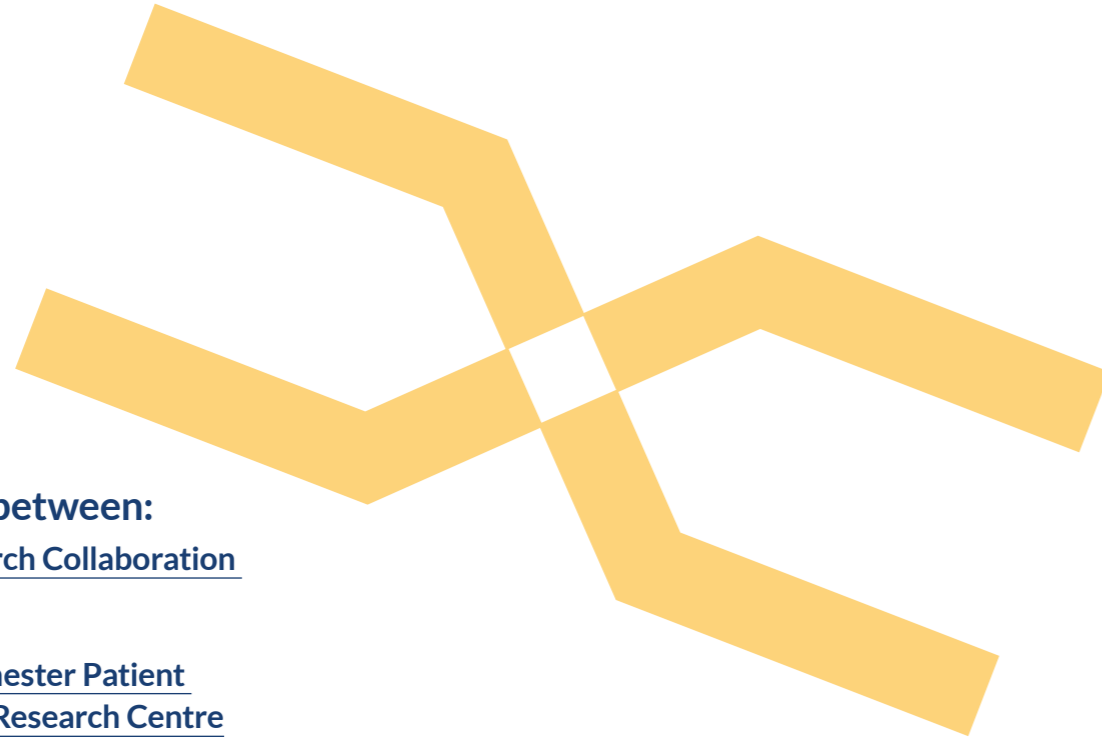




**Addressing Health Inequalities through Health and
Care Research in Greater Manchester
Report of a workshop to outline an agenda for action**



A Collaboration between:
NIHR Applied Research Collaboration
Greater Manchester

NIHR Greater Manchester Patient
Safety Translational Research Centre

The Caribbean and African Health
Network CIC in Greater Manchester

Groundswell

Healthwatch Manchester

The NIHR Applied Research Collaboration
Greater Manchester Public Involvement Panel

The Member Organisations of the Greater
Manchester Public and Community
Involvement and Engagement Forum

University of Manchester

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Forward

Why addressing health inequalities in Greater Manchester is a crucial priority for health and social care research, and the value of community partnerships

Tackling health inequalities is a key priority for Greater Manchester and recent experiences during COVID-19 have further highlighted this need. The long-entrenched health and care inequalities in the North of England have worsened during the pandemic. A series of recent reports shows northerners were more likely to die from COVID-19, spent nearly a month and-a-half more in lock-downs, suffered worse mental health and were made poorer than the rest of England during the first year of the pandemic¹. Around half of the increased COVID-19 mortality and two thirds of the increased all-cause mortality were explained by preventable higher deprivation and worse pre-pandemic health in the North.

