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Report from Sandpit on:
Health Inequalities in Older People
A plan for Action
Funded through a GW4 initiator Grant award

Dr Nikki Coghill
Dr Jessica Francombe-Webb
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Table of Content

This report describes the background to our work, our activities including how the funding was used and the outcomes and next steps from a 2-day residential sandpit on *'Inequalities in health: A plan for action'*. The sandpit focused on exploring new approaches and ways of addressing inequalities in health among older people living in low income and economically disadvantaged communities, in the GW4 localities of Bristol, Bath, Cardiff and Exeter as well as in the two DAC countries of Colombia and Namibia.

Introduction: Health inequalities result in poor accessibility to primary, secondary, community and preventative care. Additionally, they are associated with poor access to food sources and other health practices such as physical activity and exercise, across the lifespan. Older people living in deprived communities have reduced access to a range of services, which compromise their health and social-care. These issues are often further exacerbated in areas of conflict, political and social unrest.

Globally we have an increasingly ageing population, and the importance of addressing issues related to deprivation in this vulnerable group is crucial.

Bottom-up, community engagement approaches to improving health have been evidenced as more effective than top down approaches, yet, they are not always deployed when addressing health inequalities in this population. Bottom-up approaches involve supporting communities to identify their own barriers to health and wellbeing.

Aim
The aim of our 2-day residential sandpit was to identify new approaches, based on bottom-up approaches, to address inequalities in health among older people living in low income and economically disadvantaged communities.

Objectives
- Design and deliver a 2-day, international, residential sandpit
- Create a network and data base of expertise, including academic, professional and local community members, with expertise in inequalities in older people, from across the GW4 locality and from the two DAC countries of Colombia and Namibia
- Form a platform to develop community lead public health education health initiatives, identified by the local communities.
- Develop one-two potential research projects in readiness for any future, related calls.

Activities: How the funding was used
We convened an international, 2-day residential, 'sandpit' event, at the Novotel, Bristol from 8-9th March 2018. Using the Bristol on-line survey (BOS) tool, we invited GW4 members from Bristol, Bath, Cardiff and Exeter who had an interest in public health and health inequalities in older people, as well as members of local related organisations, charities and service users throughout the GW4

localities. Additionally, two researchers from the DAC countries of Colombia (National University of Colombia [UNAL]) and Namibia (University of Namibia) were invited and attended.

Day 1 Activities included professional groups only. This consisted of declaring and introducing the expertise in the room, developing synergies between and within the professional groups who attended, identifying key themes and engaging in a world café to enrich developing themes.

Day 2 Activities including community leads, service users and third sector workers. Ideas and emerging key themes were presented to community leads, service users and third sector workers, who joined the sandpit. An informal Dragons den approach was used to distil the most appropriate ideas in readiness for leveraging future funding, networks were established based on interest and expertise.

Outcomes: Next Steps

A number of key themes and ideas were generated initially on day 1. These included:
- Change and integrational caring among older people
- Social change and family structure
- Intergenerational caring
- Activities and hobbies
- Community priorities
- Methods in community engagement approaches
- Technology and innovation for older people
- Macro conditions and environmental considerations
- Community priorities

These themes were further discussed, refined and prioritised with the delegates who joined us for day two, using a world café style approach. The resulting projects were selected for further development:
- Empowering communities through intergenerational activities
- Understanding enablers and barriers to accessing activities
- Evaluating existing models: impact on social isolation and health
- Professional versus community lead activities: impact and engagement. Models of good practice

Reflections

The two-day residential sandpit was a success. Several key areas for future development were identified. Those who attended were enthusiastic and willing to engage further to discuss and develop the ideas identified, in readiness for a grant application.

A small group of academics attended day 1 (n = 9), although this allowed in-depth discussion and enhanced focus and productivity, a larger group would have also elicited a greater range of expertise and approaches. Community members and those associated with the third sector made a valuable contribution to consolidating key areas and ideas to take forward for further development. The presence of public health colleagues would have helped enhance and further focus ideas to specific area of need.

Background

Health inequalities result in poor accessibility to primary, secondary, community and preventative care as well as food sources and other health practices such as exercise and physical activity, across the lifespan[1,2]. However, globally, we have increasingly ageing population, and the importance of addressing issues related to deprivation in this vulnerable group is crucial. Older people living in deprived communities have reduced access to a range of services, which compromises their health and social-care[1]. This is often further exacerbated in areas of conflict, political and social unrest.

Public Health and Primary Care often adopt top-down approaches, identifying behaviours or individuals as 'problems' and developing programmes to target the behaviours or individuals. This can result in programmes that widen rather than reduce inequalities. Our sandpit was designed to explore an evidence-based, bottom-up, community engagement approach[3], that enables communities to identify barriers to their health and wellbeing and design sustainable and contextually specific solutions.

Our expertise, the urban-rural disparity across GW4 and our global partners uniquely placed us to address the 'Health, demographic change and wellbeing' grand challenge and contribute to the GW4 priority areas 'Inclusive innovative and reflective societies, and 'Social Justice, Inequality, local and global.' We worked with research partners in Colombia and Namibia to develop transferable adaptive processes and approaches for these developing countries and the welfare of their older populations.

From the outset we identified several key outcomes and benefits from this research sandpit:
•	To be in a position to inform responses to local, national and international grand challenges to create inclusive communities and promote social justice.
•	To be in a position to inform government programmes for improving health inequalities of older people.
•	To develop a, network of researchers, community members and service providers, who can cogenerate 'community engagement' approaches, that are underutilised.

The focus of our application was to identify new approaches and ways of addressing inequalities in health among older people living in low income / economically disadvantaged communities. In particular we wanted to maximise a community-development, bottom-up approach that is evidenced to have positive effects on health behaviours, health consequences and self-efficacy[2]. This also aligns with the Healthy Living theme proposed in the GW4, 5-year strategy[3].

Aim
To identify new approaches, based on bottom-up approaches, to address inequalities in health among older people, living in low income and economically disadvantaged communities.

Objectives
- Design and deliver a 2-day, international, residential sandpit
- Create a network and data base of expertise, including academic, professional and local community members, with expertise in inequalities in older people, from across the GW4 locality and from the two DAC countries of Colombia and Namibia
- Form a platform to develop community lead public health education health initiatives, identified by the local communities.
- Develop one-two potential research projects in readiness for any future, related calls.

