

Health needs and inequalities in Coventry: priorities for action: 16 November 2011

Group discussion and wall exercise write up

Introduction

This session was organised by Coventry LINK with Coventry City Council and NHS Coventry with the aim of enabling local people to discuss and give views on health and wellbeing in Coventry: the needs and what action should be taken.

The session was attended by 55 local people, both individuals and representatives from voluntary and community groups plus a number of professionals to act as facilitators to discussion.

Information about Coventry was presented in the form of a Quiz and the Director of Public Health summarised his annual report.

There were two sessions of group discussion and during the breaks participants were asked to add their thoughts to flip charts around the room.

This report pulls together the findings of the group discussions and flip chart exercises.

Part 1 Notes from group discussions

1 Do you recognise the picture of Coventry?

Participants generally found some of the statistics and information about the health and wellbeing of people in Coventry presented at this session surprising. In particular the location of 45% of births in 2 wards; statistics about disability free life and the average age of the population were fairly surprising to people.

Participants picked up on a disparity between North and South Coventry and inequalities continuing for many years and perceived a lack of progress in addressing health inequalities.

Participants raised the following points in the discussion about the picture of Coventry:

- Hepatitis C not mentioned
- Sight loss not mentioned as an issue – 50% of site loss is avoidable
- Disability not mentioned
- Long term conditions not mentioned - these are often complex with lots of interrelated illness impacting on disability free life.

- Flow of new communities and transient populations has an impact on work to address health and wellbeing
- Environment is very important to quality of life and health and wellbeing
- Links between types of housing stock and affluence or lack of affluence in areas and overcrowding in some communities eg Polish

2 What do you think are the most important health and well-being issues to tackle in Coventry?

A number of groups identified obesity (both in children and adults) as a priority area for action identifying a need to undertake prevention work; promote healthy eating; educate parents and adults and address diet in pregnancy. Two groups focused on childhood obesity. The income (social factors) were also identified with one group concluded there was need for increased income to improve diet.

Other issues were important group participants:

- Mental health: stress; depression (3 groups)
- Addressing fear and ignorance about cancer screening (3 groups)
- Smoking prevention and stopping smoking (2 groups)
- Getting greater healthy life expectancy - reducing the gaps (2 groups)
- Tackling poverty and social deprivation as causes of health inequalities (2 groups)
- Access to care
- Birth rates and education on birth control
- Life expectancy disparity
- Reducing sexual assaults

3 Why are the things we have highlighted still issues for people in Coventry and what can be done?

The groups thought about why some of the inequalities in Coventry have continued over the years and generated ideas for what might address the issues.

Funding/financial and continuity

- Not enough money in the NHS in Coventry and nationally
- Mental health service cuts
- Social care service cuts
- Projects start up and then the funding is cut before they can prove they are effective. Longer term strategies needed
- Long term investment is needed – short term projects don't sustain change
- Poverty
- Cuts in income affect how people live eg food
- Cost of fresh food and vegetables - should be cheaper
- Inequalities continue
- Frontline services being cut
- Capacity of NHS and City Council – resources

- All local projects are good and seemingly have good initial outcomes but somehow only seem good for the life of the project -what happens then?

Nature of population

- Some people's choices affected by sociological factors eg income, employment, life chances; housing
- A city with deprivation
- Unemployment
- People are isolated - older people may not have families and friends

Policy

- Policy decisions eg cut backs to funding eg Sure Start
- Have priorities been identified correctly?

Public health

- Public health campaigns haven't been as effective as they could be
- Lack of education about health in schools and lack of follow up with parents
- Cervical vaccination in GPs rather than schools – has this led to lower take up
- Too reliant on Internet for giving information to people
- Information - where and how do we make sure it is accessible

Listening to local people

- People's views aren't' being heard
- Take peoples' feedback on board – people need to see what difference they made

New communities

- New communities women not empowered – religious and cultural beliefs
- New communities and transient population mean a constant need for education

Joined up work

- Management of different services – work in isolation. Different parts of NHS not integrating. Should be around needs of patient not staff
- GPs need to help find solutions and declare publically what they are going to do

