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Welcome to the NIHR ARC KSS Research Symposium

Wider collaboration and exploring new possibilities in applied research

www.arc-kss.nihr.ac.uk

@arc_kss

#arckssresearchweek2023

Welcome

Professor Stephen Peckham,
ARC KSS Director

Professor Sally Kendall,
ARC KSS Capacity lead

Dr Peter Aitken,
Chief Medical Officer, Sussex Partnership NHS Foundation Trust – via pre-recorded video link

To view the video please copy and paste the URL into your browser:
https://youtu.be/oG2q2Z4kJis

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75 years on - can the NHS deliver or is it in terminal decline?

Niall Dickson CBE, Chair, East Kent Hospitals University NHS Foundation Trust

NIHR | Health Determinants Research Collaboration Medway

CHSS University of Kent

Medway Council Serving You

Building Research in Local Government to Improve the Health and Well-being of Local People: The role of the NIHR Health Determinants Research Collaboration Medway.

Professor David Whiting

Deputy Director of Public Health, Medway Council

Director of NIHR HDRC Medway

Honorary Professor, Centre for Health Services Studies, University of Kent

Doing research is a Good Thing™

Source: https://www.nihr.ac.uk/health-and-care-professionals/engagement-and-participation-in-research/embedding-a-research-culture.htm

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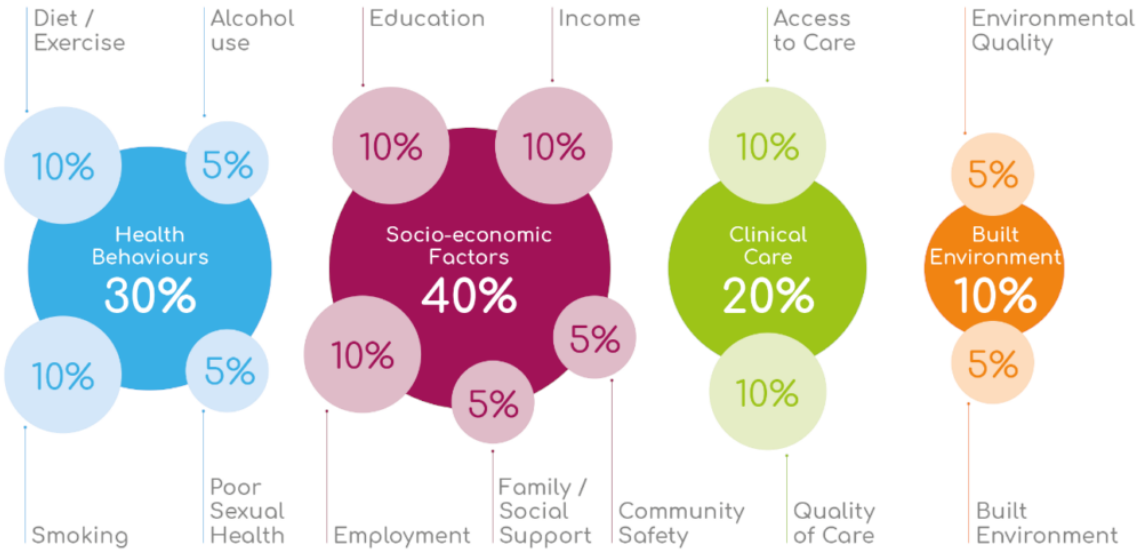
Health & wellbeing: more than the NHS



Based on: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, US County health rankings model 2014
https://www.countyhealthrankings.org/sites/default/files/media/document/CHRR_2014_Key_Findings.pdf

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NHS organisations doing lots of research

Better outcomes for patients

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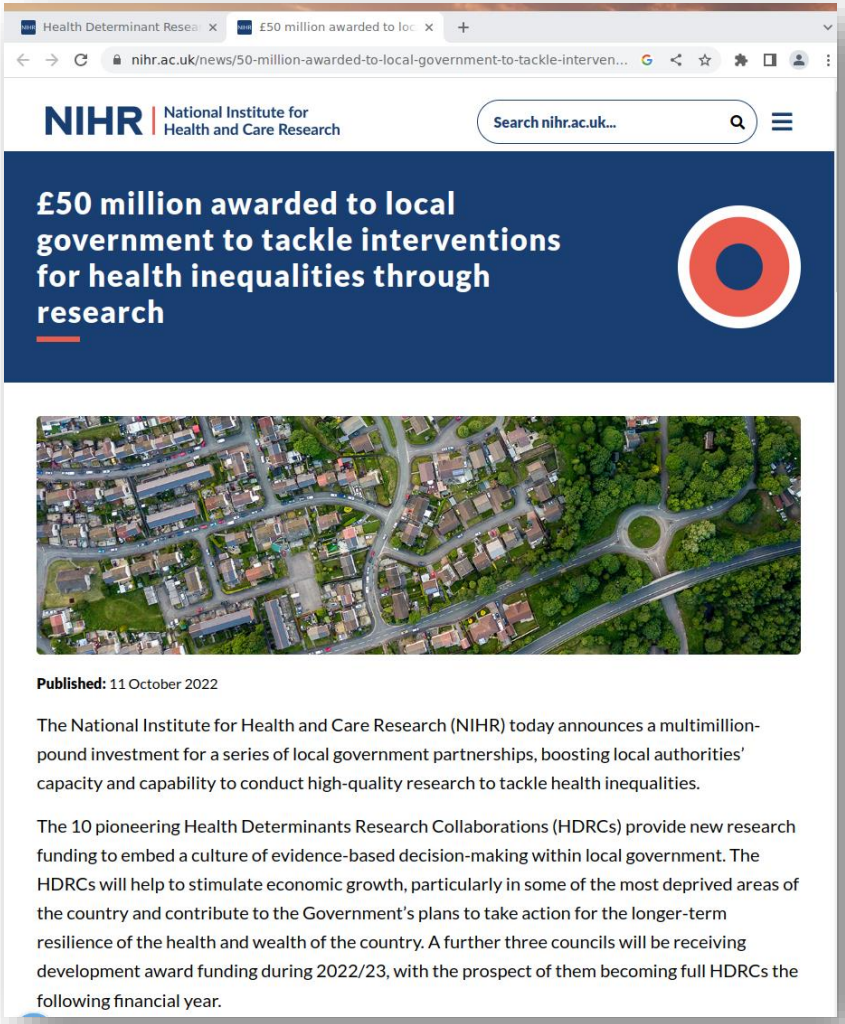
NHS organisations doing lots of research → Better outcomes for patients

Local authorities doing lots of research → Better outcomes for <u>residents</u>


Health Determinant Resea
£50 million awarded to loc
nihr.ac.uk/news/50-million-awarded-to-local-government-to-tackle-interven...
NIHR | National Institute for Health and Care Research
Search nihr.ac.uk...
£50 million awarded to local government to tackle interventions for health inequalities through research
Published: 11 October 2022
The National Institute for Health and Care Research (NIHR) today announces a multimillion-pound investment for a series of local government partnerships, boosting local authorities' capacity and capability to conduct high-quality research to tackle health inequalities.
The 10 pioneering Health Determinants Research Collaborations (HDRCs) provide new research funding to embed a culture of evidence-based decision-making within local government. The HDRCs will help to stimulate economic growth, particularly in some of the most deprived areas of the country and contribute to the Government's plans to take action for the longer-term resilience of the health and wealth of the country. A further three councils will be receiving development award funding during 2022/23, with the prospect of them becoming full HDRCs the following financial year.

