
RUSHMOOR STRATEGIC PARTNERSHIP

Notes of a meeting held on Thursday, 14th July, 2005 at the Rushmoor Borough Council Offices at 4.00 pm.

Present:

Aldershot Garrison	a	Colonel Nigel Josling OBE Garrison Commander
Basingstoke Canal Authority	a	Mr Leigh Thornton Director
Blackwater Valley and Hart Primary Care Trust		Dr Olufemi Oduneye Director of Public Health
Enterprise First		Mr John Mitchell Chief Executive
Farnborough College of Technology		Mrs Christine Davis Principal
Guildford Diocese		Reverend Father Keith Hodges
Hampshire County Council	a	County Councillor Roy Perry Executive Member for Community Development
North East Hampshire Police Division		Inspector Steve Wallace In the place of Superintendent Joe Apps
North Hampshire Chamber of Commerce and Industry	a	Mr John Harrocks Chief Executive Mrs Valerie Cloke
Pavilion Housing Association		Pat Shelley Operations Director
Rushmoor Borough Council	a	Councillor Peter Moyle (Chairman) Leader Councillor Nigel Baines Executive Member for Safety and Regulation Mr Andrew Lloyd (In the Chair) Chief Executive
Rushmoor Citizens' Advice Bureaux		Ms Alex Hughes District Manager

Rushmoor Voluntary Services	Ms Sally Saunderson Chief Executive
Parity for Disability	Ms Alison Cooper
In attendance:	
Government Office for the South East	Mr David Hobbs Modernising Governance
Rushmoor Borough Council	Mr Andrew Colver Head of Democratic Services
	Miss Annie Denton Partnership Officer
	Mrs Kathy Flatt Democratic Services Officer
	Mr Tim Richings Principal Planning Officer

Apologies for absence had been received from Colonel Nigel Josling OBE (Aldershot Garrison), Mr Leigh Thornton (Basingstoke Canal Authority), Superintendent Joe Apps (North East Hampshire Police Division), County Councillor Roy Perry (Hampshire County Council), Mr Terry Rath (Hampshire County Council), Mr John Harrocks (North Hampshire Chamber of Commerce and Industry), ADO Paul Cater, Hampshire Fire and Rescue Services and Councillor Peter Moyle (Rushmoor Borough Council).

1. APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN –

In view of the absence of Councillor Peter Moyle, it was agreed to defer this item to the next meeting.

2. NOTES OF THE PREVIOUS MEETING –

The Partnership confirmed the notes of the meeting held on 14th June, 2005.

3. RUSHMOOR HEALTHY LIVING –

Mr Tony Docker, Chief Executive of Rushmoor Healthy Living was welcomed to the meeting to give a presentation on the work of the Rushmoor Healthy Living Initiative.

Mr Docker explained that Rushmoor Healthy Living (RHL) was an independent charitable company limited by guarantee whose status had been granted in June, 2004. RHL had been formed in 2002 following a successful application to the Big Lottery for five year funding. This funding was supplemented each year by grants from Rushmoor Borough Council, Hampshire County Council (Social Services) and the Blackwater Valley and Hart Primary Care Trust. In addition, RHL raised funds from charitable trusts and statutory organisations.

RHL's mission was to work together to improve the health and well-being of people of all ages in the community through: training and education; physical exercise; advice and support; holistic therapy; community development; and, environmental improvements. RHL worked to deliver nine programmes in the community to achieve the aims of its charity in line with the parameters set by its main funder, the Big Lottery Fund. The programmes were aimed at people living within the five wards in the Borough which had been designated as the most deprived areas. These programmes and their aims were:

- **Looking Good Feeling Good** – To heighten levels of self-esteem in young people by encouraging young people to see a healthy lifestyle as a viable alternative and a way of feeling good about themselves.
- **Youth Mentoring** – To provide options enabling young people to make informed decisions about their lives through mentoring support for young people between the ages of 9 and 25 on a one to one basis who might be at risk of social exclusion.
- **Healthy Arts** – To provide a medium which will increase self-esteem and social skills through the organisation of art and music therapy classes for children, young people and adults. It was noted that after school art classes were currently under review.
- **Mayfield Community Amenity Area** – To provide an amenity area on unimproved land for the benefit of the local community. This had been achieved through the provision of partnership funding with the Council to landscape an area within the housing area.
- **Physical Activity for Older Adults** – To improve the health of older adults through appropriate physical activity to improve protection against circulatory diseases; reduce accidents; improve co-ordination, weight control and related depression.
- **Clever Kiosk** – To provide access to health information through the provision of an access point and website within ASDA supermarket in Farnborough to promote health information for the community.
- **Pride of Place** – To encourage tenants to look after their environment better by increasing pride in the local environment and social interaction, preventing potential conflict with the housing association and promoting physical exercise through gardening.
- **Total Parents-Triffic Kids** – To provide information and support to young parents and parents-to-be with the objective of reducing unwanted pregnancies, reducing the incidence of sexually transmitted diseases and providing education to young parents.
- **Walking Bus and Breakfast Club** – To promote healthy exercise and eating to children through the operation of Walking Bus and Breakfast Clubs at primary schools within the targeted areas. Unfortunately, the Walking Bus activity was discontinued in 2004.

