

Spotlight

Health Equity

Featuring:

Eating Distress North East, RISE, and
Edberts House

Pages 4, 13 and 18

Also in this issue

Page 8

Addressing Health Inequalities in Newcastle

Page 22

What is happening in Health and Care?

Cover photo: Three participants from Digital Voice's inTouch interGen project, funded by Gateshead Council (see page 20)

Contents

Introduction by Lisa Goodwin, Chief Executive	3
Spotlight: Eating Distress North East	4
Understanding the Causes of Health Inequalities	6
Addressing Health Inequalities in Newcastle: A Vital Imperative	8
Supporting Gateshead communities with their mental health	10
Gateshead Digital Inclusion in Health and Social Care Project	11
RISE: Working with Haref to improve mental health support for communities	13
The role of independent advocacy in fighting for health equity	15
“Don’t lose hope!” - Sarah Gorman at Edberts House	18
Digitally Creative: The Digital Voice approach to improving people’s wellbeing	20
What is happening in Health and Care?	22

About this magazine

Connected Voice is published four times a year. We aim to make sure all information is correct and up to date but we do not accept liability for any mistakes that may inadvertently appear. Views and opinions in this magazine are not necessarily those of Connected Voice.

Images: as part of our commitment to accessibility, we describe images for those using screen readers.

If you have any queries about this magazine email connect@connectedvoice.org.uk

Issue 16: Health Equity

Our Autumn 2023 issue of Connected Voice is all about health equity. We hear from a number of organisations working across the region including Eating Distress North East, RISE and Edberts House, all of whom are addressing the issue of health inequity in their own unique ways.

In a guest piece, Chief Executive of Healthworks Paul Court discusses how understanding the root causes of health inequalities is essential to tackle the issue itself, while Debra Lagun from our Support and Development team introduces our new interactive training course, which is designed to do just that.

We also hear from our Advocacy

team about the key role that independent advocates play in the fight for health equity, and our newly established Health Equity team give us an update on their important inclusion-based projects.

Our Chief Executive Lisa Goodwin and Health Equity and Involvement Manager Vicki Harris also take us through the changing landscape of health and care in the UK following the introduction of the Health and Care Act 2022.

We hope you enjoy this issue and welcome any questions you may have! ●

Health Equity

Lisa Goodwin
Chief Executive



Health equity is such an important topic right now. Our communities in Newcastle and Gateshead have suffered increasing health inequality since the pandemic, which has been exacerbated by the cost of living crisis.

Most VCSE organisations have a role in health and wellbeing, whether that's in providing services, or in keeping people happy and socially connected. VCSE organisations are supporting people who have ever-increasing levels of need, and this is at a time when the funding to support those needs is becoming increasingly difficult to access, as we struggle to navigate re-organised health and care systems.

This edition of our magazine focuses on some of the great work that is going on in the VCSE sector to support health equity. Some of that

“ Much of the real progress in supporting people with health inequalities is achieved by VCSE organisations who know their communities and what works in supporting them.

is from our new Health Equity team, who I hope will become familiar faces for many of you in the near future. But much of the real progress in supporting people with health

inequalities is achieved by VCSE organisations who know their communities and what works in supporting them. This edition highlights the brilliant work of Edberts House in Gateshead, Eating Distress North East, and Digital Voice, among others. In his article, Paul Court, CEO of Healthworks, makes important points about how the VCSE sector is best placed to respond to tackling health inequality thanks to our flexible and responsive approach.

The re-organisation of the NHS and the creation of Integrated Care Systems has given us both an opportunity and a huge challenge. The opportunity was to reset relationships and re-establish our importance as a key partner in supporting people to have healthy lives. We were hopeful when the Integrated Care Service (ICS) shared its national strategy and highlighted the importance of strong relationships with the VCSE sector that improved relationships and longer term funding would follow. In many cases this is yet to happen, as the NHS struggles with significant finance and workforce issues. But in both Newcastle and Gateshead, we already had 'system working' across health and care before the ICS was established, via the likes of Collaborative Newcastle and Gateshead Cares.

As a sector that is mainly small and local, it is sometimes difficult for us to work out what is going on in the wider healthcare system. In this edition, we have tried to summarise the key information about what our Integrated Care Boards for Newcastle and Gateshead Place look like. This is still an evolving picture, so you can also keep up to date by subscribing to our regular monthly Health bulletin ●

Spotlight: Eating Distress North East

Sarah Marrison

Network & Development Officer



Sarah is the Network & Development Officer at Eating Distress North East, a specialist charity providing support to people experiencing eating distress.

www.edne.org.uk

What does your organisation do?

Eating Distress North East (EDNE) is the only specialist charity offering support to people across the region experiencing eating distress, with or without a formal diagnosis. We've delivered high quality counselling and psychotherapy for over 30 years.

We work to British Association for Counselling and Psychotherapy (BACP) standards, and all our counsellors are qualified psychotherapists.

We exist because every individual affected by eating distress deserves specialist support, hope, and to know that recovery is possible.

An estimated 1.25 million people in the UK live with some form of eating disorder, which are serious mental health conditions caused by a complex interaction of biological, psychological and environmental factors.

The average duration of an eating disorder is between 7-10 years, but early identification and intervention can greatly improve the chances of a full recovery.

Tell us about your key projects?