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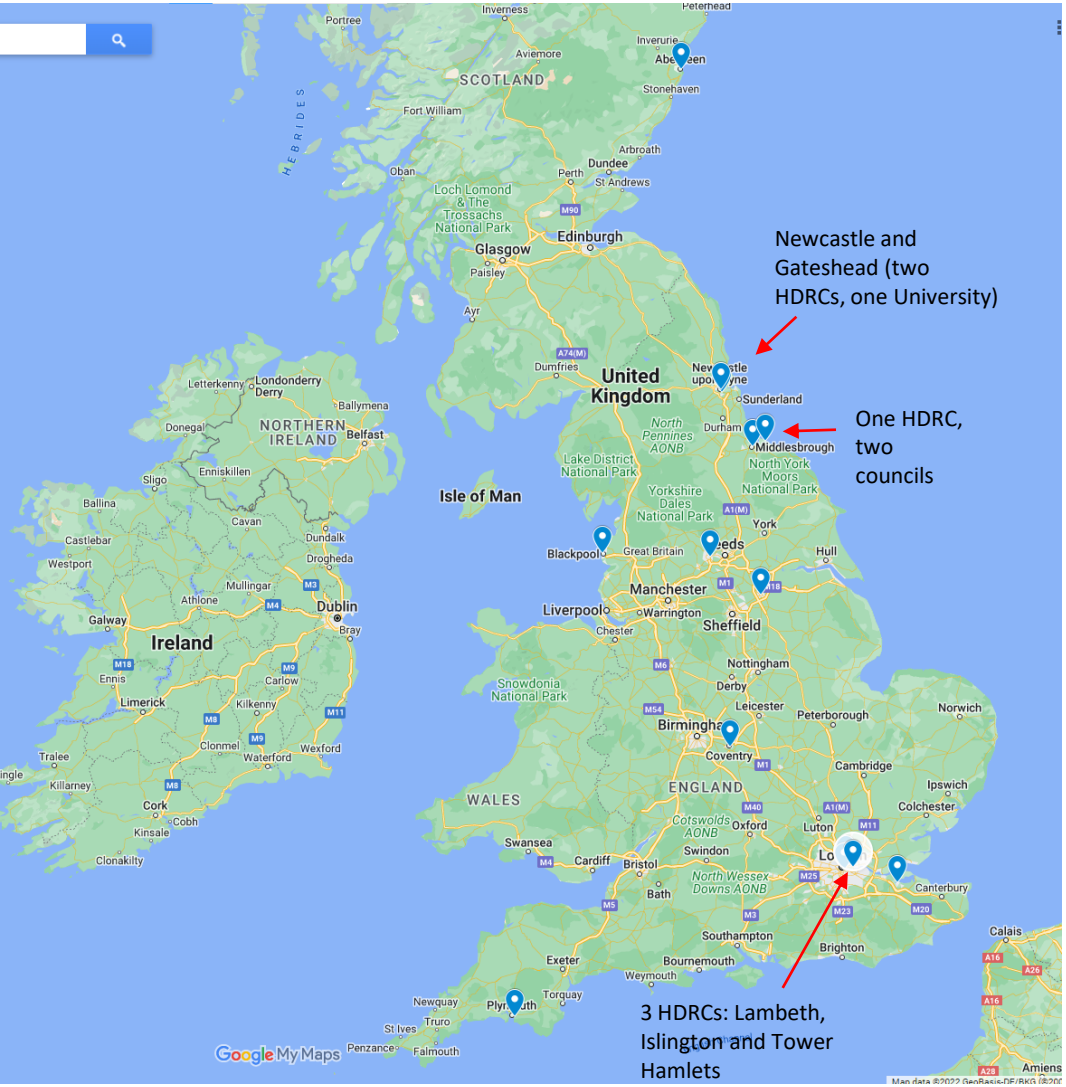
HDRCs in a nutshell

- NIHR Health Determinants Research Collaborations enable local councils [and equivalent structures] to become more research-active, embedding a culture of evidence-based decision making.
- This [NIHR funding] is to provide local councils with the capacity and capability to undertake public health research to address the wider determinants of health and health inequalities.



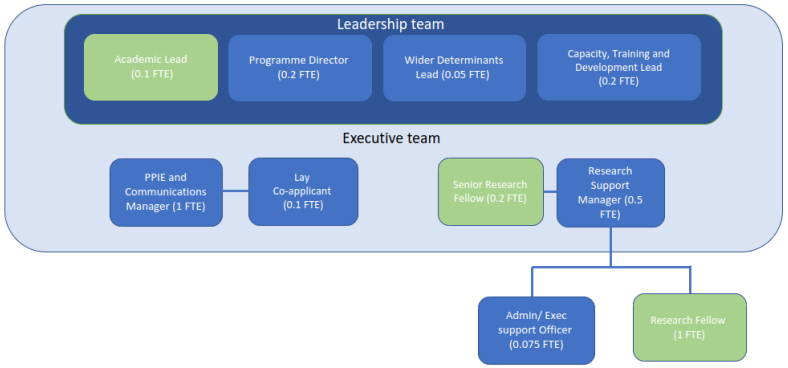
- Aberdeen City Council
- Blackpool Council
- City of Bradford Metropolitan District Council
- Coventry City Council
- Doncaster Council
- Gateshead Council
- Islington*
- Medway Council*
- Middlesbrough Council and Redcar & Cleveland Council*
- Newcastle City Council
- Plymouth City Council
- The London Borough of Lambeth
- Tower Hamlets Council

Development year

- Oct 2022 to Sep 2023
- Four objectives
  1. Describe existing research focused links with the third sector and underserved communities
  2. Strengthen and build new research-focused links and develop a shared research vision
  3. Develop a plan for research prioritisation
  4. Create a Communications and Engagement Strategy across the collaboration

Organisational structure Year 0 only: Medway Health Determinants Research Collaboration

Medway Council employees shown in blue, University of Kent employees in Green



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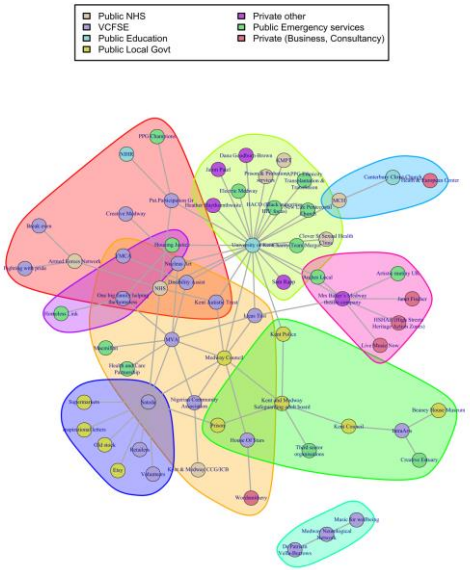
Social network analysis



- First two development year objectives
- Third sector, research-focussed links

Research prioritisation

- Plan in development
- Principles include:
  - it is inclusive: it involves the public and other stakeholders in decision-making
  - it uses robust methods that are open to scrutiny
  - it is flexible and dynamic, responsive to changing contexts
- Priority setting partnership
- Analytic hierarchy process
- James Lind Alliance review of our approach

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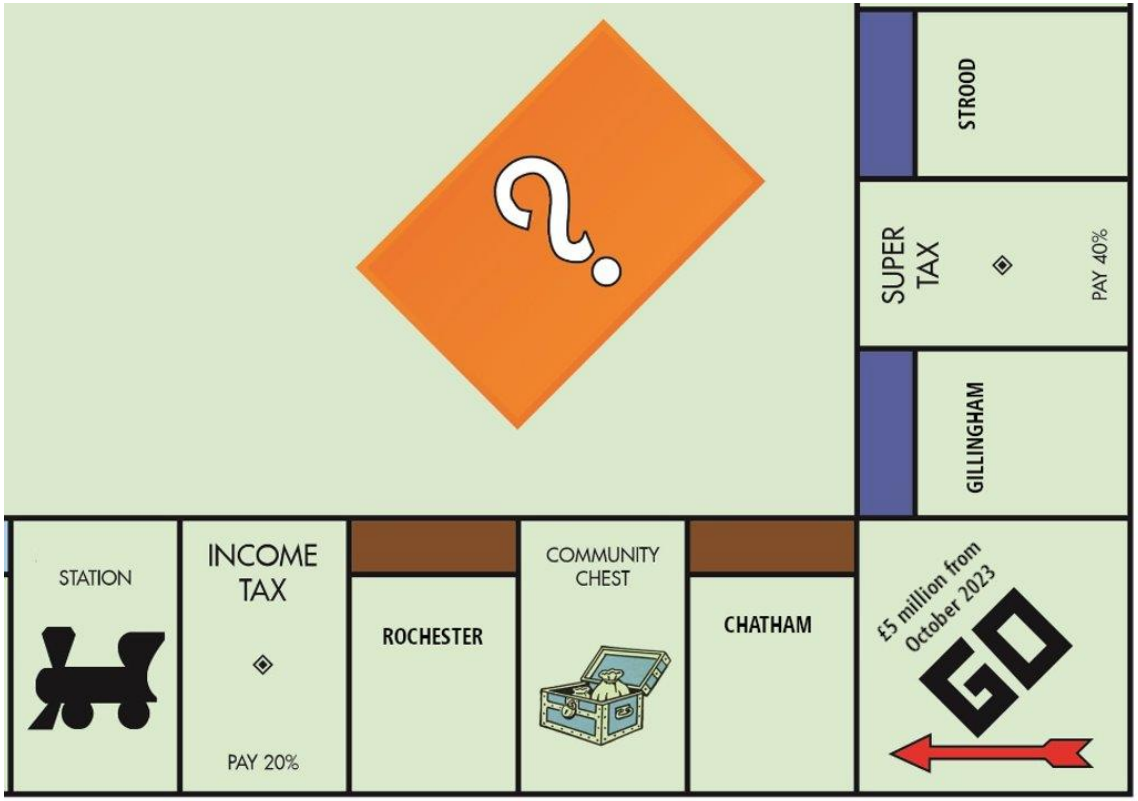
Comms and engagement strategy


STROOD
SUPER TAX
PAY 40%
GILLINGHAM
STATION
INCOME TAX
PAY 20%
ROCHESTER
COMMUNITY CHEST
CHATHAM
£5 million from October 2023
GO

The art of the possible

- Senior Research officer – CRN funding
  - Develop research capacity in the public health team
  - Networked with other researchers in Kent and Medway
  - Eight research grant applications over two years
  - One journal article
- Health and Wellbeing survey
  - Population-based study
  - 8,000 households selected at random; 49% response rate
  - Face-to-face
  - https://www.medway.gov.uk/info/200591/medway_s_joint_strategic_needs_assessment_jsna/1650/medway_health_and_wellbeing_survey


nihr.ac.uk/funding/22141-interventions-that-impact-loneliness/31750
NIHR | National Institute for Health and Care Research
Search nihr.ac.uk...
22/141 Interventions that impact loneliness
Opens
08 November 2022
Closes
13:00 on 15 August 2023


nihr.ac.uk/funding/2323-health-and-health-inequality-impacts-of-place-based-in...
NIHR | National Institute for Health and Care Research
Search nihr.ac.uk...
23/23 Health and health inequality impacts of place-based interventions
Opens
05 April 2023
Closes
13:00 on 15 August 2023

