

**LOCAL STRATEGIC PARTNERSHIP
HEALTHIER COMMUNITIES EXECUTIVE (HCE)**

**MINUTES OF THE MEETING HELD
ON 8 NOVEMBER 2005**

Present: Please see attached

Apologies: Please see attached

1. Minutes of the meeting held on 18 July

- 1.1 The minutes of the meeting were agreed, subject to the typographical error at paragraph 5.1.2, first bullet point which should read 'spatial plan'.

2. Matters arising

- 2.1 There were no matters arising additional to the agenda

3. Healthier Communities Report

- 3.1 Janet Hunter invited comments from the group on the draft report produced following the Healthier Communities event on 13 October. Julie Baker invited the HCE to:

- Agree the outcomes and endorse the content of the report;
- Recommend the contents be used by all organisations to inform their own strategies; and
- To commission draft objectives and develop a workplan for the Healthier Communities Executive arising from the report.

- 3.2 The group agreed that the second point should be amended to read 'form and/or inform their own strategies'.

- 3.3 There was broad agreement that this was a very positive event and there was lots of energy and enthusiasm generated. There was consensus at the event for establishing a hub and spoke model for the provision of services, with Grays being the central point. However, it was noted that there is considerable housing development to the West and East of Grays. Sharon Yepes-Mora noted that she understood that Grays is the central focus of the Thames Gateway's regeneration programme as it had good transport links.

- 3.4 It was recognised that some delegates considered this was an exercise being repeated/done this before. There was concern that the focus was more on health than healthcare and there were challenges that need to be recognised in working with employers. In addition, that health needed a broader agenda and there was scope for more outreach services. A more joined up approach is also required.

- 3.5 It was noted that there was little discussion/thought given to the affordability of any suggested models within the groups. It is important that the HCE manage the expectations of the stakeholders and public. Janet Hunter agreed that affordability of the proposed models should be an integral part in developing workplans, and that expectations will need to be managed effectively with all stakeholders, in communicating and marketing what can realistically be achieved.
- 3.6 Sharon Yepes-Mora advised that the next immediate step for the PCT is to ensure that the action arising from the event is costed so that informed decisions can be taken. Selina Bolingbroke advised that it was important that while key actions will be costed and decisions taken to inform the current planning round, it is important to go beyond the boundaries of this in developing future services.
- 3.7 Pam Pearse said that it was important that agreed work plans should appeal to Thurrock residents, and while there was no general consensus for a Thurrock Hospital at the event, it is important that the new way that services are going to be delivered in Thurrock is conveyed in a positive way, and via a public communication process.
- 3.8 In summary the Healthier Communities Executive:
- Endorsed the content of the draft event report
 - Agreed to provide any specific written comments by 15 November
 - Agreed that the wider wellbeing and sustainable communities themes be drawn out in the event report
 - A final draft of the event report to be circulated on 22 November and ratified at the January meeting of the HCE.
 - A workplan is commissioned to include key marketing and consultation activity for consideration at the January meeting of the HCE.

4. Co-ordination with the Community Strategy

- 4.1 Selina Bolingbroke tabled a paper outlining the Community Strategy 2006-09 refresh process. The Community Strategy has previously been developed for 2003-06 as part of the ASPIRE model, and the LSP Board's role is to refresh the objectives and publish the revised strategy in Autumn 2006. It is imperative that each LSP programme board ensures that the aims and objectives set out in the community strategy align with the plans that are being established by each programme board. In addition, programme boards should review whether planning timescales can be better aligned.
- 4.2 In developing workplans programme boards should identify appropriate measures that can be used on an annual basis to reflect progress towards achieving the top-level strategic aims set out. These measures should focus on the impact that has been achieved through progress towards the strategic aim, and it is these measures that will be used to report and review progress to the Shaping Thurrock Board. In drafting the workplan for 2006-09 the HCE needs to ensure that this flows from the objectives. The workplan needs to contain their own outcome measures and will be both monitored and updated on an annual basis.
- 4.3 Selina also tabled a paper on the themes within the ASPIRE model and noted the role that the HCE will have to the Inclusive and Energetic and Healthy themes. It was noted that although the HCE is the lead in these two specific themes, all programme boards will need to recognise the contribution that each will need to make in relation to all themes.

4.4 Selina outlined the timescale for reviewing the Community Strategy, as follows:

- November 2005 – February 2006 – HCE review/amend/propose strategic aims, objectives, measures and action plans
- March-April 2006 – draft 2 of refreshed community strategy put to review and consultation
- End of April 2006 – comments on draft 2 of community strategy returned to HCE Chair
- June 2006 – Meeting of PB Chairs, Co-ordinators, LSP Partnership Director, CS Policy Officer to agree final draft of refreshed Community Strategy
- August 2006 – LSP board final approval
- September 2006 – Community Strategy published.