We offer a range of services for people experiencing mild to moderate eating distress across North East England. We support all genders and currently work with people aged 16 and over.

Our counselling model is person-centred and integrative, meaning that our counsellors draw on various counselling modalities to meet the unique needs of each client. We look at each client's eating issues holistically and in the context of their life story. This means that often the focus of counselling

“ Last year we supported over 450 people through our service, and reached over 2,000 people through our education and training programmes.

is as much on underlying issues, such as trauma, as on the disordered eating behaviours themselves.

Aside from our standard pathway, we also partner with Newcastle University to deliver counselling to their students, and we also provide counselling to Durham University students.

We are also about to relaunch our group work which provides psychoeducation and facilitated peer support to individuals experiencing eating distress, and their parents and carers.

We deliver the New Maudsley Model training for parents and carers which aims to minimise anxiety and distress in family members and give carers the communication tools, skills and techniques to help them engage their loved one to improve their self-esteem and develop the resilience to make a change.

Our training and education programme delivers CPD-accredited sessions in schools, colleges, workplaces, and in the wider community, to raise awareness of eating distress and increase understanding.

Last year we supported over 450 people through our service, and reached over 2,000 people through our education and training programmes. 85% of people said they felt better able to cope with their eating distress, and with life in general, following counselling.

We also recently launched our VCSE Eating Distress Learning Community, which is funded by the Adult Eating Disorder (AED) Provider Collaborative to bring together representatives from VCSE organisations across the region.

The Learning Community will help individuals from a wide variety of organisations to become more knowledgeable about eating distress, and more aware of signposting or referring to EDNE or NHS specialist eating disorder services.

VCSE organisations wishing to join the Learning Community can sign up here: [Eating Distress Learning Community - Eating Distress North East](#).

How has Connected Voice supported you?

We've outgrown our current premises, and we need to move to a larger space so that we can reach more people and develop the services we offer.

Our CEO signed up for Connected Voice's Sector Connector service and, through this, was matched with Avison Young Estate Agents. One of their surveyors, Adam, has been supporting us with the

acquisition of a new property.

This has involved conducting a search of available properties based on our needs, attending viewings with our CEO, and supporting and advising on the acquisition process.

We're hoping to be able to confirm our new premises soon - this support has been invaluable and saved us a lot of time!

What do people say about your organisation?

“Your counselling was life changing for me!

“I couldn't have managed without coming here. I genuinely think this place has kept me alive. I have a sense of hope now.

“Eating distress...is such a secretive thing. This is the first time I didn't feel alone with it.

“Very well presented. One of the best training sessions I've been on, thank you.



Understanding the Causes of Health Inequalities

Debra Lagun
Support and Development
Officer, Connected Voice



An introduction to our new interactive training course, Understanding the Causes of Health Inequalities.

Did you know that there is more than 15 years' difference in the disability-free life expectancies of those who are most deprived and those who are least deprived? The obvious question is, why?

If you want to gain an understanding into the causes and determinants of health inequalities, Connected Voice has developed an interactive training course: Understanding the Causes of Health Inequalities.

The two-hour session will next be delivered on 28th September and uses a mix of interactive presentations and group activities to look at both the national and local picture, offering an introduction to the different kinds of health inequalities experienced by a range of people and communities.

“Our training course looks at the systemic nature of health inequalities.”

The training will give you key information to share with your organisation and will allow you to reflect on how you engage and support the people who use your services.

Health inequalities can impact people's lives in different ways: life expectancy, disease prevalence, and how sick people get, to give some examples. There are also inequalities in access to services and the quality of care

someone receives.

Statistics clearly show that health is directly impacted by where someone lives and works, as well as their ethnicity and education. As we saw most clearly during the pandemic, being from a group of people who have certain protected characteristics can influence both health and health inequalities above and beyond underlying socioeconomic factors. Furthermore, difference in opportunity is both a driver and a cause of health inequality.

Our training course looks at the systemic nature of health inequalities and considers how recent events in society have highlighted and exacerbated them. We consider socially excluded groups, inclusion health groups, and protected characteristics, as well as talking about how, if we are to aim for health equity, we must look at where all these factors intersect.

Having an overview of how the work of many VCSE organisations contributes to reducing the impact of structural health inequalities will enable you to better understand your services in terms of tackling health inequality. It will also help you to demonstrate that the services you provide are of high social value, benefitting your project recipients as well as meeting funder priorities relating to health inequalities.

Here at Connected Voice we offer support to the VCSE sector in Newcastle

and Gateshead in a variety of ways. This includes helping people move from the point where they have an idea that will benefit others, to setting up a community organisation that will put those plans into action. Quite often, the idea to set up a community organisation will come from identifying that something is missing for a particular group of people, or that there is a gap in accessing what is available more widely.

As part of this, we often find ourselves advising organisations to be clear with funders about the social outcomes and value of their project, both at application stage and when evaluating and monitoring project outcomes. This means understanding fully the difference your project will make to its beneficiaries - having an understanding of the social determinants of health inequalities, particularly within your community, will help you do this.

“ If we are to aim for health equity, we must look at where all these factors intersect.

As a simple example, imagine a community group who run a lunch club or craft group. What is the social value and what are the health outcomes of a project like this, apart from inviting people along to enjoy a good lunch or learn a new crafting skill?

