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AGENDA for a Meeting
of the **West Norfolk Healthier Communities and Older People Partnership**
on **10th May 2007**
between **2.00pm and 4.00pm**
in **Meeting Room 1, Kings Court, Chapel Street, Kings Lynn**

AGENDA

1. Apologies
2. Minutes of the last meeting held on 5th April 2007 and matters arising (attached)
3. Chairs correspondence
4. Sports Contribution to Health – **Roger Partridge**
5. Knowledge Transfer Partnership (KTP) Progress report
6. Resources for partnership working
7. Partnership Action Plan – Priority 1 - Cardio Vascular Disease / obesity. Outcome of 20th April workshop and next steps - **John Rees**
8. Partnership Action Plan – Priority 2 – Older People Progress report – **June Stokes**
9. Partnership Action Plan – Priority 3 – Mental Health – funding and next steps – **Eddie West-Burnham**
10. Update on other Initiatives
 - Surestart in Later Life Project
 - Sustainable Community Strategy
 - Food Fortnight
11. Any Other business
12. Date of next meeting – 31st May 2007

Distribution

- Members of the West Norfolk Healthier Communities and Older People Partnership
- Partnership Secretariat
- Neighbourhood Manager

Partnership Chair:

Kate Gordon

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Secretariat:

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Minutes of a meeting of the West Norfolk Healthier Communities and Older People Partnership held on Thursday 5th April 2007 at 2.00pm in Meeting Room 1, Kings Court, Chapel Street, Kings Lynn

Present:

- | | | |
|---------------------|---|---|
| Kate Gordon (Chair) | - | Queen Elizabeth Hospitals Trust |
| Peter Morris | - | West Norfolk Voluntary & Community Action (VCA) |
| John Rees | - | Norfolk PCT |
| Sue Lowe | - | Age Concern West Norfolk District |
| Sian Kendrick-Jones | - | Norfolk PCT |
| David Harwood | - | Borough Council Kings Lynn & West Norfolk |
| Eddie West-Burnham | - | West Norfolk MIND |
| Ray Boateng | - | Adult Social Services – Western Area |
| June Stokes | - | Norfolk PCT |
| Charles Hare-Winton | - | Childrens Services |
| Gill Daniels | - | Skills and Learning Group |
| Joanne Haws | - | Norfolk PCT |
| Martin Slater | - | Partnership Delivery Officer |
| Sarah Dennis | - | Democratic Services |

Apologies for absence were received from:

- | | | |
|------------|---|--|
| Andy Piper | - | Borough Council of Kings Lynn & West Norfolk |
| Jim Keown | - | Norfolk PCT |

		Action
1	<p>Welcome and Apologies</p> <p>Apologies were as noted above.</p>	
2	<p>Minutes of the Last Meeting held on 8th March 2007</p> <p>Eddie West-Burnham explained that he had a few issues with progressing the mental health plan as he required input from Jim Keown at Norfolk PCT who would not be returning to work for some time.</p>	

	<p><u>Food Fortnight</u> John Rees noted that under item 2, Food Fortnight, 'doctorate' should read 'directorate'.</p> <p>Gill Daniels explained that her PR deadline for Food Fortnight would be 1st August 2007. In response to a question from the Chair, Gill explained that she had been in contact with food retailers to encourage them to participate in Food Fortnight.</p> <p><u>DAWN</u> Martin Slater explained that the neighbourhood names had been changed to mirror those used by Norfolk Constabulary. Martin circulated the map showing the new neighbourhoods. He explained there had recently been a Norfolk Constabulary 'wrap around' article in the Citizen newspaper, which included a copy of the map.</p> <p>Martin explained work was progressing to add Environmental Health data to the system for example fly tipping and noise nuisance. When this was completed, people would be advised via the DAWN newsletter.</p> <p><u>Knowledge Transfer Partnership</u> John Rees gave a brief outline of the Knowledge Transfer Partnership and explained that he had visited eight universities who had expressed an interest and would be meeting a further two in the near future. The Chair noted it would be important to identify a partner to work in conjunction with and to decide on a structure to take forward.</p> <p>It was AGREED that:</p> <p>A paper outlining resources required for the Knowledge Transfer Partnership be brought to the next meeting of the Healthier Communities and Older People Partnership on 10th May 2007.</p>	<p>JR</p>
<p>3</p>	<p>Chairs Correspondence</p> <p>The Chair reported that she had not received any further correspondence from the PCT regarding resources for the Healthier Communities and Older People Partnership.</p>	
<p>4</p>	<p>Resources for Partnership Working</p> <p>The Chair reported that she had met with John Rees and Martin Slater to discuss the funding of a resource to continue to support the work of the Healthier Communities and Older People</p>	