Dr Luke Munford, ARC-GM “The pandemic has hit us all hard in different ways, but our reports show that people living in the North were much more likely to be hardest hit, both in terms of health and wealth. The fact that over half of the increased COVID-19 mortality and two-thirds of all-cause mortality was potentially preventable should be a real wake-up call. We need to invest in the health of people living in the North to ensure they are able to recover from the devastating impacts of the pandemic.”

Our workshop, hosted by the NIHR Applied Research Collaboration Greater Manchester (ARC-GM); the Greater Manchester Patient Safety Translational Research Centre (GM PSTRC) in partnership with the public and representatives of the Voluntary, Charity and Social Enterprise Sector (VCSE), aimed to explore health inequalities across Greater Manchester and uncover the potential for health and care research to make a difference for the future.

The aim of the discussion was to identify how best to work together to address health inequalities, with recommendations for an agenda for action relevant to research about health and care.

We were delighted to have hosted a workshop where public contributors, researchers and representatives from the VCSE sector could equally contribute to identify how we can work together to address health inequalities and meet the needs of our local communities through our health and care research. Ensuring marginalised groups are involved and that diversity is addressed was an important focus of the day.

Putting the voices of marginalised communities and those with lived experience at the heart of research and policy formulation is the right approach as we collaborate to reduce health inequalities.

The idea was that the workshop would build on some of our partnership working during the pandemic²

¹ [COVID-19 and The Northern Powerhouse Report](#)

² [One Manchester Public and Community Forum - COVID Summary](#)

and that this would also be a foundation for wider public involvement and engagement and evolving research programmes to address local needs.

We wanted to capitalise on strengths of collective research expertise, and the ‘hands on’ experiences across the VCSE sector, relevant statutory organisations, and policy and service provider leads. We have generated new partnerships between researchers, VCSE communities, and other stakeholders via the GM Public and Community Involvement and Engagement (PCIE) forum hosted by ARC-GM and Health Innovation Manchester. We have also established key partnerships via existing research focused on marginalised groups with the NIHR Patient Safety Translational Research Centre. This event was designed to build upon and extend these valuable partnerships to set an agenda for co-producing further research to tackle health inequalities.

Since holding the workshop, escalating concerns about inequalities associated with the cost of living crisis inevitably have implications for the health and well-being of people and communities who are already most disadvantaged and underserved in our region. This emphasises the importance of joining forces to address health inequalities, and the workshop has provided a valuable basis for future work.



Prof Caroline Sanders
(ARC-GM; GM PSTRC)



Rev Charles Kwaku-Odoi
(Caribbean and African Health Network)



Introduction

Addressing health inequalities through health and care research in Greater Manchester was a workshop that took place on Friday 18th March 2022 at Gorton Monastery, Manchester. The aim of the workshop was to explore how health inequalities across Greater Manchester impact local communities and the potential for making a difference by working in partnership. Researchers from the University of Manchester working for the NIHR Applied Research Collaboration Greater Manchester (ARC-GM) and the Greater Manchester Patient Safety Translational Research Centre (GM PSTRC), joined Public and Patient Involvement and Engagement representatives and people working in the Voluntary, Community and Social Enterprise Sector to identify how best to work together to address health inequalities.

The workshop was opened by Prof Dame Nicky Cullum (Director of ARC-GM) who explained the importance of research to ensure we have the most effective, safest health and care services, and know the best ways to prevent and treat ill health. She highlighted the importance of doing research 'with' not 'for' or 'about' the people it is designed to help with health and care policy needing to be driven by the experiences of communities.

Key learning from the presentations

Dr Luke Munford from ARC-GM presented 'A Year of COVID-19 in the North' research conducted in partnership with the [Northern Health Science Alliance](#) highlighting the unacceptable disparities in health standards, health outcomes and economic outcomes for the people living in the North of England. He talked about some of the reasons for these long standing, unnecessary and unfair health inequalities and how these have been made much worse during the pandemic.