During discussion, Members raised questions on funding to ensure the sustainability of projects and work with partners. It was agreed that there were many direct links with the aims of the Partnership, particularly in the area of raising educational attainment.

Mr Docker was thanked for his informative presentation and it was noted that further information about the organisation could be obtained on www.rushmoorhealthyliving.org.uk.

Action/Decision	Who	When
The Partnership noted the presentation.	All	---

4. **BLACKWATER VALLEY AND HART PRIMARY CARE TRUST –**

Dr Olufemi Oduneye, Director of Public Health at Blackwater Valley and Hart Primary Care Trust, presented an overview of the key health issues affecting the population in Rushmoor, which provided the following general statistical information, contained in the Public Health Annual Report 2003/04:

- The total resident population of Rushmoor in 2001 (Census) was 90,987 (91,548 in 2004)
- The resident population was projected to increase by 4.24% from 2005 to 2010
- The 0-4 age band in Rushmoor was expected to increase by 5.89%
- Population registered with general practitioners was greater than the resident population by approximately 3% (5,219 people)

The Department of Health had stated in 2004 that health inequalities were avoidable and were fundamentally unfair and that the Government was committed to having a clear focus on narrowing the health gap between disadvantaged groups, communities and the rest of the country as well as improving health overall. In respect of health inequalities, it was noted that the Borough had a wealthy population but that deprivation did exist. The Partnership noted that:

- there was one Super Output Area (SOA) in the Borough (Heron Wood) in the 20% most deprived in England
- there were ten SOAs in the bottom 20% in England for the education, skill and training deprivation domain and that these were mainly in the Heron Wood, Mayfield and Grange wards
- in parts of Rushmoor (North Town and Heron Wood Wards) 34-44% of children under 16 years of age lived in an income-deprived family
- nine local schools had more than 20% of children entitled to free school meals.

Groups with poorer health outcomes included black and ethnic minority groups, the homeless, people with physical and learning disabilities, children looked after and low income families. The wards of North Town, Heron Wood and Mayfield featured in the worst two quintiles in the index of multiple deprivation. It was noted that the life expectancy for Rushmoor was significantly lower than that of the South East region (particularly in part of the Wellington, St Mark's, Heron Wood and Fernhill Wards). Coronary heart disease was responsible for the highest number of deaths in people under the age of 75, followed by lung cancer and stroke, with a possible indication that cancer deaths were on the increase. Particular mention was made of the fact that accidents in the home were responsible for the highest number of years of potential life lost.

In his presentation, Dr Oduneye also spoke of the effect of smoking on local people and that smoking remained the single most important contributor to death and disease in the population. The importance of screening was stressed, although there

was a need to target and focus on communities to ensure the coverage rate was higher. It was noted that some infectious conditions were on the increase in the area, including people living with HIV infection. With regard to teenage pregnancies, it was noted that under 18 conception rates (2000-2002) were comparatively high. 55% in Hart and 50% in Rushmoor resulted in an abortion.

In summary, Dr Oduneye considered that Rushmoor had a healthy population with pockets of deprivation and lifestyle that might increase the number of years people lived in poor health. It was considered that partnerships were one of the key levellers available for health improvement. The key priorities for the PCT were:

- tackling health inequalities by
 - reducing smoking in disadvantaged groups and pregnant women
 - targeting disadvantaged groups
 - improving access to primary care
 - using health equity audit and ethnic monitoring
 - high quality family and early years support

- reducing the numbers of people who smoke by
 - support for smoking cessation
 - reducing exposure to second-hand smoke
 - reducing tobacco advertising and promotion
 - national smoking communication campaigns and education
 - reducing availability of illicit and smuggled tobacco and underage sales

- tackling obesity by
 - simple labelling of packaged food
 - national obesity awareness campaign
 - helping people who want to lose weight
 - restricting food promotion to children
 - encouraging activity
 - high quality family and early years support
 - healthy schools