Some of the benefits for the individuals who join your group or activity could be:

- A growing knowledge and interest in food and nutrition and improved learning about the importance of a healthy diet
- Reduced feelings of isolation and opportunities for people to make friends

Having access to something like this on a regular basis can:

- Increase confidence and skills

- Improve mental and physical health and promote feelings of wellbeing

Perhaps over time attending this activity may:

- Reduce how often people feel the need to access primary health care services, reducing the pressure on local NHS services

Furthermore, your group may play a vital role in:

- Increasing and building social networks, and in tackling health inequality

And all this may lead to:

- Increased knowledge of what else is going on locally
- A more inclusive and pro-active approach to identifying and responding to community need
- A more inclusive and pro-active approach to identifying and responding to community need
- A more inclusive and pro-active approach to identifying and responding to community need
- More people feeling empowered to share their skills and take up a volunteering role, or to join other groups
- Improved communication and understanding about the intersecting groups that share your neighbourhood through this collective enterprise.

The high social value of our imagined group addresses health inequalities and this should be recognised and utilised both as part of the project monitoring and evaluation, and when applying for funding

To learn more about the ideas discussed in this article, sign up for one of our free training sessions taking place this autumn.

For more information and to book, visit www.connectedvoice.org.uk/our-programme ●

Addressing Health Inequalities in Newcastle: A Vital Imperative

Paul Court

Chief Executive, Healthworks



Paul Court is Chief Executive at Healthworks, a charity working with disadvantaged local communities across the North East to improve their health and wellbeing.

www.healthworksnewcastle.org.uk

Health inequalities are unjust differences in health outcomes between different groups of people. These inequalities manifest in various ways, including disparities in life expectancy, chronic disease prevalence, and access to healthcare.

This article broadly describes the detrimental impact of health inequalities, the underlying causes, and the urgent need for collaborative interventions and policies that recognise the importance of the third sector in supporting cost effective and community 'place'-based solutions.

Understanding the root causes of inequalities is essential to effectively tackle the issue. Newcastle, like many other cities, exhibits stark differences in the social determinants of health, including income, education, employment, housing, and social support, significantly influencing health outcomes. The Covid-19 pandemic and the current cost of living crisis has vividly demonstrated the deep and very real consequences these disparities have on health and wellbeing.

“Understanding the root causes of health inequalities is essential to effectively tackle the issue.”

Health inequalities not only have a profound impact on individuals but also on society as a whole. In Newcastle, they contribute

to increased healthcare costs, reduced productivity, and decreased economic growth. Addressing health inequalities can lead to a healthier population which, in turn, fosters a more productive workforce and stimulates economic development. By investing in interventions aimed at reducing health disparities, Newcastle can create a more prosperous, inclusive, and equitable society.

Health inequalities undermine the principles of fairness, justice, and equity. In a just society, everyone should have an equal opportunity to lead a healthy life, regardless of their background or circumstances. By prioritising efforts in Newcastle to address health inequalities across local government, the NHS, and the third sector, we can create an environment where individuals from all backgrounds feel included, valued, and supported. This sense of community cohesion has a positive impact on mental health, social integration, and overall wellbeing, leading to a more vibrant and harmonious city. By investing in health equity, Newcastle can create a healthier, happier, and more resilient community.

Focusing on reducing health inequalities yields substantial long-term benefits. By prioritising preventive measures, early interventions, and targeted healthcare initiatives, we can improve the overall health of our population. This not only leads to a

reduction in health disparities but also eases the strain on healthcare resources and improves the quality of life for all residents.

The urgency to address health inequalities in Newcastle cannot be overstated. By recognising the burden they impose on individuals, the economy, and society, we have to acknowledge the necessity for collaborative and targeted interventions.

Within these interventions, it is vital that the importance of the third sector is recognised. Our sector has deep-rooted connections within communities and individuals facing health disparities, enabling public sector funders to understand the specific needs and challenges faced by marginalised groups. Our sector

“The urgency to address health inequalities in Newcastle cannot be overstated.”

plays a vital role in advocacy and raising awareness. We amplify the voices of marginalised populations, advocating for policy changes and social reforms that can promote equitable access to healthcare. Our sector can work at a neighbourhood, ward and locality level in a more effective way than statutory institutions.

As was made clear during the Covid-19 pandemic, our sector very often fills the gap in service provision where mainstream healthcare services may be inaccessible. Many vulnerable populations face barriers to accessing healthcare, including geographical, financial, cultural, and language-related challenges. Our organisations deliver culturally sensitive and tailored interventions that address the social

determinants of health. Our flexible and responsive nature allows us to adapt quickly to emerging health needs and provide innovative solutions.

I'm very proud that our sector facilitates community empowerment and participation, fostering a sense of ownership and agency in addressing health inequalities. By involving our community members as volunteers and decision makers, we empower individuals to take an active role in improving their health and wellbeing. This participatory approach leads to sustainable changes, as our communities become invested in their own health outcomes and work collectively to address underlying social and economic determinants. This approach capitalises on community assets and delivers cost and clinically effective outcomes.