Northerners were more likely to die from COVID-19, spent nearly a month and-a-half more in lock-downs, suffered worse mental health and were made poorer than the rest of England during the first year of the pandemic.



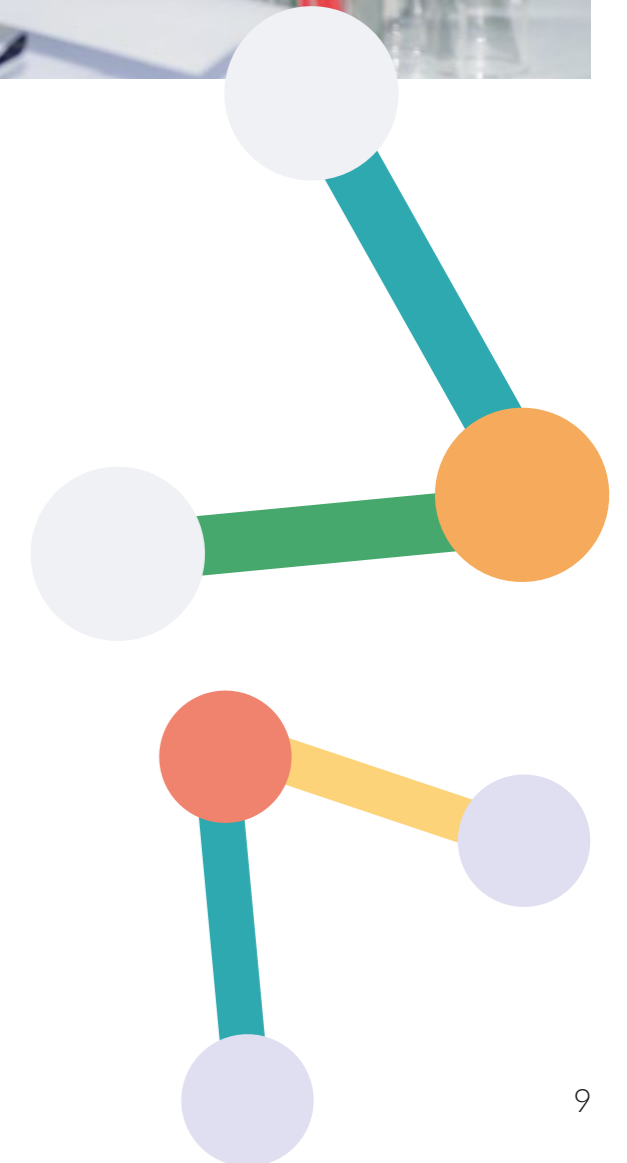


Dr Kelly Howells from GM PSTRC and public contributor Matt Amp from Groundswell shared their project exploring healthcare access for people experiencing homelessness during the pandemic. With a key message about the importance that organisations such as Groundswell play in enabling research to happen in marginalised and disadvantaged communities. The language used and the way researchers speak to members of the public can be empowering if done in the right way.

There are higher levels of illness and a shorter life expectancy for people experiencing homelessness. The average age of death in England being only 47 for a man and 43 for a woman. Despite high level of need those experiencing homelessness had less access to health care

