



Tackling Health Inequality

An innovative and effective Community Nutrition Service was developed to tackle local food poverty and health inequalities.

In 1998, when mapped by Coventry PCT using 10 benchmark indicators and Townsend scores, Coventry was found to have significant levels of social deprivation. This mapping identified 6 Health Action Areas, which fell into the worst quartile of deprivation and suffered the worst health outcomes.

Over the last 12 years the Council has established a range of services for tackling health inequality. From small beginnings, utilising a variety of external funding sources, a Food and Nutrition Project has developed into a mainstream Service which can clearly demonstrate a positive impact on the lives and eating habits of local people disadvantaged by food poverty.

The Community Nutrition Service provides a community needs led service, complementing and working in close partnership with NHS and other services (E.g. community dietetics, health visiting, Surestart programmes, family support workers, mental health services).



Patch based Community Nutritionists are located in each of the 6 Health Action Areas and act as a local resource by: -

- ❑ Working directly with individuals and families (in their homes) referred from allied services or self referred, to develop and maintain "lifeskills" (e.g. planning, budgeting, shopping, preparing and storing food).
- ❑ Working with "hard to reach" disadvantaged groups such as the homeless, refugee and asylum seekers, people with learning disability, young mothers and a variety of groups serving black and ethnic minorities.
- ❑ Supporting local communities, shops and schools to improve the access and availability of cheap and healthy food, particularly fresh fruit and vegetables (E.g. introduction of a local fruit and vegetable van, microwave cookery training for those without cooking facilities)

In 2002 a Public Service Agreement (PSA) was agreed with Government focusing on lifeskills work with families. The PSA targets were met in 2004 and demonstrate an extremely high compliance (87%) in terms of the lifeskills maintained 6 months after initial contact with clients. Following an independent

evaluation by Warwick University in September 2003, a model for National Learning was published in 2004.



Outcomes

- ❑ High "lifeskills" compliance rates for individuals and families 6 months after contact demonstrate that the service is making a difference to people's lives.
- ❑ The service is highly valued as an integral part of the City Council's programme for local delivery of Services.
- ❑ Production of a model for National Learning for the development of similar Community Nutrition Services

Continuing evolution and evaluation of the service has proved effective in attracting external funding and ultimately establishing a mainstream service. It is an essential element of local multi agency planning and services for tackling health inequality (E.g. reducing health inequality strategy 2004-07)

A health visitor remarked that the learning "goes at the pace of the service user", and another saw it as "working where the user is coming from – looking at basic needs and their resources and setting realistic targets". An elected member also saw a strength in that the service "can be tailored to individual need".

Finally, household-based working was seen as strong at building relationships that are outside formal professional or statutory structures. A social services officer saw the informal nature as successful "because it has built relationships". She went on to say that part of the service success is the community nutritionist's independence from social service structures, such as the formal 'children's plan' with households. They do not attend reviews and they remain 'unlabelled'.

Quote taken from the Warwick University evaluation report in relation to Community Nutritionists work with families:

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