

## EPPING FOREST LOCAL STRATEGIC PARTNERSHIP

### Healthier Communities Theme Group Meeting

Date: 18<sup>th</sup> September 2009

Time: 10:00 – 12:00



### MINUTES

#### Present

|                           |  |
|---------------------------|--|
| Catherine O'Connell (COC) | Director of Strategy, West Essex PCT             |
| Patrick Arnold (PA)       | Assistant Chief Officer, VAEF                    |
| Pam Hall (PH)             | Deputy Director of Public Health, West Essex PCT |
| John Houston (JH)         | EF LSP Manager                                   |
| Derek Macnab (DM)         | Deputy Chief Executive, EFDC                     |
| Cllr Brian Rolfe          | Community Wellbeing Portfolio, EFDC              |
| Caroline Skinner          | Senior Health Improver, West Essex PCT           |
| James Warwick (JW)        | Sports Development Officer, EFDC                 |

#### Apologies

|                    |                                 |
|--------------------|---------------------------------|
| Yvette Wetton (YW) | West Essex Area Coordinator ECC |
|--------------------|---------------------------------|

#### Minutes

|                   |                   |
|-------------------|-------------------|
| David Wright (DW) | LSP Admin Support |
|-------------------|-------------------|

### 1. Welcome and purpose of meeting

- 1.1. COC welcomed everyone to the first meeting of the Healthier Communities Theme Group (HC TG) and outlined the purpose of the meeting: to clarify HC TG's role within the LSP, how to achieve the objectives set for the HC TG and how the HC TG can influence the other TGs' work to achieve Health related targets.

### 2. Draft terms of reference (TOR) for amendment/agreement.

- 2.1. There were no comments back on the TOR (*Healthier Communities Group TOR draft 4.doc*) following the presentation to the Steering Group on 27/8, however, it was felt that they should be further reviewed by the HC TG and the objectives agreed. In October 2008, at the Board Awayday, as part of the revised LSP structure, it was determined that the HC TG should address reducing health inequalities. This meeting confirmed this as a commitment. On average, health in the district is good and the TG agreed that it would be better to focus on an achievable deliverable for the people with the poorest health. That is, concentrating on the critical priorities in those hotspots of inequality where value can be added. It was pointed out that the group needs to be mindful of pockets of poor health within the affluent areas. It was stated that interventions could be better directed if the gaps in profile data and analysis were addressed by research e.g. why, for an affluent district, are we 9<sup>th</sup> out of the 13 Essex districts for educational attainment. It was **agreed** that **research should be commissioned to identify what problems mean to individuals and communities** using inequalities profiles to identify key priorities for action. **Action 01 COC/PH**
- 2.2. It was **agreed** that an **introductory statement should be added to the TOR regarding the LSPs overall role.** **Action 02 JH**
- 2.3. Likely future public spending cuts mean that, in order to deliver on its objectives, the HC TG needs to look carefully at shared services and resources as a means of achieving efficiencies and that this **needs to be an explicitly stated principle in the**

**TOR.** A baseline picture is needed of where agencies are putting their resources in order to identify duplication and gaps. This could be an initial piece of work for the Task and Finish Team (see para 3.3)  
**Action 03 JH**

- 2.4. **A reference term needs to be added regarding the setting up of Task and Finish teams as and when they are required.**  
**Action 04 JH**
- 2.5. The HC TG should be seeking to reduce the gap in life expectancy between those wards where life expectancy was lowest and the average for the district (objective 1.) What as a partnership can we do to reduce the gap? It was agreed that objectives 2 to 6 all work towards addressing the overarching 'reduce the life expectancy gap' objective.
- 2.6. Epping Forest does not score well on objective 2, 'childhood obesity', which is a key health issue. However, it is an issue that cuts across Theme Groups, in particular, Children and Young People. The CYPSP restructure may provide the opportunity for the **C&YP TG to look at this objective** which COC thought properly belonged there and that the HC TG should support but not own.  
**Action 05 CS**
- 2.7. Lifestyle, objective 3, (including aspirations and attitudes) is the main factor influencing life expectancy therefore this group should focus on this as being something where the partnership can add value (the PCT couldn't tackle this on its own.) It was suggested that lifestyle could be the one objective of HC TG and the other TGs would pick up specific lifestyle elements, as appropriate. **The objective needs to be more specific, targeted with prioritised specifics.**  
**Action 06 COC/PH**
- 2.8. Objective 4, access to services, can be kept as is.
- 2.9. Objective 5, health knowledge and information sharing, **needs to be split into 2 objectives and combined with Objective 6**, involving local people.  
**Action 07 COC/PH**
- 2.10. How will we know whether an objective has been achieved? Targets/measures are defined in the LAA and it was suggested that specific LAA targets be put in the TOR. It was agreed that a **reference be added to the TOR that agreed LAA targets will be delivered.** For some targets we would need some proxy/key indicators at ward level to know how we are progressing. We would also need to look at the MSOAs (Middle Super Output Areas) over which the ward profiles are overlaid.  
**Action 08 COC/PH**
- 2.11. Remit 1, oversee improvement in health, **is not needed** as this is covered by the objectives.  
**Action 09 COC/PH**
- 2.12. Remit 2, working with Health and social care agencies, to be kept as is.
- 2.13. Remit 3 suggests that we are performance monitoring each other. If the PCT is not delivering, should the HC TG be scrutinising it? The West Essex Forum may be getting this role. Should we commit to improving performance of other agencies?
- 2.14. Remit 4, identifying interventions, to be kept as is.
- 2.15. Remit 5, develop close links with community, to be kept as is.
- 2.16. Remit 6, take a strategic overview of other TGs, **should be a common term of reference for all TGs.**  
**Action 10 JH**
- 2.17. Remit 7, Oversee and monitor LAA targets, was deemed to be the same as remit 3.

