

**Action Notes of the Equalities and Communities Theme Group held on Wednesday 20th
January 2010**

Present:

Sue Bent, Debbie Briggs, Surindar Nagra, Sabir Zazai, June Jeffrey, Varinder Kaur, Robbie Etherington, Gennie Holmes, Penny Walker, Bill Hall and June Morley

In Attendance:

Caron Grainger (for Health item)

Apologies:

Teresa Staniewicz, Cllr Kevin Foster, Jenni Venn, Janita Wesson, Balbir Sohal, Richard Tomlins, Sally Byrne, Marion Harper, Nigel Wain, Rachel Upton, Paul Wells, Jody Gordon, Joy Warren and Alison Quigley

1. Welcome, Introductions and Notes of last meeting

Sue Bent opened the meeting and round the table introductions took place.

The notes of the previous meeting were agreed as an accurate record.

Debbie Briggs fed back that she had contacted Mandie Watson following the discussion about Serious Violent Crime at the last meeting, and breaking down the characteristics of offenders. Mandie has confirmed that this analysis will be carried out following the production of the final Strategic Assessment in March 2010.

Surindar Nagra reported that the Coventry Partnership Community Cohesion Strategy was launched at the Partnership Conference on 3rd December 2009. A link to the electronic version of the Strategy has been circulated to the group and hard copies are also available. The actions within the Community Cohesion Strategy will now be monitored as part of our discussions with the other Theme Groups.

Sabir Zazai reported that there will be opportunities for Community Based Champions (CBCs) for the Migration Impact Project. There are currently 40 CBCs on the Project, 30 of whom will be starting NVQ level 2 in Advice and Guidance and other relevant training if they do not meet the necessary criteria for the NVQ. All CBCs have taken part in Issue Based Seminars delivered to date as part of the MIF. Specific training will also be delivered to CBCs around legal rights and responsibilities. The Migration Impact Project is keen to recruit more CBCs. The application form and role description are available online from VAC website on the following link: <http://www.vacoventry.org.uk/community-based-champions>

An Arts Programme will also be taking place during Refugee Week and Sabir is currently working on publicity materials which will be circulated to the group once they are available. Penny Walker also agreed to circulate any information to the City of Sanctuary Group.

Debbie confirmed that Jody Gordon has set up a group to look at the 2012 Olympics and will feed back at the next meeting.

2. Embedding Equalities and Cohesion into the LAA – Health Theme

Sue said that the Local Public Service Board found it very helpful that we could begin to identify trends and patterns by looking across the whole of the Partnership. Local Public Service Board wants us to be challenging and to get people to unpack the data so that we can analyse it a bit more. We are the only group that is looking at the data from this perspective.

Caron circulated a presentation looking at health inequalities in Coventry. Health services are not means tested and are available to everybody; however, the way in which some health

services are delivered may make it more difficult for some communities to access them. The Health and Wellbeing Group is largely made up of commissioners of health services so some of the 'how' services are delivered is outside of the control of the group. We need to be aware that how we operate may inadvertently disadvantage different groups.

Health is determined and affected by a whole range of factors, including your genes and hereditary factors and there is a limited amount that can be done to influence a person's genetic make-up. Lifestyle factors also affect health, for example, whether a person smokes or drinks alcohol. The social and community networks a person belongs to can also affect mental health and wellbeing and living and working conditions and socio economic and environmental conditions will also have an affect on overall health.

Deprivation far outweighs every other factor. If a person is poor, they are far more likely to experience poor health. There are also confounding issues, for example, some BME groups are more over represented in the poorer areas of the city. A geographical analysis shows us healthy life expectancy and ill health broken down by ward. The most notable point is that people living in the most affluent ward in Coventry will be living a healthy life even after the people in the most deprived ward have died; furthermore people in more deprived areas live with longer periods of ill health.

Some factors cannot be mitigated for, for example, the 'Y' chromosome. All males have a Y chromosome and this is what gives them testosterone, and can lead to more risk taking, and due to the physical build of men, makes it more likely that men will undertake a more physical or dangerous job role. At every age, male death rates outstrip female life expectancy. However, there are also behavioural factors that we need to consider, the first of which is service accessibility. Many men make less use of health services and present late for a service when they become ill. More childcare responsibilities still fall on women, and therefore women have more engagement with health services. In the past, men have also worked longer hours than women, and therefore simple factors such as GP opening hours have been a barrier to accessing services. It is important to present services in a different way which will make them more acceptable to men.

We know that the Asian population is 6 times more likely to suffer from diabetes and this cannot be mitigated for. However, we also know that the Asian population is also more likely to be overweight, which is also a risk factor for diabetes, and we can work to influence this. We need to look at what we can do around cultural activities and around educating people from specific communities about diet, lifestyle and physical activities.