How the funds were used ?

Funding supported a 2-day, residential sandpit called: 'Health inequalities in older people: a plan for action'. This was facilitated by a professional facilitator to enable us to achieve our aim and outcomes and ensured that we maximised our productivity. Attendees included stakeholders from relevant service providers and community members as well as academics with expertise in health inequalities in older people. This combined expertise and experience ensured that collective ideas and approaches were focused on grounding any project within the lived experience of economically disadvantaged communities.

To advertise the event we designed a poster promoting the two-day, international, residential sandpit titled '*Inequalities in older people: A plan for action*' (appendix 1). We emailed this to selected, potential delegates from stakeholder organisations, including service providers, community members and academics with expertise in health inequalities in older people, throughout the GW4 locality. We included a link on the poster taking interested applicants to an on-line registration page that we created using the Bristol on-line Survey system (BOS). The application form also asked potential delegates to provide details about their areas of expertise and to state whether they were happy for these to be placed on our database. In addition, we included a draft programme for the event.

Approximately three-weeks before the event we circulated a document providing pen portraits from each of the GW4 leads involved in the original application (appendix 2). In the final two weeks prior to the event communication was maintained between organisers and potential delegates and important information, such as the programme for the sandpit was provided (figure 1).
The residential 2-day sandpit took place at the Novotel, Victoria Street, Bristol. This was a central location in Bristol. It was a 5-minute walk from the main railway station and on major bus routes. Parking was provided for all delegates, by the hotel, if required.

Health Inequalities in Older People: a plan for action
8-9 March 2018, Novotel, Bristol

Agenda and timings

Day 1: Identifying Participatory Approaches & Opportunities

9:15-10:00	Registration and Coffee
Introduction and sharing expertise	
10:00-11:20	Welcome and introductions to main purpose of the sandpit
	Sharing expertise: Partner presentations. Universities of: Exeter, Cardiff, Bristol, Bath
	Q&A
11:10-11:30	COFFEE
Sharing perspectives and areas of mutual interest	
11:30-12:30	International partner presentations
	Discussion of topics arising
	Starting to generate ideas for potential projects
12:30-13:30	LUNCH
'World Café' style discussions on partner synergies in response to topic. Establishing project teams around synergies.	
13:30-15:45	Further exploration of topics raised during the morning
	World café style round table discussions to scope potential projects
15.30-15.45	*WORKING COFFEE BREAK*
15:45-17:00	Continued round table discussions to prepare for pitch to community members on day 2
17:00-17:15	Review of the day
17:15-19:30	Free time/ check in
19:30-21:00	DINNER

Day 2: Developing Participatory Approaches

07:00-09:00	• Breakfast and check out
09.00-09.30	• Registration and Coffee
Introductions and planning pitches	
09:30-11:00	• Introduction to day 2 and welcome visiting community members
	• Groups work to develop projects from day 1
11:00-11:20	COFFEE
11:20 – 13:00	• 'Dragons Den' style pitches to LCC/communities members
	• Q&A from panel and audience
13:00-13:45	LUNCH
	community members depart after lunch
Review and action planning	
13:45-15:00	• Reflect on potential projects
	• Action planning
	• Establishing partnerships: developing contacts and keeping in touch
15:00-15:30	• Review and confirm final actions
15:30	CLOSE

Figure 1: Final programme for the two-day, residential, international sandpit on health inequalities in older people: a plan for action.

What Happened? Who was involved? And Outcomes from the Sandpit

We emailed 54 invitations to our target audience (table 1), attaching a link to the application form that we had created using BoS. Additionally, we asked our target audience to pass on the invitation to any community members, service users and third sector organisations who may be interested in attending. The application form on BoS also asked for information on each applicant's relevant experience and expertise in working with older people, inequalities or using a community development approaches / bottom-up approaches. This information was then entered onto our database.

The sandpit was facilitated on both days by a professional facilitator. This ensured that the organisers could fully participate in the event.

	Public Health	Researcher	3rd Sector
Bath	4	7	1
Bristol	6	4	8
Cardiff	2	3	6
Exeter	0	2	2
DAC		2	
UK wide	N/A	N/A	7

Table 1: Invitations sent to potential delegates, by group and GW4 location

Day one:

On day one, we had nine delegates (table 2). For full delegate list, with details of the organisations represented, please see appendix 3. However, not all delegates in appendix 3 attended.

	Public Health	Researcher	3rd Sector
Bath	0	3	N/A
Bristol	0	1	N/A
Cardiff	0	2	N/A
Exeter	0	1	N/A
DAC (International)	N/A	2	N/A

Table 2: Attendees by profession group on day 1

The first day of the sandpit focused on developing synergies between and within the researchers who attended. To introduce the expertise in the room, each GW4 collaborator, including the two overseas collaborators made presentations on the nature and focus of their related work. This prompted all delegates to further discuss synergies and experiences related to inequalities in health, older people and how they had used bottom-up approaches to address these.

Sticky notes were made available to delegates, and throughout the day delegates were encouraged to make notes or write key words on these, that they felt, expressed their related ideas and key phrases/ideas at the time. These were placed on large sheets of paper, for the entire group to view, and were displayed throughout the 2-day sandpit, on the walls around the room where the sandpit was taking place, (Appendix 4).

A world café style approach was used to enrich ideas and develop themes that would be further discussed on day-two, with community and third sector participants. To use this approach, delegates were requested to reposition the sticky notes to initiate developing and emerging themes (see table 4) and discuss these in groups with attendees from a variety of backgrounds. The benefit of a world café approach is that it ensures that multiple voices are heard and ideas discussed with as many people as possible in a fluid manner. Groups were formed to discuss the emerging themes and participants moved to a new group every 10 minutes. This continued until all the emerging themes had been discussed by each group. Sticky notes captured new emerging ideas, within each theme and were influenced by delegates' relative experiences. This approach created a relaxed, informal environment in which delegates were freely moving around the room to read sticky notes, add their own, and contribute to the developing themes.

