

## HEALTHIER COMMUNITIES EXECUTIVE

### MINUTES OF THE MEETING HELD ON 18 JULY 2005

**Present:** Please see attached

**Apologies:** Please see attached

#### 1. Welcome and Introductions

- 1.1 Janet Hunter welcomed members to the first meeting of the Healthier Communities Executive. Each member of the group introduced themselves.

#### 2. Strategic aims of the Healthier Communities Executive

- 2.1 Janet Hunter advised that following the Local Strategic Partnership meeting in April 2005, five sub-groups were being established:

- sustainable communities
- safer communities
- children
- community involvement
- healthier communities

Thurrock PCT is hosting the Healthier Communities sub-group.

- 2.2 The aim of the refreshed Local Strategic Partnership is to have smaller meetings with an increased focus on decision making. A resource has been identified to support the Local Strategic Partnership. The aim of this group is to look at the health and wellbeing agenda and establish a framework for what services will look like in the next five to ten years. The Healthier Communities conference, on 13 October, will provide a platform from which to take the agenda forward.

- 2.3 David White advised that the Local Strategic Partnership is about ensuring the commitment and action of organisations involved at a high level, and together making a difference in people's lives for existing and new residents.

- 2.4 Janet Hunter advised there were significant opportunities in Health over the next 2 years as Thurrock will be receiving additional resources. It is important that the use of additional revenue in health also feeds into the Urban Development Corporation and Thames Gateway regeneration strategies.

#### 3. What makes a Healthier Community

- 3.1 Janet Hunter introduced Laurie McMahan, Office of Public Management, who is facilitating the October conference. Laurie McMahan gave a presentation of a Healthier Communities model [see slides attached]. Laurie advised that the presentation is based around conversations that had taken place between himself, Chris Paley and Janet Hunter, and reflects the key themes arising from the extracts from policy documents provided as background material to the meeting.

- 3.2 Laurie advised that the model saw the health infrastructure as a key driver. However, the activity within this agenda also needed to link into the other areas and vice versa. Laurie considered that these areas could be grouped together into:
- UDC/skills regeneration (top 2)
  - Public Health (wider issues) (middle 3)
  - Health Service (bottom 3)
- 3.3 It was noted that all areas contribute to each other. Laurie sought clarification from members of the group as to how the groupings relate to their respective areas. Key points arising are as follows:
- Patients want good treatment with good outcomes
  - Ensure investment links into all areas and services provided are the right ones
  - Potential driver is in ensuring that the investment plans embrace public health and wellbeing are meaningful.
  - Balance of NHS and non-NHS
  - Ensuring inward investment received by other organisations feeds into making a healthier community and considering how this can be achieved without making more of the same.
  - If all buy into the concept can make real improvements in the next few years.
  - Looks like being done to and not with
  - Need to include culture, aspirations
  - Important to focus on what we're trying to deliver and which factors affect all workstreams, and ensure that duplication is avoided and a partnership strategy exists that promotes delivery.
  - Inequality of access around diagnostic and acute agenda following the closure of Orsett. Learning disabilities and mental health need to be supported.
  - Public transport to services poor, community feels Thurrock isn't a healthy environment.
  - Need to ensure the focus is for all the population to have access to services and are not disadvantaged.
- 3.4 Laurie considered that a template for health service investment is critical to this process including the identification of where and how funding comes into the system, mainstream and private. The template includes buildings, people, services, relationships and we need to find an agreed way of implementing this properly across all partner organisations and within all workstreams. David White advised that there is a changing pattern in provision and we need to use opportunities of regeneration areas to change provision, and engage with our partners in the design. This should include the broader public interface with private sector providers included.
- 3.5 Laurie asked the group as to the outcomes they would want to see achieved from their organisations and the direct and indirect benefits associated with developing the infrastructure for a healthier community. Attached at Annex A is a summary of the key points.
- 4. Healthier Communities Conference**
- 4.1 Laurie McMahon advised the group that the aim of the 13 October conference is to create a template for re-shaping services from now and over the next 5-10 years. Laurie considered that the process to follow would be looking at the services that we have currently, focussing on the drivers within the systems and redesign services. One of the key challenges of the conference is how to engage with the 150 delegates

expected to attend the conference on this and agree the way forward. The key points arising from the discussion are as follows:

- Consistent language should be used around the health and wellbeing agenda.
- Recognising that expectations could be raised but the delivery of targets need to be achieved.
- Marketing
- Communication with stakeholders explaining the parameters within which funding is available and what is realistically going to be achieved.
- Programme design should engage with all stakeholders with outcomes delivered for all agendas
- Additional inward investment in Thurrock should be fully utilised
- Conference template could be utilised as a constructive challenge asking questions from people engaging with the health and wellbeing agenda and empowering them to think differently
- Creativity is needed in reaching all groups
- Rapid appraisal process – a number of community people are trained to undertake this.
- Need to be inclusive, open, transparent, decisive, optimistic and fast in the way future services are delivered.

## **5. Future Working Arrangements**

5.1 Janet Hunter said the key activity between now and the October conference is focusing on ensuring that the event delivers the outcomes required for all stakeholders. Janet sought views on the following areas:

### **5.1.1 Engagement with others**

- Voluntary sector and service/user voice – consider utilising community forums together with the PPI forum, to take account of for example single mothers
- How to engage with commuters
- Need to consider publicity in advance
- Parish churches, Bishop Laurie in Grays, other faiths
- School governors
- Engagement with the LSP Community Involvement board when established
- Engaging with frontline workers who would also be able to contribute
- Homeless and travellers – PCT outreach teams
- Local Business Forum
- Councillors giving key messages to the community
- Students in schools and colleges, youth clubs
- Secondary care clinicians from mental health and acute sector

### **5.1.2 Planning and understanding of frameworks**

- Opportunity to influence the spatial plan and include tangibles of buildings with the conference
- Local engagement required and should not lose sight of other Local Strategic Partnership sub-groups.
- The Community Plan is being reviewed and a PCT framework is in development that will be agreed in October 2005 for implementation in 2006.
- SEPT has submitted a service development strategy as part of their application for Foundation Trust status which responds to the needs of the community.
- BTUH is developing tier 2 services with PCTs and is considering, with advice from clinicians, the services that are required within the community.
- East of England Development Agency has a community renewal initiative. Potential for an Open Space event

- Sports scoping activity carried out in support of 2012 Olympics that could be drawn on.
- Thurrock CVS has a strategic plan for the next 3 years. TRAG are currently beginning their planning process.
- Important to have a good, robust consensus that each agency uses and resources appropriately.
- A modular approach may need to be adopted in resolving any issues associated with areas such as financial and workforce planning so that delays are minimised.
- Lessons should be learnt from other initiatives that have been implemented.
- Tangible examples should be provided in sharing the vision for the health and wellbeing of the local community.
- Need to find a way forward to maximise opportunities in terms of the convenience of locations where services could be provided.

## 5.2 Conference Programme Design

5.2.1 Laurie McMahon advised that the aim of the conference is about open engagement. There is an opportunity for the patient/user to see all elements of the Healthier Communities agenda and what Thurrock will do for them.

5.2.2 Janet Hunter considered that a small conference planning group is established to design the event programme, and sought volunteers from the group. Janet advised that two meetings were needed in September to take this forward. The following nominations were received:

- Richard Price
- Barbara Allan
- Sally Morris
- Nick Edwards
- Colin Slasberg
- PCT Non-Executive Director

## 5.3 Functions of the group

5.3.1 Janet Hunter advised that the suggested strap line for the Healthier Communities Executive is "A Healthy Future for a Growing Community". This was agreed. Janet sought advice from the group as to the number of members required. Janet advised that this group may be too large to meet regularly and considered that a smaller core group be established who would meet on a quarterly basis. The wider group would be brought together when wider strategic advice is required.