Sabir Zazai asked how economic migrants and new communities are engaged in health service provision. Caron said that newly arrived communities are often not aware of the services on offer, for example, vaccine and screening programmes that are routinely offered in this country are not offered in other countries. The key message to new communities is that they need to be encouraged to register with a GP as this is their key route into other health services. We need to ensure that people from new communities get the right information. This is about rights and responsibilities and ensuring that people make the best use of the services that are available.

It is also important for GPs to be more proactive – for example, if they rely on putting a poster up in their surgery to get messages across to patients – people may not see it; may not be able to read it or may not be able to understand it. If a GP recognises that a patient hasn't had a routine blood pressure check; cervical screening or other routine health check they should flag this up when a patient makes an appointment with them.

Sue asked how this can be influenced through the way services are commissioned. Caron said that the people delivering front line services have more information to enable them to provide

services in the most appropriate way. Commissioners specify the output that is required, e.g. 90% immunisation rate, but they do not specify the how. Sue asked, in this example, whether data would be available to identify the characteristics of the 10% who were not immunised. Caron said that sometimes this information is available but that this is not always the case. There are some opportunities to provide a locally enhanced service, however, it is often difficult to make this happen and 'money' is no longer an effective carrot to make this happen. There are also other problem in terms of targeting services. For example, if we wanted 6 – 7 practices in certain neighbourhoods, this would cause problems with the local Medical Committee and the opportunity would have to be offered to everybody. This would result in the bigger and more organised practices better placed to take advantage of any opportunities. There are pots of money available to do things such as making GP surgeries more welcoming.

The Health Development Unit also does similar work, for example, working with GP practices to increase the take up of cervical screening by ethnic minority women.

June Jeffrey asked whether there was any evidence to suggest that it was more difficult to get medical attention if you are living in a poorer ward than a more affluent ward. Caron said that there is something called the Inverse Care Law. In the poorer parts of Coventry, an extra £11 per head goes into GP Practices and there are a smaller number of patients per GP. However, we also know that larger practices are likely to provide better quality of care due to economies of scale. Across the city we would like to see significantly larger practices than at present and a better infrastructure in place.

The target for Chlamydia testing is for 25% of 16 – 25 year olds to be tested. The places that are hitting this target are places like Birmingham where they are out in the Bull Ring carrying out Chlamydia testing every weekend. In Coventry, our approach is to encourage young people to have a sensible and ongoing dialogue with health care professionals, whereas this target drives towards a single intervention. In Coventry, work is ongoing with universities, youth clubs, the Youth Service, schools and extended schools to try and engage young people with routine services and have an opportunity to have an ongoing dialogue with young people about sexual health.

Caron had circulated a table in advance of the meeting, looking at each of the health LAA indicators, which groups are most at risk, and what interventions have been put in place to tackle this. Caron explained that some services are targeted at specific groups, and in some cases there is highly targeted work which is not mainstreamed. The ideal situation is to deliver mainstream services that are flexible enough to respond to and meet the needs of the entire community. Sue asked how the Coventry Partnership can help to influence that thinking. Caron said that there has been an external review of health inequalities and this has shown that Coventry does have an ability to engage with the wider community but that it is not making the best use of this strategically. This may be something that the Coventry Partnership could do some work around. Sue said that it feels like this could be joined up better. There are lots of people that we are trying to reach in a health context and these may be the same groups of people that other theme groups are also trying to reach. Caron said that a piece of work is currently underway to look at the number of people known to the Community Nursing Service that are also known to Adult Social Care. However, there are a number of issues around data sharing that need to be resolved. Research shows that if we can get the right key worker and an assertive approach, there will be a better response from the family concerned. Sue said that this is a key role for the Coventry Partnership. If we look at the opposite ends of the spectrum, there are people getting interventions from 50 different services and also people not engaging with anything. It is important to manage those interventions and have one organisation co-ordinating that relationship. Caron said that it is also important to deal with the most immediate needs first.

In terms of what we can take back to the wider Partnership, Caron said that we need to look at

how we do community engagement and whether we are getting value for money. We also need to prevent information overload – this is about delivering the right key messages, for example, from health this is about registering with a GP as this is the key access point to health services. We also need to take a sensible approach, for example, not talking about quitting smoking if a person doesn't have a roof over their head. There is also an opportunity to explore the Assertive Key Worker model – however there are huge training issues as it is important that people have sufficient nous and knowledge to know when they are out of their depth. There would be an up front cost to this but also a potential efficiency saving at the end.

