

**EPHING FOREST LOCAL STRATEGIC PARTNERSHIP**

**Healthier Communities Theme Group Meeting**

**Date:** 19<sup>th</sup> March 2010

**Time:** 10:00 – 12:00

**MINUTES**

**Present**

Patrick Arnold (PA)	Assistant Chief Officer, VAEF
Pam Hall (PH)	Deputy Director of Public Health, West Essex PCT, TG Chair
John Houston (JH)	EF LSP Manager
Derek Macnab (DM)	Deputy Chief Executive, EFDC
Caroline Skinner (CS)	Senior Health Improvement Specialist, West Essex PCT
James Warwick (JW)	Sports Development Officer, EFDC

**Apologies**

Catherine O'Connell (COC)	Director of Strategy, West Essex PCT
Cllr Brian Rolfe (BR)	Community Wellbeing Portfolio, EFDC
Yvette Wetton (YW)	West Essex Area Coordinator ECC, TG Vice-Chair

**Minutes**

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

**1. Welcome and purpose of meeting**

1.1. PH welcomed everyone to the meeting. The apologies were relayed to the meeting.

**2. Minutes of last meeting (22/1)/Matters Arising**

2.1. The minutes of the previous meeting were accepted as a correct record.

2.2. Actions from previous meeting plus new actions from this meeting

Note closed actions will remain in table for one meeting after they have been closed.

Ref	Action	Owner	Outcome
20/11-02	TOR to be taken to the WE Forum and the nature of the group explained.	YW	22/01 To be discussed at next meeting. 19/3 C/F
20/11-03	TOR to be taken to the EFDC Scrutiny Committee and the nature of the group explained.	JH	22/01 To be discussed at next meeting. 19/3 Done. <b>Closed</b>
20/11-04	Add statement to the TOR to allow for co-opting of members.	DW	22/01 Ownership changed to DW. 19/3 Done. <b>Closed</b>
20/11-06	Check the availability of Department of Health research funding.	CS	22/01 Ownership changed to CS. 19/3 C/F – see also para 4.7 re marginalised groups.

Ref	Action	Owner	Outcome
20/11-07	Draft plan of work to be drawn up initially by PH and then forwarded for completion.	PH YW CS JH JW PA	22/01 Group to meet mid Feb. 19/3 Done. See Agenda item 4. <b>Closed</b>
22/01-01	Report back on passing of childhood obesity to WE CTB	JH	19/3 JW reported CP had discussed it and wanted HC to share responsibility. PH said that she was inclined not to take it on. <b>JH to discuss with chair of SC and report back.</b> Ownership changed from JW to JH
22/01-02	Ask reps from CP and SCP to add oversight term to their TOR.	DW	19/3 email request sent on 22/1. <b>Closed</b>
22/01-03	Distribute FJF briefing notes.	DW	19/3 Done. <b>Closed</b>
22/01-04	Set up work programme work group meeting for mid-February – attendees as agreed at previous meeting.	DW	19/3 Meeting held on 15/3. <b>Closed</b>
22/01-05	Distribute JSNA presentation and update report.	DW	19/3 Done. The hotlink to the data observatory will be sent out with these minutes. <b>Closed</b>
22/01-06	To investigate whether statistics are kept for the causes of hip fractures and to send to DM	PH	19/3 Done. <b>Closed</b>
<b><i>Actions below are those raised at this meeting – added here to aid review at next meeting</i></b>			
19/03-01	To put the person dealing with the North Weald Health Centre in contact with DM.	PH	
19/03-02	To investigate whether the PCT has data on marginalised groups, in particular, Gypsies and Travellers	PH	
19/03-03	To produce an outline plan to meet the action (Coordinate support and promote partnership activity...) for objective 1 (see para 4.7 and appendix 1.	JW	
19/03-04	To produce an outline plan to meet the action (Identify key groups and profile access problems ...) for objective 2 (see para 4.7 and appendix 1)	PH	
19/03-05	To produce an outline plan to meet the action (Develop a programme of local health and wellbeing community road shows/conferences ...) for objective 3 (see para 4.7 and appendix 1.)	EFDC	

Ref	Action	Owner	Outcome
19/03-06	To produce outline plans to meet the two actions (Develop top 5 to 10 list of health inequalities issues ... & Identify the areas and groups with greatest need...) for objective 4 (see para 4.7 and appendix 1.)	PA	
19/03-07	To provide health material for Ninefields Festival of Healthy Living	CS	
19/03-08	To circulate notes on Audit Commission's Health Inequalities Review.	PH	
19/03-09	To update members list in TOR	DW	

PH also reported on two Board meeting actions.