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Organisational structure: Medway Health Determinants Research Collaboration

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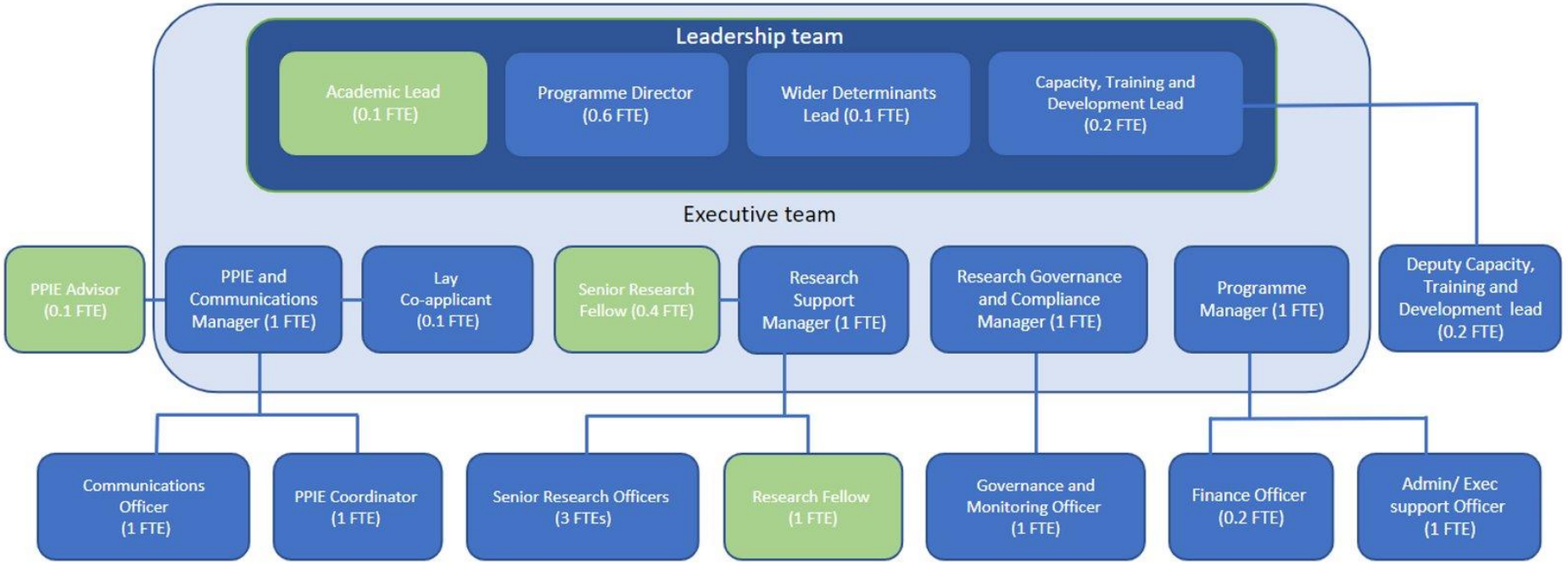

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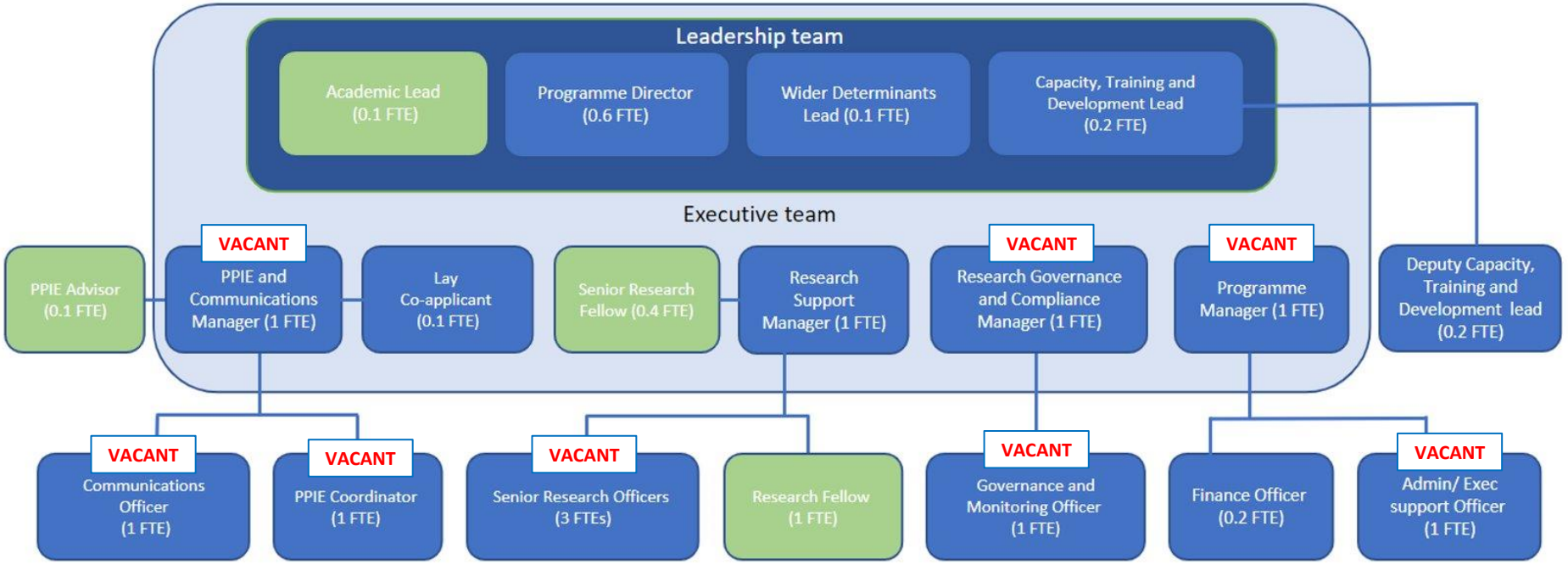

Full HDRC workstreams

1. Set up, strategy development and prioritisation
2. Research capacity, training and development
3. Building local research and evidence to drive council activity
4. Dissemination, outputs and pathways to impact

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Evaluation of the Discharge to Assess Pathway (D2A): a new pathway emerging post-Covid

Stuart Jeffery
Senior Research Fellow
Centre for Health Services Studies (CHSS)
NIHR ARC KSS


Discharge to Assess
Evaluating practice across Kent Surrey Sussex

The Core Team

NIHR | Applied Research Collaboration Kent, Surrey and Sussex

Kent Surrey Sussex Academic Health Science Network

Unity Insights

D2A introduction video

To view the video please copy and paste the URL into your browser:
https://www.youtube.com/watch?v=Y6BRxPr4Gbs

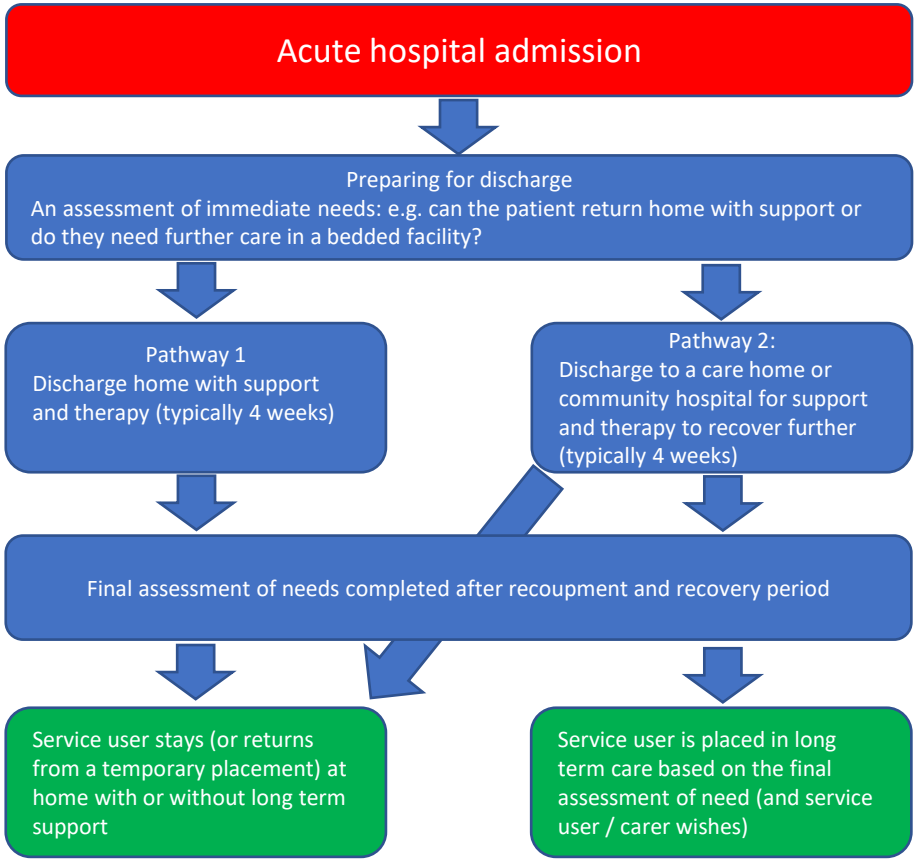
The Discharge to Assess Pathway…

D2A is based on the four pathway model for discharge from hospital.

