

**EAST MIDLANDS REGIONAL ASSEMBLY
10TH DECEMBER 1999**

Minutes of the meeting held 10th December 1999 at the Albert Hall, Nottingham

A list of attendees is attached (Appendix A)

1. **Welcome to Nottingham from Councillor Graham Chapman, Leader of Nottingham City Council.**

Councillor Chapman welcomed members of the Regional Assembly to Nottingham. He remarked on the widely disparate nature of the region from coastal areas, rural areas, major cities and coalfields. He felt that regions were becoming more and more significant in terms of economy and in terms of growth. The Regional Assembly had made a good start in the East Midlands and relationships between EMDA and the Assembly were as good as anywhere in the country. He commented on a recent example of excellent co-operation between EMDA and local authorities to agree a strategy over East Midlands Airport.

2. **Councillor Robert Jones, Assembly Chair**

Councillor Jones thanked Councillor Chapman for the very warm welcome. He welcomed Members of Parliament and Members of the European Parliament to the meeting.

He told the assembly that next week, for the first time, the chairs of Regional Assemblies would be meeting Hilary Armstrong, the Minister for the Regions to discuss the way to progress the regional agenda.

3. **Steering Group Report**

i) **Vision Statement for the East Midlands**

The Regional Assembly agreed the Vision Statement as recommended by the Steering Group

ii) **Regional Identity**

The Assembly accepted the proposals as detailed in item 4.4 of the Steering Group report.

iii) Delivering the Assembly Priorities

Regional Assembly members agreed to take action to support the Assembly as detailed in 5.2 (1 - 3).

iv) Inter-Regional Relationships

John Picking, Chief Executive of Northamptonshire County Council gave a brief update on his work during his secondment to the Regional Assembly. He had spent some time in each of the English regions in order to identify common ground and to prepare for a first meeting with Hilary Armstrong MP, the Regions Minister. He had attended a meeting at the House of Lords with Councillor Jones of all the Chairs of English Regional Assemblies and Chambers on 30th November 1999.

There had been agreement in principle that some sort of inter-regional forum was necessary but it must be proved that it would add value and not become just "talking shop". He had found that the degree of co-operation and joint working in the East Midlands was second to none.

4. Minutes of the Regional Assembly meeting held on 17th September 1999

Were agreed as a true record.

5. Matters arising

Councillor Robert Jones updated members of the Assembly on Objective 2 European Funding (Item 5.1). The map which was put forward is with the Commission. It was anticipated that the areas identified would be approved by the commission. Further negotiations would take place before a final conclusion.

6. Appointment of Chair (Nominations from EMRLGA)

The Regional Local Government Association had met last Friday and proposed Councillor Robert Jones as Chair of the Assembly.

Agreed.

7. Appointment of Officers (Vice-Chairman)

One formal nomination had been received for David Hughes.

Agreed.

8. **Nomination by the non-local authority Regional Assembly Members to the Steering Group**

One nomination received for Mike Marchment.

Agreed.

9. **Presentation - Viewpoints on Health in the East Midlands by Dr Peter Barrett, Chairman, NHS Executive, Trent and Ms Lynn Crooks**

9.1 Dr Barrett introduced himself as a working Nottingham GP and Chair of NHS Executive Trent which was one of the eight NHS Regions in England. Trent is one of the two NHS Regions, which cover the East Midlands, the other being NHS Executive South East.

9.2 He said he had been appointed to oversee the work of the NHS Executive Regional office covering the Trent Region which comprises some 11 Health Authorities, 51 Primary Care Groups, 36 NHS Hospital and Community NHS Trusts, 14 Community Health Councils and a Special Authority for Rampton Hospital. These bodies provide healthcare for 5.1 million people from Leicestershire to S. Yorkshire.

9.3 Dr Barrett said that as one of 928 GPs in Trent he was aware that the agenda faced by the Regional Assembly was tremendously important for General Practice in the following ways:

- In making policy simpler and more effective
- In meeting the challenge of prevention of illness and
- In intervening to reduce poor housing and environment and to provide a more prosperous life for people in the East Midlands.

9.4 He was grateful to the Regional Assembly for putting aside a portion of the day to discuss the contribution of health towards the life of the region

9.5 Discussion following the presentation would consist of two main themes:

- What health can do for the region, and
- What the region can do for health

9.6 The discussion groups would highlight major issues for the Assembly Policy Forum to act upon but the intention of the day was to help members of the Regional Assembly to reach their own conclusions about the question of health.

9.7 Dr Barrett then introduced Lynn Crooks, Public Health Specialist for the East Midlands, who was acting as health liaison worker for both the Assembly and the

health community. Lynn who was based at EMDA had developed the Viewpoints document, which had been circulated to members of the Regional Assembly.

9.8 Lynn Crooks said that her presentation would cover the major issues prior to the debate in the discussion groups.

9.9 The four main themes of her presentation were:

- The breadth of Health
- Health as a shared responsibility
- The Regional picture
- The Regional agenda

9.10 Lynn said that the health strategy for England "Saving Lives: Our Healthier Nation", published by the Department of Health in July 1999 set out a national action plan to promote health and prevent illness.

9.11 The strategy focused on four main causes of illness and premature death which, in total, account for more than 75% of all the people who die before they reach 75.