## 6. **Date of Next Meeting**

6.1 To be advised

**DIRECT AND INDIRECT BENEFITS OF HEALTHIER COMMUNITIES**

- Best health outcomes
  - capacity to be treated
  - best possible advice/treatment
  - opportunity to live a healthier lifestyle (reduce inequalities)
- Improved health education
  - To ensure that patients understand the services available and are enabled to use them
  - For providers so that each provider is aware of the services available
- Economic Development/Regeneration
  - Equipping people with skills
  - Reducing the stigma associated with mental health
  - Wider perspective, increasing employment opportunities
  - Health integration integral part of special plan and part of buildings and public services.
- Leisure facilities
  - Having facilities close to where people live
  - Opportunity to create more areas for training in the run up to the 2012 Olympics
  - Country parks and other cultural activities
- Sustainable communities and links
  - Community networks
  - Models of housing
  - Primary and community healthcare
  - Not to look at narrowly
- Patient Centred Services
  - Modernised surgeries
  - One stop shops/day units
  - Educating patients
  - Integration
  - Underutilisation of halls
  - Wardens overworked
  - Housing / GPs / Community Services working together to provide care
  - Consider other ways of delivering services in Thurrock, harnessing energies following the loss of Orsett Hospital to Basildon, the transfer of the Burns Unit to St Andrews in Billericay.
  - Managing expectations in working together to demonstrate to the community/patients how services could be delivered
  - Quality focus and convenient to access
  - Evidence based.
- Partnership development
  - Opportunities for cleaner working environments
- Planning
  - Clear and explicit strategy between the acute provider and others so that services can be effectively planned, to enable needs to be met.
  - Need template to be used to as a basis for decision making which puts the patient at the centre with services provided around the patient
- Local Business
  - People healthier
  - Happier workforce
  - Reduced sickness
  - More productive
  - Inward investment

➤ Investment

- Capital investment as a lever
- Strategic opportunities with the UDC
- Inward investment
- Getting infrastructure right to increase inward revenue
- Using funding effectively and efficiently.
- Utilising private sector funding for spacial content and landscape issues.

**Present:**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Janet Hunter	Chief Executive	Thurrock PCT
Val Liddiard	Chair	Thurrock PCT
Kishor Padki	Director of Public Health	Thurrock PCT
Sheila Adams-O'Shea	Director of Nursing & Clinical Governance	Thurrock PCT
David White	Managing Director	Thurrock Borough Council
Garry Hague	Deputy Leader	Thurrock Borough Council
Chris Paley	Director of Community Wellbeing	Thurrock Borough Council
Teresa Kearney	PEC Chair	Thurrock Primary Care Trust
Tom Gardiner	Director of Operations	Thurrock Thames Gateway South Essex
Owen Richards	Head of Health & Social Care Planning	Thames Gateway South Essex
Sally Morris [representing Patrick Geoghegan]	Director of Operations	South Essex Partnership Trust
Mike Pearse	General Manager	Thurrock Business Forum
Natalie Warren	Chief Executive	Thurrock Council Voluntary Services
Colin Slasberg	Head of Business Management	Thurrock Borough Council
Paul Leama [representing Anthony Marsh]	Director CE/Director of Modernisation and service Delivery	Essex Ambulance Trust
Richard Price	Chair	PPI Forum
Grant Greatrex	Sports & Leisure Policy Development Manager	Thurrock Borough Council
Dr Shehadeh	GP representative	Thurrock PCT
Mary Low	Nurse representative	South Ockendon Health Centre
Barbara Allan [representing Mark McGrath]	Head of Service Development	Basildon & Thurrock University Hospitals NHS Foundation Trust
Ian Rydings	Head of Housing	Thurrock Borough Council

**Apologies received:**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Niall Lindsay	Chief Executive	Thurrock Thames Gateway
Cllr Nick Edwards	Portfolio Holder for Adult Health and Social Care	Thurrock Borough Council
Bill Newman	Corporate Director – Sustainable Communities	Thurrock Borough Council
Patrick Geoghegan	Chief Executive	South Essex Partnership Trust
Paul Taylor	Assistant Director Voluntary and Community Learning	Learning & Skills Council
Ross Chidgey	Dentist	Thurrock Primary Care Trust
Mary Spence	Chief Executive	Thames Gateway South Essex
Zena Deayton	Head of Adult Social Care TBC & Director of Integration PCT	Thurrock Primary Care Trust/Thurrock Borough Council
Anthony Marsh	Chief Executive	Essex Ambulance Trust
Alan Whittle	Chief Executive	Basildon & Thurrock University Hospitals NHS Foundation Trust
Senan Walsh	Chair	Thurrock Council Voluntary Services
Jagdeesh Cheema	Pharmacist	Thurrock Primary Care Trust
Dr Deshpande	GP	Thurrock Primary Care Trust