Theme

Change and integrational caring among older people
Change and integrational caring among older people
Intergenerational caring
Activities and hobbies
Activities and hobbies
Methods in community engagement approaches
Technology and innovation for older people
Macro conditions and environmental considerations
Community priorities

Table 4: Themes developed during day 1 of the sandpit

Day 2:
On day 2, community leaders and service users joined the sandpit. We had 16 delegates in total (table 5). For full delegate list please see appendix 3. However, not all of these delegates attended. Table 5, describes the attendees, on day one of the sandpit

Table 5 describes those delegates who attended on day two of the sandpit.

	Public Health	Researcher	3rd Sector
Bath	0	3	1
Bristol	0	1	5
Cardiff	0	2	0
Exeter	0	1	1
DAC (International)	N/A	2	2

Table 5: Attendees by group, on day 2.

Table 6 describes the organisation to which all delegates belonged.

Professional status of delegate	GW4 locality represented
Researcher	University of Bristol
Researcher	University of Exeter
Researcher	University of Cardiff
Researcher	University of Cardiff
Researcher	University of Bath
Researcher	University of Bath
Researcher	University of Bath
Researcher	National University of Colombia
Researcher	University of Namibia
Local community volunteer	Bristol (Southmead)
Volunteer community group	Bristol (Easton
Volunteer for age UK an independent company providing IT training for older people	Bristol
Action East Devon: Business Development manager	Exeter
Service user and age UK volunteer	Bristol
Linkage Network: Partnership manager	Bristol
Volunteer	Bath

Table 6: range of professional groups, organisations represent on day-two

Each member introduced themselves and identified the community with whom they were working. They described their experiences of working with older people, inequalities in health and using a community development, bottom -up approach within their own communities.

The community members were introduced to the world café style approach from day 1. The community members were asked to identify those themes that they felt, from their experiences, best represented the needs of older people living in areas of deprivation. These themes were then further developed using the world café style approach described above. In this way the community members contributed to and expanded the themes and ideas generated from day one, as well as introducing new ones. The world café style approach enriched and further developed the existing or new themes. An informal Dragons Den approach was then used to distil the most appropriate ideas in readiness for leveraging funding. To do this the ideas were discussed and presented to the community members. The resulting project ideas are described in table 7.

Project ideas
Empowering communities through intergenerational activities
Understanding enablers and barriers to accessing activities
Evaluating existing models: impact on social isolation and health
Professional versus community lead activities: impact and engagement. Models of good practice

Table 7: Potential projects developed during day 2 of the sandpit

We felt that our main aim and objectives were met through holding this 2-day residential sandpit. New bottom-up approaches to addressing inequalities in older people were discussed and outlined. These are described in table 5, but also include using the arts in health, in particular the role of theatre, and introducing older people to information technology.

How the funding has developed our collaboration and how this will develop in the future.

This funding was used to support a 2-day residential sandpit pit, 'Inequalities in older people: A plan for action'. It enabled the four GW4 partners from the Universities of Bath, Bristol, Exeter and Cardiff to mobilise expertise and harvest the expertise of overseas partners from the two DAC countries of Colombia and Namibia. Additionally, it involved key stakeholders who have an interest in inequalities in older people, across the GW4 localities. The residential nature of the event allowed for the cementing of relationships outside of the daytime, main sandpit event.

Our international collaborators also built valuable relationships between themselves as well as with the whole group. Due to the nature of the countries represented by our international partners their

expertise provided a valuable insight into associated cultural considerations for any related, future development or project work.

Our Colombian partner has offered us the opportunity to pilot a novel and unique tool that they have developed. It was developed to evaluate equity focused implementation programmes. The tool will have relevance to help evaluate any intervention type programmes which we develop and deliver, as a consequence of this new community partnership, and beyond.

This new partnership between academic, community, user groups and third sector partners will enable us to provide a stronger platform to leverage funding, than any one of these groups alone. This will maximize our potential to leverage funding to support a project(s) identified during the 2-day sandpit.

How the funding has led, or will lead, to an application to an external funder; and who was involved in the activity

The funding has facilitated a relationship between not only the four academic GW4 partners, but between community and third sector representatives throughout the GW4 locality. This will enrich future applications for external funding.

Representatives from the new partner members have been in touch to discuss the next steps. Cost savings have been made from the budget for the 2-day sandpit. An application will be made to GW4 for permission to use the balance of this funding. It would be used to fund travel costs for the new partner members, to enable them to design and deliver a feasibility study using one of the ideas described in table 7. Results from this feasibility project, will strengthen an application for external funding.

We would then propose to apply for a GW4 accelerator grant, using the results from our feasibility study, to inform a funding application to a major funder for example NIHR or ESRC.

Promotion and publicity

The event was publicised on the front page of the Department for Health webpages to attract potential participants, up to one month prior to the event.

The University of Bath has a formal relationship with UNAL. Discussions on synergies and further potential working were discussed between our international delegate from Colombia, The faculty Dean of Research and one of the principal investigators for this grant. This was also used as a photo opportunity to promote the sandpit event and GW4. A written media article was promoted on the news pages of the University of Bath website, a couple of days before the sandpit event.

Additionally, after the event, we wrote a blog (appendix 6) hosted by the University of Bath. (http://blogs.bath.ac.uk/iro/2018/04/11/health-inequalities-in-older-people-a-plan-for-action/).

This was promoted on the University of Bath on-line weekly news bulletin, which is emailed to all University of Bath employees and students.

Selected photographs from the 2-day event can be found in appendix 5.

References

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3. O'Mara-Eves A, Brinton G, McDaid D, Oliver S, Kavavagh J, Jamal f, Matosevic, Harden A, Thomas J. (2013). Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public health Research. 1, 4

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GW4

Free GW4 Sandpit

Health inequalities in older people: A plan for action.

8 - 9 March, 2018, Novotel Bristol

Applications are invited to attend a research sandpit, bringing together international researchers from disciplines related to 'health inequalities in older people.'

A GW4 'Building Communities' activity, hosted by the Universities of Bath, Bristol, Cardiff and Exeter

Aim of the sandpit
- Identify and build a comprehensive network of researchers and *community members* with expertise in inequalities in older people across GW4 and from two DAC countries (Colombia and Namibia)

Objectives for the sandpit
- Develop a relational database of experts, in reducing inequalities in health among older people across the GW4 and international partners.
- Develop two or more potential research projects in readiness for any future, related research calls.
- Form a platform to develop *community led* public health education health initiatives, identified by the local communities.