	<p>Partnership once the PCT changes had taken place in June 2007. Consideration had been given to obtaining external funding, and another attempt had been made at contacting the PCT for funding. It would be important to continue support after 30th June 2007 in order to keep up momentum with all three work streams. The Healthier Communities and Older People Partnership had £50,000 funding in hand and there was a possibility this could be used to fund a post for a period of 12 months.</p> <p>The Chair explained that the post would sit with one organisation for example the PCT. The Chair suggested this concept could be put forward to the chair of the PCT providing this did not incur any costs to the PCT. Eddie West-Burnham explained that the resource may sit better with a different organisation, such as the West Norfolk Voluntary and Community Action or the Safer Stronger Communities initiative.</p> <p>Sian Kendrick-Jones explained that the role would need to be clearly defined and there must not be duplication with other roles. There would need to be a clear understanding of the level the resource would be expected to be working at. The Chair explained that a strategist was not required, there needed to be a resource 'on the ground' instead.</p> <p>Joanne Haws explained that she had put a funding proposal forward to some of the pharmaceutical companies to tackle obesity. She would receive the outcome of the bid at the end of April 2007.</p> <p>Martin Slater explained he had spoken to Roger Partridge, the Borough Council's Sports Development Officer regarding the potential for the role of Urban Sports Motivator, for which Roger would be seeking funding. Martin explained this resource would have strong links to health.</p> <p>It was AGREED that:</p> <ol style="list-style-type: none"> 1) John Rees, Martin Slater, Kate Gordon and Sian Kendrick-Jones to meet to discuss the potential funding of the co-ordinating role for all three Health priorities. 2) This meeting to take place as soon as possible in order that any resources can be put in place as soon as possible after June 2007. 	<p>JR/KG MS/SKJ</p>
<p>5</p>	<p>Partnership Action Plan – Priority 1 – Cardio Vascular Disease / Obesity</p> <p>John Rees highlighted the obesity workshop that would be held at the Professional Development Centre on Friday 20th April. The workshop would be concentrating on two pilot areas - West Walton</p>	

and Fairstead Estate. So far there were 20 attendees. Martin Slater explained that an email had been sent to the whole of the West Norfolk Partnership to encourage people to attend.

In response to a question from the Chair regarding facilitating the event, John Rees explained that there would be facilitators in each of the work groups.

Martin Slater explained that the concept of network analysis had not been communicated well at the Neighbourhood Management Board, but was an important part of the Safer Stronger Communities initiative and was a requirement of the funding stream. John Rees explained that members of the Neighbourhood Board had made the assumption it was another survey.

John Rees explained that strokes and heart disease were highly preventable, for example avoidance of smoking, weight and blood pressure issues. It was important to look at the pathways that contributed to strokes, identify the gaps and fill these gaps.

Joanne Haws explained she had several programs running at present, and re-iterated the need to look at pathways that contributed to strokes. She would be identifying primary and secondary preventative measures. Those most at risk would receive help and support.

Joanne explained that some people at risk would be in the clinical system already, but it would be important to ensure these patients ended up in the right care. Joanne explained that with the reorganisation of the PCT, audit support had been lost and therefore support would be sought from doctor's practices. She anticipated that a sum of £2,500 would support this work.

Eddie West-Burnham expressed concern that the loss of audit support meant that the PCT were negating their responsibilities. He supported the concept of the project but felt it implied other groups would pick up the PCT responsibilities. John Rees explained that the funding may not be required. Ray Boateng explained that this work would support the preventative agenda and would benefit the PCT and social care. It would help prevent the onset of strokes and reduce rehabilitation costs.

Martin Slater suggested that this proposal could be used to provide an additional source of information to be included within DAWN. John Rees supported this view, providing the data was anonymous.

In response to a question from Sian Kendrick-Jones regarding the collaborative funding bid for £10,000 for cardio vascular disease, Joanne Haws explained there had been no response as yet.