9.12 Targets to be reached in each priority area by 2010 were:

CANCER - to reduce the death rate from cancer in people under 75 by at least a fifth

CORONARY HEART DISEASE AND STROKE - to reduce the death rate from CHD and stroke and related diseases in people under 75 by at least two fifths

ACCIDENTS - to reduce the death rate from accidents by at least a fifth and to reduce the rate of serious injury from accidents by at least a tenth

MENTAL HEALTH - to reduce the death rate from suicide and undetermined injury by at least a fifth

9.13 Lynn then showed examples of death rates from the above causes comparing the East Midlands with the rest of the country. In most areas the East Midlands showed up quite favourably compared to the rest of the country with the exception of mortality rates from Accidents, with the East Midlands being the worst in the country for deaths from accidents for over 75 year olds.

9.14 She detailed the integrated action to address accidents, which could be taken on a regional level, a local level and within the local NHS community

9.15 She also asked Assembly members to consider the links between the four IRS themes of Spatial, Economic, Environmental and Social and the impact on health of each of them and the NHS contribution to the Integrated Regional Strategy.

9.16 The benefits of a regional approach were:

- Better targeting of resources
- More effective shaping of policy
- Creating "consent to operate".

10. Regional Assembly members then joined their workshop discussion groups. Bearing in mind the document Viewpoints on Health in the East Midlands, Members were asked to consider three question which were:

1. How can the current health agenda contribute to achieving the four themes of the IRS?
2. What range of contributions can the Regional organisations make to improving health in the East Midlands?
3. What further information about "health" in the Regional could be developed to support implementation of the IRS?

Each group was asked to pose a question to the panel. Notes of all workshop discussions are attached (Appendix B).

11. Councillor Jones introduced the panel: Mike Marchment, Chief Executive of Southern Derbyshire Health Authority, Dr Lindsey Davies, Regional Director of Public Health and Lynn Crooks, Public Health Specialist for the East Midlands.

11.1 The ten questions are listed below. Some of the questions are answered under more than one section.

Question 1: Rationalise Government department regional boundaries to permit joined-up working of the region, for example, in particular bring Northants into the health region and avoid cross boundary problems, for example, the Bassetlaw/Doncaster trust merger.

Dr Davies responded: There was a great deal of merit in having boundaries that were coterminous. Examples were the Bassetlaw and Doncaster Trust mergers. The view of ministers at the present time was that there would be no changes in the foreseeable future. She felt that this should not stop people working together and gave the assembly meeting as an excellent example of integrated working.

She also made the point that General Practitioners delivered care across boundaries.

Mike Marchment said that he was conscious of the major organisational change, which would be caused by Primary Care Trusts. He was absolutely clear that there were advantages for there to be coterminosity within the local authority boundaries.

Question 2: How do we ensure all organisations in region contribute to the delivery of the Integrated Regional Strategy

Lynn Crooks responded to this question that the matrix was not so much additional work but how regional agenda Health Improvement Programmes are to be implemented. It should be connected work - not more work.

Dr Lindsey Davies added that there were some helpful ways in which we could make it happen. The Environment agency had identified things that we could do to make a difference.

Question 3: How do we ensure that integration of the "Causes of causes" agenda happens (and education of the "causes of causes")?

Mike Marchment said we must recognise that poverty is important. There were economic reasons for the major causes of inequalities. We must also recognise that there are extremely complex causes of causes. Poor housing and poor education made for inequalities and we should do what we could to alleviate this.

Lynn Crooks said that the Integrated Regional Strategy would make a contribution to helping this. Education should have been included as one of the "causes of causes". Everyone in the room had a role to play in this.

Question 4: We need equally ambitious targets for environmental, social and spatial themes, including health targets.

Dr Lindsey Davies agreed that that would be good for health

Question 5: Will the regional NHS Executive change the boundaries to match those of the East Midlands Region – and if not, why not?

Dr Davies had answered this in Question 1 - It was the view of ministers that there would be no changes in the foreseeable future.

Question 6: Education and the raising of awareness should be the key to the regional contribution and the setting of health targets to improve health in order to measure our achievements of those goals.

Mr Marchment said that Education was a two way process. People should listen as well as telling. There was a lot of work going on. The Health Improvement

Plan and Joint Investment Plan. The Health Improvement Plan had given us a new opportunity particularly with the Local Authorities.

Dr Davies said that Education was not just children and parents it was educating the policy makers. It was now routine in papers presenting proposals to have a paragraph, which said "Health Impact of this".

Question 7: There needs to be a culture change to bring health higher up on the regional agenda:

- Break down boundaries
- Closer working in partnership
- Education

The panel all agreed that working together with Local Authorities and other agencies was a top priority.

Lynn Crooks said that there had been a cultural change and understanding and knowledge had improved.

Question 8: Health is central to all we do so we need better integration and flows of information in a language that we can understand.

The panel also supported this view.

Question 9: Would the panel comment on how after-school clubs can be promoted and used as a means of fulfilling the health agenda?

Lynn Crooks said that they could be used to generate understanding and help people to achieve their full potential. There was national support for Sure Start Breakfast Clubs. There was sometimes a gap between school and the community

Question 10: Assembly members should work together to agree a top priority to jointly promote to make a significant impact on a key health problem.