We will achieve the objectives by using a 'World Café' and 'Dragons Den' approach, pitching ideas to *community members*, all assisted by a professional facilitator, experienced in GW4 sandpits.

An outline of the event and pen portrait of the collaborators is available here (link).

The Sandpit will be held over two days with up to 33 participants in residence at the Novotel Bristol City Centre Hotel (https://www.accorhotels.com/gb/hotel-5622-novotel-bristol-centre/index.shtml/).

Please apply soon as places are limited; first round applications will close on 16th February

To apply to attend, follow this link, or copy and paste it into your browser:
https://bathreg.onlinesurveys.ac.uk/gw4-sandpit-event-health-inequalities-a-plan-for-action

15

Health Inequalities in Older People: a plan for action
8-9 March 2018, Novotel, Bristol

Dr Nikki Coghill, Department for Health, University of Bath, n.coghill@bath.ac.uk

Dr Nikki Coghill has a background in public health and clinical exercise physiology. Her research focus is on health inequalities and evidence-based practice, leading to the utility and translation of research findings into the real world. This has been informed by her former, 12-year career working in Public Health. During this time, she contributed to national advisory groups and the writing of key national documents relating to older people and physical activity, as well as developing key initiatives focused on reducing inequalities in health.

Nikki's work has involved working closely with Public Health England, Commissioners of Primary Care Services, Public Health Departments, and Primary Care. Her work has included designing, implementing and conducting key pieces of research aimed at addressing inequalities in health as well as being invited to present key health recommendations to the House of Commons. Nikki has an interest in using community development approaches to reduce health inequalities. Recently, she has worked closely with Bristol City Council advising and evaluating key initiatives and making recommendations for increasing uptake of NHS Heath Checks among deprived communities.

Additionally, Nikki is working with colleagues from the 'Health Equity Group' at the National University of Colombia, Bogota, to devise ways of addressing inequalities in health among the displaced migrants, who are victims of the recent armed conflict.

Dr Jessica Francombe-Webb, Department for Health, University of Bath, jmf22@bath.ac.uk

Jessica Francombe-Webb is a lecturer in the Department for Health at the University of Bath. She is a member of the Physical Culture, Sport and Health (PCSH) research group. Her research is focused on the operation of social power and identity struggles in relation to health practices (e.g., physical activity, exercise and diet). Specifically she analyses the intersections of gender, social class, disability and age. Moreover, she is interested in the impact of digital technology and the media in relation of health and wellbeing. Her research is driven by a dedication of creative and collaborative methodologies that result in co-generative knowledge production. In practice this involves projects that utilise participative workshops, action research inspired approaches, stakeholder focus groups and 'policy change' conversations. For instance, recent research funded by Age UK has focused on the lived experiences of a sport and physical activity initiative called Inspire and Include. This project explored the physiological, psychological and social experiences of older adults with disabilities who participated in sport and physical activity for the first time, as well as the volunteers who facilitated their experiences. Creative, visual methods were used to collect visual and spoken data to initiate change and inform future programmes implemented by Age UK. Following from this, she is working with her colleague Dr Rachel Arnold[i], to secure further Age UK funding to investigate the wellbeing of military veterans and digital support mechanisms. This research deploys action research principles in order to ensure sustainable, long-term change.

Lindsey Anderson, Impact and Partnership Development Manager - Communities, University of Exeter, l.j.anderson@exeter.ac.uk

Lindsey Armstrong's background is in health research with embedded patient and public involvement. As Research Fellow at the University of Exeter Medical School, Lindsey worked with Patient Advisory Groups in the co-creation of research and the development of surveys and patient materials for a multi-centre clinical study of treatments for rare metabolic disorders. Lindsey also established a Young Person's Advisory Group which continues to help shape research into health and wellbeing at the University of Exeter Medical School. More recently she moved into a professional services role where she managed the Community Partnership Project, a partnership between the University of Exeter, Exeter City Council and Exeter City Futures, a community interest company which aims to make Exeter congestion-free and energy-independent by 2025. Lindsey oversaw the Community Partnership Heavitree Project, a place-based project which is seeking to build capacity within the local community and co-create practical data-based solution(s) which will benefit the lives of local people.

Lindsey currently manages relationships between the University of Exeter, and the civil society, cultivating local community engagement activities and looking for opportunities for the university to work with local communities and civil society organisations in order to respond to local societal needs in a demand driven way.

Katrina Wyatt, Professor of Relational Health, University of Exeter, K.M.Wyatt@exeter.ac.uk

Katrina Wyatt's research takes a transdisciplinary approach to understanding how we can create the conditions for health and reducing health inequalities. A central tenet to the research are the participatory methods used in the design and delivery of the research such that communities, service users, patients and carers are partners in every stage of the research process. Complexity theory underpins my research, both in the approach she takes to developing and evaluating system approaches to support health behaviours, as well as the methods used to engage and work with communities. Over the last ten years she has been involved in a series of research projects which sought to understand what the necessary conditions for sustainable, transformative change are. This research led to the development of the Connecting Communities Programme (C2), a learning programme and implementation framework which alters the nature and qualities of the relations between residents and service providers to identify and respond to the locally identified barriers to health. Central to the C2 approach is the belief that communities know what they need to support their health and wellbeing and that by building relations within communities and with service providers, new ways of working and behaving are realised. [http://www.c2connectingcommunities.co.uk/]

Professor Shantini Paranjothy, Professor of Preventative Medicine, School of Medicine, Cardiff , paranjothys@cardiff.ac.ukUniversity

Shantini is the Scientific Lead for HealthWise Wales, a national initiative funded by health and Care Research Wales to engage large numbers of people in Wales with health and social care research.

Shantini's research is focused on perinatal and infant health inequalities at Cardiff University. In 2008, she set up the Welsh Study of Mothers and Babies

(WOMBS) to study the significance of ultrasound markers detected during pregnancy for the health of the baby (funded by MRC/WORD Health Research Partnership Award).