- 2.18. Remit 8, develop a work programme and monitor and review progress, to be kept as is.
- 2.19. Remit 9, **meetings will be bimonthly** (at least initially) and will not be open to the public. **Action 11 JH**
- 2.20. It was agreed that YW be nominated as vice-chair for the group. **JH to approach YV regarding this.** **Action 12 JH**

### 3. Further Work Programme.

- 3.1. The HC TG should support the work of revising the Sustainable Community Strategy (SCS) by **completing a template already given to the chair by 9/10**. It was agreed that a small working group initially complete template, using the old SCS as a prompt to avoid a health bias, and then circulate. The revised SCS, due to be published in March, will determine the work programme of the HC TG, however, it was agreed to identify areas of work for the meantime. **Action 13 PM/Matthew Tucker/JH**
- 3.2. COC agreed that the PCT would undertake a questionnaire with about 6 questions about attitudes to health and healthy behaviours. **Action 14 COC/PH**
- 3.3. It was agreed to **set up a mini Task and Finish team** that would meet a couple of times to report on
- what data is needed from district and ward profiles,
  - what is already known,
  - where the gaps are
  - what gaps need more information
  - listing the hot spots
  - see paragraph 2.3 above

This would be an important precursor to identifying interventions.

**Action 15 YW/Matthew Tucker**

- 3.4. It was suggested that the group look at how best to use social marketing techniques to help improve health literacy.
- 3.5. The WAYPIC project was discussed as a potential project but it was felt it belonged more naturally in the CYP TG. There was a concern that the project could get lost in the restructure. CS agreed to **raise it at the October CYPSP Awayday** to give the CY&P TG first refusal. **Action 16 CS**
- 3.6. The existing **PRG projects will be aligned to the Theme Groups.** **Action 17 DW/JH**
- 3.7. Using the report from the mini Task and Finish team (para 3.3 above), **partners should report back on what projects** their agencies are currently undertaking in areas identified in the report to help link in activities. **A reporting template will be provided for this purpose.** **Action 18 All Action 19 COC/PH**

### 4. Open Forum/AOB

- 4.1. JW reported on the planned Active Health day in WA targetting old people. It will provide health information along with a number of activities. EFDC are coordinating the activities of a number of agencies. **JH made an offer of a small amount of sponsorship and JW to contact JH to discuss.** **Action 20 JW**

- 4.2. JH suggested that the HC TG should have access to a policy/research support as this was important in terms of the Theme Groups ability to deliver. PH and COC will **reconsider whether the PCT can provide this.** **Action 21 COC/PH**
- 4.3. It was agreed that there should be a **standing agenda item to report on progress and issues of relevant projects.** **Action 22 DW**
- 4.4. It was suggested that we should be making GPs aware of the work of the Group. CS agreed **identify key practices, to liaise with GPs and to find out how they would like interface with the group.** **Action 23 CS**

## **5. Dates of Future Meetings**

- 5.1. The following dates and times were agreed.

|                                  |             |
|----------------------------------|-------------|
| Friday 20 <sup>th</sup> November | 10am - 12pm |
| Friday 22 <sup>nd</sup> January  | 10am - 12pm |
| Friday 19 <sup>th</sup> March    | 10am - 12pm |