The panel agreed that this would be very helpful.

12. **Sport in the East Midlands – Contributing to the Integrated Regional Strategy – Trevor Brooking, Chair of Sport England**

12.1 Trevor Brooking, the Chair of Sport England who was accompanied by the Regional Director of Sport England, Tim Garfield, gave a presentation on ‘Sport in the East Midlands - Contributing to the Integrated Regional Strategy’

12.2 Trevor Brooking began his presentation by referring to his personal involvement in sport and first hand knowledge of the benefits which sport can bring.

12.3 He continued by using video footage of activities in the East Midlands, and commentary to illustrate the way in which sport contributes to the Economy, Social life, the Environment and Spatial planning of the East Midlands - the key themes of the Integrated Regional Strategy.

12.4 **The Economic Benefits**

- Employment - sport is the biggest employer in the cultural sector, directly employing over 16,000 people
- Investment - Trevor quoted the example of the new National Ice Centre - Nottingham which has received £22.4m from the Sport England Lottery Fund, has created over 300 jobs, and acted as a catalyst for regeneration with new shops and leisure development, 500 units of residential development, and 3 new hotels in the Lace Market area.
- Revenue - over £125 million is spent per year on sports related goods and services in the East Midlands
- Profile - The East Midlands receives wide recognition for its role in national and international sporting events and is the preferred location for the national centres of 9 different sports.

12.5 **The Social Benefits**

- Health - physical activity contributes to the health and fitness of the region
- Young People - Sport contributes positively to the development of young people, developing healthy lifestyles, community involvement and promoting social inclusion. It is the most popular activity in after school clubs, and has been recorded as reducing incidence of crime.
- Communities - Over 100,000 volunteers are active in sports clubs in the East Midlands. 59% of adults are supportive of additional funding for sport as an important part of community life.

12.6 **The Environmental and Social Benefits**

- Enhancing the region - sports facilities are able to improve areas, for example, former mineral workings at the National Water Sports Centre and Swadlincote Ski Centre.
- Protecting - Sport England is currently seeking to defend 10 playing field sites from development and encouraging developers to enter into agreements to provide open space and sports facilities.
- Sustaining - Cycle networks are helping to develop sustainable transport options

12.7 Finally, Trevor Brooking congratulated the East Midlands on its range of outstanding examples of sporting excellence, both in terms of facilities, and also

the support networks available to talented performers. These include sports science excellence at Loughborough University and sports medicine at Queen's Medical Centre. The East Midlands has produced many famous names in the sporting world.

- 12.8 He concluded his presentation by re-emphasising that an early introduction to sport lasts through life, breaks down barriers and helps with social inclusion. He called upon the Regional Assembly to support and recognise the value of sport in regional development.

A copy of the Key Facts that were highlighted in the accompanying video presentation are attached.

The Assembly concluded at 1.00 p.m.

Appendix A

ASSEMBLY MEMBERS PRESENT

Jim Aleander, Principal West Nottinghamshire College
Cllr Joan Ashton, Boston BC
Raj Kumar Bali, Leicester Council of Faiths
Colin Ball, Chief Executive East Midlands National Housing Federation
Cllr S Barnes, South Northants Council
Cllr Jane Bews, Rutland CC
Hayden Biddle, TECEM
Cllr Marion Brighton OBE, North Kesteven DC
Stephen Buchanan-Parker, Newark & Sherwood College
Cllr John Bull, Peak District National Park Authority
Richard Bruciani OBE, CBI Chairman
Cllr Philip Cousins, Brimington Parish Council
Cllr Ian Croft, Lincolnshire CC
Cllr John Dickie, Northampton BC
Cllr Martin Doughty, Derbyshire C C
Cllr William Dunn, South Derbyshire DC
Cllr John Fort, Harborough DC
John Freeman, UNISON East Midlands
Tim Garfield, English Sports Council
George Gosney, Regional Chairman of SFB
Cllr Greenaway, West Lindsey D C
Professor Mike Hall, Deputy Vice Chairman, University of Derby
Cllr Jim Harker, Northamptonshire CC
Cllr Jim Hawkins, Mansfield DC
Cllr Eileen Higgins, Wellingborough BC
Cllr Derek Howe, North West Leicestershire DC
Patsy Hunter, Product Development Consortium
Nev Jackson, AEEU
Cllr Mike Jones, Charnwood BC
Cllr Paul Jones, Amber Valley BC
Cllr Robert Jones, Derby City Council
Jill Jones, Langley Mill & Aldercar
Cllr Ken Joynson, South Kesteven DC
Cllr Mustafa Kamal, Leicester City Council
Cllr J Kaufman, Oadby & Wigston BC
Cllr Eric Lancashire, Amber Valley BC
Cllr Ian MacLennan, Nottingham City Council
Mike Marchment, Chief Executive, Southern Derbyshire Health Authority
Cllr Roy Mayhew, Kettering BC
Cllr Ric Metcalfe, Lincoln City Council
Cllr John Murray, Corby BC

