

Summary of discussions at Health needs and inequalities in Coventry: priorities for action event held on 16 November 2011

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 for discussion.

1. Do you recognise the picture of Coventry?

People 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 two 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.

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

Obesity

A number of groups identified obesity in their discussions (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 that were important participants:

- Mental health: stress; depression
- Addressing fear and ignorance about cancer screening
- Smoking prevention and stopping smoking
- Getting greater healthy life expectancy - reducing the gaps
- Tackling poverty and social deprivation as causes of health inequalities
- Birth rates and education on birth control
- Life expectancy disparity
- Reducing sexual assaults
- Recognition and actions to improve family carers' health – many of them experience ill health as a result of their caring

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

Groups discussed why some of the inequalities in Coventry have continued over the years and identified issues they thought contributed to this:

- Funding cuts
- Lack of continuity of funding for work/projects
- Deprivation in Coventry
- Policy decisions eg cut backs to funding eg Sure Start
- People's views aren't being heard
- New communities and transient population mean a constant need for education
- Management of different services – work in isolation. Different parts of NHS not integrating. Should be around needs of patient not staff

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

- Consultation has to be genuine
- Health professionals need to go and meet local people to find out what their views are
- Surveys with new communities
- Lots of expertise and knowledge in local people
- Honesty really important
- Give people a voice, including less well off areas
- Show have listened by results and actions and feedback
- Feedback/ updates to communities
- Through patient panels – encourage more and establish rules of how they should work and provide funding and help with admin
- Meetings and groups like this/us
- Representation from all sections of the community
- Bring back Health Action Groups to have discussions about health issues and needs in local neighbourhoods

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?

- Continue the good community engagement work that LINK has done
- Arrange community events – do outreach rather than communities go to LINK
- 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

- HealthWatch could help with real consultation
- 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 a lack of action
- Hold health and wellbeing board accountable
- Hold professionals to account
- Identify community priorities and inform commissioners of service they want and need

6. Other comments

- 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
- Encouraging people to manage their own health – help them to have confidence to do so
- Reduce social isolation for older people
- Keep services for the under 5's i.e. sure start; nursery care
- Look at providing better housing conditions; help in finding a job or voluntary work to get self confidence
- Fund projects – long term to tackle prevention
- Spend appropriately – needs led
- Join up NHS and social care

7. What people thought of the event

Out of 33 people that completed the form 31 thought that the purpose of the meeting was clear and two did not. 14 attendees thought that the aims of the event were met 'very well'; another 14 attendees thought that the aims of the event were met 'well', and 1 said that the aims of the meeting were 'not very well met'. 33 attendees said that the group discussion worked 'very well' and 'well'

Out of 33 people that completed the evaluation form 13 people were 'happy' with the outcomes and the way forward from the meeting that took place. 16 people went away 'happy' and 1 'not very happy'. 1 person didn't select an option and 2 did not know which box to tick as they didn't know what the outcomes and way forward were.

28 people said they would either like to be kept up to date or be involved in another meeting or a more regular group around the health needs and priorities for Coventry.

8. Results

Childhood obesity has been added to a provisional work programme for the Coventry Shadow Health and Wellbeing Board.