Varinder said that it is important to understand what leads teenage women to become pregnant and to take a holistic view as this is often due to issues around low self confidence and self esteem.

Caron said that part of the problem is that there is no great evidence base to show that if a certain approach is taken this will lead to savings being made. We need genuinely pooled budgets to do some of this.

June Morley asked if data can be broken down by area and ethnicity. Caron said that there is no health data for ethnicity and that the census data is relied on. GPs only record the ethnicity of new patients. June asked about the use of Mosaic and other similar packages. Caron said that the Health Acorn system is used which provides interesting analysis but does not necessarily enable us to target services more effectively. Data systems can also be quite dated and some communities move about quickly.

Bill Hall said that some settled communities, such as the African Caribbean community are not receiving a helpful service from their GPs. For example, some tablets are not suitable for people from a mixed race background. Caron said that the GP practice is the key place for individuals to access services and deliver a personalised service. Young people in particular are much less inclined to listen to 'professional' advice and are more likely to get information from soaps and their peers etc. There is more health information out there than ever before but it can be confusing and it is important to have a 'health guide' or somebody to help you to interpret that information, for example, there are some blood pressure tablets that are much more effective for treating the African Caribbean community and a personalised service is needed.

The health promotion field is changing – if you go to a pharmacy to purchase cough medicine you should be asked a series of questions about how long you have had a cough and the pharmacist may advise you to make an appointment to see a GP if the cough may be symptomatic of something more serious.

Sue said that the discussion had been very interesting and the group now needs to go away and reflect on this and think about how it fits with the other things we have heard.

Robbie Etherington said that three quarters of schools are now Healthy Schools and that she is working closely with the PCT on this. The C-Card is also being launched this week and there is a commitment to gradually do more health promotion activities through schools, initially focusing on obesity in primary schools and sexual health in secondary schools.

Sue thanked Caron for attending the meeting.

Action	Timescale	Who
Caron to send an electronic version of the presentation to Debbie to circulate with the notes of the meeting.	February 2010	Caron Grainger/ Debbie Briggs
3. City of Sanctuary		
<p>Sue welcomed Penny Walker to the group and said that Penny will now be a full member of this group, representing the City of Sanctuary Group.</p> <p>Penny updated the group on the work the City of Sanctuary Group has been undertaking and the progress made to date. Penny circulated a paper to the group and it was agreed that this would be circulated to the group along with the notes of this meeting.</p> <p>Sue thanked Penny for her update. Sue also said that Penny's role on the group would be to ensure that the needs of new communities and people seeking sanctuary were highlighted when we are having our discussions with the other theme groups.</p>		
Action	Timescale	Who
A copy of Penny's paper to be circulated with the notes of this meeting.	February 2010	Penny Walker/ Debbie Briggs
4. Feedback from Coventry Partnership Conference		
<p>Sue provided feedback on the Coventry Partnership conference which took place on 3 December 2009. Sue informed the group that the Community Cohesion Strategy, Cohesion Guidance and the Community Cohesion Awards were launched at the conference. The whole day did a good job of promoting the cohesion agenda. Debbie said that the conference planning involved a number of people round the table and Debbie thanked everyone for their input. Debbie also shared that the next conference would be on climate change.</p>		
5. Outcomes from the Destitution Conference		
<p>June Morley reported on the progress made following the destitution conference. June circulated the report which was produced following the conference in June 2009. June said that there were lots of people in Coventry who were destitute and that not everyone who is destitute needs to be. June explained that the conference was funded by NHS Coventry and approximately 100 people attended the event. There were four workshops including Health; Housing; Rights and Responsibilities; Safeguarding and domestic violence. It was a positive day and the conference met its outcome of producing a report.</p> <p>June shared that Sue Bent chaired the event and the Equalities & Community Cohesion theme group agreed to take the recommendations from the conference forward. June gave some examples of why people were left destitute and the need for preventative work. This included admin errors and the 28 day period in which an asylum seeker is given to move out of the accommodation that they are provided with to finding another property to live and claim benefits.</p> <p>The report contained 8 key recommendations. The follow up conference which has been organised for October 2010 will take forward what has been learnt to date; what has been achieved since the last conference and what we need to do. There is an ongoing steering group representing several agencies to plan the conference. June said that the group was also talking to housing providers to see if they could secure a house on a peppercorn rent which could be used temporarily for people in this interim position.</p>		
Action	Timescale	Who
If anybody would like a copy of the full report, please contact June Morley.	Ongoing	ALL
6. Cohesion Awards		
<p>Surindar Nagra reported that the Coventry Community Cohesion Awards were launched at the conference on 3 December 2009. The Awards are being jointly run by Coventry Partnership and CEMAP. A small working group has been working on the publicity and communications on</p>		

the Awards as well as looking at the process for short-listing and establishing the judging panel. Surindar said that there are five categories of Awards – public, private, community, voluntary and young people. The deadline for the Awards is 30 April. Surindar asked everyone to encourage groups, organisations and individuals to apply for the Awards. Surindar was keen for those groups or organisations who may not put themselves forward to be encouraged and supported to apply for the Awards.