Cllr Matthew O'Callaghan, Melton BC
Revd Keith Orford, East Midlands Churches Regional Forum
Michael Orton-Jones, Shoosmiths & Harrison Solicitors
Cllr G Oxby, Bassetlaw DC
Cllr E J Poll, South Holland DC
Cllr Graham Ridge, Wellingborough BC
Cllr Freda Shaw, Federation of East Midlands Association of Local Councils
Cllr H Scrimshaw, Bolsover DC
Adrian Smith, Regional Chairman Institute of Directors
Cllr G E M Stevens, Derbyshire Dales DC
Cllr W J Speechley, Lincolnshire CC
Cllr John Stocks, Nottinghamshire CC
Cllr E Swain, Derbyshire CC
Cllr P Taylor, South Kesteven DC
Cllr The Hon Joan Taylor, Nottinghamshire CC
Cllr Alan Tebbutt
Cllr D S Watson, Rutland CC
David Wilson, The National Trust
Cllr Mick Young, Northamptonshire CC
Pat Zadora, East Midlands Chambers of Commerce

SUBSTITUTES FOR MEMBERS

Cllr B Rhodes, Leicestershire CC
Cllr Baron, South Northants Council
Cllr Joy, Hinckley & Bosworth BC
Cllr R Cook, Rushcliffe BC
Milton Crossdale, Nottingham Racial Equality Council

FORMAL ADVISERS

D King, Environment Agency
Steve Kennett, GOEM (substitute for Dennis Morrison)
Dr Richard Keymer, English Nature
Hina Popat, The Housing Corporation

SECRETARIAT

Barry Horne, Secretary
Mary Sharpe, Minutes Secretary, Southern Derbyshire Health Authority
Tony Aitchison, EMRLGA Staff
Myrt Bradley, EMRLGA Staff
Alison Hepworth, EMRLGA Staff
Julie Maxwell, EMRLGA Staff

Mick McGrath, EMRLGA Staff
Matthew Wheatley, EMRLGA Staff
Kathy Farrell, EMRLGA Staff
Lisa Bushell, EMRLGA Staff
Caroline Taylor, EMRLGA Staff

OBSERVERS

There were approximately 60 observers including:

Tony McArdle, Wellingborough BC
Dr Jill Meara, Northants Health Authority
David Dugdale, South Derbyshire Health Authority
Nick Clegg MEP
Mel Read MEP
Richard McCallum, Nottinghamshire Community Health
Sally Johnson, Northamptonshire Health Authority
Lyn Hulley, National Union of Students
Ted Cassidy, Emda
Gillian Merron MP
John Heppell MP
Julie Woodin, Nottingham Health Authority
John Fotherby, Bolsover DC
Dr A McConville, North Derbyshire Health Authority
Sandie Jones, Royal College of Nursing
Caron Feast, Sport England
Julia Hatton, Sport England
Marilyn Pendlebury, North Derbyshire Health
Richard Jeavons, Lincolnshire Health Authority
Dr P Barrett
James Beresford, Heath of England
Russell King, NHS Executive Trent
Andrew Taylor, Lincoln City Council
Dr S M Whitehead, South Derbyshire Health Authority
Cathy Jones, National Lotteries Charities Board
Kathy Childs, South Derbyshire Health Authority
Keith Beaumont, Harborough DC
Robert Smith, GOEM
Rob Willis, GOEM
Andrew Stephenson, GOEM
Revd Andrew Vaughan
Revd John Clark
M J Diaper, North West Leicestershire DC
Dr C Kenny, NHS Executive Trent
Alan Mellor, Director of Central Services

Cllr Chris Bonan, Ashfield DC
Dr Mandy Bretman, Lincolnshire Health Authority
Mr G Greaves, Newark & Sherwood DC
Paddy Tipping MP
Joanna Sheehan, NHS Executive Trent
Ted Cantell, Nottingham City Council
J Cope
Fred Miller, Sport England
Len Almond, Sport England
Barry Neville, Sport England
Bernard Crump, Leicestershire Health
Mike Froggatt, Leicestershire Health
Graham Norbury, MAFF
Rob Tinlin, South Northants Council
Rosemarie Anderson, National Housing Federation
Lynn Crooks, NHS Executive Trent
Dick Stockford, NHS Executive Trent
Rae MacGowan, NHS Executive Trent
Anne Rippon, Sport England
Sally Stowell, Sport England
Nigel Rudd

APOLOGIES

Cllr Harry Barber, Leicestershire CC
Cllr David Bill, Hinckley & Bosworth BC
Cllr E Bonam, Ashfield DC
Cllr G A Buckley, Rushcliffe BC
Stuart Crooks, Lincolnshire Trust for Nature Conservation
Mr A Devani, Charnwood Racial Equality Council
Michael Elliott, Heart of England Tourist Board
Richard Hassett, Chair, Nottinghamshire Police Authority
Paul Hodgkinson, CBI
David Hughes, Nottingham CVS
Cllr D Jennings, Blaby DC
Cllr I Noyes, East Midlands Engineering Employers' Federation
Cllr Sir Dennis Pettitt, Nottinghamshire CC
Cllr R B Shields, East Lindsey DC
Mr A Worth, GMB
Rod Giddins, English Heritage
Dennis Morrison, GOEM
Derek Mapp, emda

Appendix B

East Midlands Regional Assembly - 10th December 1999

Viewpoints on Health discussion

Group A

1. General

- Document makes no reference to demography – impact of: ageing population/ non-working households/ single occupancy households.
- Recognition that health of individuals as well as education and training opportunities impacts upon the economic development of the Region.
- Implication of increasing GDP of the Region as set out in EMDA strategy may widen inequality within the Region.
- Economic agenda needs to support “winners” and “losers” - it should not be pursued at “any cost”.
- The different priorities of each HA were noted – these did not always reflect the relative position of each HA as described in the main text. (Issue for RO ?)

