

People's Charter for Health and Wellbeing

Elswick, Newcastle
October 2014

Introduction

The 'Elswick People's Charter for Health and Wellbeing' was produced as part of the ongoing work of local residents, passionate to improve their community, all volunteering their time and ideas on how to make where they live a better place for all.

We have come together as the Community First Elswick Panel, formed as part of the Community First initiative (funded by the Cabinet Office) supported by local charity HealthWORKS Newcastle who have acted as Panel Partner. We're a group of eight local people carrying out activities to;

- help communities come together through new and existing community groups
- identify community group's strengths and local priorities
- plan for our community's future and increase our resilience.

As residents of Elswick, we're on the frontline working with local people and have great insight into our community's health & wellbeing needs. Where we live, how much education we've had, our lifestyles and income all have a massive impact on how long and healthy our life span is. Across the city, people from less well-off areas like ours are becoming unnecessarily ill and disabled earlier than elsewhere and dying prematurely.

In order to address this important issue of inequality in health, we teamed up with Newcastle University in October 2014 to run a novel one day event for Elswick residents and people who access local projects. We held the event at a local community venue; the Carnegie Building, Atkinson Road.

We used a special Healthy Life Simulation toolkit, developed by Newcastle University, as a novel approach to addressing the problems of health inequalities in our community. We were able to debate complex issues, identify potential community driven solutions for improving health and wellbeing, whilst also increasing our own individual skills and knowledge. As a result we have come up with a set of priorities to close the gap in Healthy Life Expectancy (HLE), between well off and less well-off communities, which are directly relevant to our community.

These are presented in "The People's Charter for Health & Wellbeing" and will be used to help us link into decision makers and have our voice heard in priority setting and service design. We hope to shape and influence how our Health and Wellbeing budget is spent and help resource locally driven solutions outlined in the charter.

We'd like to thank the following:

- Chi Onwurah MP Newcastle Central for receiving the charter on behalf of participants
- Local people who gave their time and knowledge and made this all possible
- Newcastle University for providing the toolkit and staff on the day
- Newcastle City Council for providing funding to run the event

Elswick Health & Wellbeing People's Charter Overview

Health inequality

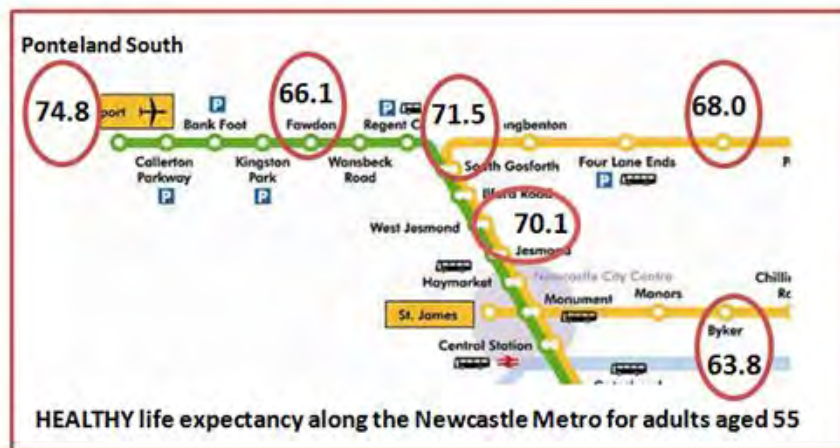
Figures show that 55 year olds living less than eight miles apart – a few minutes on the Metro-face eleven years difference in how long they expect to lead healthy and active lives.

Simulation

Newcastle University developed the Healthy Life Simulation as a novel approach to addressing the problems of health inequalities. Behavioural simulation is widely used to facilitate decision making in business.

The value of the simulation approach is that it opens the health disparity debate **to all** by enabling players to develop the skills and knowledge needed to address complex issues and identify potential solutions for improving health & wellbeing in the community.

Two teams of Elswick residents spent an exciting day, on October 2014, immersed in the innovative behavioural simulation. These people are on the frontline in a highly deprived area and have great insight into their community's health & wellbeing needs. The simulation enabled them to chose their priorities for local policy to reduce health inequalities and with support from their local councillor, Cllr Ann Schofield, they intend to bring their choices to life.



