

TACKLING HEALTH INEQUALITIES IN CHESTER SPECIAL BOARD MEETING

HELD ON 24TH NOVEMBER 2010 AT HQ, CHESTER

Meeting Summary:

The Health Inequalities Plan sets out the target areas for improvement and the approach in Cheshire West and Chester borough. It was recognised that there are areas where health deprivation is greater and that there is a need to target these communities, and particularly to identify ways of reaching and supporting those who vulnerable / hard to reach in these communities

The five ways to health and well-being / health improvements were identified as follows:-

1) Connect: With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2) Be active: Go for a walk or run, step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

3) Take notice: Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters.

4) Keep Learning: Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

5) Give: Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Evidence shows that building these actions in can add up to 7.5 years to life expectancy and can:-

- Make a stronger community
- Make the community healthier
- Help residents more able to cope in times of stress
- Make the community a better place to live
- Help the community improve its own health

There has been a change of emphasis to a bottom up / community led approach to health improvement arising from the Localism and Public Health bill. Examples of local community action and resident engagement which have led to health and well-being outcomes were discussed. The influence of environment on physical and mental health was noted.

Potential initiatives which could be rolled out into the Chester area were also suggested including the new HHEET (Housing, Health, Employment, Enterprise and Training) centre in Ellesmere Port and participatory budgeting in the rural areas. The Healthy Homes initiative developed with CDHT was highlighted as an example of good practice as was the Fire Safety checks for over 65's and the newly opened Health Living Centre for Chester located in Blacon. The recruitment of 2 Health workers for Chester which the APB has supported was identified as one of the mechanisms to promote health improvement in the Chester area as was the use of alley gating to address ASB and environmental issues to create better places to live.

Consideration was given to the five themes set out in the Health Inequalities Action Plan and the Board was asked to decide whether the focus for Chester should be; the themes are as follows:-

- Empowerment of individuals and communities to take control of their lives, with a particular focus on the most disadvantaged;
- Income inequality and its impact on health;
- Healthy Places;
- Health, Work and Well-being; and
- Equitable access to ill-health prevention services.

DECISION:

The Board was agreed that the preferred approach to tackling health inequalities in the Chester area was to focus on the theme of “empowerment of individuals and communities to take control of their lives, with a particular focus on the most disadvantaged”.

This decision is to be conveyed to the Health and Well-Being Thematic Group and likewise to the LSP