2. Contributions of Regional Organisations

- Involvement in the HImP's- some good examples quoted
- Identify themes and a shared work programme.
- Target resources - particularly National Lottery funding.

3. Further Information

- Locality based information
- More work on causes of ill health
- Share what works - Best Practice

Joanna Sheehan

NHS Executive –Trent Regional Office

East Midlands Regional Assembly - 10th December 1999

Viewpoints on Health discussion

Group B

1. How can the current health agenda contribute to achieving the four themes within the Integrated Regional Strategy?

- Have a policy of joining up separate strategies e.g. health, housing and transport
- Health is a useful counterbalance to the drive to achieve “top” regional status just through competitiveness and economic development. A good quality of life is as important in achieving a “top” regional status.
- A healthy population is an economically fit for work population.
- The drive for growth (national and regional) does not necessarily generate equal benefit. Occupations may not be health promoting. Jobs which create economic growth may not require un-skilled or semi-skilled workers.
- Health services can improve the public health of communities through the work of Health visitors, school nurses and other public health workers. The school is a nodal point for this work.

2. What range of contributions can regional organisations make to improving health in the East Midlands?

- There is a need to increase the housing capacity of the region, build more and improve more but in the context of improving the infrastructure of communities so that they can tackle health damaging issues. Schools are an important focus for this type of activity.
- Economic development is the key to health. Major employers will not arrive without roads. Corby recognised this and built roads after the demise of steel and has revived. Bolsover is still struggling to make it happen after pit closures. However the health status of Corby workers is not as buoyant as its new economy. In recognition of this, Corby has invested in health promotion as well as roads.
- It is essential that Regional development is not just about focussing on jobs but delivers on a much broader agenda which includes improving and maintaining health.
- A key element for Regional success is co-terminosity of regional agency boundaries. The Regional Assembly needs to encourage the DoH and other Government departments to respond sooner rather than later to the “Modernising Government” agenda.
- There is a need to utilise all Government financed “area based initiatives” (EAZs, HAZs, NDC, SRB programmes) both regionally and locally to improve health and community capacity and capability. The title doesn’t matter as long as joint appointments, joint working, sharing and pooling of

resources, etc. takes place to enhance the potential of the investment for the benefit of local populations.

- District Council representation on PCGs will enhance local co-operation.
- The NHS Executive and East Midlands Health Authorities should be mindful of the potential impact on the Regional Development agenda when considering changes in the provision of local health services. E.g. Closure of Glenfield Hospital, Derby City and Derby Royal Hospitals merger and the merger of Bassetlaw and Doncaster health services.
- The Boston Community Bus initiative, in which the Borough Council leases buses to community groups, could be applied to improve access to health services.
- The East Midlands Region is ahead of the game but it will be providing some uncomfortable messages for the Government.

3. What further information about “health” in the region could be developed to support implementation of the IRS.

- There is a need to recognise that there are macro-economic factors (national and international) which affect health inequalities within this Region. E.g. tax policies, public housing investment and level and availability of benefits.
- There is a need to establish a mechanism to share innovative, good and effective health practices across the region. But this should go beyond health service initiatives to include capacity building initiatives. E.g. A sports programme in the Coalfields develops self-esteem, employment and education as well as health.
- There is a need for an overall East Midlands policy on accidents particularly in children and older people. Information on innovative and effective practice is more important than broad overall statistics.
- The East Midlands Observatory should not be providing loads of statistics. It should be providing “useful” information and detail how this can be used. i.e. collecting information on innovative, good and effective practice.

Rae Magowan
NHS Executive – Trent Regional Office

Regional Assembly 10th December 1999

Viewpoints on Health discussion

Group C

The group discussed the document and raised the following key points;

Q1

- There was a definite link, it was agreed, between the regional integrated strategy and health, because health was a major quality of life issue
- The relationship between improving GDP and the improvement of health was explored; one did not necessarily follow the other as GDP was an average measure, whereas the improvement of health depended critically on the tackling of inequalities
- The extent to which differences in health was a class issue was discussed. The conclusion arrived by the group was that a failure to take corrective action would lead to a continuing widening gap of comparative health between the more- and less-well off;
- and linked to this, the issue of skilling people through education to the maximum would in itself lead to better health by enabling people to make better personal decisions about their health, therefore education was in itself a “cause of cause” as lack of it would lead closure of opportunity, lack of confidence, and to difficulty in health. Education was perceived to have a key role in life because of its links to both health and wealth creation. A key component of education was seen as lifestyle education e.g. parenting skills
- Another issue linked to that of class was Regional bodies’ (including notably the representatives of business) responsibilities towards ensuring that employers understood fully the need for a healthy workforce, together with the opportunities for increased productivity that provides.
- The need for all to recognise the following trends affecting all society;
- The lessening role of communities, and the need to correct that trend through regeneration and sustainability work
- Increased longevity
- The effect of unemployment in reducing participation in society, confidence and increasing disillusion, with an attendant higher likelihood of poor health;
- Which was itself identifiable in small sections of society by deprivation mapping.