It's aim is for a rapid discharge followed by a period of support and therapy to allow the service user to maximise their recovery and independence and to minimise their long term care needs.

The pathway involves health and social care workers from a variety of providers, settings and disciplines including the third sector.

Support and therapy post discharge is funded by the NHS for up to four weeks. Onward support is means tested in line with local authority rules.



Background to the evaluation

- Discharge to Assess rolled out / extended during Covid-19 with additional resources and effort across all systems.
- NHS England's Accelerated Access Collaborative funded evaluation of new pathways via its National Insights Prioritisation Programme (NIPP for short)
- NIPP v1 was 17 months and brought together ARCs and AHSNs across England to provide these evaluations.
- KSS AHSN and ARC KSS met with ICS/ICB executives to find out what areas of evaluation would be of most value to systems. They decided on D2A.

What we did…

- Chose three ‘places’ to evaluate – a real mix of demographics and one from each ICB.
- Focused on the post acute / community / social care part of the pathways.
- Interviewed staff from community NHS services, social care, home care, care homes, commissioners and acute staff.
- Tried to recruit patients to interview but covid surges and acute pressures meant that we relied on Healthwatch and Carers UK data to understand the user experience
- Analysed and considered data flows and metrics.
- Involve a patient group of advisors throughout.

What we found

What we found out from staff…

- A lack of local operational policies in place.
- The national policy on D2A had been helpful in bringing some consistency of approach, and…
- We identified a range of understanding on the purpose of D2A expressed by staff. These were close to the national policy but there were nuances. These included:
  - Improving acute patient flow
  - Improved outcomes and experience for patients and informal carers
  - Reduced readmissions
  - Reduced ongoing care needs
  - Improved staff satisfaction

Our thematic analysis…

- Three core themes were identified from the staff and patient interviews, these act as either barriers or enablers depending on their presence and delivery:
  - **Commissioning:** how the pathway is funded, its structure and culture and the outcomes that are expected.
  - **Multidisciplinary working:** the skills, knowledge and understanding of the staff, the connections between the teams, and how the pathway and teams are coordinated.
  - **Information and knowledge exchange:** the way assessments are made, the management of the records and the availability of information to provide an operational oversight of the pathway.

Commissioning…

Finance

- Is the funding sufficient to provide capacity to meet the demand?
- Is there agreement for longevity to ensure that the service is stable?
- Have out of area agreements been made?
- Is there capacity to provide care after the D2A period?
- Is there support for recruitment?
- Has weekend support been commissioned?
- Has capacity to bridge care been commissioned?

Structure and culture

- Is there a clear strategy for the service?
- Has the team been built with a clear culture?
- Does the team operate as a single (or virtual single) team across the length and breadth of the pathway?
- Is there administrative support to ensure that there are good processes in place for the smooth running of the service and facilitate the flows of information?
- Have barriers between teams been removed ensuring that the team works as a whole rather than passing patients and requests between silos?
- Is there access to equipment and home changing / furniture moving?
- Does the team understand the purpose and principles of D2A.

Outcomes

- Is the home first principle being met?
- Have outcome requirements for the service and their monitoring been built in?
- Is there a process for accountability and assurance?
- Is there transparency of outcomes, process and need across the system?

Multidisciplinary working…

Connections

- Are the different players in the pathway connected?
- Do health and social care in the community work together or are there boundaries?
- How does one part of the pathway know what others are doing?
- Have silos been broken down and does the team work as a virtual team?
- Do community services have a strong voice?
- Is there a culture of development and integration?
- Is the service flexible and agile?

Skills, knowledge and understanding

- Does the team include a range of therapists?
- Has the team been trained in therapy and rehab skills?
- Does the team know what other disciplines do?
- Do they understand the principles of D2A?
- Does the team have access to resolve housing problems (e.g. homelessness and hoarding)?
- Is specialist mental health support available?
- Have there been assessments of the risks in care homes and at home for service users with challenging behaviour?
- Are the needs of people with dementia understood?
- How are carers' needs addressed?

Coordination

- Are there single points of contacts for key workers / coordinators?
- Is there a single source for knowledge and contacts?
- Are there huddles and MDT meetings?
- Is there a hub and spoke model for the coordination of the service and care?
- How are different perspectives on care and need managed?
- Is there continuity of care as patient moves through pathway?
- Is there knowledge and information sharing between team members?
- How is the third sector capacity and involvement managed.
- Is there a directory of resources?

Information flows…

Assessments

- Do assessments start with essentials for discharge and increase in detail during the pathway?
- Is the assessment tool agreed by all parties? Do people have the skills to complete it?
- Does the information flow through the pathway? How is it shared?
- How are service users, carers and family expectations discussed? What information are they given? Is there an agreed set of information / leaflets?
- Do discussions with service users, carers and staff bring forward creative solutions? Is there an understanding of the benefit of not being in hospital?
- How is risk assessed and managed? Are risks understood by both acute and community staff? What level of experience and skill sharing is in place?
- How is the initial level of care needed identified and agreed? Is that level of care able to be changed quickly after discharge? How is this communicated with the service user and carer?
- Is there autonomy of decisions? How does the accountability work? Is a key worker assigned to each service user?

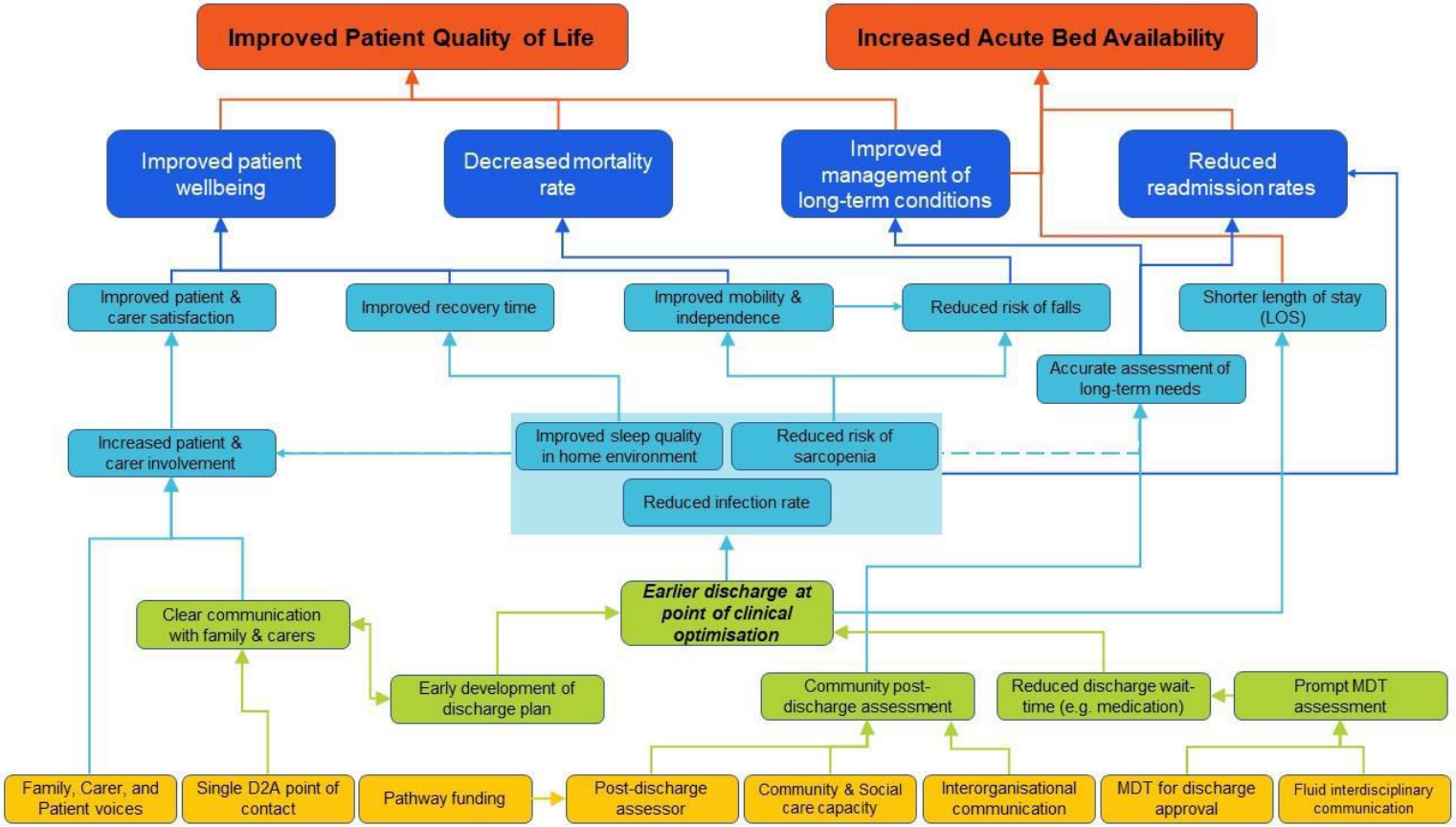
Management

- How are service user records managed? Where are they kept? Who has access?
- Is there a single dynamic patient record? Is there a single assessment and recording process?
- Are records electronic and shared?
- Do all staff involved in the pathway have access to the electronic record? Can they both read the information and write to the record?
- How are the languages of different teams managed as the service user moves through the pathway? Are acronyms managed or banned?
- How are new staff inducted and trained in the use of the information? Can temporary staff access records?