Elswick Community Simulation

HealthWorks and the Elswick Community First Panel elected to use the simulation as part of an ongoing campaign to use its capacity, skills, knowledge and resources to improve the wellbeing of those who live in the area.

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The Charter

The people of Elswick concluded that communities should be linked to decision makers. That they should have their voices heard in priority setting and service design. That they should have control of some of the health & wellbeing budget and resources should be directed at Community Driven Solutions such as :

- Working with authorities to reduce excessive licensing of takeaways & alcohol outlets
- Starting a Score on the Doors Fast Food campaign & reducing salt & other additives
- Publicising local walking groups & social activity programmes
- Promoting services of Community Health Trainers
- Engaging with GPS & other groups to promote social prescribing
- Developing volunteer based schemes to improve housing stock
- Co-ordinating local job skill workshops & benefit advice

Healthy Life Simulation

- ❖ **We, residents of Elswick, are on the frontline working with local people**
- ❖ **We have great insight into our community's health & wellbeing needs**

On Thursday 2 October 2014, 20 of us joined together in the Carnegie Hall, Atkinson Road to address the issue of health inequalities across the city of Newcastle-upon-Tyne.

Where we live, how much education we have had, our lifestyles and income all have a massive impact on how long and healthy our life span is. Across the city, people from less well off areas like ours are becoming unnecessarily ill and disabled and dying prematurely.

We worked through the Healthy Life Simulation , developed by Newcastle University, in order to understand and address the complex issues surrounding health inequalities and come up a set of priorities to close the gap in Healthy Life Expectancy (HLE) between well off and less well off communities.

- ❖ **Our views are based on our own experiences**
- ❖ **We believe that we have created something we can stand by**

HERE ARE OUR FINDINGS

This is who we are

Name	Designation	Signature	Name	Designation	Signature
Barbara Cage	Community First Panel Partner		Mary McMahon	Local resident	
Bernie Mackell	Local resident		Margie Driver	Community First Panel	
Bodrul Rashid	Local resident		Nick Packham	Healthworks	
Cllr Ann Schofield	Community First Panel / Elected Member		Ron Thomas	Community First Panel	
Drew Foster	Community First Panel		Sabrina Yarah	Local resident	
John Morris	Local resident		Sheila Fozia Begum	Community First Panel	
Lisa Conroy	Local resident		Shifa Begum	Local resident	
Lorraine Morris	Community First Panel				
Marina Hudson	Local resident		Sue Wannop	NCC Communities Facilitator	

Healthy Life Simulation

Game overview

- **Scenario**- the gap in healthy life expectancy between the least and most deprived areas of a fictional city was exposed in a vivid filmed news report
- **Mission** -players were challenged by the leader of the Council to form a Task Force to analyse the cause of the health divide and devise an action plan of interventions to close the gap by 50% in 10 years with no new money
- **Players** - players were the residents of Elswick, no health professionals were present
- **Teamwork** – players formed 2 teams who spent the day analysing, prioritising and preparing a plan
- **Priorities** - players had to analyse the rich and poor areas, prioritise diseases from data that showed the share each disease contributes to the gap in HLE. The teams also had to prioritise risk factors associated with the diseases that could be modified
- **Intervention strategy** They then had to select two interventions directed at distinct levels of the major determinants of healthy life:
 - Individual behaviours
 - Community & social networks
 - Health services
 - General environment
- **Modelling** -The interventions were assessed in an evidenced-based model that estimated cost & effectiveness over 10 years
- **Presentation** -At the end of the session, teams presented their findings to the whole group and reached a consensus of actionable points