	<p>It was AGREED that:</p> <p>1) A sum of £2,500 to be allocated to the primary and secondary preventative methods for strokes.</p> <p>2) The Chair to write to Sheila Childerhouse at the PCT to communicate the point of principle of allocating Partnership funding for PCT responsibilities.</p> <p>3) Joanne Haws to report back on the progress with the pharmaceutical companies at the next meeting of the Healthier Communities and Older People Partnership on 10th May 2007.</p>	<p>KG</p> <p>JH</p>
<p>6</p>	<p>Partnership Action Plan – Priority 2 – Older People Progress Report</p> <p>June Stokes reported that the terms of reference and a constitution for the older persons group had not yet been drafted but would be completed shortly. An action plan for the group had been drafted. She highlighted the importance of identifying key outcomes and tasks. The group would be developing a joint needs assessment for West Norfolk. June had also looked to the DAWN site to help provide evidence to support the group’s activities.</p> <p>Sue Lowe explained that Tom Makin from Help the Aged had made good progress with the Surestart in Later Life initiative. She explained it was important to identify how best to engage with older people. It was pointed out that Tom Makin was a member of the older persons group; this meant that the group could be kept in close touch with progress on the Sure Start initiative, and exercise an oversight role in relation to this work on behalf of the partnership group as a whole.</p> <p>June Stokes explained that the County Council had an older person’s strategy group which would need to have clear links to the older persons group as well as to the Local Area Agreement. June explained that the West Norfolk Partnership was well established, a view supported by the Chair who noted that West Norfolk was ahead of other Partnerships.</p> <p>In response to a question from Eddie West-Burnham regarding the Local Implementation Team (LIT), Sian Kendrick-Jones explained that the LIT in the West was more self contained than the LITs in the other PCT localities.</p> <p>It was AGREED that:</p> <p>June Stokes to bring further details of the work of the Older Peoples Group to the next meeting of the Healthier Communities</p>	<p>JS</p>

	and Older People Partnership on 10 th May 2007.	
7	<p>Update on Other Initiatives</p> <p><u>Liaison with Borough Council Sports Development Team</u></p> <p>The Chair explained that there were opportunities for working with the Sports Development Team that were being missed. Martin Slater reported that the Sports Development Team had prepared an action plan and were hoping to receive funding from Sport England. The action plan had approximately £0.5 million of work planned. Sian Kendrick-Jones would also be involved with the project work, as would Sue Lowe. Sue explained that she had been working on the Age Concern Wellbeing bid and this could be developed alongside the Sports Development bid. Martin Slater reported that Roger Partridge from the Sports Development Team was keen to work alongside the Healthier Communities and Older People group.</p> <p>Eddie West-Burnham left the meeting at 3.07pm.</p> <p><u>Sure Start in Later Life Project</u></p> <p>Sue Lowe reported that Tom Makin and John Place had been in contact with the University of East Anglia to consider how best to engage older people. Tom would be making contact with older peoples groups in the Borough.</p>	
8	<p>Any Other Business</p> <p><u>Sustainable Community Strategy</u></p> <p>Martin Slater highlighted the Sustainable Community Strategy Workshop which would be held at the NORA office on Monday 16th April at 8.30am. This day would concentrate on ensuring the existing community strategy was sustainable. The Chair tendered her apologies but explained that a representative from the Queen Elizabeth Hospital would attend in her place. Martin explained that outcomes from the day would be taken to the Partnership Board on 26th April 2007 and also reported to the Healthier Communities and Older People Partnership on 10th May.</p> <p>It was AGREED that:</p> <p>Any outcomes from the Sustainable Community Strategy day to be brought to the next meeting of the Healthier Communities and Older People Partnership on 10th May 2007.</p>	MS

9	Date of Next Meeting The date of the next meeting will be Thursday 10th May 2007 at 2.00pm in Meeting Room 1, Kings Court, Chapel Street, Kings Lynn.	
	The meeting closed at 3.10pm	

Paper:	Knowledge Transfer Partnerships (KTP)
Presented by:	Dr John Rees, Consultant in Public Health, Norfolk PCT
Submitted to:	West Norfolk Healthier Communities & Older People Partnership
Date of Meeting:	10 May 2007

1 BACKGROUND

Knowledge Transfer Partnerships (KTPs) is a UK wide programme funded by 13 Government organisations led by the Department of Trade and Industry (DTI). Each Partnership is part-funded by the Government with the balance of the cost coming from the company partner. KTPs is Europe's leading programme helping businesses to improve their competitiveness and productivity through the better use of knowledge, technology and skills that reside within the UK knowledge base. Each partnership employs one or more high calibre associates (recently qualified people) for a project lasting 1-3 years, transferring the knowledge the company is seeking into the business. Each associate works in the company on a project which is core to the strategic development of the business. Associates are jointly supervised by a senior member of the business and an academic or technical specialist from the partnering knowledge base organisation.