Oversight and outcomes

- Do key workers and managers know who is doing what and when?
- Are service managers, system managers and commissioners sighted on available capacity and the flow of service users through the pathway?
- Are service managers, system managers and commissioners able to monitor the pathway across system including waiting lists and capacity?
- Are outcomes for the service defined? Are they monitored? Are they reported?
- Is information on outcomes used to drive improvements?

What the data team thought…

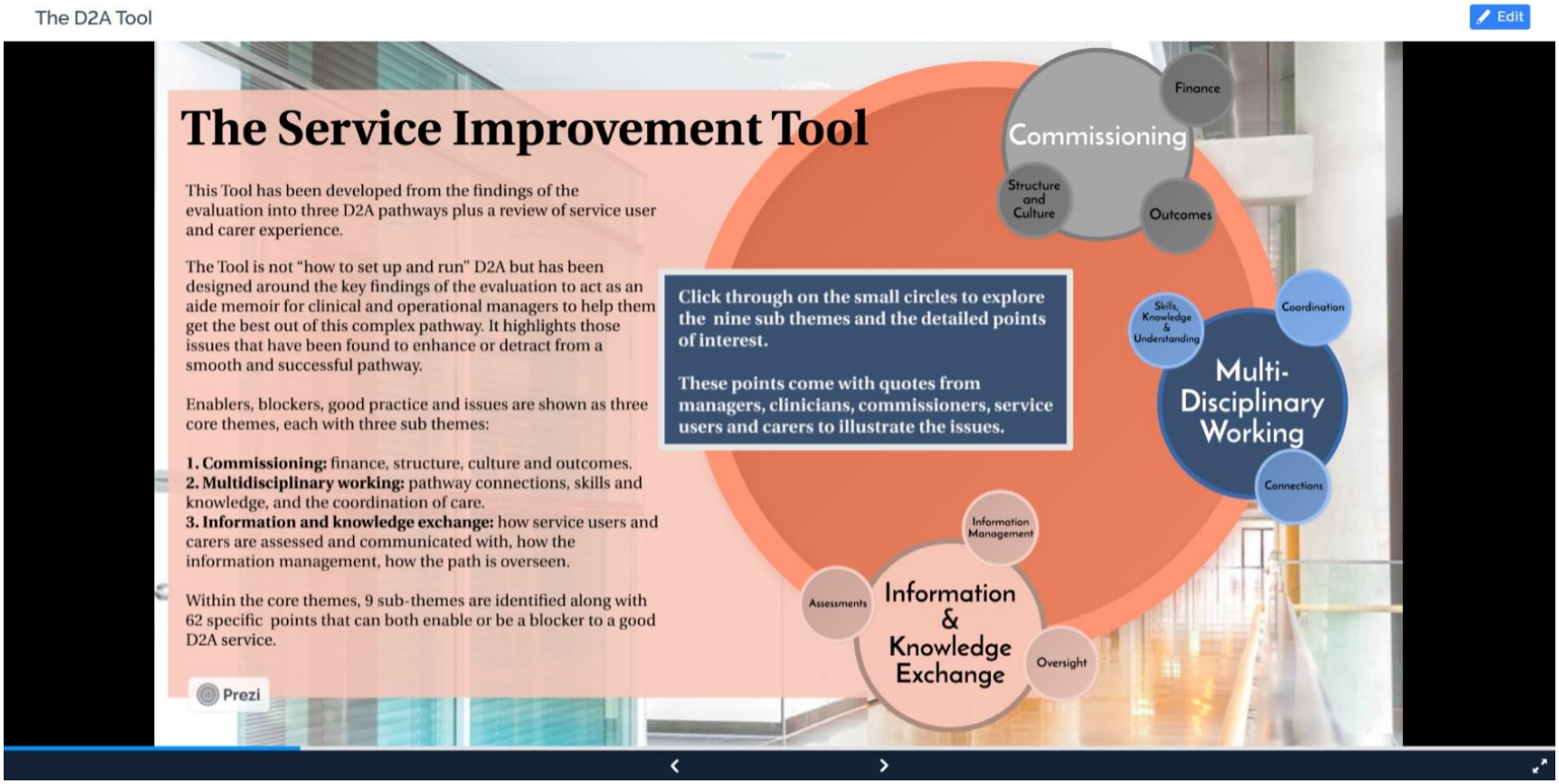


The main findings…

The top six recommendations from this evaluation are:

- The use of the D2A service improvement toolkit to help identify and resolve blocks in the pathway.
- Ensuring a local operational policy for the pathway is available to all providers on the pathway.
- That communication, in all senses, requires improvement.
- Carers seem to be often forgotten and therefore need to be assessed and considered in the care of the service user.
- Oversight of the flow of service users needs development.
- Development a patient reported outcomes measure for people discharged from an urgent care pathway to aid feedback and service development.

Pulling it all together…




Question
Time

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Presentation of prizes: winners and runner ups of poster competitions

Professor Sally Kendall

SCAN ME

View all the poster entries on-line

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The **C**ommunity **a**nd **V**oluntary Organisation **Eva**luation **T**oolkit – the CAVEAT project

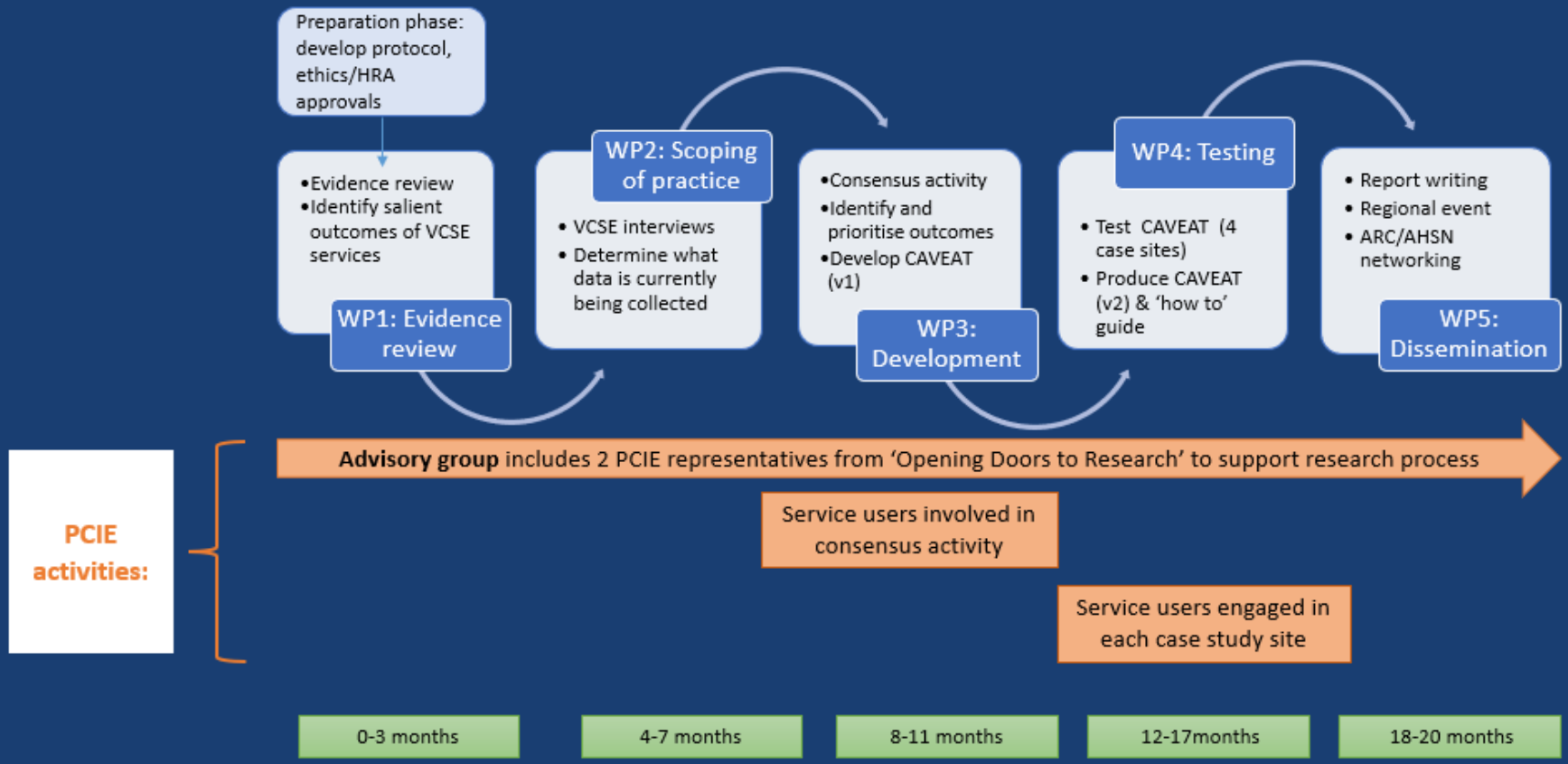
Dr. Julie MacInnes, Jenny Monkhouse, Susie Walker, Kat-Frere Smith, Dr Bridget Jones, Dr Vanessa Abrahamson, Becky Sharp, Prof Heather Gage