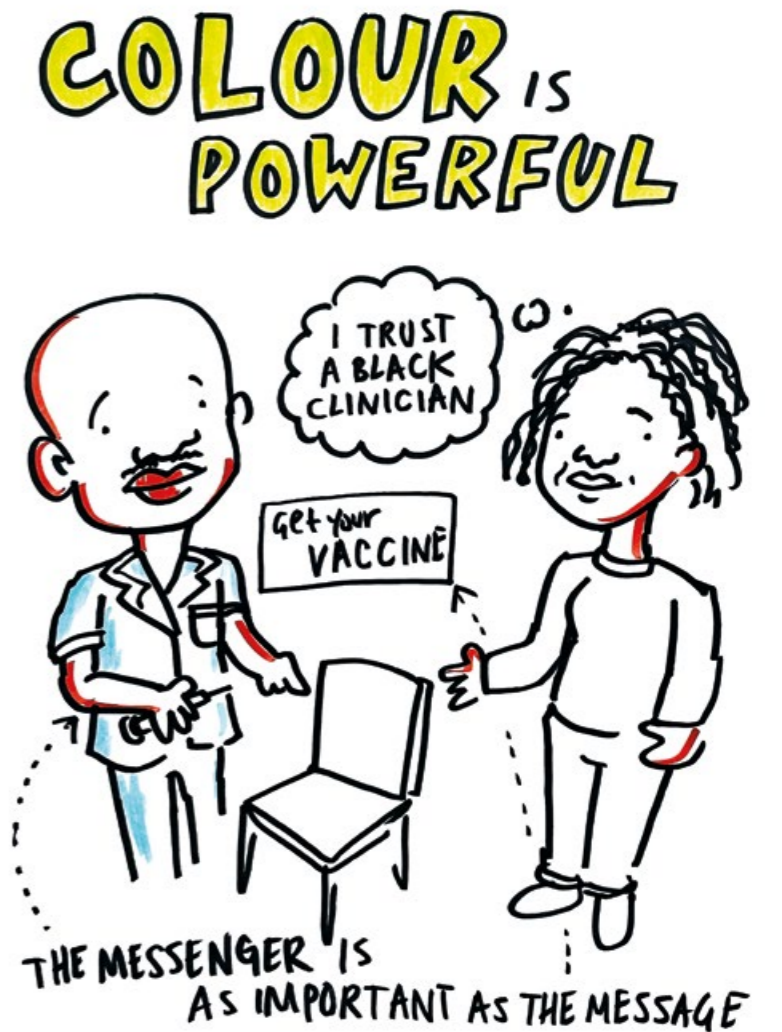
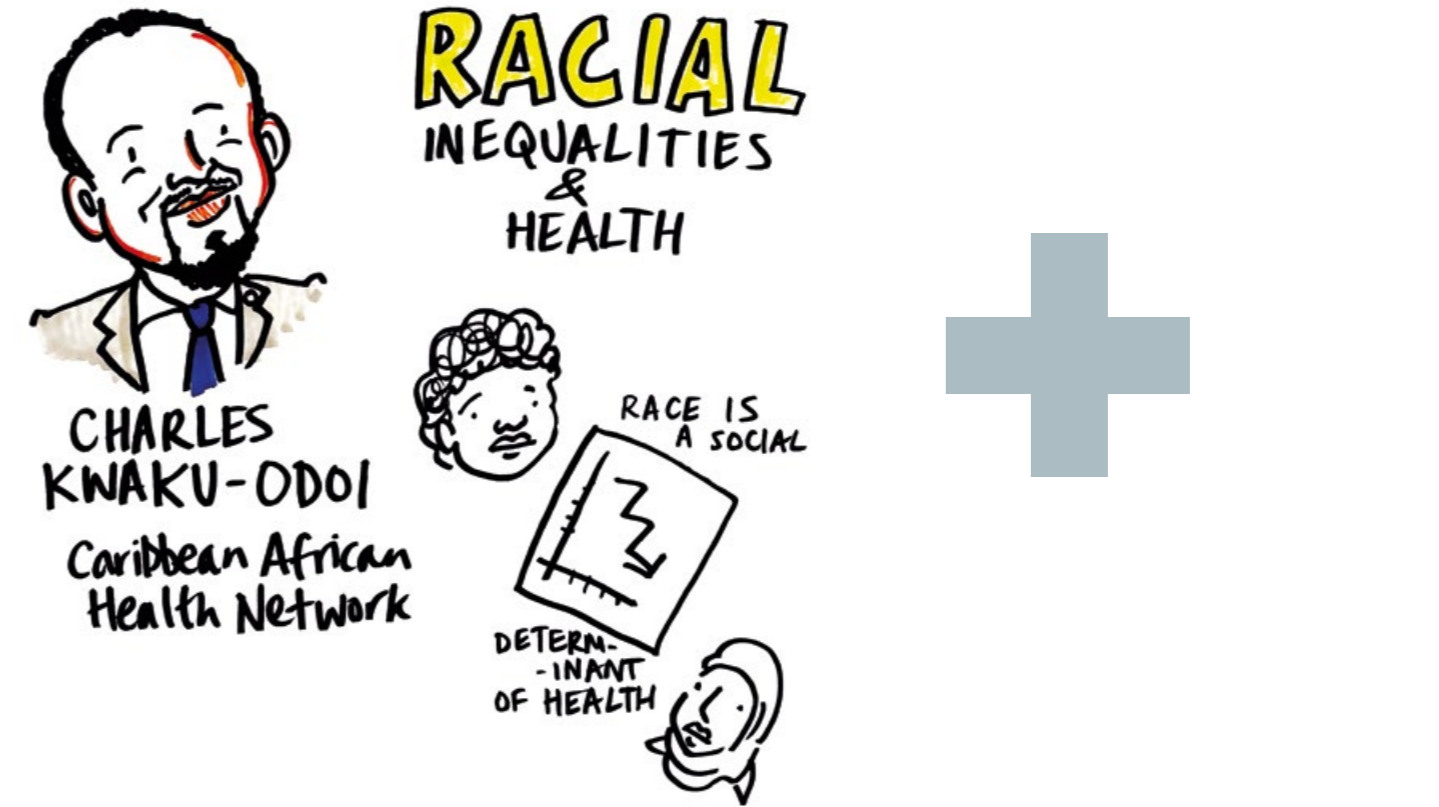
Prof Roger Webb from GM PSTRC presented research about inequalities that developed in population mental health during COVID-19. This research explored the impact of the pandemic on the frequency of presentation to healthcare services following a self-harm episode and the impact on clinical management on these patients in primary care.