Other

- Inequality of assessment by social care
- Care in the community - not enough support available
- Difficult for the easy choice to be the right choice
- Discharge planning is poor overall

Possible solutions or approaches

Strategy

- Get better understanding of poorer settings
- Fund projects – long term to tackle prevention

- Take service to those who need them and make them appropriate eg language
- A Holistic approach to patients and care
- Targeted use of resources
- Spend appropriately – needs led
- Join up NHS and social care – CC talk about it but it doesn't happen (not resource dependent)

Obesity/poor diet:

- Food bank – cheaper food
- Chef/cook in the market demonstrating how to cook
- Encourage people to grow their own. Groups could share allotments ie Carers centre
- Target the right people eg women who cook family meals; women to use birth control; women stuck at home and socially isolated
- Work with food suppliers – less salt and saturated fat, have regulation in place
- Maybe work on providing healthy lunches at work

Other

- Work for better response from parents to smoking messages
- Looking at lifelong inequality – shape services to meet those needs
- Education and awareness raising on early symptoms of cancer
- Adults in care or cared for community - offer a health MOT yearly
- Have an accessible centre for medical information and health
- User Centres – medical access for disabled people

4. How can residents and feedback from service users have influence on setting the priorities of health and well being in the future?

Consultation

- More consultation
- Consulted until we are 'blue in the face'
- Consultation has to be genuine
- The consultation agenda should be about how the money can be spent next year for public health and wellbeing of Coventry people

Outreach

- Health professionals need to go and meet local people to find out what their views are
- Surveys with new communities
- Go to temples and community settings
- Need to go to community level to generate interest – start at schools

Voice and listening

- Listening by LA and Health
- Listen to people

- Show have listened by results and actions and feedback (4 groups)
- Lots of expertise and knowledge in local people
- Importance of training for frontline staff
- Honesty really important
- Give people a voice, including less well off areas
- Need a fair system for voice eg teenage pregnancy in local young people

Information

- More publicity about JSNA in GP surgeries and libraries etc
- Info/data to set the scene
- Feedback/ updates to communities

Other methods

- Through patient panels – encourage more and establish rules of how they should work and provide funding and help with admin (2 groups)
- Patients on 'Boards'
- Meetings and groups like this/us – but not everyone gets involved
- Maybe through community leaders
- Representation from all sections of the community
- Bring back Health Action Groups to have discussions about health issues and needs in local neighbourhoods
- Bring back the Community Empowerment Network and representation from communities on Coventry Partnership theme groups
- Feedback from service users should be published e.g. information from PALS. If an issue or topic has been brought up more than one or twice then we should address it
- Through councillors in Foleshill and St. Michaels
- Suggestion box – and a range of opportunities for people to make suggestions: text; phone; football meetings
- Media phone ins, online questionnaire (anonymous feedback)TV, get views
- Letters to schools for kids to take home to their parents

5. What role can LINK/HealthWatch play in making sure that local people have a voice in setting the priorities for tackling health and wellbeing issues?

Outreach

- Clearly HealthWatch should continue the good community engagement work that LINK has done, vital.
- Arrange community events – LINK to do outreach rather than communities go to LINK

Gathering feedback and opinions

- Don't want a top down approach to health priorities anymore. Bottom up and then communities will engage and attend if service is important to them.
- HealthWatch could help to identify real issues for local communities and set up more working groups
- HealthWatch could collect feedback from local people on services

- Checking local people's opinions
- More meetings about particular topics and issues
- More health and social care forums
- Need regular 6 monthly updates
- HealthWatch could help with real consultation
- We need more face to face meetings, verbal feedback and more regular feedback
- Monitoring should be effective – build on what works. Delivery of framework for effective involvement

Inclusivity

- Ensure all groups are represented – older disabled etc.
- LINK are important but central view needs to be representative of local people
- Consulted until we are 'blue in the face'
- LINK should listen to people and act on it
- Take peoples' feedback on board – people need to see what difference they made