CAVEAT
community and voluntary organisation evaluation toolkit

The aim of the CAVEAT project

Our aim was to:

Develop and test a set of guidelines or resources – a ‘toolkit’ that VCSE organisations can use to collect information and data to demonstrate the value, activity and impact of the services they provide for older people in their communities


Preparation phase: develop protocol, ethics/HRA approvals
•Evidence review
•Identify salient outcomes of VCSE services
WP1: Evidence review
WP2: Scoping of practice
• VCSE interviews
• Determine what data is currently being collected
•Consensus activity
•Identify and prioritise outcomes
•Develop CAVEAT (v1)
WP3: Development
WP4: Testing
• Test CAVEAT (4 case sites)
• Produce CAVEAT (v2) & 'how to' guide
• Report writing
• Regional event
• ARC/AHSN networking
WP5: Dissemination
PCIE activities:
Advisory group includes 2 PCIE representatives from 'Opening Doors to Research' to support research process
Service users involved in consensus activity
Service users engaged in each case study site
0-3 months
4-7 months
8-11 months
12-17months
18-20 months

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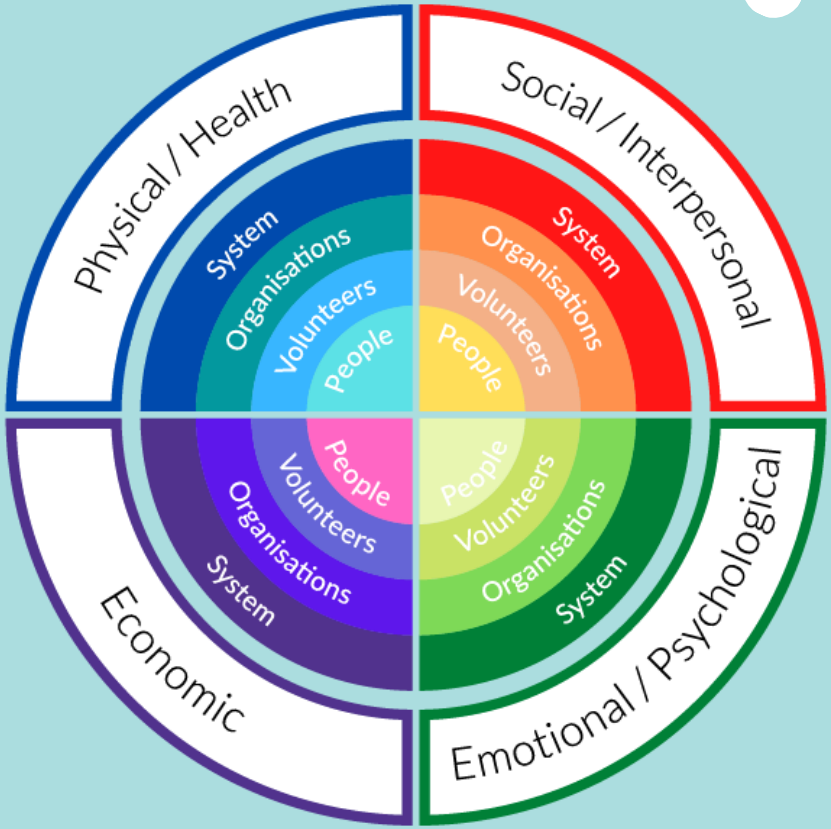
The CAVEAT Outcomes Model

So here we have the CAVEAT outcomes model, an integral part of the Toolkit we have designed to support voluntary, community, and social enterprise organisations that work with older people.



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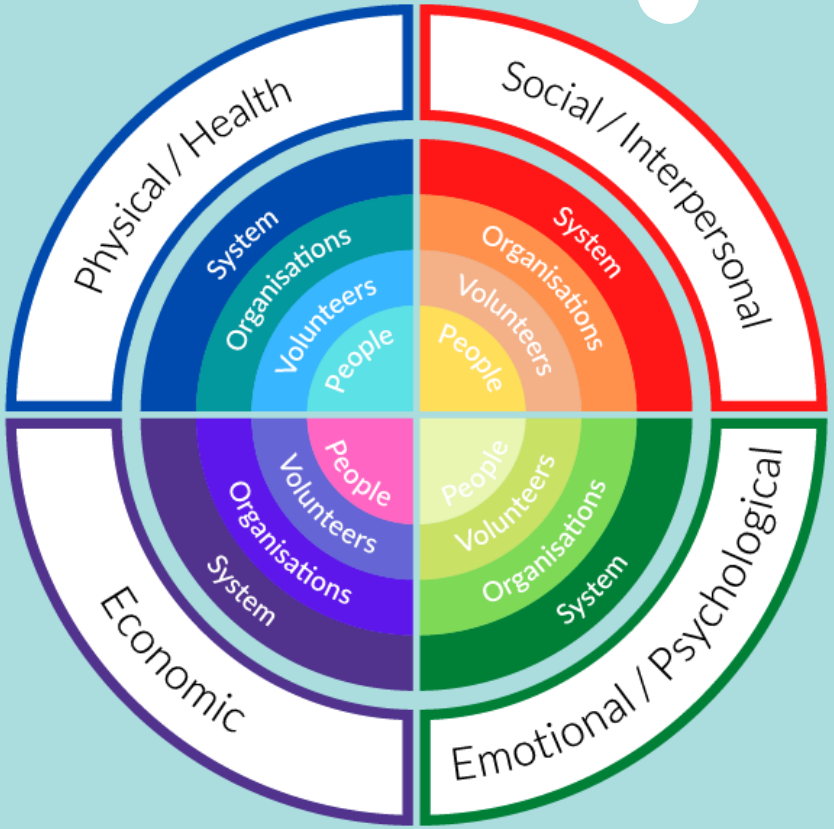
The CAVEAT Outcomes Model

The Integrative literature review conducted in 2021 focused on finding evidence in published articles and grey literature of the outcomes reported on for older people using VCSE services. The review concluded that the outcomes measured fall into four categories: Psychological, Social, Physical and Economic. These findings formed the basis of the CAVEAT model.



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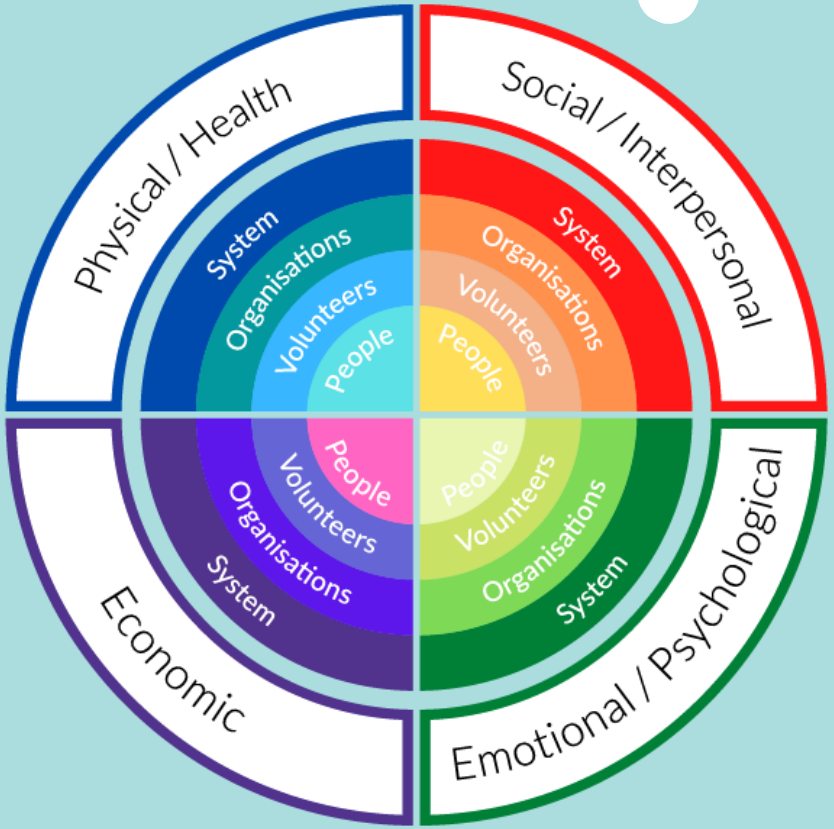
The CAVEAT Outcomes Model

As you can see each domain is split into 4 levels, this allowed us to concentrate each domains' outcomes to a specific area: Placed at the heart of the model are the 'People' receiving the services. This level addresses the direct impact on the older person's physical and mental health, their social interactions, emotional well-being, and economic stability.