During the first COVID-19 lockdown in 2020, there was a sharp fall in the frequency of patients presenting to healthcare services following a self-harm episode. The fall in frequency was greatest in the most deprived general practice populations, which is a significant cause for concern.





Rev Charles Kwaku-Odoi from the Caribbean & African Health Network talked about fostering sharing and learning, between researchers and the VCSE sector moving away from competition to collaboration. He also discussed the impact of race inequalities and lack of trust on health outcomes.



Stephanie Gillibrand from ARC-GM and an advisory panel (Nasrine Akhtar, Charles Kwaku-Odoi, Basma Issa and Nick Filer) shared a programme of work centring community voices in inequalities in vaccine coverage. Experiences and views of diverse communities highlighted key issues regarding misinformation and communication, trust towards institutions, and health and safety concerns towards the vaccine.



COVID-19 VACCINE UPTAKE in Greater Manchester



STEPHANIE GILLIBRAND



BARRIERS TO VACCINE



NEIL WALBRAN Healthwatch Manchester

HOLDING TO ACCOUNT

NON COMPLIANCE WITH LEGISLATION



Neil Walbran from Healthwatch Manchester talked about holding organisations to account for noncompliance with equalities legislation and the importance of making services accessible.

HELPING PEOPLE MAKE SERVICES ACCESSIBLE



WEBSITES ARE SOMETIMES UNFIT FOR PURPOSE





Paul Hine from Made by Mortals introduced the Hidden Podcast a creative approach that supported reaching young people in a way that enabled them to open up in a non-threatening way about sensitive topics.

