

NIHR Applied Research Collaboration (ARC) South London: Active Involvement in Research 2023

Tuesday 24 October 2023, 6.00 -7.30pm

Online on Zoom: https://us02web.zoom.us/j/82324945399?pwd=NW5LRzh0V3djTkhKcS9ESFBwOE1h

Meeting ID: 823 2494 5399 Passcode: 446978

Theme: Exploring south London health and care needs and inequalities through research: sharing insights from patient and community organisations and other knowledge

Please note: At an in-person event held on 13 October 2023, there were three presentations on this theme. Some highlights will be shared during this session (see below) and explored during breakout discussions, but you are encouraged if you can to watch the presentations in full beforehand on: https://youtu.be/sS2cq-zdG_k (under 40 minutes)

6.00 - 6.10pm	Welcome – Rashmi Kumar , ARC South London public research panel member and Lambeth Patients and Public Participation Group trustee
6.10 - 6.20pm	Selection of highlights from: • Presentation 1: Healthwatch Sutton: Exploring the health and care impacts of the cost-of-living crisis. Colin Wilson, Healthwatch Sutton • Presentation 2: Opening Doors: On Precarious Lives, a research project on poverty among older LGBTQ+ Londoners. Mark Sladen, Opening Doors • Presentation 3: Bringing together knowledge from varied sources, including Census and other data. Savi Hensman, ARC South London
6.20 – 7.00pm	Breakout group discussions 1. Relational care 2. Bringing lived experience and community concerns to work 3. Addressing issues for people with multiple conditions facing disadvantage and/or discrimination 4. Going beyond 'healthy lifestyles'
7.00 -7.20pm	Feedback from breakout discussions
7.20 - 7.30pm	Reflections and close Rashmi Kumar

Presentation 1: Exploring the health and care impacts of the cost-of-living crisis, including on people who already have chronic health conditions or are using care services

Healthwatch Sutton exists to gather patient feedback about health and care services in the borough and to use that information to improve services. **Colin Wilson** is Communications and Engagement Officer at Healthwatch Sutton. He designed the initial survey and report, and was part of the team which gathered responses on the day. He continues to liaise with partners on cost-of-living issues.

Presentation 2: Presentation 2: Conducting research with LGBTQ+ older people

Opening Doors is the largest UK charity providing activities, events, information and support services specifically for lesbian, gay, bisexual, trans, queer, non-binary or gender fluid (LGBTQ+) people over 50. The research team is led by **Professor Ben Thomas**, with the assistance of **Dr Mark Sladen**. Ben is a researcher and policy expert with an employment history of advising governments, managing and developing health services, and working in academia. Mark is a researcher and writer with experience in the arts as well as the voluntary sector.

Presentation 3: Bringing together knowledge from varied sources, including Census and other data Savi Hensman is ARC South London's patient, service user, carer and public involvement coordinator and in the Service User Research Enterprise, King's College London. She has been active, in a paid and unpaid capacity, in various communities facing hardship and discrimination, including in developing

A note on the breakout group discussions:

Please see below for more details on each of the breakout group topics. When you join, you will be invited to let the organisers know your choice of breakout group, if any. If you have no preference, that is not a problem at all.

Topic and description

and mobilising knowledge.

1. Relational care

In various fields of health and social care, caring and respectful relationships between professionals and patients or service users can make a huge difference. But these are not always easy to achieve, especially when longstanding inequalities exist and staff and organisations are overstretched. What can assist or hinder these and what further types of research might be useful?

Questions

- Have you come across good examples of developing caring and respectful relationships between professionals and patients/service users despite challenging situations? Why was this important and what helped or got in the way?
- In your view, what further research in this area might be helpful and why?

2. Bringing lived experience and community concerns to work

Some of those employed in research, including researchers and involvement staff, draw on their lived experience of the conditions or communities being researched. How can it be made easier to draw on the knowledge and insights they can bring; and what support might they need?

- How easy or difficult do you think it is for those employed in research, if they have lived experience of the conditions or communities being researched, to talk about this and knowledge or insights they have gained? Why?
- How could this be made easier, while respecting people's boundaries?
- What additional support might they need?

3. Addressing issues for people withmultiple conditions facing disadvantage and/or discrimination

Social and economic disadvantage and discrimination can get in the way of preventing ill health and accessing high quality services. This can be especially complicated for people with multiple health conditions, some of whom may also be in full-time education or new parents, or be using social care services too. Getting what is already known about what works well into practice is not always easy – but are there also areas in which further research would be helpful?

- There has been a lot of research in recent years on the issues affecting wellbeing for people with multiple conditions who also face disadvantage and/or discrimination. Yet the findings have not always been acted on. How can researchers work with the children, young adults and older adults who are most affected, and their communities, so that research is put into practice more often?
- What further research in this area would be helpful?

4. Going beyond 'healthy lifestyles'

Often the effects of inequalities are played down when research findings are reported in the media. There can be a portrayal that people with high health and care needs simply just need to change their choices and behaviours, and thus lifestyles. How can researchers, patients, service users, carers and local organisations work together to increase public understanding of the complex factors which affect how people live?

- Why might the media sometimes focus on "lifestyle choices" rather than inequalities, when reporting research on people with high health and care needs?
- How can researchers, patients, service users, carers and local organisations work together to increase public understanding of how complex social factors and systems can influence health and wellbeing?