BO-12/17-10 – Ongar Health Centre. Planning decision expected w/s 21/3. Completion expected 2011, provided funding agreed. Accessibility requirements will be met and it will have outreach potential. It will be a dispensing practice so no loss of facilities. There will be twenty parking spaces including some for the disabled. There will be a pedestrian crossing by the centre.

BO-12/17-11 – North Weald Health Centre. The large housing development that the centre was being planned to meet is now not going ahead. There is a smaller housing development of 240 houses on the parade site but this is not sufficiently large to require a new health centre. The current North Weald practice will be refurbished.

PH to ask person dealing with North Weald Health Centre issue to contact DM. **Action 01 PH**

### 3. Feedback from Board Away Day.

- 3.1. JH reported that the Away Day had been useful with a good turn out. He outlined some of the key points.
- 3.2. Attendees were satisfied with the structural changes that had been put in place. There was a consensus that more joint agency working was needed with an expansion of the work of the WEP and to improve the links with London agencies.
- 3.3. Comments on the draft SCS were positive with the two significant suggestions being to make it more strategic and to cut the objectives down from 20 to 10. JH will amend the draft to meet the comments made before reviewing with the working group whose membership was agreed at the Away Day. The draft produced by this group will then go to the Board for agreement.

### 4. Further Work Programme

- 4.1. PH opened the discussion with the key outcomes of the action planning meeting that took place on 15/3.
- 4.2. The group used the core objective, to reduce the gap in life expectancy, and the 4 sub-objectives in the TOR to produce the table of outline actions which was circulated prior to the meeting. The table from this paper has been added as appendix 1 for ease of reference.
- 4.3. PH described the rationale behind the actions as:

- 4.3.1. Influencing partners, encouraging them to take action on areas of concern.
- 4.3.2. Advocacy of areas of concern, raising and maintaining awareness to elected members and agencies.
- 4.3.3. Empowerment by being clear on what the areas of need are.
- 4.4. JH said that there were 3 stages that we needed to go through for each of the actions; Information and understanding, advocacy and intervention.
- 4.5. JH said that information needs to be at a localised level. DM thought that we had already gathered enough information. PH said that Amy Trindall (Public Health Intelligence Specialist) has a presentation that illustrates the priorities for actions in a non-technical way. JH stated that a health map of the district was being considered for inclusion in the SCS.
- 4.6. JH suggested that we needed a community development approach to work at the local level. PA said that for events to be effective, they need to be staged where people live. JW added that they had carried out estate events that were very well attended. DM said that progress had been made with Gypsies and Travellers by talking directly to families and community leaders.
- 4.7. PH said that the Audit Commission (see agenda item 7 below) has recommended focusing on marginalised groups rather than areas. There was a discussion on areas versus groups and of the position of Gypsies and Travellers as a marginalised group. JH suggested that a Task and Finish team could start a rolling programme on marginalised groups. He also raised the issue of how to fund the programme. CS agreed to trawl through the PCT funding opportunities to see if there was anything suitable (this to be covered by existing action 20/11-06). PH would try and find out whether there was any data that identified marginalised groups and specifically Gypsies and Travellers.

**Action 02 PH**

**It was agreed that Gypsies and Travellers would be the initial target group.**

- 4.8. The actions listed against the 4 objectives were assigned a project lead with a view to producing an outlined plan based on the 3 stages (Information and understanding, advocacy and intervention) with a view to producing briefing packs for commissioning agencies. The plan should be no more than a side of A4, covering the work for the next 12 months, what can be achieved and the barriers.

**Action 03 JW**  
**Action 04 PH**  
**Action 05 JW**  
**Action 06 PA**

## **5. WAYPIC project update**

- 5.1. PH informed the meeting that work on re-establishing the WAYPIC project is ongoing.

## **6. Ninefields' Festival for Healthy Living**

- 6.1. JW briefed members on the Ninefields' Festival of Health Living which will take place from 19/4 to 28/5 and for which the project plan had been circulated prior to the meeting.
- 6.2. Additional to the activities on the plan were more work with Hill House Primary School, a community allotment and a screening of the film, Ratatouille. Goody bags are to be distributed at the screening and CS agreed to see if the PCT had any suitable health material (such as 5-a-day leaflets) that could go in the bags. One Epping Forest has agreed to provide £200 to help fund the packs. DM suggested that the community

allotment might be developed into a food cooperative and that sponsorship be sought from the local glass-house industry.