To view these presentations please visit our website [here](#)



Key Learning from Discussion Groups

The attendees spent time in discussion groups and were asked to reflect on key areas from the presentations that resonated with their own experiences and the experiences of the communities in which they live and work. How to strengthen community partnerships to improve the relevance of health and care research and increasing the inclusion of diverse communities in research were key areas for discussion. Several themes emerged from these discussions:

1/ The allocation of resources are key to tackling inequalities

The voluntary sector is picking up a lot of work to support communities in poverty and need resources and investment to continue this work. People are trapped in poverty and need support to escape and improve their situation. It is important that financial deprivation is addressed to level up resources in deprived communities; however, there are also inequalities in resource distribution leading to further divides. Resources are not always allocated to those most in need.

Opportunities for VCSE organisations to collaborate with research organisations can create divides because not all groups can easily access these opportunities. More needs to be done to reach out and make resources open to smaller groups. The upskilling of community groups and the facilitation of groups to work together will enable these groups/organisations to support and learn from each other. Small charities and community groups also need support to utilise community assets with resources channelled to where voluntary work is being done well so this can be built on.

POVERTY
IS AT THE HEART OF
A LOT OF INEQUALITY



Collaboration can be enabled by creating systems that support working together including adequate re-imbursements for voluntary organisations. Where people on benefits or living with long term conditions (the very people that need to be included) are available to get involved, the implications on their benefits can be a barrier to participation as can the lack of upfront resources to attend meetings or join online discussions. More flexible and creative methods of engagement need to be employed by researchers to ensure those most disadvantaged are not excluded due to lack of resources.

VCSE organisations can support research funding applications to tackle the solutions to reduce inequalities but they need access to training and resources. Researchers can do more to support such organisations to lead funding applications and to advise on evaluation for the projects they lead.

2/ Effective partnerships need time and recognition of organisational strengths

Effective partnerships are dependent on building strong and trusted relationships with communities, but this takes time. These partnerships need to be based on shared values evident through interactions that create long term relationships. The breaking down of barriers is essential to create equal partnerships and sustainable relationships that facilitate co-production approaches. It is important to empower people who are often disempowered to enable co-production with the power dynamics between organisations and the people within them being reviewed and shifted to enable true collaboration.

Organisations need to be trusted to lead on what they excel at. The voluntary sector has extensive expertise in working on the ground with people facing the greatest needs and addressing inequalities. They have expertise in the best approaches to use for engagement. Peer researchers³ are increasingly being used and valued, but these roles need to be developed with the necessary training and support. Recruiting researchers from within communities will also benefit the communities.

More can be done to upskill people and raise awareness about research and opportunities to be involved in research, especially in smaller VCSE organisations. This will help to build partnerships and enable communities to be ready to get involved in research. Some communities are over run with offers to be involved in research whilst others do not know how to access these opportunities. Making sure we don't bombard the same communities over and over requires improved integration and coordination between research organisations. Whilst some communities have been consulted repeatedly, they do not see the changes happening to improve their situation, therefore there is a need for meaningful partnerships that lead to positive action and change.

Research needs new voices from the communities of Greater Manchester, refreshing research groups with new faces and new voices so those that have not previously had the opportunity to say how it is for them can be heard, whilst valuing the expertise of those who have input for many years.

³ Peer researchers (also referred to as 'community researchers') use their lived experience and understanding of a social or geographical community to help generate information about their peers for research purposes.



THE VALUE OF
PARTNERSHIP
FOR UNDERSTANDING
INEQUALITIES



NEED TO TAKE
TIME TO
DEVELOP
STRONG
RELATIONSHIPS



and
LISTEN
TO EACH
OTHER

3/ Communication in accessible formats is needed

Research needs to be accessible and understandable for everyone. The public are often not aware of the research or government policies that impact them. Communities need to know what's going on in research and universities with more accessible information available.

The involvement of diverse communities in research isn't made easy due to lack of awareness about how to get involved. The poorer you are the less resources and time you have to spend looking at the bigger picture. You just focus on getting through the day, fighting for survival. Research teams need to do more to let the public know about how the inequalities they face impact them.