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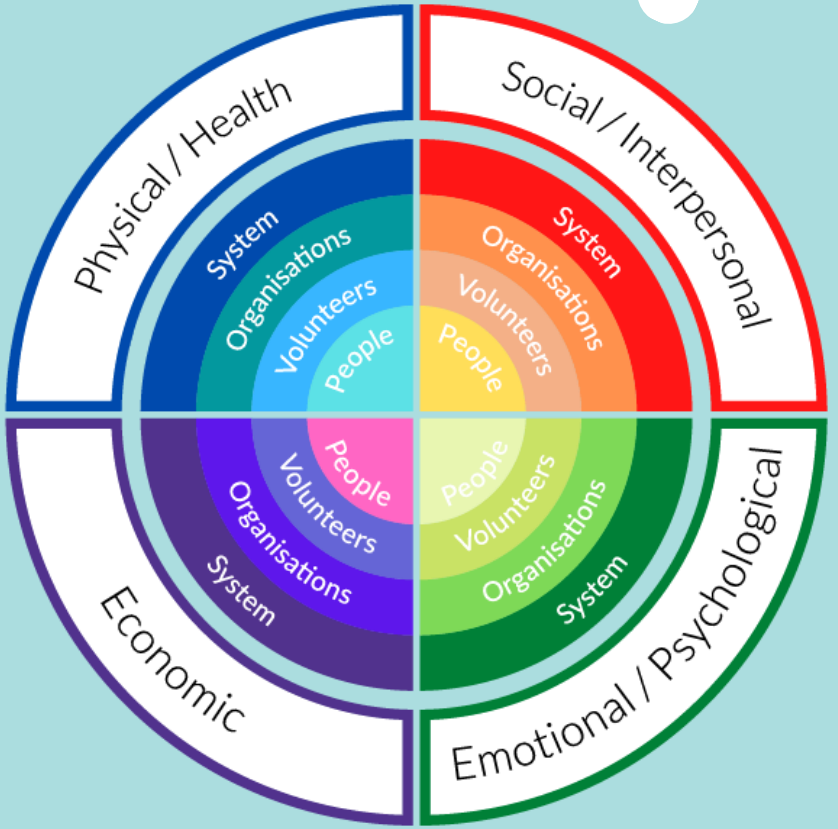
The CAVEAT Outcomes Model

The second level encompasses outcomes for the volunteers supporting an organisation, looking at the benefits and personal growth experienced by volunteers who dedicate their time and efforts to an organisation. This includes elements such as skill development, personal satisfaction, and a sense of purpose.

The third level covers outcomes for the organisation itself. Here, the outcomes focus on the organisation's functioning and effectiveness. It includes factors like service delivery, community engagement, and accessibility.

Lastly, the outermost level addresses outcomes for the wider health and social care system. This level acknowledges the interconnectedness and ripple effect of these services beyond the immediate recipients, such as influencing policy, reducing burdens on healthcare systems, and promoting overall well-being within communities



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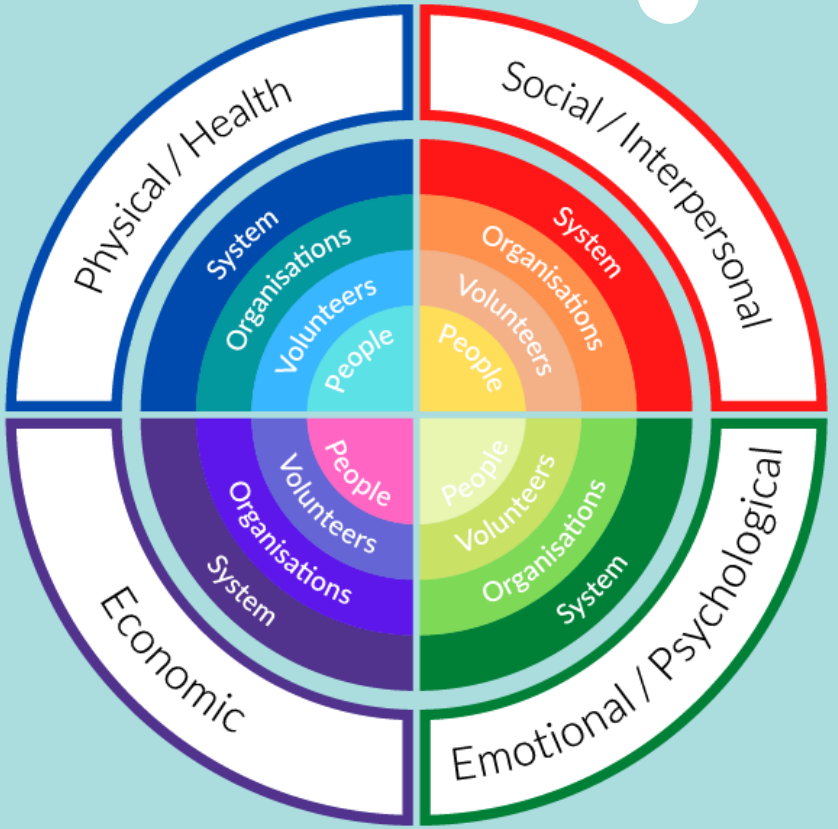
The CAVEAT Outcomes Model

During the next stages of the research, we conducted interviews and workshops to identify the outcomes VCSE organizations were measuring or aiming to measure. These outcomes were then discussed and agreed upon by a panel of VCSE leads. We mapped these outcomes to specific domains and levels.

We then explored what available tools there are to measure these outcomes. These tools are made up of both validated measures (such as the UCLA loneliness scale) and research methods such as interviews, photovoice, case studies. And the accumulation of these domains and levels, their outcomes, suggested measurement tools and evaluation advice forms the basis of the CAVEAT website.



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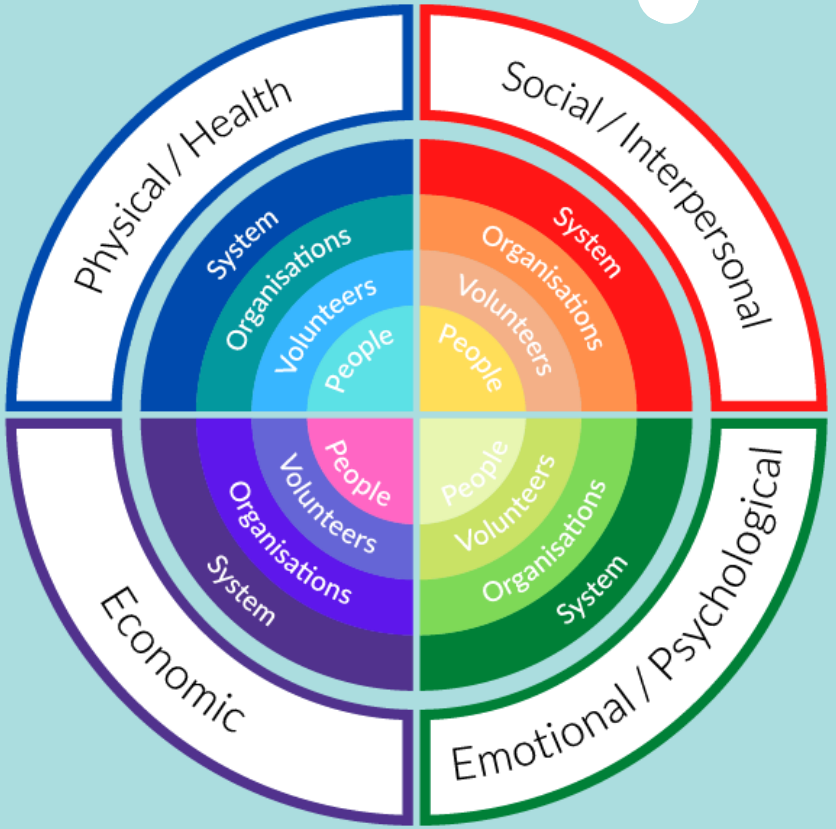
The CAVEAT Outcomes Model

By utilising CAVEAT, organisations can align their services and activities with outcomes that accurately reflect their goals. They can then explore and select the appropriate data collection methods to create a customized outcomes framework. This framework serves as evidence to demonstrate the impact their services have on the people and communities they support.

If you know anyone who may benefit from CAVEAT or you would like to find out more, please sign up to our website launch next week, which Julie will give you more details on.



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Get in touch!

- For further information about CAVEAT project visit https://research.kent.ac.uk/caveat/

- If you are interested in joining us for the online CAVEAT launch event (28th June 1-3pm) please contact Rebecca Sharp - rebecca.sharp4@nhs.net

  - Julie MacInnes, CAVEAT Project Lead: j.d.macinnes@kent.ac.uk
  - Jenny Monkhouse, toolkit lead: J.Monkhouse@kent.ac.uk

01

Older adults learning to use digital technology: A case study approach

Ayse Aslan
University of Surrey
a.aslan@surrey.ac.uk

ARC KSS Research Symposium
22nd June 2023

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Background

Support and influence from family members have been explore

Issues are observed

Community programmes have been explored

Findings show that older adults wished training lasted longer & having 1:1 support

National and local community groups have instigated community support services

Trying to tackle poor digital literacy

03 Collaborating Partner

Surrey Coalition of Disabled People (SCoDP)

Reducing barriers to living as full and equal members of the community

Tech to Community Connect (TtCC)

Project provides:

- digital devices
- technology support
- weekly virtual groups

What has excited the collaboration

the coalition
Surrey Coalition of Disabled People

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04

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05

Aims

To understand...