Shantini is an executive member of the Farr Institute@CIPHER and has led a number of large-scale epidemiological analyses using record-linked data from routinely collected health and social data.

She is a contributor to the Cochrane Collaboration Pregnancy and Childbirth Group, and have authored three reviews relevant to the management and care of women during pregnancy and labour. Shantini is also a Non-Executive Director at Public Health Wales NHS Trust.

Dr Sofia Vougioukalou, School of Health Sciences, College of Biomedical and Life Sciences, Cardiff University, vougioukalous@cardiff.ac.uk

Dr Sofia Vougioukalou is a qualitative health services researcher at the School of Healthcare Sciences (Workforce, Innovation and Improvement research theme) with a background in medical anthropology, user-centred design and evaluation. She has experience of co-production in healthcare settings using Experience-Based Co-Design, Appreciative Inquiry, Participatory Action Research and Participatory Rural Appraisal.

Her research contributes to the evaluation and foundational understanding of the integration of lay and experiential knowledge into health service improvement for long-term conditions such as cancer and dementia with a view to improving health inequalities. She uses approaches of medical anthropology such as ethnographic and visual methods to understand patients' experiences of illness, treatment and survivorship.

In 2017 she led a study on 'The human cost of cancer: exploring the unique physical, emotional and financial impact of facing cancer while living alone' which integrated visual methodologies into traditional qualitative methods to research patient experience and survivorship in the context of social isolation. She is currently co-investigator in an NIHR-funded study looking into the experiences of people with dementia when being admitted in acute hospital wards.

Alisha Davies, Head of Public Health Wales Research and Development, Alisha.davies@wales.nhs.uk

Alisha Davies is a Consultant in Public Health and joined Public Health Wales in April 2016 as Head of Research and Development.
Prior to joining PHW Alisha worked at the Nuffield Trust, a health policy and research think tank in England, on a number of high profile work programs including person based resource allocation (2011); informing the Department of Health's strategy for integrated care (2012); reviewing quality ratings for the Secretary of State for Health (2013); and evaluations of new models of care (2014/5).
Alisha has also worked in public health roles in a primary care trust, local authority, and an acute trust. She holds two MSc's (Demography and Health, and Medical Parasitology) and completed her PhD at the London School of Hygiene and Tropical Medicine –investigating differences in the treatment and coronary heart disease outcomes across the four constituent countries of the UK.

Confirmed International Attendees

Janet Ananias, Head of Department: Social Work, University of Namibia, jananias@unam.na

Janet Ananias has been a social work practitioner for ten years, before she joined the University of Namibia as a lecturer in the Department of Social Work and is teaching for the past fifteen years. Her doctoral degree thesis, obtained from North West University, Potchefstroom campus in South Africa, focused on informal caregiving of older people in Namibia. For the past two years, Janet served as the Head of the Department of Social Work at the University of Namibia.

Her areas of interests are amongst others, social gerontology, mental health, child care and substance abuse. Her interests on aging research developed eight years ago, as she has been engaged in a number of research projects that focused on the situations of older people, informal caregiving, elder abuse and the resilience of grandparents caring for grandchildren. Janet is very familiar with community development approaches as it is taught as theoretical as well as a practice course in the undergraduate social work programme. Over the years, Janet has been supervising community development projects carried out by students in the social work programme.

Nathaly Garzón-Orjuela, National University of Columbia, ngarzono@unal.edu.co

Nathaly Garzón-Orjuela, has an MSc in Clinical Epidemiology. Her thesis forcused on 'Effectiveness of knowledge translation and appropriate social interventions to encourage adherence to clinical practice guidelines in patients and communities (systematic review)' Following this, she was awared a prestigeous 'young reseracher' award from Colciencias, the Colombian, national govering body for research funding in Colombia. She is a member of the 'Equity in Health' Research group at the National University of Colombia. This research group, is led by Dr. Javier Hernando Eslava-Schmalbach, a pioneer and leader in inequalities in health research in Colombia. This group has experience in working on a number of projects at a national and international level on topics related to health inequities. Some of these projects include: 'cost impact analysis – equity for the Colombian health service', 'indicators for measuring inequities in health', 'inequities within special populations such as the obstetric and pediatric communities' and 'the relationship of inequities in health and social determinants of health'. Additionally, Nathaly and this team are working on a Conceptual framework of Equity-focused Implementation research for health programs.

Tracey Stead, Facilitator

Tracey is a trainer, facilitator and certified professional coach, with over 20 years of experience that spans academia and research, public and private sector, including several years as an analyst in UK Government working on policies and practices relating to Social Deprivation and Sustainable Development.

Tracey has an established training and development consultancy: working across the UK and internationally, delivering leadership training and coaching mainly to researchers and academics but also to a variety of other clients in Public and Private Sector Organisations. She specialises in facilitating collaborative events, bringing together researchers and key stakeholders to build successful partnerships and research projects and funding proposals. Recent projects have included facilitating the GW4 Crucible programme, and writing the GW4 research collaboration toolkit.

Attendee list and summary details:

Mrs Judith Brown, Chair, Bristol Older People's Forum

Expertise: Health and Social Care

Interests/area of research/projects: I was a Lecturer in Health and Social Care, a Senior Training Officer in Social Services, and at 79 am Chair of Bristol Older People's Forum a member-led charity for older people.

Contact details: judithirenebrown@blueyonder.co.uk

Dr Melanie Chalder, Population Health Sciences, Bristol Medical School

Expertise: Development of 'avoidable admissions' workstream to explore, evaluate and optimise interface between primary & secondary care; bringing together a range of non-academic stakeholders to design & write collaborative grant proposals on older age care topics; studies on 'healthy living' themes including positive ageing, loneliness & isolation & dementia.

Interest/area of research: Alongside these large-scale collaborative projects, I have also built up a portfolio of smaller studies as a Principal Investigator and, at present, this centres on a number of 'healthy living' themes including positive ageing, loneliness and isolation, and dementia. I have held Medical Research Council (MRC) funding – as part of their Proximity to Discovery scheme – to explore how academia might diversify and deepen its relationship with health and social care providers or policymakers

Contact details: melanie.chalder@bristol.ac.uk

Ms Chunhua Chen, PhD student, University of Bath

Expertise: ageing policy research

Interest/area of research: my research is about policy making for long term care provision for older people. Before I joined Bath University, I worked for China Philanthropy Research Institute, focusing on ageing policy research and consulting for the government.