4.5 Colin Slasberg said that the draft report following from the HCE event in October included the early work needed to review against the Community Strategy in terms of reviewing existing statements and aims. The next stage required is how to give practical expression to the strategic aims and objectives. In particular, further consideration is required between the decisions taken by the HCE in relation to the LSP Board and the Community Strategy, and the individual agencies that need to deliver against it.

4.6 Pam Pearse said that whilst this was important engaging the community should have equal importance.

5. Community Consultation

5.1 Janet Hunter said that the HCE event on 13 October was the first step in consulting with key stakeholders on the Healthier Communities agenda. However, it was recognised that further work is needed to build on this.

5.2 Chris Paley said that the Community Involvement Board had been established which is Chaired by John Peters from Building Better Communities and TRAG. The Board is in the early stages of its development. The role of this Board is to consider the flow of information into the community and community engagement and ensure that there is effective working across all LSP boards.

5.3 Chris advised that it important for the HCE to identify what work needs to be carried out with the community, identify the discussions/consultations the community need to be engaged in, and where and when we should consult. Selina stressed the importance that this should be integral to the developing the workplan as there will be specific points in time at which communication/consultation will need to become active. Selina considered that it would also be important to consult at the design stage rather than on the finished product and that the HCE should consider the added value that this could contribute to the implementation of the workplan.

5.4 Chris Paley advised that the remit of the Community Involvement Board members is to take issues/communicate with their respective forums. An area that requires further consideration is in ensuring that hard to reach groups are included in consultation/communication. The Community Involvement Board will need to consider this.

5.5 Janet Hunter sought views on how the community involvement issues contained in the event report that should be presented and considered by the Community Involvement Board. Janet noted that it was important to utilise all mechanisms of communication currently available to maximise opportunities, and that each mechanism tells the same story, at the same time avoiding duplication.

- 5.6 Colin Slasberg suggested that a short summary of the issues for discussion could be prepared, with further background detail available. Zena Deayton suggested that the Foundation Trust membership route could be utilised in identifying communities interested in specific themes/areas proposed for development. Pam Pearse said that, in addition to the Community Involvement Board and Community Forums, there are a number of other mechanisms for communication. The use of IT should be maximised when consulting. However, it was noted that not all stakeholders have access to IT and that other mechanisms of communication would also be required.
- 5.7 Janet Hunter suggested that BTUH and SEPT may be able to support the HCE in targeting specific groups of people, and asked if this would be an area the Foundation Trusts would be content with. Sally Morris agreed in principle and agreed to check the basis of the membership for SEPT. Mark McGrath confirmed that it would be easy to identify members by constituency. A Foundation Times newsletter is currently sent to all constituents and BTUH are happy to include information on Thurrock Healthier Communities.
- 5.8 Owen Richards said that we need to ensure that we do not overload the community with consultations and that we need to map what is currently in progress and what is planned. The HCE agreed that marketing and communication should be included in the workplan.

6. Report to Partner Agencies

- 6.1 Janet Hunter sought advice as how information should be shared and/or advice/agreement obtained from partner agencies. Chris Paley advised that key decisions affecting the Council should be submitted to the full Council Cabinet, with other items circulated for information. It was noted that some items would need to be submitted to the Health Commission.
- 6.2 Selina Bolingbroke said the LSP has a key role in reviewing the agenda of all the programme boards and it is important that each board has a clear sense of the plans which they hold and own. It is how the plan is sold and lobbied and worked into each organisations planning and priorities which is important. It was suggested that detailed planning options should be considered at the next HCE meeting.
- 6.3 Sharon Yepes-Mora advised that the draft event report is being presented to the November PCT Board summarising generic and specific themes arising from the Healthier Communities event. The outcomes of this will inform the further development of the Strategic Services Development Plan (SSDP) and subsequent Local Delivery Plan.
- 6.4 Lois Bowser said that the Thurrock Thames Gateway Development Corporation (TTGDC) has been established to be a proactive organisation and part of the TTGDC's role is to lobby and bring in funding from different sources. Funding was available for capital projects and the TTGDC is interested in developing new facilities and programmes on the ground. Janet Hunter emphasised that a holistic solution is required for the themes contained in the event report and there may be opportunities for the TTGDC to help lever thinking and provide funding opportunities.
- 6.5 Ian Rydings said that there also needed to be affordable lifetime housing provided and demands should be placed on the private sector to provide this. The housing strategy developed prior to the establishment of the TTGDC, needs to be reviewed in consultation with the TTGDC. In addition, there may also be opportunities to utilise Section 106 funding.