Q2

- The needs which regional bodies could meet, in general terms, were perceived to be;
- Adequate housing
- Employment and adequate income
- And those needs special to particular groups e.g. the over 60s.

- Regional bodies have an obligation to keep health at the top of the agenda; e.g. Sport England emphasis on the health giving-nature of sport, and the role that local authorities can play in this
- Regional bodies have a major role to play in urban and rural renaissance, and the redevelopment of communities
- Regional bodies can take the lead in working in partnerships
- Regional bodies can educate their constituents; e.g. employer organisations
- Regional bodies can target resources e.g. grants

Q3

Essential information to assist was seen as;

- Mapping of deprivation
- Possible future scenarios to inform action e.g. possible future climate change
- Mapping of which organisations are taking which initiatives

Rick Keymer
English Nature

East Midlands Regional Assembly – 10th December 1999

Viewpoints on Health discussion

Group D

- How to translate strategic thinking into actions on the ground
- Make action realistic on the ground and work with rather than to them.
- Does non-coterminosity make a difference?
- Joint work/planning much better over the last two years
- Need to get better at contributing to each others agenda at local level.
- Getting health issues on to the agenda of Regional bodies as well as bodies within regions.
- Contribute by targeting resources and co-ordinating action, challenge individual organisations as to their role.
- Issue of parental responsibility. Involve law/enforcement agencies.
- Need for social services not to be seen as only organisation with relevant responsibilities within local authorities.
- Lack of understanding of differences in health status by members of this population.
- Social agitation - can be very valuable in getting people involved. This can be better done by voluntary sectors
- Economic and environmental impact of the NHS as a whole
- Information needed on inequalities in health across the Region.
- How do we ensure that all organisations within the Region can contribute to the delivery of the IRS
- How do we make health impact assessment real?

Chris Kenny

NHS Executive – Trent Regional Office

East Midlands Regional Assembly - 10th December 1999

Viewpoints on Health discussion

Group E

Key Issues:

- The old English word 'wealth' means 'common well-being' - this is what we should aim for.
- Targets for each of the 4 strands of the Regional Strategy should be at least as demanding as those for the economic strand, and all should consider health issues.

Summary of discussion

- The Chairman confirmed the 4 themes of the strategy: Economic, social, environmental, spatial.

General comments:

- There is a possible contradiction between the previous focus on 'joined up thinking' and the current focus on integration. The latter is much more than the former.
- Co-ordination is key - only within organisations do we divide up the social from the economic from the environmental and health etc. In our private lives we balance all factors if we can.
- The challenge will be to get people to think about health in its widest sense - not just about hospitals and doctors.

Environmental strands:

- Housing is key to health - we need to focus on development of the existing stock, as well as on new build. BEM and coal-field communities often have older housing in poor repair.
- Action on accidents needs to be preventative, and action needs to take place outside the NHS - for eg elderly people need attention to their diet and exercise to delay or prevent osteoporosis.
- Pedestrian accidents are high in the UK - road and town planning, and local transport plans should take this into account.
- Education - eg traffic accident signs on Lincs roads, and home safety info may help.
- We need to recognise and promote the variety of environments in the east midlands - balance of urban and rural is attractive.

Economic strands:

- Employment - how seriously do employers take their responsibility for the health of their employees?
- Skills are required for economic development (e.g. Toyota), but development should be considered in its widest sense - by a 'basket of measures' of well-being.
- Money is key for development - but so is health/education etc.

Social Strands:

- Planning gain - in Ireland this is a requirement of larger schemes - in UK it is patchy. Many isolated communities suffer poor health - 'food deserts' etc
- We need to understand patterns of deprivation better - there are pockets in town and rural communities as well as in inner-cities.
- There may need to be a specific focus on some areas - issues of 'social engineering' (e.g. private housing in new social housing developments) may be required.
- In some communities it may be necessary for people to think differently - how?
- Short-term development/community workers from outside seldom provide a solution - support from the community is key.

- More information about health issues, and how this relates to other organisations would help to raise awareness and promote thinking - eg by employers.

Alice Olliver

NHS Executive – Trent Regional Office

East Midlands Regional Assembly - 10th December 1999

Viewpoints on Health discussion

Group F

- Each District plan to reduce inequalities and other themes within their own patches
- Largest inequality related to better social inclusion and issues relating to this i.e unemployment and poverty, thereby implications for health of the public in the region.
- Clear linkage between well being and deprivation with access to leisure facilities, green space etc
- Two types of environment – garden and park facilities and leisure centres. Main aspects are accessibility and safety. Good example is Leicestershire – park keeper. Direct link to planning via the council. Key aspect is safety for all age groups.
- Developing active community and recreational facilities – all aspects of community – sport across the board – address issues of inclusion as an organisation and as a whole.
- Problem faced is that recreation is bottom of most persons agenda
- Economics seen as a block to facilitating change. Leisure subsidies by Council could be a possibility - could do more to make the facilities more accessible i.e. subsidised costs to take initial step to encourage health made widely available.
- Economics – exercise and leisure is a middle class concept – long working hours, can't go to leisure centre. Must target working classes.
- Competing against what children want to do – video games, smoking etc – even when wages increase – attitudes don't change. Therefore Local Authority's difficult to provide facilities. Children don't necessarily want to go to a park – influenced more by video games etc. Increasing gap between park facilities for instance – Center Parcs etc are much more appealing.
- Must keep positive – things we can do would be to use schools as community centres – get children and their parents on board. May be enough to get them interested. Costs and access must be considered and we must persevere.
- Need sports development offices to organise and support school in sporting practices i.e. after school activities
- Encouraged to stay at home – everything can be done from the home