Contact details: c.chen@bath.ac.uk

Dr Laura Howe, Reader in epidemiology & medical statistics, Population Health Sciences, University of Bristol

Expertise: statistical epidemiologist, inequalities in health, early life adversity, healthy ageing

Research interests: I currently lead a grant looking at health as a contributor to socioeconomic outcomes (retirement, employment, wellbeing, etc). In this project we will also examine whether health effects on socioeconomic outcomes differ according to early life social class. Most of my research consists of secondary analysis of cohort data, but I have also carried out the statistical analysis for an RCT.

Contact details: laura.howe@bristol.ac.uk

Mr Kevin Hunter, Business Development Manager, Action East Devon

Expertise: develop solutions to improve health, wellbeing & quality of life, especially for most vulnerable individuals; give community and voluntary organisations in East Devon a voice and help meet the needs of our most vulnerable citizens

Interests/area of research/projects: have run the following projects: Eastern Devon Carers: provides support for over 6,000 adult carers; Counselling4Carers: a counselling service for adult carers living in Devon; The Axe Valley Visiting Scheme provides 1:1 weekly social contact for an older person referred by health and social care professionals in need of extra support; The Forget Me Not Reminiscence and Life Story Service offers reminiscence groups for older people with memory loss in community and residential settings; The Axminster Remembers project is working with older residents and young people to record and celebrate people's memories of World War Two; Passing Matters is a project which provides practical and emotional support to people at end-of-life and their carers.

Contact details: kevin.hunter@actioneastdevon.org.uk

Ms Pat McLaren, Age UK Bristol

Expertise: volunteer

Interests/areas of research/projects: visiting sheltered accommodation as part of the Southmead survey, tackling and resolving deep seated issues, resulting in happy residents feeling they are now a real community

Contact details

Contact details: pat.mclaren@btinternet.com

Mr Martin O'Neill, Welsh Institute of Social and Economic Research Data and Methods

Expertise: isolation of older people, experience of older people going into residential care settings

Interests/areas of research/projects: Over the past fifteen years I have worked closely with a number of key community development and social enterprise initiative in South Wales such as the Gellideg Foundation and the 3Gs Development Trust in Merthyr Tydfil, South Riverside Community Development Centre Cardiff, Tower Colliery Hirwaun and various other community regeneration initiatives particularly those linked with the Welsh Government's Communities First programme. Throughout my career I have used art, history, heritage, creative writing and media production as a vehicle for both engaging communities and also as a medium for conveying research results and the stories the communities have to tell.

Contact details: oneillm2 @cf.ac.uk

Ms Deana Perry, volunteer Southmead/Bristol area

Expertise: volunteer developer of Bristol/Southmead community plan; helping inspire other communities to set up similar plans.

Interests/areas of research/projects: Door knocked every home in Southmead including sheltered accommodations asking residents to complete a Southmead Survey.900 completed and this forms our community plan which has 9 chapters. We took on the older people's chapter and started visiting one sheltered accommodation at a time. Took us a year at the first one because what we found was appalling and we would not give up until the situation was resolved. .New wardens and lowering the age limit to fifty had devastating consequences. Took a year with the help of our local councillors to get bullies evicted that had taken over the community lounge and the laundry room to make money. Residents now very happy and are a real community. These elderly residents would not talk to the council any more as no one took their complaints seriously but as we were volunteers and local residents they were happy to talk to us. We are going to visit every sheltered accommodation in the area.

Contact details: zazu @sky.com

Dr Sarah Radford, Information Officer at the Research Institute for the Care of Older People
(currently a volunteer due to a career break)

Expertise: Volunteer in day centre for Age UK

Interests/areas of research/projects: Managing the care of a relative with vascular dementia; clinical scientist at the Public Health Laboratory Service, Bristol

Contact details: S.Radford@bath.ac.uk

Mrs Traci Rochester,

Expertise: skill set encompasses UX Design, software training and psychology

Interests/areas of research/projects: I am a volunteer with AgeUK, where I provide iPad training for the over 55's. I also design "plain English" handouts (drawing on my user experience skills) and am about to start work as a befriending volunteer with AgeUK too. Aside from this I am about to embark on an MSc in Neuropsychology, with a specific interest in dementia and brain deficit. I run my own business and constantly have to re-strategise, so R&D and marketing ideas are part of my remit too so this may help me spearhead some technological applications or academic research into older people's wellbeing and health

Contact details: admin@boostmultimedia.co.uk

Dr Jenny Scott, Dept of Pharmacy & Pharmacology, University of Bath

Expertise: work with people with opiate/alcohol addiction problems; pharmacy services for people with addiction problems

Interest/areas of research/projects: I work with people with addiction problems, usually opiates or alcohol although other substances also when they arise. The aging population of people in UK drug treatment has been cited as one of the reasons why drug/opiate related deaths are increasing. I am interested in the needs of older drug users and how they inequalities they face can be managed, from a pharmacy and a drug treatment perspective. I work clinically as a prescriber in a drugs service and as a researcher studying pharmacy services for people with addiction problems.
Contact details: j.a.scott@bath.ac.uk

Ms Heather Still, Royal Voluntary Service

Expertise: community and development engagement worker for the Royal Voluntary Service working to reduce isolation and loneliness in the Swindon area

Interest/areas of research/projects: I use social epidemiology tools to map out areas of social deprivation and then target volunteer recruitment and train members of the public in older adult care. I work in partnership with the hospital, private sector and charity sector.
Contact details: heather.still@royalvoluntaryservice.org.uk

Ms Jo Stokes, CEO LinkAge Network

Expertise: create lasting solutions that reduce social isolation and loneliness, improve health and well-being and strengthen communities

Interest/areas of research/projects: LinkAge delivers projects, including community development, informing people about what's on locally, supporting access to physical activity for people who've experienced cancer or cared for someone with cancer, who have a dementia or who have other health problems. LinkAge has a new Network which supports community providers for older people to come together, share experience and strengthen their practice. LinkAge achieves this by hosting events, sharing communications platforms, disseminating resources. I also have professional experience of working with older adults who lack capacity to make certain decisions, e.g older people with learning disabilities, dementia, who've had a stroke etc.
Contact details: joannestokes@linkagenetwork.org.uk