Our sector is indispensable in addressing health inequalities. Its community-centred approach, delivering at 'place', advocacy, and empowerment initiatives contribute significantly to reducing disparities and promoting health equity. The role of the third sector in addressing these inequalities is critical and collaboration between our sector, the Integrated Care Board, local government, healthcare providers, and other stakeholders is crucial for creating comprehensive and sustainable solutions to tackle health inequalities, creating a fairer, healthier and more prosperous Newcastle ●



Supporting Gateshead communities with their mental health

Julia Perry

VCSE Engagement Coordinator for the Mental Health Transformation Process in Gateshead, Connected Voice



If you thought the transformation of mental health services in Gateshead had nothing to do with our smaller, local voluntary and community groups, this article may surprise you...

...as these groups are the bedrock of the entire system. [This diagram](#) shows the Community Mental Health model that Gateshead is developing.

To 'Thrive', there needs to be a vibrant community, and our local grassroots organisations are essential to creating and sustaining just that. To 'Cope', our local groups need to be supported so that they can continue to include everyone in their activities.

Guidance produced by the NHS for Commissioners (including [Thinking Differently, Rethink Mental Illness' 'first steps' guide for transforming community mental health](#)), highlights that a different approach may be needed in how they commission services.

For example: "consider procuring a 'partnership' to deliver the new model as a whole rather than individual organisations to deliver specific services. Providing funding via longer-term joint CCG-local authority contracting through an alliance model has the significant benefit of removing or lessening competition for funds, generating a more efficient use of the public pound, and encouraging collaboration and sustainability. This is particularly crucial in ensuring the sustainability and survival of smaller/micro grassroots and community organisations, many of whom have been significantly adversely affected by the current pandemic yet who remain vital to supporting some of the most disadvantaged

and disconnected groups of citizens. Alliances are key to building a diverse and thriving local VCSE sector, particularly at a time when so many organisations are facing extreme pressures."

In funding the VCSE Engagement Coordinator post, the Gateshead system has shown its commitment to listening to and supporting the VCSE sector. The Coordinator is a member of the Mental Health Transformation Steering Group and will use all the Connected Voice publications and Gateshead-based networks to share information and invite feedback about current areas of work.

Under consideration in Gateshead at the moment are:

- Safe Havens, looking at what resources exist already in the system
- Dementia Pathway, identifying gaps in the system
- Children and Young People's Pathway, reviewing the single point of access

For anyone who isn't familiar with the background to why Mental Health Transformation is needed, the NHS has produced a [short animation](#) to explain this. In just five minutes, it demonstrates why people find it difficult, and sometimes impossible, to get the help they need.

For more information on this work in Gateshead, email Julia Perry at julia.perry@connectedvoice.org.uk ●

Gateshead Digital Inclusion in Health and Social Care Project

Alessandra Mondin

Gateshead Digital Inclusion Health and Social Care Project Manager, Connected Voice



Alessandra Mondin gives us an update on the Gateshead Digital Inclusion in Health and Social Care Project.

It is clear that the digital world is now all-consuming and unavoidable, and an array of challenges are arising related to it. The Digital Inclusion in Health and Social Care Project was initiated at the beginning of April 2023 to tackle these challenges and improve digital inclusion and accessibility across Gateshead. **The focus is on health and social care in particular, as it is well established now that digital inclusion is one of the social determinants of health.**

“Digital inclusion is one of the social determinants of health.”

The project aims to foster transformational work that will help create a digital future that is equitable, while maintaining that the appropriate digital and non-digital options for access and engagement should be available to all.

Vital services across the country are becoming more and more digitalised, and in turn they are becoming leaner, more economically viable, and their capacity is increasing. However, it is clear that this acceleration of digital brings with it the risk of

widening inequity and exclusion.

At present, the adoption of digital by statutory services and businesses does not align with the reality that digital remains out of reach for many individuals and organisations, despite it being an essential utility. Nationally, many organisations such as the [Digital Poverty Alliance](#) and [Good Things Foundation](#) are spearheading work and coordinating efforts across sectors to tackle a variety of matters from grassroots to policy level.

Over the past few months, I have had many insightful conversations across Gateshead and beyond about what digital exclusion means for the area today. I've gained important input from organisations who are instrumental in tackling this matter on the ground every day with their smart, creative and compassionate approaches, while 'meeting people where they are', because everyone has their own unique circumstances to be able to engage in digital.

“Digital remains out of reach for many individuals and organisations.”

The [2023 House of Lords digital exclusion report](#) advises that the

Government should prioritise basic digital skills. The report states that **“community based, locally delivered digital exclusion interventions and partnerships”** are the crucial way of reaching digitally excluded people, and building the necessary motivation, confidence, and skills.

on sustainability and collaborate to create change.

As the Digital Poverty Alliance states, digital inclusion and accessibility is not a digital issue per se, but it is about making life more liveable.

For more information on the work being undertaken as part of the Gateshead Digital Inclusion in Health and Social Care Project, contact Alessandra Mondin at alessandra.mondin@connectedvoice.org.uk ●

“**Tailored support is needed as much as user-centred design and co-design are.**”

This assessment resonates with what has emerged in Gateshead in relation to people, workforce and organisations. It is also apparent that, in the North East, digital poverty is a significant issue in terms of devices and connectivity for both people and organisations, and that tailored support is needed as much as user-centred design and co-design are. Motivation to engage with digital is another particularly complex element in the picture of digital inclusion

No one organisation can address all these matters, but we can partner across NHS, Council, VCSEs, researchers, and tech businesses to provide holistic solutions focused



Photo: Two ladies looking at something on an iPad and smiling happily whilst sitting on a sofa

RISE: Working with Haref to improve mental health support for communities

Chloe Donaldson
Service Manager, RISE

The RISE service is made up of four mental health support teams that provide low-level emotional wellbeing and mental health support to young people aged 5-18 across Newcastle and Gateshead.