Monitoring/accountability

- Play a role in monitoring the strategy to see if they have done what they said they would
- Following up on actions. What's happened and what's changed, and what's improved
- HealthWatch should link in with decision makers and highlight an lack of action
- Hold health and wellbeing board accountable
- Hold professionals to account

Connecting

- Link with GPs to give community feedback to them
- Identify community priorities and inform commissioners of service they want and need
- Lots of good pieces of work, engagement, research happen in Coventry, it happens in silos, orgs don't work together, they reinvent the wheel sometimes. HealthWatch should know what work is being done by who, orgs should have to register this work with HW and HW should hold copies of all of the outcomes to be able to share citywide with patients, professional, carers, users and the wider public
- HealthWatch should be the coordinator of citywide information and should be able to be the point of contact to match information holders with those people asking for it.
- LINK could play a role in bringing people together who are running activities or particular projects around health issues from voluntary and community sector with the statutory sector. E.g. bring together health professionals with voluntary and community sector

Updates

- Could update local people on the statistics and current picture of health in Coventry

Part 2: Comments from Flip Chart exercise

1 Priorities for health and wellbeing in Coventry

Mental health

- BME child and maternal mental health – more resource required into existing services to provide more support
- Mental health – keep services and listen to service users
- Wondering why mental health not on the agenda today – must be a priority

Family carers

- More support for family carers who provide the majority of care for people with illness and disabilities
- Recognition and actions to improve family carers' health – many of them experience ill health as a result of their caring

Engagement

- The Health and Wellbeing Strategy needs a theme of actions that improve the engagement of service users and citizens over the period of the strategy
- We need opportunities to be involved in decisions about how the overall health budget is spent in the City
- Citizens / service users need to be presented with a range of options eg to tackle smoking we have £600k to spend there are 5 options costing X which would you prefer?
- Join your patient panel to make a difference to your GP practice
- New Community organisations has to be consulted about their community's needs and also to allow them to deliver services in areas not covered, rather than funding work which cannot reach these communities.

Self management

- Encouraging people to manage their own health – help them to have confidence to do so
- Self management of obesity, diabetes, HIV, self management

Health promotion

- Need for patient education for early symptoms for cancers and early diagnosis by GPs when people attend with symptoms of cancer

Other ideas

- Looking at providing better housing conditions; help in finding a job or voluntary work to get self confidence
- More facilities for disabled people
- Localise services to needs area eg Foleshill needs differ to Stychelle
- More information on Coventry vs similar cities in Midlands and evidence where other places have had success with tackling health problems.
- More focus on prevention actions
- Make it easy for people to make the right choices – why is junk food more readily available than healthy food. Supermarkets only select fruit and vegetables which looks appealing – the rest is wasted.

- GP commitment to issues going on and governance
- Public health should be looked at across the whole city every ward

2 Ideas for improving the health and well being of older people in Coventry

- More services and support for people with long term conditions
- Self management skills eg problem solving and action planning etc
- Treatment for all medical or surgery issues should be the same for all age groups no matter what age or gender.
- Look after the needs of the housebound: isolation and loneliness lead to ill health
- More volunteers to go and visit older people or housebound to break the cycle of isolation
- Reduce social isolation generally – more day centres with disabled access
- Better transport for older disabled people (including more flexibility and non emergency patient transport).
- More facilities for older disabled people eg physiotherapy
- Managing conditions specific and long term conditions – guidance, support and finances available
- More paper information leaflets as well as web based information, on specific health issues and prevention and management
- Continue/re-launch health promotion eg catch it, kill it, bin it – this is important in the context of preventing illness

3 Ideas for improving the health and wellbeing of young people

- Keep services for the under 5s i.e. sure start; nursery care
- Life time care, prenatal- birth- onwards
- Teenage pregnancy need to support mother and child – what is being done what could be done
- Prevention of sight loss - campaign to encourage sight testing (50% of significant sight loss is avoidable - RNIB)
- Education in schools
- How can we involve young in next year's JSNA eg schools
- No mention of services for under 5's; 6-11; 12-18 years = vitally important
- School nurse more visible
- Join up education and health

4 Ideas for improving the health and wellbeing of working age people

- Better wages and improved benefits
- Availability of jobs