Ms Carly Urbanski, Programme Manager Bristol Ageing Better

Expertise: vast experience of commissioning and managing projects in Bristol specifically aimed at tackling isolation and loneliness for the older population in Bristol

Interest/areas of research/projects: We are a 5 year funded Big Lottery programme with the lead partner of this partnership being Age UK Bristol. Some of our projects are small and just focused on social participation while others are large scale projects with health and wellbeing aims. We run a successful Integrated Community Clinic (leg club) and hold contracts with Bristol Community Health who are running 2 of our community navigator contracts across the city. Additionally we fund 8 community development projects across the city.
Contact details: carlyurbanski@ageukbristol.org.uk

<u>**Notes from post-its:**</u>
Change and Intergenerational caring among older people:
- Develop effective, community-based approaches to support independent living.
- Questions: Need to ask these to enable projects/ ideas to be appropriately developed.
    - What support mechanisms, services, or individuals do you rely on for help?
    - Do you feel that you have adequate services in your community?
    - Do you feel that your voice has been heard?
    - Is it difficult to access this/them?
- What would make life easier?
- Mobilise community skills/ assets/ resources to form support network.
- Baking, skills, child reading, gardeners: activities for older person.
- Ex-health care assistant- know to go to if a problem.
- Putting community caring back into the community.
- "Hub and spoke model"- a navigator if problems need addressing.

Social change and family structure:
- Tool measuring inequality in health in older people.
- How do we deal with isolation due to families living many miles from loved ones?
- Social isolation, access and availability.
- Mental health and loneliness.
- Linking micro to macro: local case study-Policy.
- Interplay between welfare and socio-economics of organisation of personal care.
- Changes in society? Children move away from home more, isolating ageing parents.

Intergenerational Caring:
- Cultural expectations- related to health practices in families. "Exploring familial health practices in deprived communities".
- Care within the community.
- Care by and for older people.
- Understanding care/support networks.
- Use of young children visiting older people.
- Peer support
- Exploring and understanding networks of care- what are the intersections of nexus of care? Who does the care giving? What is the impact of physical contact in care scenarios? What role does tech play in support for older adults?
- Dementia care (and carers)
- Older people looking after older people.
- The journey into and through care.
- How can we help the community better care for the elderly?
- Younger people caring for older people too?

Stigma in health:
- How can we improve equity in the engagement process?
- Stigma
- Cultural expectations and stigma
- Health stigma, cultural expectations and physical activity practices.

Technology and innovation intervention in older people:
- Technology
- Incontinence experiences at home.

- Sharing and benefitting from different assets, e.g. space culture, stories, etc.
- Innovate UK: we are expecting a call re "Healthy Ageing". GW4 Collaboration.
- Health is a comprehensive and broad definition. How to combine social, scientific/technical resources together to improve it?

Local solutions vs state provided services:
- Cultural framing of long-term conditions- networks of support, comparative projects, and values/expectations.
- Culture approaches to illness and transcultural care.
- Regional inequality is universal. How to mobilise local health resources?

Macro conditions:
- Coping with loss of support, coping on own independently?
- Social determinants that affecting older people in local community-UK. Principles identified.
- Tacking social isolations and low income housing problems through co-habitation.
- Disconnect between public health needs compared to the end users.
- Feeling like a burden? How to resolve this?
- Multi morbidities associated with inequalities.
- Ageing well with long term conditions- in general and by culture.
- Living with long-term conditions (cancer, dementia) in old age.
- Multi-ethnicity, physical activity/ exercise co production.
- Social isolation (loneliness).
- Migration and movement of.
- Focus on the principal problem of the local community.

Methods- Visual, arts based co-produced- Engaged research to impact:
- Challenges of visual/creative/ collaborative research. E.g. funding translation.
- Informal networking with funders to hear their reactions to using art in research.
- Pilot project: "before and after" attitudes to art as a method to address/learn from challenges.
- How art intervention could reduce or help inequalities in health?
- U3A involvement?
- Back to front event- Invite older people to day 1.
- Visual methods
- What does community engagement look like in a research context?
- New approaches to avoid more top down knowledge deficits initiatives.
- How to co-produce?
- Community advisory group?
- Visual methodologies for improving health and understanding life/world?
- How can we involve the third sector to co-produce research?
- How can we make research less of an unequal exercise? What do participants get out of it?

Community Priorities:
- Do you feel safe in your community?
- What is the most important problem you face?
- Access to facilities
- What is the principal problem in access in your communities?

Activities and Hobbies:
- What is the impact of community based activity/activities to enhance health and wellbeing for older adults? Who are hard to reach adults? What activities have you enjoyed?
- Who to target?
    - Age?
    - Carers?

- Health
- Resources
- Ethnicity/culture
- Sex
- Community groups
- Activities?
  - Physical activity
  - Dance
  - Gardening
  - Painting
  - Travel
  - Diet/cooking
  - Chorale activities
  - Nostalgia
  - Music
  - Drama
- Challenges?
  - Environment
  - Safety
  - Weather
  - Solitude
  - Impairment
  - Habit
  - Resources
  - Gate-keepers
  - Benefits/Allowances
  - Familiarity/novelty
  - Health issues
  - Valid partnerships
  - Transport (blue-badge)
- Resources:
  - Networks
  - Contacts
  - Funding
  - Support
  - Technology
- Approaches:
  - Group vs individual
  - Physical vs mental health outcomes
  - Social vs individual
  - Function vs cognition
  - Person delivered vs technology
- People:
  - Afroditi Stathi
  - Melvin Hillsdon
  - Cassie Phoenix
  - Helen Manchester
- Studies/Evidence:
  - OPAL

- Peach
  - REACT
- Benefits:
  - Convenience
  - Support
  - Company
  - Representation/voice
  - Added resources
  - Choice
  - Efficacy/ self-efficacy
  - Enrichment
  - Independence
  - Inclusivity

Bath Age UK: (Sarah)
- Group based activities
- Individual activities
- Visual impairment/dementia
- Limited by format/ability
- "social engineering"
- Day-long session
- Lunch, refreshments
- Raffle
- Reading, chess, movement, entertainment, bingo, scrabble.