KTPs is intentionally flexible in delivery allowing: -

- Projects of varying length – between 12 and 36 months.
- Knowledge based partners to include further education institutions (teaching at least the equivalent of NVQ level 4) as well as higher education institutions, research and technology organisations and public sector research institutes.
- Associates to be either post-graduate researchers, university graduates or individuals recently qualified to at least NVQ (level 4) or equivalent.

The words in the above paragraph are taken from the KTP annual report and it is important to remember that although centred primarily on the commercial sector a “business” can include the NHS.

The basis for going down this route came from results of discussion between myself and Professor Ian Harvey (Professor of Public Health and Epidemiology) at the University of East Anglia (UEA) about doing a baseline survey of a sample of the local population to assess the

actual number of people in various age ranges who are overweight or obese. Discussions were prolonged because there was some doubt as to whether this approach was a research project and would be accepted by the Medical Research Council. The UEA finally decided that that route would not be appropriate and Professor Harvey suggested that the KTP route might be more suitable. I duly met with Laura Chellis the UEA KTP manager and tried to take forward the initiative within UEA but further discussions within the Public Health Department resulted in their stating that they did not think they had the appropriate skills in all areas to take this forward. Laura Chellis then wrote out to 22 universities in England who she thought might be appropriate. This, after a further letter from myself explaining more details, whittled this down to 10. I have visited all of these 10 universities between February and April.

2 REASONS FOR THE KTP

The first reason for the KTP, as stated above, is to ensure that we have an appropriate academic input with appropriate skills in to performing a baseline survey to assess the weight of a sample of the local population.

The second reason is to get an academic input into the various techniques of community development that will be applied locally. An essential element of the KTP is “the transferring of the knowledge the company is seeking in to the business”.

3 THE UNIVERSITIES VISITED

The universities visited were: -

- Liverpool
- Sheffield
- Leeds
- Salford
- Gloucestershire
- Coventry
- Hertfordshire
- Surrey
- Wolverhampton
- University College London

At each meeting were academic representatives and also KTP managers.

4 CRITERIA

There needs to be a clear demonstration of enthusiasm; commitment and skills. Essential skills focussing on community development; knowledge of survey design and it's application.

It is crucially important in my view that if we are to know what effects our inventions will have then we need baseline knowledge of the levels of the numbers in the population who are overweight and obese. These criteria have been applied in attempting to discriminate between the merits of the various visited universities. So as to give more flexibility in the scoring I've marked each criterion out of 100 for each of the universities. I've then taken the overall total score for each university and ranked them in order with number 1 having the highest score.

Care is needed with this approach as it can look more objective than it really is. The scores are an objective reflection of a subjective judgement.

5 RESULTS

University	Trial 1	Trial 2	Trial 3	Total	Rank
Liverpool	438	340	405	1183	4
Sheffield	439	320	350	1109	7
Leeds	460	360	380	1200	2
Salford	437	355	385	1177	5
Gloucestershire	468	385	505	1358	1
Coventry	440	345	355	1140	6
Herts	453	355	390	1198	3

6 CONCLUSION

This is a very subjective process based on one person's impressions.

Three universities were excluded at the outset. These were: Surrey; Wolverhampton and University College London. The reasons varied between the three.

Gloucestershire is strong on both community development and especially survey design and implementation. Leeds is strong on innovation (e.g. mobile phones and diet) and Herts is very strong on the psychological underpinning of why people have eating disorders. Liverpool has a long and strong history of community development in deprived areas; similarly for Salford.

7 NEXT STEPS

- i) Initial Step is to complete a three page document including underwriting organisations financial accounts.
- ii) Completed form sent to Regional Advisor (Dr Ray McKee). He agrees to “green light” the outline.
- iii) Dr McKee meets all relevant parties to a) scope the plan and b) to determine the details of what the project office should do.
- iv) Submission: next date – 6 September 2007
- v) Results: About one month after submission
- vi) Appointment: likely appointment January 2008

Dr J H Rees
09 May 2007