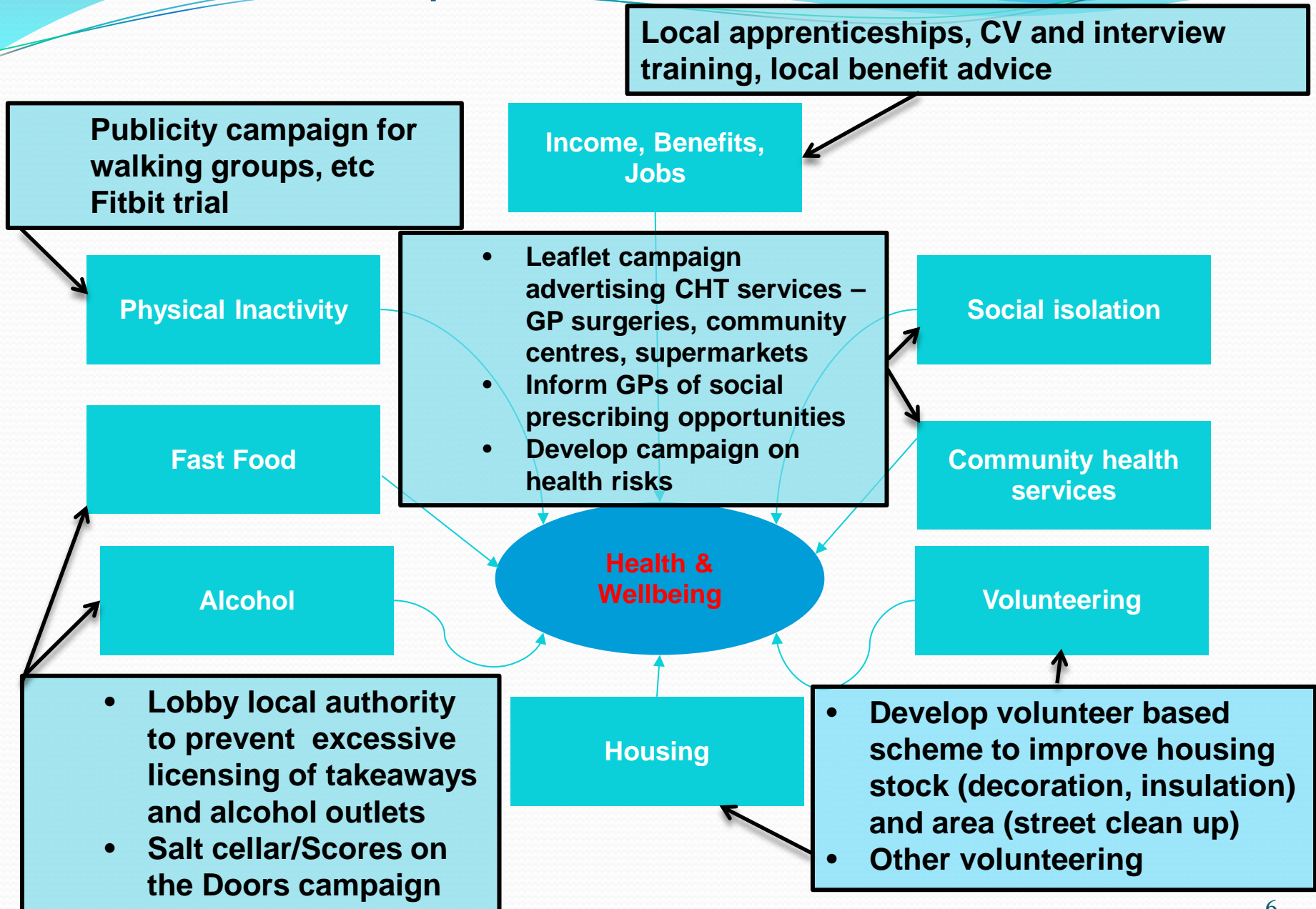
Research base

- A series of in depth interviews with key opinion leaders led to the analysis of the issues associated with the gap in HLE
- Detailed reviews of the scientific and medical literature on health inequalities, public health policy and frameworks formed the basis for the creation of the simulation scenario and materials
- The complexity of the subject meant that issues were distilled in order to be accessible to all players, including “the man on the street” with no prior knowledge of health inequalities
- The simulation was played successfully as a high profile event at Newcastle University in September 2013 and was widely reported in the media. The event involved health experts, academics, members of Newcastle City Council, clinical commissioning groups, the business and voluntary sector, and endorsed the simulation’s validity as a tool for addressing health inequalities.