Our education mental health practitioners work within local schools on a termly basis. We aim to embed a whole school approach by delivering one-to-one sessions, small group work, class workshops, assemblies, staff training, and parental support.

In 2021-2022, the team worked with close to 37,000 young people in the local community. Some of the common themes we receive referrals for are anxiety, emotional regulation, worry, self-esteem, and anger. Although we are based predominantly within a school environment, we often partner with external agencies to increase our offer of support.

As the RISE service has grown, so too has the volume of data and feedback available to us. Through analysis of this data and feedback, we have a clear picture of who is accessing our service and who is not, and the next step is to explore why they are not accessing our service and what we can do to address this.

Inclusive practice to ensure our referrals reflect the communities we serve is at the forefront of our work. **Our experience has taught us that tackling health inequity**

does not work in isolation and requires collaboration across a larger working body of people to guarantee inclusive outcomes.

Cultural competency training

RISE approached Haref to explore their offer of cultural competency training for our team of practitioners and managers. The course explored exactly what is meant by health inequity, how to improve the delivery of our service, how to improve the user's experience, and how we can reduce the barriers to accessing our service.

One of the main advantages of the course, which ultimately influenced our decision to become a Haref Ally, was their knowledge of the local population. This allowed us to cross-reference our data and experiences.

They also provided invaluable insight into the changing population of Newcastle and the language needs of the community. The trainer offered to read our translated documents to ensure these were accurate and accessible to the local Urdu community, which was a much-appreciated gesture and a great example of sharing expertise across organisations.

Our Haref Ally membership

By becoming a Haref Ally, we have the opportunity to attend

conferences with those working within similar areas and to share knowledge. Following our attendance at the Haref Ally networking event in August 2023, RISE was introduced to Ibrahim Doumbia, Head of Volunteering at Newcastle Central Mosque.

66 Inclusive practice to ensure our referrals reflect the community we serve is at the forefront of our work.

Ibrahim graciously hosted our team for an educational evening. We were invited to witness a live prayer, followed by a quiz to test the team's knowledge of Islam, finishing with a Q&A session and a delicious food offering. Without our allyship, we would not have been aware of this learning opportunity.

RISE were also thrilled to be invited to host an introduction to emotional wellbeing and mental health session for a mother and baby group that Haref Allies introduced us to. The nature of the session was to explore the participants' level of mental health understanding and offer strategies for any challenges they or their families were facing. **Connecting with different groups**

across the community has allowed us to learn from voices that were previously unavailable to us and tailor our services to meet their needs.

We would highly recommend the Haref Allies membership to any organisation that is on a journey to tackling health inequity, a task that can quickly feel daunting and overwhelming when approached in isolation. **The allyship has been a further opportunity for RISE to start answering and tackling our earlier reflections of who is not accessing our service and why.**

The organisations across the allyship have a shared goal to ensure that the voices of our users are at the centre of our services, and this will be much easier to achieve through the collaborative sharing of best practice and resources.

For more information about RISE, contact risenortheast@childrenssociety.org.uk or visit www.rise.childrenssociety.org.uk

For more information about the Haref Allies or the cultural competency training, contact haref@connectedvoice.org.uk ●



Photo: Several members of the RISE team during their visit to Newcastle Central Mosque

The role of independent advocacy in fighting for health equity

Melissa Girling
Information Officer,
Connected Voice



Melissa, Information Officer in our Advocacy team, discusses the role of independent advocacy in fighting for health equity

Supporting people to achieve health equity is a key role for our independent advocacy services.

In 2022-2023:

- Over 88% of people who used our services had health issues and/or disabilities
- Over 60% of the issues we provided independent advocacy around were health-related, of which half were provided under the Mental Health, Mental Capacity, and Care Acts

care, fill in forms, appeal decisions, and make complaints.

We help people prepare for health appointments, provide support during them, and help them understand decisions that have been made. We support people with communication needs to ensure their wishes are understood.

We also use our casework to identify common issues and escalate them through strategic advocacy to inform policy change, including inadequacies in:

“Our work involves ensuring that people are central to decisions made about them.

Our work involves ensuring that people are central to decisions made about them. We support them to understand their rights and options, make decisions, have their voices heard, and have their rights to healthcare services upheld.

This includes supporting people to gather information, get diagnoses, access the services they need, make choices about their treatment, medication and

- Accessible health appointments
- Availability of GP appointments
- Services for children and young people with learning needs/ learning disabilities
- Psychologists in community teams to make assessments
- Post-diagnostic support for people with autism

“We support people with communication needs to ensure their wishes are understood.

NICE Guidance

Our advocates use legislation and guidance to evidence rights to healthcare. Along with leaders from other advocacy providers across the country, we participated in the consultation which resulted in guidance from the National Institute for Health and Care (NICE) on [Advocacy services for adults with health and social care needs \[November 2022\]](#). This provides useful recommendations about commissioning and delivery of advocacy services, including the importance of health and social care practitioners:

- Identifying the need for advocacy and making referrals to advocacy services as early as possible
- Facilitating the involvement of advocates where someone wants one
- Involving advocates in all discussions with patients to ensure they are central to decisions made about them

“Our advocates use legislation and guidance to evidence rights to healthcare.”