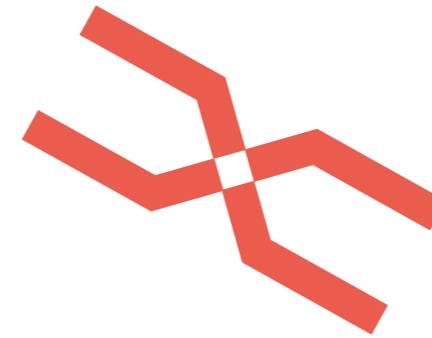
There are language barriers including academic speak. We need to avoid acronyms and academic language, ensuring language is accessible whilst acknowledging there are several layers of literacy ability in many communities. Engagement with non-English speakers requires resources for translation but it cannot be presumed that translation is correct or understandable as it may require analogies rather than actual words. In some languages the same words can have several meanings and need to be contextualised. Not everything translates to community languages, therefore there is a need to work in partnership with people able to speak and translate information and messages, enabling dialogue that is culturally appropriate. Not all community languages have a written format.



THINK ABOUT LANGUAGE



BRINGING HUMANITY and HEART to bring ISSUES ALIVE



Digital barriers are an increasing problem with lack of knowledge and access to information for communities when messages are only delivered in a digital format. Those living in poverty may not own smartphones or have money for data. Individuals in communities may lack the knowledge and skills needed to access the array of technology used in health and care services and need face-to-face interaction as well. Lack of communication and connections in the right way has led to increased social isolation. For example, older people can often have difficulties getting on line and miss out on face to face communication when unable to get out and interact. Others including young people may have a lot of access to online communication but still feel isolated without opportunities to connect in person and with many growing pressures due to inequalities they experience.

The dissemination of research findings in accessible formats needs to be built into timelines and given the same attention as the research itself. The data from research is powerful but needs to be backed up with case studies and stories of people's experience. We need to listen to the stories behind the broad figures, and how people and communities feel based on their experiences. The outcomes from being involved in research are not all quantifiable and easily measured but stories may capture the essence of what it means to marginalised communities to be involved in research.

COMMUNITIES NEED ACCESSIBLE OUTPUTS



DIGITAL DIVIDE



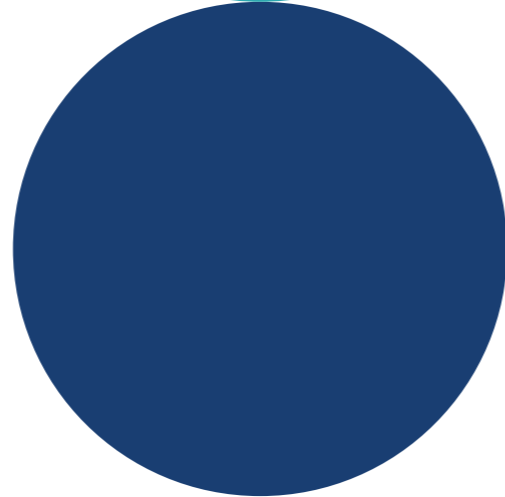
IN CERTAIN COMMUNITIES

4/ To understand and tackle inequalities you need to go into the heart of communities

