substance misuse

Highlighted issues

- Importance of peer recovery – telling personal stories at schools
- Excellent services at QA alcohol service
- Dangers of 'legal highs'
- Substance misuse services focus on women or mixed groups – very few men only
- Social work training needs to include much more of an emphasis on substance misuse
- Social service interventions with people who are using drugs and who have children often don't provide solutions/sign posting for the using patients
- Dual diagnosis is still an issue – people aren't getting services they need
- Men in work who are drinking/using find it difficult accessing services – may not want to associate with younger, more hardened user.

Event feedback

Attendees were also asked to complete feedback forms after the event. Some 42 of the Third and voluntary sector representatives returned forms and there was a high level of satisfaction with the event.

Of the 40 people who completed the section asking for their satisfaction level for the event (with **1** low and **5** high)

- 3 scored **3s**
- 27 recorded **4s** and
- ten scored **5s** – an overall average of 4.17 satisfaction (83.4%).

Away from the tables...the biggest issues/concerns/suggestions raised in the feedback forms – at a glance

- 1) Education – the need to take health messages to places popular with men BUT to target the audience at a much earlier age with initiatives at school, college and university level
- 2) Funding and barriers in the procurement process seen as a big issue for the voluntary sector
- 3) Big issues with communication – a wealth of expertise and skills in the city's voluntary sector, but are GPs aware of what's out there – and how can the Third Sector best inform primary care?
- 4) Learn lessons from what worked in terms of improving female life expectancy
- 5) Make greater use of existing voluntary sector services.

The event organisation – what attendees liked. Main highlights.

- They liked the format of the event – and the good timekeeping
- The clear presentations and hand-outs
- They want another event – either to look at outcomes this time around or to examine people with long-term conditions
- The availability of free car parking.

Possible improvements or suggestions for next time. Main highlights.

- Some would welcome more time for networking between all attendees - and discussions between tables
- We should share the full list of attendees so everyone knows 'who's there or give organisations the chance to introduce themselves and share information
- One delegate called for greater representation at the event from service users, especially hard-to-reach groups such as the financially disadvantaged, ethnic minorities and single parents
- Two people wanted more time for the discussion groups.