The guidelines explain who is legally entitled to advocacy and also help us argue for advocacy involvement in health and social care procedures for people who are not legally entitled but would otherwise be unable to express their views or sufficiently influence decisions that are likely to have a substantial effect on their wellbeing.

Supporting people to advocate for themselves

We have expanded our support to help people advocate for themselves by introducing group self-advocacy sessions, currently funded by the FOGO Fund at the

Community Foundation Tyne & Wear and Northumberland.

We run these sessions for people newly referred or currently supported by an advocate and those whose advocacy support is ending. The workshops, run by experienced advocates, provide the tools to help people improve their self-advocacy skills, and learn new ones, and give them the opportunity to share their skills and experience with other participants.

Their improved skills will help people better navigate health procedures and improve their health literacy, ensuring they get the best out of health services in all their interactions.

Our work with Healthwatch

Connected Voice has a longstanding relationship with Newcastle and Gateshead Healthwatch. Hosted by Connected Voice before becoming independent in 2017, we nevertheless maintain a close working relationship with Healthwatch, and they often deliver initiatives in partnership with our Haref and Advocacy teams.

As the champion for health and social care services in the area, it is important for Newcastle and Gateshead Healthwatch to reach people who use GPs, hospitals, dentists, pharmacies, care homes, and care services. They have statutory powers to ensure decision makers listen to people's complaints and suggestions to improve standards. They capture views via a range of methods.

One way they can hear from people experiencing problems with Health and Social Care providers is to reach out to people using Connected Voice Advocacy services. Connected

Voice Advocacy works with over 1,600 people a year and is able to facilitate discussions and consultations on topics around which Healthwatch is campaigning for change.

We use this to make sure that the data we keep on the people we work with reflects local populations and also enables us to identify gaps in our provision for those with health needs and disabilities.

“ Connected Voice has a longstanding relationship with Newcastle and Gateshead Healthwatch.

For this reason, we have agreed to share information with Healthwatch regularly, and plan to hold events together over the coming year to ensure people have a say on what matters to them. The current topics for consultation are issues with GP appointments, access to prescriptions, and the impact of the cost of living crisis on people’s health.

To find out more about the work of Connected Voice Advocacy and the vital role our advocates play in fighting for health equity, visit www.connectedvoice.org.uk/services/advocacy.

You can also contact the team directly by emailing advocacy@connectedvoice.org.uk or calling 0191 235 7013 ●

Using the Census 2021 data

Connected Voice Advocacy continues to hone our demographic recording and reporting by responding to the health and disability data from the Census 2021 published by the Office for National Statistics.



Photo: A lady in a pink shirt takes a young man through an important document in a healthcare setting

“Don’t lose hope!” - Sarah Gorman at Edberts House

Sarah Gorman
Chief Executive Officer,
Edberts House

We spoke to Sarah Gorman, Chief Executive Officer at Edberts House in Gateshead, about the importance of holding onto hope in challenging health inequity.

Recently, I was sat with one of our community members. She is usually bright and enthusiastic, but today was quiet. **“I have lived in this estate for nearly 50 years,”** she told me. **“But it has never felt like this. Everyone is so flat.”**

I asked her **“Why? What do you mean?”**

“After Covid, people thought things would get better, when the lockdowns were finished. But then it was the war [in Ukraine], and then the cost-of-living crisis, and now you can’t even get a GP appointment. We never had much, but now we have even lost hope.”

I can’t forget this conversation. It presents an enormous challenge to those aspiring to build thriving, positive communities, and it requires us to think differently about what we do.

“Our communities are increasingly full of people who cannot feed their children, are frightened to turn on the heating, and feel isolated.”

We know many people in Gateshead don’t have much. They are either just managing or getting by, and over 30% are in need or in vulnerable situations. Around 32,700 (16%) people in Gateshead live in one of the 10% most deprived areas of England. Our

communities are increasingly full of people who cannot feed their children, are frightened to turn on the heating, and feel isolated.

The North East has experienced extensive loss: the loss of industry, jobs, pubs, and community places. However, despite this, there was always a resilience; a pride that reacted against anyone saying that the North East was ‘disadvantaged’. There was always a sense that things could get better.

So, this loss of hope feels like something new. Not just an anxiety about the here and now, but an eroding of an underlying optimism. Defining the verb ‘to hope’, the Collins Dictionary states that **“... if you hope for something, you want it to be true or to happen, and you usually believe that it is possible.”**

When we stop believing, and lose hope, we can become passive, lacking a sense of control. This affects us all. It is no longer just those on benefits that are struggling financially: in-work poverty, including in well-respected professions, is now commonplace. And instead of a rightful rising tide of anger, it feels there is almost an acceptance that there is nothing to be done: this is just ‘the way it is’.

When we lose hope, we lose a lot. Research indicates that hope can help us manage stress and cope with adversity.

It contributes to our wellbeing, and motivates positive action. Hopeful people believe they can influence their goals and have a positive impact. They are also more likely to make healthy choices or do the things that will help them move towards what they are hoping for.

