**VCS Alliance Network session to explore awareness of the**

**Coventry Health and Well-being (H&WB) Strategy**

**Date:** 26th March 2019

**Method:** Small table discussions each exploring the same set of questions.

**Attendees:** 13 representatives from voluntary, community and social enterprise organisations

**Findings:**

**Awareness of the Coventry H&WB strategy 2016-2019**

All attendees were aware of the current strategy, although not every word or priority area. Awareness of who is represented on the H&WB board was limited as was awareness of any work underway for developing the strategy 2019-2022, some queried whether there would be a robust process or if it would be tokenistic?

**Review of the three priorities chosen**

Overall most attendees felt the priorities were broadly OK. Additional comments noted included:

‘Wool and fluff’ it does not seem specific enough, too broad in approach and no clear outputs and measurable outcomes.

No mention of informal carers: without these the whole care system would collapse, how are they engaging and supporting them in this process? Mental Health issues are becoming more prevalent with informal carers due to lack of support, for example access to respite and short breaks which if they can’t access leads to the carer becoming a service user requiring their own package of support.

**Review of progress made against the three priorities**

***Working together as a Marmot city to reduce health inequalities:***

Attendees expressed a lack of awareness of the phrase ‘Marmot city’ where it comes from, what it means.

Overall, the group felt there has been no progress made around tackling inequalities; however, some acknowledged that it was very difficult to measure progress/outcomes in this area. Some attendees noted that there is a large focus on jobs/employment in the Marmot strand – sometimes work is not the answer to all the clients we work with.

***Improving the health and well-being of individuals with complex needs***

Attendees agreed that this was very important to prioritise but that in their experience the last 3 years had not shown any real impact especially for young people. Some housing providers are excluding people with complex needs and focusing their business on easier to accommodate tenants. The supported housing model from years ago was better and enabled people with complex needs to be supported properly; it is not available now or where it is it is under resourced.

Attendees reflected that people with debt related issues are going to GP’s with mental ill health, medication is not the right/only answer – maybe we need a new way of supporting people with multiple issues to get the support they need in a way that is right for them. Perhaps having a debt advisor at the GP surgery once a week could help – although there is a resource implication to this.

The homelessness strategy needs to be braver – a holistic approach is required. There are far more homeless people in the city than the rough sleepers and these do not appear in the statistics, in particular, there are high numbers of care leavers sleeping rough or homeless.

We have a very high street sleeping community in Coventry – how can we be achieving on supporting multiple complex if people are still on the streets. Why are foodbanks so prevalent too?

***Developing a healthcare system that is fit for the future***

Attendees said that they can’t see any evidence of an integrated system. People (organisations) are still working in silos despite a push to work differently. Services do not seem integrated. There are arguments over who foots the bill e.g. discharge from hospital – who provides the home support? They questioned how do you improve the health and wellbeing of service users if we only provide the basic care packages? Where is the focus on the whole person?

They agreed that we do need an integrated approach – but that we haven’t got there yet.

**General comments and observations**

What actual reviews (of the last strategy) have been/are being done? How do we know if progress has been made? If good progress has been made, why are people with mental health issues rising?

We are losing variety and breadth of voluntary sector organisations due to core funding cuts that negatively affects our ability to support plans for change.

It appears that certain areas get all the money, all the time - but it does not make a difference.

We need a broader solution than just medicating, better support with pain management, which would improve well-being and mental health.

Prevention is so much more important it will make the biggest difference.

Some attendees reflected that we could be at risk of pushing people into crime as we sanction them/cut their benefits.

Sustaining regular employment is challenging for some people – we need a better support system that helps individuals and does not blame them for their circumstances. The key facts and figures from the current JSNA reflect that 9.4% of the population are claiming out of work benefits – we need to make sure if we are aiming to reduce this figure that it is done in a way that is supportive and appropriate to individuals. We also need to acknowledge that work is not right for everyone and that those that don’t work are not marginalised.

We have to recognise the political situation – Michael Marmot in his last visit referenced how a change of government policy could have a huge impact on child poverty.

We need to acknowledge the churn in the city and the growth in population, as people move out of deprived areas someone else moves in.

GP’s are individual businesses – there is no control from CCG in terms of consistency of service, this makes a difference to outcomes. What can the GP do if people won’t attend screening? Concerns were voiced around prescription costs and ability to pay but also where people don’t have to pay for prescriptions they will only go to the GP as the drugs are provided free when perhaps they could have gone to the chemist.

**Involvement in any JSNA (Joint Strategic Needs Assessment) events**

None of the attendees were aware of the JSNA events held. Some would have liked to be involved but were not aware how to get involved.

**Priorities for the H&WB strategy 2019 – 2022**

There was agreement that the three current priorities are still relevant and should remain the focus of activity in the 2019-22 strategy, but that we need to do something different/more radical.

Attendees also reflected that the issues affecting people in Coventry need to be everyone’s business – we should share responsibility. One suggestion was that we should strive to become a *trauma informed* city, frontline staff should be trained to understand complex needs and how people may present to them and people should only have to tell their story once.

Two strong key themes emerged from the table discussions considered essential for inclusion in the 2019-2022 plan:

***Housing***

Attendees’ comments around this area included:

* People need to be able to progress, find suitable/affordable accommodation to live independently. Some young people are stuck in violent/abusive situations as they cannot afford to leave the family home.
* The number of people in temporary accommodation and the length of time they are there is wrong – we need to address this and do something to house people appropriately.
* We need to have a stronger influence with property developers, integrating a mix of people from diverse backgrounds into properties/streets.
* Homelessness should be big on the agenda for 2019-22.
* Housing/living conditions and basic needs such as access to food are essential.

***Early help and support***

Attendees’ comments around this area included:

* Everyone should have a fair start – we need to focus support/interventions around children/young people. We also need to ensure people have financial security.
* We need to ensure all young people leave school with basic life skills around cooking, cleaning, budgeting.
* The impact of parent’s lifestyle choices on children – increase support for parents
* Work with children/parents to reinforce health messages in schools. It is difficult to break lifestyle cycles, perhaps we should incentivise lifestyle changes. Children/YP are influenced by their peers, TV and social media they want brand new, this creates issues with debt/possibly crime which can impact on health/poor choices
* We need to address the impact of low-level skills/qualifications

**What role should/could the VCSE sector have in helping to tackle issues**

Attendees felt strongly that the VCSE sector has a role to pay in helping to tackle issues in particular they felt that the VCSE sector should be recognised for the ‘safety net’ role it plays in supporting people in crisis/ those not accessing mainstream provision and that they should be included/more involved in cross sector working.

The Sector could help by sharing knowledge, expertise of what works and what doesn’t and why at a community level with commissioners/decision makers and could provide training to other sectors.

The VCSE sector should/could have a central role; we have skills and knowledge to deliver on the priorities. However, this should not be a tick box exercise/tokenistic involvement or consultation but that we are equal delivery partners.

The Sector could share more information about services, disseminate information to clients/beneficiaries and get more involved by being linked into social prescribing schemes.