

Analysis of the People's Panel Healthy Communities Consultation

Dr Joanne Trigwell, Charlotte Freeman, Dr James Woodall, Professor Jane South
Centre for Health Promotion Research, Leeds Beckett University

INTRODUCTION

- Putting communities at the heart of public health can impact on population health and reduce health inequalities¹.
- Recognising the important role communities play in public health, Public Health England (PHE) carried out a consultation exercise with its People's Panel (members of the public who participate in engagement exercises with the organisation).
- The aim of this consultation was to explore what members of the public think the public health system can do to put communities at the heart of public health.
- This consultation exercise was part of a wider project, 'Whole systems community-centred public health', which aimed to improve and increase local whole-system approaches to community-centred public health.

METHODS

- An online survey was designed and administered (June 2018) by PHE.
- Questions covered demographics and five open questions.
 1. Are you a member or part of any of the following: social/ neighbourhood/ sports/ volunteer/ political/ faith-based/ community groups? If so please provide more information about the group and the benefits you feel you gain by being a member.
 2. How important is community life for your health and wellbeing and how does it impact on you?
 3. How can public sector organisations best support communities to flourish and what actions should they take to ensure everyone can feel part of a community?
 4. What factors get in the way of or weaken community strengths and vitality?
 5. What could the public health system do to put communities at the heart of public health?
- Members of the People's Panel (n=460) were invited to complete the survey.
- Data were coded and analysed thematically by three researchers from Leeds Beckett University.

RESULTS

- In total, 342 respondents completed the survey (female, 70.5%; 55 years or over, 66.6%; White British, 85.4%).
- Respondents resided across England (North West, 20.8%; South East, 18.7%; Yorkshire and Humberside, 16.4%; North East, 10.8%; South West, 7.3%; London, 6.7%; West Midlands, 6.1%; East Midlands, 6.1%; and East of England, 5.8%).
- Three quarters (75.7%) of respondents were members or part of social/ neighbourhood/ sports/ volunteer/ political/ faith-based/ community groups.

The majority of respondents considered community life important to their health and well being.

Offering individuals activities and opportunities to contribute, as well as having accessible facilities within the community, **aided learning, informed residents of community issues and provided meaning to individuals' lives.**

Participating in community life also offered individuals **social opportunities**, extending social networks and helping to combat loneliness and isolation.

"Without the organised groups I would feel very isolated".

Respondents reported that public sector organisations could support communities and encourage involvement by:

- **Understand local needs and priorities**
- **Raise awareness of existing provision** - many participants were very proud of local, often small-scale and modest, provision to support local people.

- **Provide inclusive activities**

"Create more activities that interest people in the community and not worry about how much it costs so much. It brings so many benefits and probably saves the local authority money in the long run. Make sure it's anti-oppressive/ discriminatory, inclusive rather than exclusive".

- **Provide better infrastructure** - transport, buildings, funding, human resources.

Factors considered to get in the way of or weaken community strengths and vitality included:

- **Austerity** - financial constraints of local councils/ short term or no funding for community activities.

"Lack of funding for community events – e.g. a few years ago the Council supported the community financially to arrange for visiting theatre shows, music events etc but this was removed so the community was unable to take the financial risk".

- **Disengagement** - good will and altruism seen as declining.
- **Social isolation**
- **Political will** - communities not listened to.
- **'No heart'** - physical and environmental factors (like loss of place to meet) could weaken local links.
- **Communication** - poor communication and lack of information.
- **Crime and anti-social behaviour**

CONCLUSION

- For the health system to put communities at the heart of public health, lay members feel more 'local thinking' surrounding co-production and shared decision making is needed.
- Improvements to information sharing within the health system (e.g. about health and community activities/ groups) and the promotion of the social model of health (surrounding housing, education, the built environment and crime) are suggested.
- This consultation exercise provides useful evidence on public voice that can be applied in place-based working.

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REFERENCES

1. South, J., Stansfield, J. and Fenton, K. (2015) Putting communities at the heart of public health. *Perspectives in Public Health*. 135 (6): 291-293.



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Please contact Dr Jo Trigwell (Senior Research Fellow) (j.Trigwell@leedsbeckett.ac.uk) for further details.

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