Age UK Bristol: (Pat):
- Community navigators (BAB)- introductions/signposting, local activities/buddying 1st time.
- Pairing up people with hobbies
- Volunteer plus older person
- Minimum of 12 months
- Evenings, weekends, daytime
- Personality
- Intergenerational
- Continual change/ sustainability
- Caring for carers.
- Financial considerations

Approaches:
- Not always as simple as "binary" category e.g group vs individual.
- Walking for health
  - Nationally available
  - Volunteer led
  - Physical and mental health outcomes
  - Physical and social benefits
  - Adaptable levels
  - Themed walks
- Forget me not
  - Reminiscence around themes- dancing, cooking, music, fashion
  - Targets people with dementia
  - Often run in care homes
  - Opportunity to see people differently
  - "life stories"

- Memory cafes/memory boxes
- Volunteer led.

Challenges:
- New or existing projects?
- Possible conflict over timelines
- Importance of finding "right people", e.g. REACH Exeter.
- Need to start co-production early
- Key to consider financial constraints
- Geography

Barriers to participations:
- Low computer literacy- access to resources.
- Culture- it's not for me.
- Language
- Role models (look different)

Brush strokes- painting for stroke patients, now for everybody.

How to increase inclusivity?

Research capacity/ questions:
- Physical, mental resource barriers.
- Communication-how do people find out about activities?
- Time and place of activity
- Language
- Assessment for physical activity
- Why do people drop out?
- Co-production in service development
- Role of family in discouraging/encouraging participation in activities.
- Asset based community-development.

(http://blogs.bath.ac.uk/iro/2018/04/11/health-inequalities-in-older-people-a-plan-for-action/)
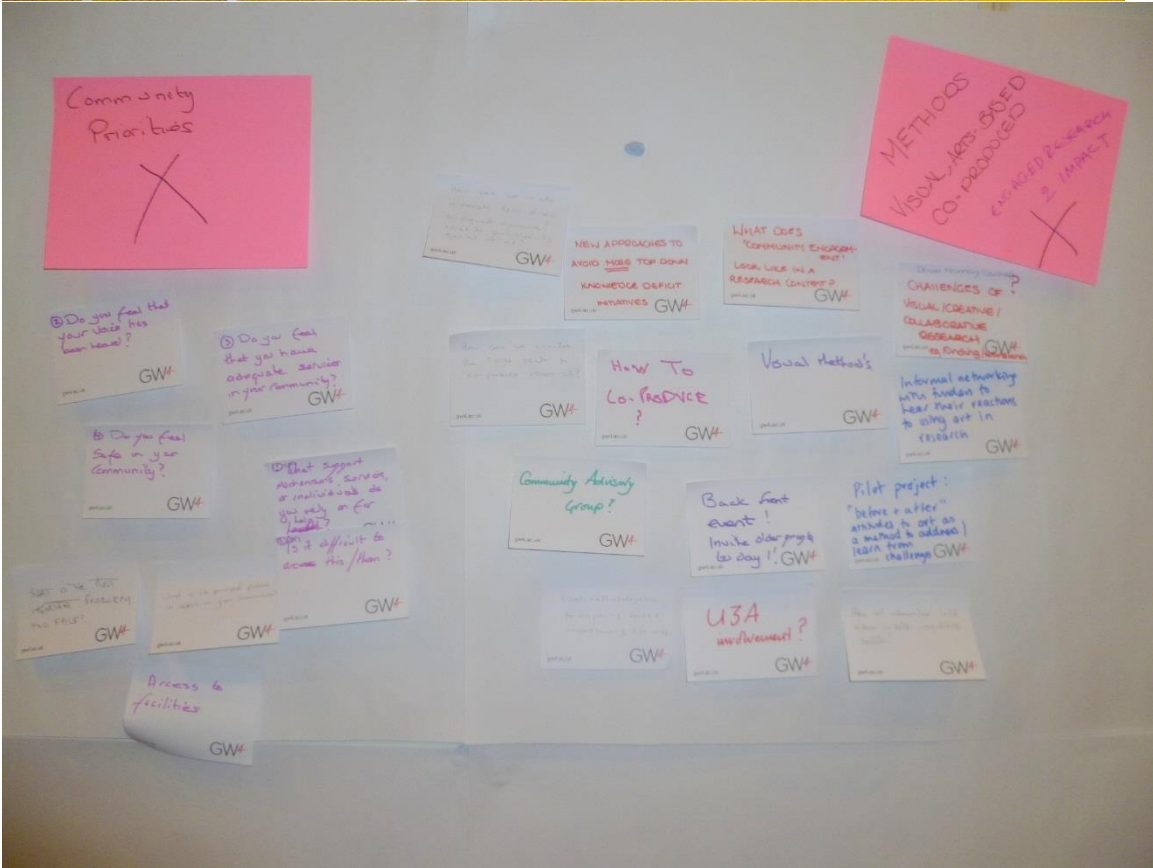
Health inequalities in older people: A plan for action

Posted in: **Announcement**, **Conference**, **Event**,**Partnership**, **Research**, **Visit** healthcare, International, partnerships, research

A research sandpit focused on "health inequalities in older people" brought together a number of scholars and community members on the 8th and 9thMarch 2018 in Bristol.

Lecturers from the Department of Health at Bath, Dr Nikki Coghill and Dr Jessica Francombe Webb, received a GW4 initiator grant to fund and organise the sandpit with a focus on identifying and building a comprehensive network and database of researchers and older people with expertise in inequalities in older people across GW4 and from at least two low-middle income countries. The purpose for this was to develop some initiatives that would be spearheaded by the local communities of older people themselves, and to have these ideas ready to apply for suitable funding.

The sandpit involved international collaborators Nathaly Garzón-Orjuela from National University of Colombia (UNAL) and Dr Janet Ananias from the University of Namibia, both low to middle-income countries receiving official development assistance money. The GW4 alliance also brought together experts from the Universities of Bath, Bristol, Cardiff and Exeter. UNAL is one of our strategic partners. A Memorandum of Understanding was signed between the two institutions in 2014 and renewed in June 2017