Hierarchical framework for the model



These are the specific issues we want to address



Evidence base for our priorities

We know our community (Pillar 1)

We are informed about the diseases that most affect us (Pillar 2)

We understand the risks that we are exposed to (Pillar 3)

We can make changes as individuals (Pillar 4)

We want to enhance and improve our community (Pillar 5)

We want to influence how our health services are delivered (Pillar 6)

We would like to see changes in our environment that would improve our health & wellbeing (Pillar 7)



Evidence from the Healthy Life Simulation



Pillar 1: We know the nature of our community

What we like about our community



- Community spirit – present in our community but often lacking in more prosperous areas where people don't interact
- Being an active, informed and involved community (doing exercises like this)
- Even in less well off areas parents still set high expectations for their children (contrary to perhaps what is perceived)
- The affluent community hasn't got it all right - they still have unhealthy habits (drinking, lack of physical activity) and the accompanying diseases

What we don't like

- When research is carried out and outcomes identified but the local community does not see any results
- wasting a lot of money trying to educate people when it's too late for them to change – (it's the never too late to change message that hasn't got across)
- when learning difficulties are dismissed/ignored – people are often afraid or ashamed to admit they suffer from these issues and feel stigmatised
- the number of takeaways selling cheap unhealthy food
- the fact that it is/perceived to be cheaper to buy unhealthy takeaways than cook - meal deals / BOGOF's and so on
- cost of household fuel(gas and electric) being so high it discourages people from cooking as may have limited income
- being alone and isolated – this can discourage healthy eating habits
- people not having the skills to cook healthy meals for themselves
- not being able to afford to send kids to University
- violence in schools, lack of (skills for) parental control
- levels of crime and anti social behaviour apparently not being dealt with.

Pillar 2: We are informed about the diseases that most affect us

- We understand the nature of the diseases that contribute to the gap in Healthy Life Expectancy
- We want to focus resources on those that are avoidable
- And those that are less well resourced (e.g. we know smoking is a big cause of ill health but a lot of budget is focussed here already)
- Our objective is to improve quality of life so people can live normally
- Depression is a major problem in our area – that also leads to other diseases (obesity, diabetes) and unhealthy behaviours (drinking ,smoking, eating)
- We would like to ensure that the diseases that affect people are not diagnosed late as this leads to people having a feeling hopelessness or believing that it's too late to change
- We need to pick up problems early on and intervene
- We think that Health Checks are most useful when performed by Health Trainers in the community
- We would like to explore stronger links between Community Health Trainers and GPs



Top 3 picks in the simulation

Blue Team	Green Team
Mental illness (1)*	Mental illness (2)
Type 2 diabetes (2)	Type 2 diabetes (1)
Stroke (3)	Heart disease (2)

* Ranking of choice within the team

Pillar 3: We understand the risks that we are exposed to

Some of the issues in our community are so large we can feel hopeless so we need to identify what is achievable and focus efforts on those

Top 3 picks in the simulation

Blue Team	Green Team
Physical inactivity (1)	Physical inactivity (1)
Obesity (1)	Obesity (2)
Health literacy (2)	High blood pressure (3)



- We don't want to be told what to do, we will do what is right for us as individuals
- We need to strengthen efforts to change our environment – there are too many fast food outlets
- and too many places to buy cheap alcohol with more people drinking at home. Alcohol affects not just the drinker but the around them and the neighbourhood
- The way information on risks is presented is very important so that people can understand for example/ TV adverts Change4Life Food Swaps, Social media has been the right way to get young people to understand key health messages (e.g. about sunbeds) – improving health literacy
- We need to work on the right messaging for older people

Pillar 4: We can make changes as individuals

People make their own decisions, they cannot be forced



Top 2 interventions targeted at individuals

Blue Team	Green Team
Exercise (1)	Exercise (1)
Diet (2)	Volunteering (2)

Key points

- We need to make conscious efforts to change ourselves e.g. by joining community groups & volunteering in a variety of local settings
- Interventions and initiative shouldn't just be based on scientific & medical evidence but also reflect the views of the community – locally based activities for healthier lifestyles for example Edible Elswick, C4L plus know about what's on in the wider area (Sustrans, Greening Wingrove, On the Go)
- We go to the GP when we feel ill, but they don't always have time to address all our issues or know where to signpost us to
- We need some “middle management” where people can help each other
- We like Buddy schemes which help people make changes and groups where people share experiences e.g HealthWORKS Choose2Lose weight change programme with access to food skills team, recipe sheets, health trainers, physical activity
- We don't like the fact that becoming a volunteer can create issues with the benefits system
- We are very concerned about changes in benefits and possible sanctions