Varinder Kaur said that Grapevine were keen to apply. Penny said that the bus campaign was good for cohesion because it was about making people feel part of Coventry.

Bill pointed out that community cohesion was not in the vocabulary of funders. Bill suggested that there should be some sort of campaign to let them know. Surindar said that information on the Awards was going to be sent to local funding bodies and we could use this opportunity to get the message across.

Action	Timescale	Who
Surindar Nagra to send out information on the Awards to local funders.	February 2010	Surindar Nagra

7. Half Year Performance against Equality Outcomes

Debbie shared the progress made on the basket of equality indicators which provided a measurement of equalities. Debbie reported that the indicators were reported on twice a year and that this was the half year report. The data at half year does not provide the full picture as some of the reporting on indicators is at end of year. The indicators were linked to each theme of the Sustainable Community Strategy. Debbie said that the presentations which were being given by other theme groups would be picking up on progress against the indicators and we would be trying to influence further drilling down into the indicators to look at key groups to make sure that particularly groups are not being further disadvantaged.

Gennie Holmes raised the issue of recording data as it did not reflect all the good work that is being done that does not affect the indicator directly. This includes real qualitative activities that could not be counted and it is important to capture this good work.

8. Venue for Future Meetings

Debbie reported that the Diamond Room had been chosen as a venue for this meeting and the last meeting was in one of the Council committee rooms as a trial to see whether people were happy to have future meetings in a Council meeting room. The reason for this was that it was cheaper to book rooms in the Council House and Debbie wanted to give the theme group an opportunity to agree where they would like future meetings. Bill Hall said that it was brighter in the Diamond Suite and therefore better for him. June Jeffrey said that it was convenient for her to attend a meeting in the Council House.

The issue of attendance was also raised. Debbie said that she had received a number of apologies for this meeting and it was mainly that people could not attend due to conflicting priorities rather than because they did not want to attend. Debbie said that there was one post that had very recently been recruited to and a further post where recruitment was still taking place.

Sue Bent said that it was easier for her to travel to a city centre base. Debbie said that it was also easier for her and Surindar and today was definitely better for the two of them. It was agreed to meet in Council meeting rooms for future meetings. Penny asked if the tables could be brought closer together for the next meeting.

Action	Timescale	Who
Debbie Briggs to book a Council meeting room for future meetings.	March 2010	Debbie Briggs

9. Any Other Business

Hospital Foundation Trust

Debbie Briggs reported that Barbara Hay had asked for someone to be invited to talk about the Hospital Foundation Trust item at this meeting. Debbie was not able to get someone to attend this meeting but was able to circulate a briefing note in relation to this. Janet White will also be attending our May meeting to provide a further briefing and to encourage people to get involved.

Action: Briefing note to be circulated along with the notes of this meeting.

Citywide Funding Fair

June Morley reported that Neighbourhood Management, Voluntary Action Coventry and the External Funding Helpdesk were running the Citywide Funding Fair on 5 March at the Welcome Centre. A number of funding providers will be present and information and workshops will also be running for anyone interested.

Coventry Compact

June Morley informed the meeting that Coventry Compact was also running some awards. The Awards were for projects where the voluntary and public sector was working together. The details of the Awards were on the Voluntary Action Coventry website:

<http://www.vacoventry.org.uk/sites/www.vacoventry.org.uk/files/Coventry%20Compact%20Awards%20-%20final%20version.doc>

Application must be made jointly between the voluntary and public sector organisations. The Awards are a way of raising the profile of Coventry Compact.

Community Cohesion meeting

Sue Bent reported that a community meeting chaired by Councillor Kevin Foster, Deputy Leader of the Council takes place about twice a year and as the Equalities & Community Cohesion theme group wanted to involve a wider reference group, Councillor Foster was asked if we could use his group to have a wider discussion. The next meeting has been scheduled for 10 February at which the Community Cohesion strategy will be launched as well as the Community Cohesion Awards.

Partnership Conference

Bill Hall said that he too had not been invited to the Coventry Partnership conference.

The next meeting will take place on Wednesday 24th March 2010 in the Lord Mayor's Hospitality Suite, Council House, Earl Street