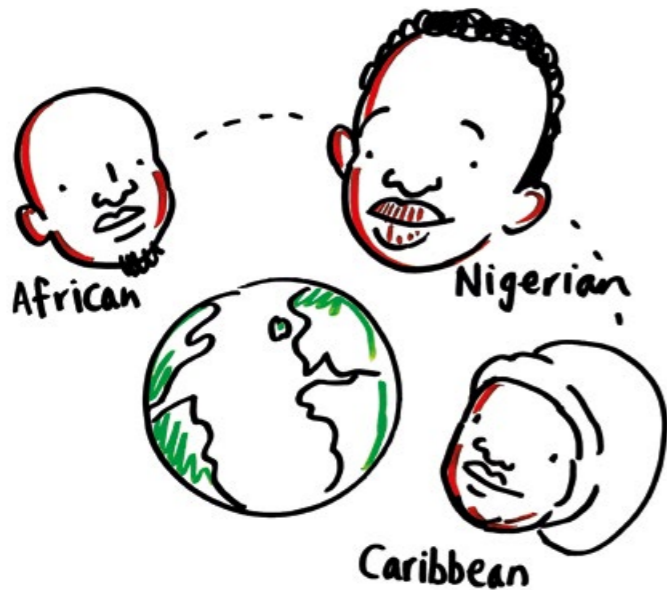
We know health inequalities exist there is lots of evidence and research highlighting these, we also know some of the causes but what we don't know enough about is how we can get some of the solutions put into practice. We need to better understand how research evidence can be used to influence policy and real change for those facing inequalities in their lives.

Culturally appropriate events are needed to engage communities in a meaningful way. Talking 'with', listening 'to' and not talking 'at' people. Communities should be part of the design of the process and involved in co-production of research and solutions aimed at tackling inequalities from the outset. There is often lack of representation within organisations of people from different backgrounds especially those from very deprived areas.

We need to particularly acknowledge and understand variation within regions and local areas to understand how inequalities are impacting on neighbourhoods and community groups. There is a lot of diversity within communities, capturing the full extent of this diversity will help find solutions that work for the whole community.



THERE IS **DIVERSITY** WITHIN COMMUNITIES



Researchers need to go out to communities and be available to answer questions. Focus groups work well when delivered within community settings and co-facilitated by local community representatives that have the trust of their community. The VCSE sector play an important role in this but links to some community groups were cut off by the pandemic. Small voluntary organisations are doing important work but are less visible and less well resourced.

Empowering people in communities to carry things on and equip people to be champions will help the sustainability of any initiatives to tackle inequalities. Learning from communities around the work they do as champions would help researchers understand this key role.

Researchers need to better understand who is taking part in research and where access to being involved is blocked either due to lack of awareness, trust or lack of resources.

WORKING WITH PEOPLE ISN'T **HARD** WORK...



Recommendations for Next Steps – An agenda for action

- The research infrastructure in Greater Manchester will work together to strengthen the way they work together and the links they have with the VCSE sector. We are embarking on a programme of work aiming to strengthen partnership working between GM health and care providers, research teams and VCSE organisations. This will include consideration of how research organisations can better learn from VCSE sector regarding approaches for building trust and community engagement that have previously worked well. We will consider how best to work together towards greater investment and supporting funding applications for VCSE organisations to lead on solutions that tackle inequalities. We will also extend links and partnerships across the VCSE sector and how we can reach out to, and work with more of the VCSE organisations across GM.
- The research teams within ARC-GM and GM PSTRC will continue to work with the VCSE Leadership Group and the Greater Manchester Integrated Care Partnership to discuss priorities for research that focus on tackling solutions to reducing health and care inequalities.
- Researchers will be supported to work ‘with’ and ‘in’ communities at the earliest stages of research planning, to identify priorities for research on finding solutions to addressing inequalities. We will build on our existing links to ensure that communities that have not yet had a chance to have a voice will be offered an opportunity to be involved in research that impacts them. We will ensure that funding is built into research proposals to enable sustainable input from relevant individuals and communities throughout projects
- Communications about the results of research from ARC-GM and GM PSTRC will be developed in to more accessible public facing formats working with our [Public Involvement Panel](#) and the [GM Public and Community Involvement and Engagement Forum](#).
- We will develop wider public engagement using an outreach approach to build on some of the key priorities identified within the workshop such as addressing social isolation and mental health needs and especially in underserved communities. We will enable further participatory research placing communities with lived experience at the heart of research.



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