**Action 07 CS**

- 6.3. The festival is a pilot with the intention of delivering elsewhere so gaps in the provision such as no evening or weekend events will be addressed.
- 6.4. In response to a question, JW said that specific outcomes had not been decided yet and that monitoring evaluation will be factored in. DM said that the evaluation should consider trying to capture individual changes over time to see whether there was a learning legacy. CS added that it would also be useful to know who is accessing the events. It was agreed that the project should be reviewed with the plan in mind that it should be the main intervention vehicle for the partnership at a local/neighbourhood level. This approach could then be rolled round priority areas with an expanded programme of events and initiatives and be heavily marketed by One epping Forest. All relevant agencies could then come onboard and be part of a rolling management team for the project.
- 6.5. A booklet for the event will be published on 29/3 and a copy will be distributed with these minutes.

**7. Audit Commission Health Inequalities Review**

- 7.1. PH reported that the Audit Commission is currently reviewing Health Inequalities in Essex. She highlighted three of the points made in the previous review (07-08) that were relevant to our work programme. While ECC were improving health they were not reducing inequality, they were not using local knowledge and they did not look at marginalised groups. She said that she would circulate her notes on the review.

**Action 08 PH**

**8. Report on partner projects**

- 8.1. JW reported that an outline proposal submitted to the Big Lottery Regional Community fund for £350k over 5 years had been approved. It would be for targeted work on Waltham Abbey, Limes Farm and Ninefields mainly aimed at young people with objectives around empowerment and training although health inequalities would come into it. He had 6 months to produce a detailed proposal to go forward to the next stage. JH suggested that JW get the LSP on board to add weight to the bid.
- 8.2. CS said that for the Breast Feeding project to meet its targets, it needed partners to promote it e.g. providing Breast feeding facilities at work.

**9. Open Forum/AOB**

- 9.1. It was agreed that in light of her commitments as WE PCT Chief Executive, COC be removed from list of members.
- 9.2. It was agreed that Jim Nolan, should replace DM as a member of the group. Jim is assistant director of EFDC's Environment and Street Scene directorate with responsibility for environmental health and he manages the Community Safety team. PH thanked DM for his work on the group.

**Action 09 DW**

**10. Dates of Future Meetings**

Date	Time	Venue
Friday 4 <sup>th</sup> June	10am - 12pm	Comm. Room 1, Civic Offices, Epping
Friday 17 <sup>th</sup> September	10am - 12pm	Comm. Room 2, Civic Offices, Epping
Friday 3 <sup>rd</sup> December	10am - 12pm	Comm. Room 1, Civic Offices, Epping

## Appendix 1

Table taken from *Healthier communities TG proposed actions v2.doc* which is the output of the Work Prioritisation meeting held on 15/3

Number	Objective	Actions	Rationale
1	Provide targeted opportunities to engage in a healthy active lifestyle.	Coordinate support and promote partnership activity to deliver opportunities for healthier living particularly around sport and healthy eating opportunities	Helping local people to help themselves through programmes targeted at hotspot areas
2	Improve access to services for marginalised groups.	Identify key groups and profile access problems in hotspot areas and address deficiencies in core plans	Raising partners' understanding around real barriers locally to engagement in health improvement programmes and
3	Improve information sharing between services, and commission research.	Develop a programme of local health and wellbeing community road shows/conferences in target areas: <ul style="list-style-type: none"> <li>– Launch with half-day event with local leaders</li> <li>– Half-day community carnival, showcasing local services. To include input from Safer Communities, Children's and Sustainable Communities Partnerships.</li> <li>– Smaller road show events to be held at neighbourhood level in the target hotspots</li> </ul>	Empowering local leaders to make improvements in their communities. Raising awareness of local services and opportunities for improving health. Gain local insights into barriers to health improvement through community engagement
4	Improve health knowledge by involving local people in developing and implementing health interventions.	Develop top 5 to 10 list of health inequalities issues for Epping Forest District, using local health data and the prioritisation framework.	Provide leadership to focus partners' activity on areas and groups with greatest need.
		Identify the areas and groups with greatest need (based on life expectancy vs. average?; trends in life expectancy?), and work with these areas and groups to understand better the health issues underlying summary data.	Understanding the issues underlying differences in health outcomes between areas.