Pillar 5: We want to enhance and improve our community

Top 2 interventions targeted at community in the simulation

Blue Team	Green Team
Control takeaways (1)	Improve housing (1)
Provide leisure facilities (2)	Control alcohol outlets (2) Provide leisure facilities (2)



Takeaways
<ul style="list-style-type: none"> • We feel there are too many • Residents should have a say about licensing (as they do with alcohol) • Build heart health into planning application laws • Regulate opening hours • Not open them next to schools • Use “scores on the doors” to indicate healthier options (reduced fat / sugar/salt) • Reduce salt !! At local level ask traders to not offer salt just let customer add own salt. To help further then reduce number of holes in salt shaker or have a scheme to provide traders with new shakers

Housing
<ul style="list-style-type: none"> • People need access to housing of decent standard (social / private rented-selective licensing) • Active involvement of local authority to enforce standards • Involve local people in maintaining housing stock for example by volunteering in activities like street clean-ups -youth group involvement -community payback schemes • Have an elected chair to speak on community’s behalf with access to local authority Newcastle TARA’s

Alcohol
<ul style="list-style-type: none"> • Fewer outlets reduce alcohol intake • Alcohol abuse causes illness and social problems • Should do more test purchases • Campaign at local authority level to reduce licensed premises

Leisure
<ul style="list-style-type: none"> • Local leisure facilities provide opportunities for exercise. • They need to be: <ul style="list-style-type: none"> - Affordable - In the community - Friendly • Appropriate for groups using them (no lycra or leg warmers!) • Create opportunities for physical activity outside of formal facilities e.g. Walking or cycling groups which are social as well

Pillar 6: We want to influence how our health services are delivered



Top 2 interventions for health services

Blue Team	Green Team
Community health trainers (1)	Community health trainers (1)
Integrating health & social care (2)	Social prescribing (2) Skills for health literacy (2)

Community health trainers

- Someone to speak to outside of your GP's office
- Recruit more Community Health Trainers from local community – like Early Years Intervention Health Trainers
- To get out and about more and have a visible presence 'on the street'
- Could be promoted more and delivered from GP surgeries and health centres widely and cover all brief interventions
- Accessed from more community venues to deliver basic health messages

Social prescribing

- Gets people actively involved in their community in different ways like walking, cycling and other social activity groups
- Should be through GPs, health trainers, faith groups, community and voluntary organisations, and schools and partnership projects such as Change4Life / Edible Elswick
- GPs to be made aware of the services on offer around them
- Role Models to provide evidence across all GP's
- Prevention is better than the cure - GP's to see the cost saving benefit of local initiatives in the long term

- Integrating health & social care is important in joining services up for the individual but was thought to be too big for the community to tackle

- Skills for health literacy can be addressed by Health Trainers

Pillar 7: We would like to see changes in our environment that would improve our health & wellbeing

Top 2 interventions at population level



Blue Team	Green Team
Job creation schemes (2)	Job creation schemes (1)
Improve processed food (2)	Improve processed food (2)



Jobs

- *Many of our health and wellbeing problems have been created by a failure of the economy to create fairly paid and secure jobs in our region*
- *We are now tasked with addressing those problems with diminishing resources*
- Work improves self-esteem
- Increases income
- Unemployment undermines people's value
- We need advice and support
- Help to improve interview skills
- Use other initiatives to create jobs e.g. Local Apprenticeships

Better processed food

- Stop selling rubbish foods
- Reduce salt, sugar, fat
- Better labelling
- Make ready meals healthy

Healthy Life Simulation Results

Blue Team

**Narrowed gap by 4 years
With 39% improvement
Under budget**

Green Team

**Narrowed gap by 4 years
With 35% improvement
Under budget**

Demonstrating that : local residents can understand complex health information, spend budget responsibly and know what interventions work well in their communities

Moving forward we want to

- Link communities to decision makers so we can be part of the decision making process
- Have our voices heard in the way priorities are set
- Influence how services are designed for us
- Be trusted to control some of the health & wellbeing budget allocated to our area
- Resource Community Driven Solutions
- Be realistic in our goals
- Focus on changing what **CAN** be changed