- 6.6 Janet Hunter sought advice from representatives from BTUH and SEPT. Sally Morris advised that SEPT is currently finalising their SSDP and will extract the pertinent mental health issues arising from the event, to ensure that Thurrock residents needs are reflected. Mark McGrath said that as BTUH is a Foundation Trust they are required to submit a 3 year plan to the regulator, Monitor, in May each year. They are required to provide an explanation of the predicted changes in the local environment and demonstrate how they will respond to customers needs.
- 6.7 Richard Price said the vision of the PPI Forum is for keeping people out of hospital and receiving treatments/surgery from their GP locally.
- 6.8 Owen Richards said that the South Essex Thames Gateway would play an advocacy/co-ordinating role in working with the TTGDC on the bidding/planning process. Scope joint working around community based facilities.
- 6.9 The group agreed that the workplan needs to include partnership working.

7. Reporting progress to the LSP Board

- 7.1 Selina Bolingbroke advised that a template had been developed to enable Programme Boards to report progress to the LSP Board in a consistent way. Selina said that in developing workplans each programme board should consider the outputs of the planning process. It was recognised that each programme board is at a different stage of development and some information may not yet be available. Selina highlighted the key areas which included:
- Recommendations to the LSP or other programme boards from the programme board reporting
 - Forecast of current performance measures in relation to key milestones
 - Comment on consequences of performance
 - Interdependencies in achievement of strategic objectives
 - Comment on any initiatives or features of best practice
 - Risk assessment

8. Choosing Health: Making it happen in Thurrock

- 8.1 Eve Braidwood presented the public health paper titled *Choosing Health: Making it happen in Thurrock*. The paper highlights the four priority areas the PCT is required to deliver on. Eve said that two other areas Mental Health and Tackling Health Inequalities, had originally been included but due to reprioritisation, these had been omitted. Eve sought views on whether the priorities were right for Thurrock and the priorities that the HCE wished to focus on.
- 8.2 Chris Paley expressed concern that Mental Health had not been included as a priority. Sally Morris reiterated this as mental health is a fundamental part of the inclusion agenda. Mental Health wellbeing is also one of the themes that is being advocated within the healthy schools programme. Zena Deayton said that there is a connection between Choosing Health and delivering the Community Strategy and that promoting prevention and wellbeing could be given more emphasis.
- 8.3 Janet Hunter noted that the Tackling Health Inequalities is an overarching theme across the whole LSP and that a number of inequalities issues including mental health would fall across all LSP Boards. It was noted that Thurrock had been unsuccessful in participating in

obtaining Local Area Agreement pilot status. However, the key theme within the application was that services should be intergenerational. Selina Bolingbroke said that this theme was pertinent to the Local Area Agreement and one that enabled people to utilise across a number of different areas. It was considered this theme should be retained. Chris Paley said there was also a strong children's theme which the HCE may wish to review.

- 8.4 The group considered each of the priority areas within the paper and below is a summary of their discussion:

Obesity

- 8.4.1 It was noted that the HCE needs to build on the successful physical activity programmes and consider ways of extending and promoting them. Measures are in place in the local authority to increase physical activity for the population. The local authority needs to map what services are available, to identify the services available for the whole Thurrock population and motivate communities to be more active. It was recognised this was not just about physical activity but also about other leisure activities eg. gardening, and the local authority should lead on this area.
- 8.4.2 There was a role for the TTGDC in supporting and helping to develop plans. The future local authority strategy and potential funding streams requires discussion. There is also intelligence on the green grid strategy in Thurrock that would feed into this. Accessibility to these services should also be considered in the planning process and information on where these services are and how to access them should be promoted.

Sexual Health

- 8.4.3 Eve Braidwood said that good progress has been made in Thurrock to reduce the number of teenage pregnancies and this needs to be maintained. However, in the future the funding for this work programme will not be ringfenced and consideration needs to be given how this should be taken forward.
- 8.4.4 In addition, Thurrock PCT's Chlamydia screening programme has been very successful and consideration needs to be given as to next steps.

Smoking

- 8.4.5 Eve Braidwood said that this is an Essex wide priority. Directors of Public Health want to increase the target of '4 week quitters'. Janet Hunter said that smoking rates in Thurrock are higher than the national average and this was a high NHS priority. There also needs to be emphasis on younger people and evidence of preventing children from smoking indicates that if they are not in a smoking environment they are less likely to smoke.
- 8.4.6 Richard Price suggested that smoking and drinking could be considered together. They would also bring in mental health issues. Sally Morris said that wellbeing included back to employment and social inclusion issues and the establishment of SEPT as a Foundation Trust would remove the stigma of mental health through its membership. Chris Paley confirmed that a joint public health paper is currently being prepared for consideration at the forthcoming Transitional Joint Partnership Board meeting which will reflect the wellbeing agenda.
- 8.5 The Healthier Communities Executive agreed that in addition to the four priorities, Mental Health should be an additional priority in the public health agenda.