Where our local people have lost the vital ingredient of hope, our organisations can be that hope: we can be 'hope holders' on behalf of others and enable them to retain the sense of control that is fundamental to their health and wellbeing, empowering them to make good decisions and narrowing health inequalities.

VCSE organisations offer hope through their services - food packages, advocacy, providing places of connection or routes into employment. At Edberts we have brought together charitable and voluntary organisations in East Gateshead to our **HOPE network - Health of the Population in the East**. Our network offers local people a service or opportunity. We meet regularly, supporting each other, sharing resources, for our vital role in the health of our local population.

What the VCSE is doing is offering hope. Every time we offer a cup of tea, a listening ear, or a food parcel, we are

dishing out hope. And eventually, the hope we are sowing will reap a harvest in our Gateshead population - a sense of optimism that will ultimately lead to healthier lives. **None of our organisations can solve health inequalities on our own, but together we can be sources of hope for our local communities and model to them how change can come.**

To do this, we need to keep hope alive in ourselves - and this can be a challenge! Sometimes, despite the amount of fantastic work we deliver, we can feel like we are sticking a plaster on a deep wound. Many of us are tired, exhausted by the rising tide of need, and possibly losing a little hope ourselves.

So let's join forces as much as we can. Let's encourage one another and become the hope of Tyneside. Let's believe that we can increase life expectancy and narrow the health inequalities in our area. And let's find a collective strong voice to challenge the unjust policy and sheer greed that is creating the unnecessary poverty and hardship that we see around us. **The Jarrow Marchers did it in 1936 - perhaps it is time for a re-march? Who's with me?**

You can find out more about the work of Edberts House by visiting their website: www.edbertshouse.org ●

Photo: A drawing by an Edberts House community member, depicting a rainbow and a diverse group of people smiling



Digitally Creative: The Digital Voice approach to improving people's wellbeing

Digital Voice is a multi-award-winning, not-for-profit social enterprise that has delivered digital inclusion projects locally, nationally and internationally from its base in Gateshead since 2007.

www.digitalvoice.org.uk

Digital Voice was first set up to give a voice to individuals and groups who are excluded digitally and, just over fifteen years later, this remains the mission, especially as the North East is still the lowest in the UK for digital skills and access to the digital world.

Their programmes harness the power of digital media to make life better through sharing stories, developing skills and self-esteem, and communicating key messages creatively.

Their inTouch project, which seeks to improve people's digital skills, pairs children from Rowland's Gill Primary School with local older people.

The children, who are of course digital natives, help the older people to use an iPad in a fun way, for example, by taking a photo together and then showing them how you can crop, edit or enhance the photograph, or by exploring where Google Earth can transport you from the comfort of your armchair.

“What makes this project so successful is the connection between people of different generations.”

One of their programmes is a great example of work that is happening in the region to foster health equity in an interesting and creative way.

What makes this project so successful is the connection between people of different generations, which has had a real impact on their sense of community, and their sense of wellbeing, too.

The feedback from the older people has been so positive:

Photo: One of the older participants and two of the young instructors from the inTouch project, all smiling widely



“ I get energised, I feel a lot healthier, I feel a bit more confident and I feel happier in myself. My mental health is improving.

As for the young instructors, the positive effect on their own confidence is clear, as their teacher observed:

“ I’ve seen people coming out of their shell [...] some of the children in our group are a little bit quiet but they’re not being quiet here, which is lovely to see.

One pupil has really enjoyed being a ‘buddy’:

“ I really want to be a teacher when I grow up and its been really good having the experience of doing it now, and its been really nice teaching Alan.

Steph Sewell, Older Person’s Housing Manager from Gateshead Council, reflects:

“ Everyone struggles with social isolation; there’s not many initiatives running anymore, clubs and community hubs have closed, so this is just brightening everyone’s day a little bit.

If you’d like to find out more about Digital Voice, contact Julie Nicholson, Managing Director, at julie@digitalvoice.org.uk.

To see what the inTouch project is like, [watch the new video on Digital Voice’s YouTube channel](#).

inTouch interGen was funded by Gateshead Council. ●



Photo: Two of the young instructors and one of their teachers pictured outside under a tree on a nice day

What is happening in Health and Care?

Lisa Goodwin and Vicki Harris
Chief Executive and Health Equity and
Involvement Manager, Connected Voice

Our Chief Executive Lisa Goodwin and Health Equity and Involvement Manager Vicki Harris discuss place-based working in health and care.

The Health and Care Act 2022 identified that collaboration was needed to improve local services. It outlined a new integrated model for delivering health and social care, replacing Clinical Commissioning Groups (or CCGs) with 42 different areas called Integrated Care Systems (or ICSs).

In our area, the Integrated Care System covers the North East and North Cumbria (known as NENC). Each ICS has a voluntary sector alliance, and ours is called the North East and North Cumbria VCSE Partnership Programme. It enables the VCSE sector to shape and inform the ICS into a system which works for everyone.

Place-based working

The ICS is overseen by the Integrated Care Board (ICB) and this replaces the responsibility of the eight former North East Clinical Commissioning Groups. The staff in the ICB will work 'at place' and with local health and wellbeing boards across the 14 local authority areas.

The Integrated Care Strategy is delivered through the NENC ICB Joint Forward Plan and Newcastle and Gateshead Places. The collective response to the health and care system has strengthened resolve to build upon the strong foundations already in place with the VCSE sector in Newcastle and Gateshead.

