

## **Workshop 4 – Building back fairer: identifying and prioritising health inequalities**

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**Intros why interested/why important** (spoken comments in black & those in blue captured in the chat box)

We have all been through Covid; it is a shared experience that we can all discuss.

Covid has exacerbated the inequality in people's lives; it has highlighted the huge gaps in people's experiences.

It has shown what a digital divide there is between people and the effect of digital exclusion on people's experiences.

It has shown that those less resilient in the first place have had less positive outcomes

Need to close the gap between people's experience through more connectedness

It had shown the particular challenges faced by some of the population e.g. how being on hold for 20 minutes to speak to a staff member at a doctor's surgery when you are on a pay as you go phone is far more challenging than those on a different contract.

People never got the mental health support they needed during the height of the pandemic and they are still not getting it now.

People with disabilities really struggled to get help.

It also showed the positives of people working together in communities – so now we need to make sure that we do not lose that spirit.

I am enjoying hearing everyone's stories. I especially like Kate's metaphor of we've all been in the same storm during the pandemic but in different boats with different experiences. 😊

Original quote by Damien Barr

Just in case people may not have come across this book, which came out part way through the pandemic - it's quite thought provoking! 'Health is made at Home - Hospital are for Repairs - Building a Health-creating society' by Nigel Crisp.

### **Group exercise: Let's start thinking about the relationship between COVID and health inequalities?**

#### **The factors that increased risk of transmission and poorer outcomes and the control measures that disproportionately impacted?**

Lack of access to information.

The existing mental health issues of people when it first started was a factor.

The stay at home message had an impact on those that relied on family to prevent loneliness.

Test and Trace relied on having a compatible phone.

Previous mental health difficulties.

Access to information.

Those who were overweight carried a greater risk.

Those living in an isolated location or a community such as military without family or local links.

Financial hardship / "just managing".

Exacerbation of loneliness and isolation across all age groups....

Parents home schooling and having the facilities and space to do this.

Housing, difficult to isolate from other household members if little space.

Those dependent on alcohol or other substances.

The impact of furlough on mental health/challenging domestic circumstances, and digital poverty.

The lack of support initially to shop etc.

Those identified as clinically extremely vulnerable were given stringent criteria or very scared of going out significantly increased isolation and exacerbated some conditions - physical and mental.

Young people disproportionately affected (though you could say that about so many groups to be fair).

Parents and home schooling and digital poverty - access to data etc.

Carers unable to get additional help.

Some people with disabilities were discharged from Social Care Support.

In 2010, there was a large landmark study conducted called the Marmot review, which looked at life expectancy and people's health and wellbeing across the country. Since 2010, unfortunately, the life expectancy in England has actually stalled for the first time since 1900 and for the poorest women in England, it's actually dropped. As part of this, the health gap has grown between poorest and richest, rather than shrinking. We might think that we're always making progress but actually, unfortunately, in terms of health inequality, it seems that the picture across the UK is not that bright. And that plays out during COVID.

People too scared to go to appointments so missed important ones.

Or people didn't even try to get appointments and we are seeing the impact with people with more need now queueing virtually at GPs, NHS 111 and A&E as didn't get/try to access/able to get timely support.

Very damaging treatment of mothers in pregnancy - not being able to have the support of your birth partner was awful.

**Group exercise: What can we do immediately locally to address health inequalities following COVID?**

Have honest conversations and be authentic – admit that poverty exists (as seen in recommendation 7 of the 2019 Annual Director of Public Health Report). We need to involve people from the start, create community champions.

It is now time to act. People have heard so much research and data; there is a fatigue about hearing about it and not doing anything about it.

Young people want to see more services that are relevant to them.

Young mums want easier access to services. Need to stop cutting important services in order to save money (like health visitors); these are essential services to people.

Need to act on a few things that are easy to fix, even after only 12 months there will be a measurable difference. Once the community sees things are happening it will raise community spirit and engagement.

There is a lot of talk/data/writing down that is happening but is actions that will make the difference. Practical support / day-to-day things are the things that people appreciate and will make huge differences to people's lives. Small actions speak volumes.

Ensure maximum benefit awareness and take up.

People 'own' what they create.

Bring the service to those in need, even if this is for a short while to get the ball rolling.

Seeing is believing - what are the early, meaningful wins at a place level across North Yorkshire  
...actions speak louder than words 😊

Need to juggle between immediate action and just 'sticking plasters' over the issues and really tackling the root causes. Need a mixture of wins and a look to the future.

Not health related as such, but for example, I am setting back up some art groups locally for SEND and care experienced to access with a view to helping them with anxiety. Just being able to socialise again for them has made a big difference already.

Small changes can make a big difference to the lives of individuals.

Focus on enabling, 'doing with' rather than 'doing to'.

**How are we measuring direct and longer-term wider impact of COVID-19?  
(What public health intelligence do we have to guide our prioritisation and policy?)**

CSO model is working so well – let us keep them going, rather than let them go for lack of investment, then finding that you have a need for them again and have to start again from scratch.

Recognise that it is not just children that lack literacy and numeracy skills but also their parents. It is not popular to talk of low numeracy and literacy skills in adults but it is a factor that affects many people and it is one that leads to; poorer health and wellbeing, increased isolation and economic issues. Need to close the gap in education of all ages not just the young.

Need to have a “well” school population in place before you can start to tackle issues around catching up/closing the gap.

Having children and young people in schools is a key opportunity to get all of them in one place and give them all the tools and skills they will need to tackle adulthood; the ability to be resourceful, to have confidence, to be able to work in teams etc. This is not an opportunity to squander.

Prevention needs to be prioritised and invested in sooner rather than later!

Not sure if anyone is aware but there is a national research group doing some work on reimagining resilience, which will eventually lead to a policy being developed. It might be good for some of the people from this conference today to join it its aimed at young people but they are talking to adults as well. (It is part of Common Vision's new participatory research and policy design project 'Rethinking Resilience'. If you have any questions about this session or Common Vision's wider work please contact: [miriam.brightbart@covi.org.uk](mailto:miriam.brightbart@covi.org.uk) ).

Maintaining and developing the Community Support Organisations that were initiated in response to COVID.

It would be sad if you lost all that important work that has been done by the CSOs.

I think the Place Standard tool we had presentations on earlier could be a good tool to use to start thinking about what we can do.

Encouraging partnership working with those who don't normally think about doing things in that way.

Create the platforms to discuss the inequalities at a local level.

Cross-generational approach to education and focus on what was missed during pandemic would be good. I think you are right mark it gets forgotten about.

We need to encourage our MP's to continue with free school meals during the holidays.

Education - investment in addressing inequalities for all children particularly for looked after or previously looked after.

Things like the on track programme that is being used for care experienced and children in care is a good step in the direction of removing some of this inequality.

Fitness opportunities for disabled/people with limited mobility to enable more opportunities for exercise.

Enable 'schools' and education providers to become hubs that provide holistic learning.

Developing the foundations for the future - there is the early wins and there is the underlying social determinants.

Make those opportunities accessible and available across North Yorkshire - design them with the people from the outset.