9. Transitional Joint Partnership Board

- 9.1 Janet Hunter said that in July 2005 the Department of Health published the national framework *Commissioning a Patient Led NHS*. The document established a framework for the development of the effective commissioning of health services in addition to the commitment to make £250 million of savings. The changes outlined within the document would alter the focus of PCTs with provider functions being divested by 2008, and Practice Based Commissioning being implemented by December 2006.
- 9.2 In September 2005 a report was submitted to Thurrock PCT Board and Thurrock Council Cabinet. It was agreed that the development of the Care Trust for Thurrock would be suspended until the outcome of the reconfiguration is known, and an interim transitional board established to oversee the integration of health and social care for adults and children.
- 9.3 This board is due to meet at the end of November and its remit will be to build on the progress that has already been made on the integration agenda and enable integration to be developed further in the most effective and appropriate way. It will ensure that the vision of integrated health and social care services for Thurrock does not lose momentum during this period of transition.
- 9.4 The sub-structure previously beneath the Healthy Thurrock Alliance eg. supporting people, older people, learning disability partnership, mental health commissioning group and the vulnerable adults group will report into the Transitional Joint Partnership Board.

10. Next steps

- 10.1 The Healthier Communities Executive commissioned the development of a workplan, underpinned by a marketing and communications strategy and linking the community consultation mechanism and health and wellbeing. The refreshed Community Strategy would be reviewed against the draft event report to ensure the HCE workplan is integral to its development.

11. Any other business

- 11.1 Members sought clarification as to the remit of the wider and core membership of the Executive Group. A number of members indicated they would like the opportunity to attend all Executive meetings irrespective of their membership. Janet Hunter acknowledged this and suggested that a review of membership is undertaken at a future meeting and following agreement of the draft workplan.

PRESENT:

Name	Position	Organisation
Julie Baker	Project Manager - Secretariat	Thurrock Primary Care Trust
Selina Bolingbroke	LSP Partnership Director	Thurrock Borough Council
Lois Bowser [representing Niall Lindsay & Tom Gardiner]	Assistant Director, Delivery	Thames Gateway Development Corporation
Eve Braidwood [for Dr Kishor Padki]	Associate Director of Public Health	Thurrock Primary Care Trust
Zena Deayton	Head of Adult Social Care TBC & Director of Integration PCT	Thurrock Primary Care Trust/Thurrock Borough Council
Grant Greatrex	Sports & Leisure Policy Development Manager	Thurrock Borough Council
Janet Hunter	Chief Executive	Thurrock PCT
Mark McGrath	Director of Planning	Basildon & Thurrock University Hospitals NHS Foundation Trust
Sally Morris [representing Patrick Geogheghan]	Director of Operations	South Essex Partnership Trust
Chris Paley	Director of Community Wellbeing	Thurrock Borough Council
Cllr Pam Pearse	Portfolio Holder for Adult Health & Social Care	Thurrock Borough Council
Richard Price	Chair	PPI Forum
Owen Richards	Head of Health & Social Care Planning	Thames Gateway South Essex
Ian Rydings	Head of Housing	Thurrock Borough Council
Colin Slasberg	Head of Business Management	Thurrock Borough Council
Sharon Yepes-Mora	Strategy Project Director	Thurrock PCT

APOLOGIES RECEIVED:

Name	Position	Organisation
Sheila Adams-O'Shea	Director of Nursing & Clinical Governance	Thurrock PCT
Jagdeesh Cheema	Pharmacist	Thurrock Primary Care Trust
Ross Chidgey	Dentist	Thurrock Primary Care Trust
Dr Deshpande	GP	Thurrock Primary Care Trust
Tom Gardiner	Director of Operations	Thurrock Thames Gateway South Essex
Patrick Geoghegan	Chief Executive	South Essex Partnership Trust
Garry Hague	Deputy Leader	Thurrock Borough Council
Teresa Kearney	PEC Chair	Thurrock Primary Care Trust
Paul Leaman	Director of Modernisation & Service Delivery	Essex Ambulance Trust
Val Liddiard	Chair	Thurrock PCT
Niall Lindsay	Chief Executive	Thurrock Thames Gateway
Mary Low	Nurse representative	South Ockendon Health Centre
Anthony Marsh	Chief Executive	Essex Ambulance Trust
Bill Newman	Corporate Director – Sustainable Communities	Thurrock Borough Council
Kishor Padki	Director of Public Health	Thurrock PCT
Mike Pearse	General Manager	Thurrock Business Forum
Lin Price	Chair	Local Optometry Committee
Dr Shehadeh	GP representative	Thurrock PCT
Mary Spence	Chief Executive	Thames Gateway South Essex
Senan Walsh	Chair	Thurrock Council Voluntary Services
David White	Managing Director	Thurrock Borough Council
Alan Whittle	Chief Executive	Basildon & Thurrock University Hospitals NHS Foundation Trust