Gateshead Place

The Gateshead Place Plan will support

further health and social care integration and partnership working with the VCSE, by linking up programmes of work. Gateshead Cares (the Gateshead system board joining up health, social care, and VCSE) has had an Alliance Agreement in place since April 2021, which identifies programme areas to take forward integrated commissioning and delivery of services.

Gateshead Cares has identified the following priorities for 2023/24:

- Children and Young People - Best Start in Life
- Ageing Well - Adults and Older People - Transformation of Home Care and Care Homes
- Mental Health Transformation
- Multiple and Complex Needs (MCN)

The programme area leads are:

- Children and Young People/SEND - Catherine Horn catherine.horn@nhs.net
- Ageing Well - Adults/Older People - Transformation of Home Care - Barry Norman barry.norman@gateshead.gov.uk
- Mental Health Transformation - Angela Kumar/ Gail Ballance angela.kumar@nhs.net or gail.ballance1@nhs.net
- MCN - Suzanne Henderson suzanne.henderson6@nhs.net

The following people are enablers:

- Workforce - making Gateshead a great place to live and work - Nicola McDougal nicola.mcdougal@nhs.net

- Digital Gateshead (incl. Digital Poverty/Inclusion) - Alessandra Mondin alessandra.mondin@connectedvoice.org.uk
- System Development - Primary Care Network Development - Neil Bunney neil.bunney1@nhs.net
- Data - Axym/Gateshead Outcomes Framework - Claire Dovell

Lastly, the following people are also useful contacts within the Gateshead ICB team:

- Rosalind Goode - Primary Care Commissioning and Contracting rosalind.goode@nhs.net
- Lynne Paterson - Community Health Services and Urgent and Emergency Care (including System Resilience) Workforce lynne.paterson3@nhs.net

There is VCSE sector representation in all the areas above and a number of projects sit under each project lead. The leads are happy to be contacted by VCSE organisations about the various projects and to get them involved.

Newcastle Place

The Newcastle Place Plan identifies the immediate priorities for 2023/24, and longer-term transformation and development plans for 2023/24-2028/29, which centre on addressing inequalities in health and wellbeing:

- Starting Well - Giving every child the best start in life through early intervention and prevention, focusing on the most disadvantaged
- Living Well - Supporting all adults, giving them the opportunity to live their best lives for longer at home, focusing on the most excluded and disadvantaged in our society by providing opportunities for employment, housing, and good mental health.
- Ageing Well - Creating conditions for everyone to age well and providing accessible, whole person care through personal care and support plans.
- Prevention - Strengthening the role and impact of ill health prevention, giving people help and opportunities for healthier lives focusing on Core2OPLUS5 for adults and children.
- Working Better Together - Developing our Local Health Care Model to further integrate community services in the broadest terms,

centring on integrated neighbourhood teams providing local services together with Newcastle Neighbourhoods.

The Newcastle Place Plan reflects the key themes of the health and wellbeing strategy, as well as alignment to the Collaborative Newcastle workstreams and objectives, goals, initiatives, and measures (OGIMS) identified.

The Portfolio Leads for Newcastle are:

- Children, Young People and Families (including SEND) - Jenny Ellis
- Ageing and Living Well (including Urgent Care) - Jane Hudspith
- Mental Health, Learning Disability and Autism - Clare Ault
- System Enablement - Caroline Kavanagh

All Portfolio Leads have staff to support on specific areas of work, and work collectively as a team to support the people of Newcastle. They can be contacted via the Collaborative Newcastle inbox at nencicb-ng.collaborativenewcastle@nhs.net

If you need to get in touch with any of the individuals above, send a message marked for their attention.

For specific primary care commissioning and contracting queries email nencicb-ng.newcastleprimarycare@nhs.net

For any support or information around Connected Voice's Health Equity work, email Vicki Harris at vicki.harris@connectedvoice.org.uk



Contact us

**Connected
Voice** Support and
Development

Expert support services that enable voluntary, community and social enterprise organisations to set up, be sustainable and informed, achieve their objectives and come together.

connect@connectedvoice.org.uk
0191 235 7021

**Connected
Voice** Advocacy

Free professional support to individuals to help them be aware of their rights and choices, make informed decisions, advocate for themselves and facilitate their voices being heard.

advocacy@connectedvoice.org.uk
0191 235 7013

**Connected
Voice** Business
Services

Quality and cost-effective financial support services that meet the growing needs of charities, community organisations and social enterprises.

cbsteam@connectedvoice.org.uk
0191 235 7020

**Connected
Voice** Haref

Working with communities and organisations throughout Newcastle and Gateshead to reduce health inequalities linked to ethnicity and culture.

haref@connectedvoice.org.uk
0191 235 7022

**Connected
Voice** Health Equity

Connecting charities and community organisations to health services to improve digital inclusion, mental health support and social prescribing.

0191 235 7022

**Connected
Voice** Volunteering

Supporting volunteering across Newcastle and Gateshead through employee volunteering (Sector Connector), promoting volunteering opportunities and offering advice.

volunteering@connectedvoice.org.uk
0191 235 7038 (Gateshead Volunteer Centre)
0191 235 7039 (Sector Connector Newcastle)

www.ConnectedVoice.org.uk

 @ConnectedVoice_

 @ConnectedVoiceCharity

 @Connected Voice