The process by which older adults learn to and/or want to use digital technology or increase their digital skills using community services

Why older adults reach out for assistance with using digital technology

What older adults use their digital device(s) for

Methods

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06

Longitudinal Participant Observation

the coalition
Surrey Coalition of Disabled People

- Demographics
- Fieldnotes
- Interviews
- Follow-up interviews

analysing participants situations, events, and personal factors to form a holistic conclusion

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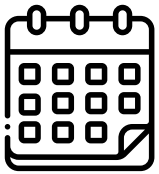
07

Tech to Community Connect: The Journey

Volunteers become Tech Angels and Individuals (Tech members) are referred to the TtCC project

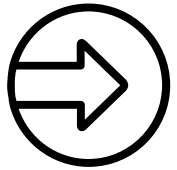
Tech Members are matched with Tech Angels



Tech Angel Support Sessions are organised

Goals or issues are established and worked through during the Tech Angel Support Sessions

Tech Members are ‘discharged’ from the project



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08

Achievements so far...

May 2022

Aug 2022

Sept 2022

Oct/Nov 2022

March 2023

7 Participants

Over 70 hours of fieldnotes

4 Interviews

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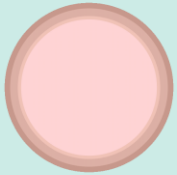
09

Preliminary findings

Patience

Writing things down



Calm

Concentrate

Suggestion & device loan

Apple

Biometrics

1:1 Support

Support network

Reflection on collaboration

Positive yet challenging

Providing real life support to the local community

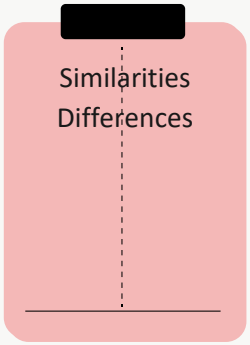
Innovative approach

Building networks & trusting relationship

What's next?

Analysis of current findings

Family Support



Comparison

Guidelines on how best to support older adults

Made with Canva

Thank you!

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ARC KSS Research Symposium
22nd June 2023

NIHR | Applied Research Collaboration Kent, Surrey and Sussex

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We're the conduit in an increasingly broken system": A qualitative exploration of how the Covid-19 pandemic impacted the provision of social prescribing for older adults in the UK.

Rachel Lawrence, University of Surrey

"We're the conduit in an increasingly broken system": A qualitative exploration of how the Covid-19 pandemic impacted the provision of social prescribing for older adults in the UK

Rachel Lawrence MSc, Hannah Frith PhD, Sarah Hotham PhD, Nicola Carey PhD, Nicola Freeman, Lizzie-Lowrey Crouch, Kimberley Smith PhD

Project Background

Social prescribing helps to address the social determinants of health via engagement with community organisations. In England, the rollout of social prescribing coincided with onset of the COVID-19 pandemic, which changed service delivery. Older adults are often the focus of social prescribing, and the pandemic had a disproportionate effect on this population due to their clinical risk, which resulted in a strict lockdown that negatively impacted their wellbeing. This study aimed to explore the UK-wide impact of the pandemic on social prescribing services for older adults (50+).

Methods

A scoping, mixed-methods survey was co-developed with our two project partners (which are social prescribing services) to answer the research question: 'What is the current and ongoing impact of the Covid-19 pandemic on social prescribing services for older adults?'. Between August 2021 and June 2022, 71 people based in the UK took part, including 53 social prescribing link workers, 11 service providers and 7 people working in the VCFSE sector.

Survey topics included: How, and in what way their service changed and adapted to the pandemic, what they learned from these changes and how the pandemic may influence future service delivery for older adults. This poster presents the qualitative survey findings, analysed using reflexive thematic analysis.

Findings: Themes

1. Impact at an individual level
2. Impact at an intervention level
3. Impact at a system level
4. Impact on future provision

Theme 1: Impact at an individual level

The pandemic impacted the wellbeing of older adults and social prescribing staff. Participants experienced both positive and negative outcomes, as staff adapted to provide valuable support but worked beyond their role and training. This overarching theme demonstrated that during the pandemic, staff were balancing the demands of the role with their wellbeing.

"The team's wellbeing suffered, especially with the feeling of the job not being what it should be, not getting people the support they need" - SP link worker

"Of course there are plenty of positives and I know I've made a difference to some very desperate people" - SP link worker

Theme 2: Impact at an intervention level

The transition to virtual provision resulted in challenges for working with older adults and was only successful when they had access to digital resources and good digital literacy. During the pandemic, link workers took on a variety of new roles and adapted existing ones to meet demand. This created blurred boundaries surrounding the link worker role, emphasising the importance of clear role boundaries.

Theme 3: Impact at system level

During the pandemic, social prescribing was viewed as a 'stop-gap/bridging' service which often received complex referrals for severe mental health. Therefore, social prescribing was not always being used within it's aims/scope. The pandemic also amplified concerns about the sustainability of the VCFSE sector and emphasised the need for funding to 'follow the individual'.

Theme 4: Impact on future provision

Services are now implementing a hybrid model which is flexible and can adapt to the needs of older adults. Participants also highlighted that engagement with VCFSE organisations can support older adults to reconnect with their communities, with link workers being well-placed to help facilitate reconnection.

"I think as social prescribers we can assist [older adults] with regaining confidence to re-engage with their community" - SP link worker

Conclusions & Implications

Social prescribing provided valuable support for older adults, but it did not always align with the aims/scope of the intervention. Pandemic-related consequences are influencing how social prescribing is delivered moving forward. The findings emphasise the need for clear role boundaries, improved funding pathways and the continued implementation of flexible delivery models for older adults.

This research was funded by the National Institute for Health and Care Research (NIHR Applied Research Collaboration Kent, Surrey and Sussex) and the Kent, Surrey, Sussex Academic Health Science Network.
The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

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DEVELOPING A QUALITY-OF-LIFE MEASURE FOR AUTISTIC CHILDREN IN SCHOOLS

Sophie McGrevey

To listen to the video please copy and paste the URL link into your browser and download:
https://arckss.glasscubes.com/share/s/ssejg6oipc7mboclkbesmudna7

Stories of life and health in Wick: qualitative insights from a community development project in Arun

Kate Birrell, Public Health Lead, West Sussex County Council

Supervised by Professor Jackie Cassell, Brighton and Sussex Medical School

With thanks to Belinda Brighton and the Chilgrove House community

west sussex county council

brighton and sussex medical school

FUNDED BY

NIHR | National Institute for Health and Care Research

This project was funded by the NIHR through a Pre-doctoral Local Authority Fellowship. The views expressed are those of the author and not necessarily those of the NIHR or the Department of Health and Social Care.

Introduction

Aim and methods

Aim: to understand how Wick residents experience the health impact of their social and economic circumstances, in the context of the community project.

Methods:

- Individual interviews
- High level topic guide
- Recruitment through Chilgrove House Community Centre
- 7 interviewees
- Interviews were recorded and transcribed, and analysed using thematic analysis as described by Braun and Clarke (2022).

Results

(1) Experiences of adversity – traumatic experiences, multiple health conditions, significant illnesses and serious accidents were prominent in people's stories and seen as an inevitable part of life;

(2) Resilience and caring – resourcefulness and resilience were important aspects of people's lives, and generosity and caring for others was central to their identity;

(3) Threats to health – social, economic and environmental circumstances presented challenges to participants' health e.g. housing problems, low income;

(4) Wick as a strong community – interviewees expressed their love for Wick and felt supported by their community; Chilgrove House embodied this and was seen as a force for good transforming lives for the better.

Interviewees felt strongly that **being part of the Chilgrove House community positively impacted on their health and quality of life**.

Conclusions

- **Complex influences on health** which should be considered in action to reduce health inequalities.
- The benefits of taking **a place-based approach** – including strengths and assets at individual and community level as sources of resilience.
- **Chilgrove House is enabling people to improve their health** and wellbeing despite living in challenging circumstances.
- Research **findings have informed wider action** e.g. PCN sessions on pain management and mental health at Chilgrove House.

Learning

What has been learned through the collaboration?

- The important role of trust
- Social networks supported recruitment of research participants
- The research informed development of activities to meet people's needs

What has excited the collaboration?

- It feels like people's voices are being heard
- Demonstrating the impact of the project can help make the case for future funding.
- It was exciting to have the opportunity to talk to people and listen to their stories.

Public Health action on inequalities

- **Listen more** to people and communities.
- **Recognise the role of people's circumstances** in limiting opportunities to improve health and wellbeing – and take action.
- Strengthen our **focus on psychosocial aspects** of health and wellbeing.
- Better **understand the impact of our role as local authorities**, and how to reduce exclusion and marginalisation of places and communities.
- **Enable place-based action** across the system to influence the multiple factors impacting on health.
- **Recognise and value individual and community assets** as resources for health creation and resilience.
- **Support community-centred approaches**.

Any questions?

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Closing Remarks

Professor Sally Kendall

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Thank you for coming

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