- Should make a priority area for the over 60s – socially excluded group – needs to be a priority in the East Midlands Region
- Major barrier to the implementation of exercise classes in care homes etc is legal reasons – insurance and risk of accident during exercise. Must promote exercise for both short term and long term health. This issue is not pushed enough and need to be “sold” to care homes. Could improve quality of life.
- **Social contact is inhibited by the panic culture created by the media. Example: allotments not visited due to vandalism etc. People are inhibited to go out socially. Real risks need to be identified and told how safe we are rather than how dangerous is all is.**
- Effective as a team in specific areas eg schools, campaigns, Coronary Heart Disease, proved we can change. Need to identify areas and how we can make a difference. Team working is crucial.
- Could have flexibility and freedom – need to get round obstacles. Joined up approach needed to deal with these.
- Progress through enterprise and innovative business. Healthy workers work better i.e flexible work hours etc. Regionally give publicity to some good examples. Series of small progress reports for example.
- Major contribution to develop community and transport strategy shifting balance from car to public transport.
- Contribution to health – reducing accidents, etc. Initiative providing coherent public transport policy in most of community could make substantial contribution to health and economy. Transport – good example
- Tackle barriers preventing lower social classes in taking leisure activities eg. visiting the countryside i.e. more accessible public transport etc.
- PCGs have made a difference. Need to encourage collaboration to extend boundaries of health.
- Leisure cultures to change public’s perception. Need to exploit this culture – make it more frightening if you don’t exercise. More difficult if they do not do this.
- “Viewpoints of Health” interesting and useful. Could use as press information. Could be marketed. Local partners could have more practical things noted and put into practice. Play a great part in creating partnership within the Region.
- Use of data is available from local authority. Interesting to see comparisons
- Need to highlight information and make effort to redress information

East Midlands Regional Assembly - 10th December 1999

Viewpoints on Health discussion

Group H

The Chairman of the group, Cllr Ian Croft welcomed everyone to the discussion workshop. As the group began to discuss the 3 questions set, it was agreed that interlinks between all the involved organisations are becoming more apparent and that all agencies have common objectives.

Education was very much the theme of the discussion group and concerns were raised that education on a preventative approach was needed rather than giving advise on what the causes of health deprivation are. Health education has a impact on peoples lifestyles and that more communication was needed to understand peoples needs and fears. Rural area needs it seemed are not getting the consideration that inner city areas are.

It was suggested that children are addressed and receive education on lifestyles including issues on drugs, sexual activity etc. – something which affects people across the social economic divide. As a society the need to work harder and educate children from a very young age was stressed so that they themselves can choose from knowledge how to conduct their lives when they are adults.

Poverty is not the only contributing factor to bad health as today's fast foods and convenience meals affect many people across the social economic divide. As the speed of living increases it was suggested that food education should become part of basic education. Most people know what is bad for their health, salt for example. Education can become very complicated and difficult – need to reinforce bad habits.

Children are not the only ones that need targeting. Parents should have an input into their children's lives by being better skilled so that they can pass on basic education.

The issue of how health information was being collated, studied and acted upon was raised. An example of this was a report that Leicester District Borough Council had produced on teenage pregnancies which showed that there were distinct differences in numbers within different areas of the county. It was agreed that information within these areas should be kept up to date which would prove a constructive way of directing information locally.

A Public Health Observatory which the Chief Medical Officer is planning to open on 15 February 2000 was discussed. The Trent Observatory will act as a central information base which can analyse data and statistics locally and at a regional level. The Observatory will also provide information, show gaps, action and process need.

It will also show statistical variations showing how inequalities have risen. It was reported that the Health Focus Groups, an interface between the Health Authority and Local Government are currently looking at the issue.

It was reported that Social Inclusion Task group was to meet in January which includes the Voluntary Sector, Ethnic Minorities Groups and LGA to identify interlinkages.

The aim of the group is to discuss social view points and create a profile across the East Midlands so that it can be used by all agencies across the region.

The Chair reported that the Regional Spatial Plan and RDP would make a contribution and that social exclusion will be addressed at regional level.

The Regional Observatory, a joint enterprise is currently having its website tested and it was reported that this was to be launched in early 2000.

There were concerns at the amount of pressure the Voluntary Sector was facing with regards to providing services which should come under Statutory Responsibility. A member of the group reported that a successful Centre for young mums had been opened and that it is the Voluntary Sector that are providing their clients with basic parenting skills. It was suggested that more centres be available to help and advise young parents who would otherwise have no basic essential knowledge. It was agreed that positive parenting needs to be fed into the programme.