- improving sexual health by
 - national media campaign
 - teenage pregnancy strategy
 - modernised sexual health services and faster access to services
 - advice and contraception services for young people
 - sexual assault referral centres

- improving mental health and well-being by
 - expanding help for people with mental illness
 - targeted action to improve the quality of patient experience
 - extended coverage of Child and Adolescent Mental Health Service
 - new services to improve mental and emotional well-being
 - a healthy workplace programme
 - NHS health trainers

- reducing harm and encouraging sensible drinking
 - information on alcohol containers and through retailers
 - raising awareness to reduce binge drinking
 - local authority enforcement
 - increase access to and effectiveness of alcohol treatment
 - screening and brief interventions
 - planning local responses (eg through Crime and Disorder Reduction Partnerships)

In order to make these things happen, new money had been allocated by the Government for the period 2006/2008. There would be a funding priority to areas of greatest need. Discrete national delivery plans would be developed which would focus on nutrition and activity. It was also noted that tackling health inequalities was one of the shared priorities which had been endorsed by the Local Government Association. Included in the Public Health Report were the following recommendations which were appropriate to the Rushmoor Strategic Partnership:

- “The Rushmoor LSP should develop an action plan to reduce the level of multiple deprivation in the areas in the worst two quintiles in England” (ie North Town, Heron Wood and Mayfield wards).
- “The Rushmoor LSP needs to address education, skills and training deprivation in the worst affected parts of the Borough.” (ie parts of the Heron Wood, Mayfield and Grange wards).

Action/Decision	Who	When
The Partnership agreed that consideration be given to how the recommendations could be incorporated into the Partnership's priorities.	All	October 2005

5. LOCAL AREA AGREEMENTS –

The Partnership received a Local Area Agreement briefing sheet which had been prepared by Hampshire County Council. Local Area Agreements (LAAs) had emerged from the Government's ten-year vision and five year strategy for local government. Their aim was to bring together local partners to achieve better outcomes agreed with the Government. Hampshire was one of 66 new local authorities who will be involved in LAAs from April 2006. Local partners were required to agree with Government a range of priority outcomes they wished to achieve in relation to:

- children and young people
- healthy communities and older people
- safe and strong communities
- economic development

Partners were able to negotiate the bringing together of a range of funding streams under these “blocks” and freedoms/flexibilities which would help these outcomes be achieved. This might include scope to rationalise the number of performance targets against which partners had to report. Agreements for the pilot areas were currently three years in duration. Potential benefits included:

- better outcomes in relation to Hampshire's priority issues
- an opportunity to cut through the enormous effort of agencies in securing, managing and trying to join up diverse funding streams
- a stronger combined voice for partners in working with Government
- negotiating the removal of barriers to achieving outcomes
- opportunities to develop partnership working further
- potential efficiency savings and effective use of combined resources
- learning from sharing resources which might be applied to mainstream budgets in the longer term

Whilst all those involved acknowledged that there were real benefits to be realised from LAAs, there were also concerns particularly in terms of what it might mean for individual areas or partner agencies. The use of a single funding pot for the amalgamation and distribution of funding streams could be disadvantageous to certain areas. Governance arrangements in some areas of the country had given rise to concerns over the balance of power being vested in the hands of a few powerful players.

Members of the Partnership noted that there was already a Local Public Service Agreement (LPSA) for Hampshire and this was focused on stretching specific aspects of performance with the incentive of achieving financial reward. The Local Area Agreement was focused on agreeing local outcome priorities with the incentive of being able to operate more flexibly with simpler funding arrangements in order to achieve these. The intention in Hampshire was to embed the LPSA2 into the Local Area Agreement. Bringing the two together may provide combined benefits of local flexibility and the prospect of reward funding.

Andrew Lloyd advised the Partnership that regular updates would be given in respect of progress of the LAA.

6. DELIVERING THE COMMUNITY STRATEGY –

(1) Partnership Steering Group -

Action/Decision	Who	When
The Partnership noted the minutes of the meeting of the Steering Group held on 21st June, 2005 and the proposed actions.	All	---

(2) Stakeholder Conference -

Action/Decision	Who	When
The Partnership agreed the principle of holding a conference in February 2006 to report on Partnership progress and to consider other quality of life issues in the Borough.	All	February, 2006

7. **DATE OF NEXT MEETING –**

It was noted that the next meeting would be held on Tuesday, 4th October 2005 at 4.00 pm at Rushmoor Borough Council, Council Offices, Farnborough.

The meeting closed at 5.50 pm.