Sport in schools was another area raised in the discussion. Schools need to be proactive in getting their pupils involved in sporting activities. Pressure on schools at present to hit numeracy and literacy targets within the curriculum have proved that some schools only offer around 2 hours of sports per week. Promoting healthy active living within schools would provide education of health at an earlier age. This in turn could offer new opportunities and keep children interested.

The issue of children leaving care was raised. It was discussed that children leaving care need to be given basic life skills eg. how to make an appointment at the doctors, dentist etc. If children are not taught basic skills when they are young they cannot be expected to pass them on to their children.

The need to adopt a different approach to getting the message across was suggested. Using the television and radio rather than leaflets or junk mail would reach the wider targeted audience.

The problems of not educating children in terms of what is required in adult life at a young age is now being addressed as a matter of urgency and therefore group decided to raise the key point:-

“Education and the raising of awareness should be key to the regional contribution and the setting of health targets to improving health in order to measure our achievement of those goals.”

Claire Taylor
Nottingham Health Authority

East Midlands Regional Assembly - 10th December 1999

Viewpoints on Health discussion

Group I

Question 1:

- 4 target areas appeared at first to be too specific - but are good indicators.
- Need to address poverty, access, wider context of environmental health contributes to wider agenda to enable targeting.
- Increase public awareness/education of issues in wider education/health agenda.
- Need for people to understand 'the full agenda' - people on the ground - reach communities.
- Whose agenda is it?
- Need to 'de-medicalise' health issues - community engagement.
- People need the facts to decide and make choices.
- Think about the language we use - clinical stuff vs 'well-being' issues.
- Take a holistic viewpoint.

Question 2:

- Examples given of secondees from NHS to GOEM and *emda*.
- Work on issues that affect health eg in housing, removing damp.
- Put safety equipment/items in housing.
- Health impact assessments as a practical measure.
- Work across interfaces.
- Having focal points of information connections (one-stop shops?).
- Inform people about information/research/data.
- Issues of complexity - Regional Organisations can provide 'de-mystification' of information/details.
- Take messages to our client groups.
- Catch people early - preventative issues.
- Develop a 'passport for health' - formative idea by Milton Crosdale eg workplaces, schools have some form of initiative.
- Monitor/inform.

Question 3:

- Breakdown wider stats into group data eg male/female/ethnic group/children, etc, to understand what's really going on.
- Last point related - possible link with Regional Observatory.
- Better Marketing.

East Midlands Regional Assembly – 10 December 1999

Viewpoints on Health discussion

J Group

1. How can the current health agenda contribute to achieving the four themes within the Integrated Regional Strategy?

- Who takes the primary responsibility – it could get dispersed but nothing might happen.
- The health agenda is wide but how to reduce gap. Health authority has a particular responsibility to work with partners in voluntary & statutory sector to bring out plan, but how to deliver.
- Is it consistent to talk about the high levels of extra pollution to ill health? What about work related accidents, cancers, etc but there is a lot to be learnt when we look at working environment re breast cancer. No indication of how bit minor things like disability might be.
- Statistics collected are the tip of the iceberg. If the issues underneath could be looked at, then you could reduce the statistics.
- Statistics show black spots for whole of East Midlands – why not show area of greatest need? Or break down to sub-regions.
- If health agenda is about equalities, local authorities have role to play as well as health authorities and also in sport, but how to target specific communities/disadvantaged areas who do not take up the challenge – i.e. far from shops, no buses, etc.
- Education needed amongst communities – i.e. food budget if taught how to cook.
- Things cannot happen in isolation – make issue more widely known, i.e. diet and exercise, not just go the doctor.
- Barrier in NHS is hierarchical approach to medicine. Not willing/able to change. Needs to be a cultural change to accept that GPs do not have all the answers.
- Need partnership approach in answer; not just GPs and homes in black spots. Need information on diets, etc and joint facilities for Health Authorities and Education in a wider sense of Health Authorities, organisations and individuals. Help people to take responsibility.
- **Education is needed to help everyone to take responsibility for their own health.**
- Do not know how big the rest of the iceberg is. Disability is a lasting drain and a cost the region does not need.
- Professional boundaries of GPs will have to be freed up.
- Difficult to get people to look further than their own professional boundaries. Financial constraints are a problem.

2. **What range of contribution can the Regional organisations make to improving health in the East Midlands?**

- Level of primary care trusts may improve dialogue/integration but may happen in a way that undermines the objective. Will local authorities home help services, warden aided schemes, etc lose out?
- Got to start looking at the wider picture.
- Local authorities have a major part to play as they are elected by people and can therefore act as a catalyst.
- Certain people have the responsibility to be champions in their own area. The best way to co-operation is talking and closer partnership.
- A long term view is needed with the health authorities working with education authorities. Need to start with 4 to 5 year olds.
- Need to educate children in healthier lifestyle.
- Regional Assembly has an information sharing role and could exercise democratic pressure on health authorities who are not democratic.
- Need for cultural change to break down the walls. Some organisations have hazy boundaries.
- Use simple phrases.
- Lifelong learning – need for training. Organisation contributions are important. Trade Unions are committed to providing lifelong learning packages. Very hard to get employers to really invest in packages not really directly connected to job training.
- Regional bodies need to take responsibility to make things happen. Can provide a focus to cross boundary issues.
- Health authorities have strong role to play.

Alison Hepworth

East Midlands Regional Assembly