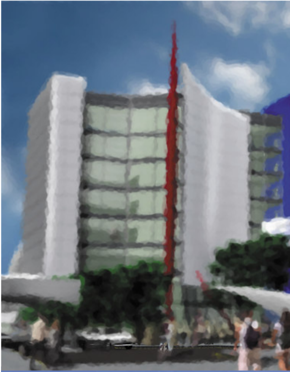
THAMES GATEWAY
south essex



LINKING UP DELIVERY

Report of a workshop for
the NHS
Social Care
&
Local Delivery Vehicles

owen richards

EEDA
East of England Development Agency

ACKNOWLEDGEMENTS

We are grateful to:

- All the speakers and participants at the workshop for their time and interest
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LINKING UP DELIVERY

REPORT OF A WORKSHOP FOR THE NHS, SOCIAL CARE AND LOCAL DELIVERY VEHICLES, FEBRUARY 2005

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LINKING UP DELIVERY

Executive Summary

This report summarises the contents of a workshop held for NHS and Social Care partners with the Local Delivery Vehicles (now known as Local Regeneration Partnerships). The aim of the workshop was to introduce the parties to their partners' structures and priorities. It was recognised that there is a large degree of interdependency between health, social care and regeneration agencies, with a common agenda of promoting well-being. The workshop was the starting point of what needs to be an ongoing dialogue.

The Government's *Sustainable Communities Plan* sets the context for our work. It describes a vision of a community where people want to live and work now and in the future. It has the services that people need, is well-run and well-designed. The community is fair, tolerant and thriving. The *Plan* proposed the development of the Thames Gateway, for growth and regeneration. Two further publications - *Homes for all* and *People, Places and Prosperity* set out more detail about how homes might be delivered alongside jobs, whilst *People Places and Prosperity* details how the actual communities will be delivered - through community involvement, excellent local government and tackling disadvantage.

To deliver this vision, the Government has supported the creation of local delivery vehicles. These can have one of three types - a formal urban development corporation, with the power to acquire and develop land and to take certain planning decisions; Thurrock has a UDC. In Southend, we have an urban regeneration company, which has fewer direct powers. Finally, there are local partnerships, usually led by the local authority, which co-ordinate regeneration and growth activities. Each will produce a regeneration framework, setting out the priorities for spatial planning; this will form the basis of negotiations with ODPM for funding. It is expected that each framework will include a section on health.

The NHS also has a rough equivalent of local delivery vehicles in the form of primary care trusts. As well as employing staff, the PCTs plan and commission healthcare services and work in partnership with local agencies to improve the health of their populations. In South Essex, we face a number of health challenges. With the exception of Castle Point & Rochford, the health status of the other areas is poorer than Essex as a whole. A number of drivers are shaping the way in which

the NHS is developing. These include giving patients more choice about where they are treated, reducing waiting times and relocating services outside traditional hospital settings. Not surprisingly, there is a huge workforce agenda, including recruitment and retention and remodeling.

Colleagues in Social Services are not immune to the modernisation agenda, with a new framework to ensure children are safe and achieve their full potential and new structures bringing all local authority services for children together, for example. For adults, there is a strong move towards promoting choice and independence for clients.

From the locality based discussions, the following key messages arose. We need:

- to understand all the elements of a particular area
- to re-engineer how we work together
- a co-ordinated approach to funding, including Section 106 payments
- to formally engage with PCTs in planning and delivering the growth area and regeneration agendas, and to consider the need for formal health groups as appropriate
- for clarity around timelines
- to develop further the whole education and training agenda, especially to promote equal opportunities for all

LINKING UP DELIVERY

1. Introduction

1.1. The aim of the Workshop was to provide an opportunity for senior representatives of health, social services, local government and local delivery vehicles to present their respective agendas and agree how they might work together in future. This was against the backdrop of each locality needing to develop a regeneration framework for the Office of the Deputy Prime Minister.

2. Overview

2.1. The *Sustainable Communities Plan* was published in 2003 by the Office of the Deputy Prime Minister[1]. It sets out a comprehensive programme to deliver more affordable housing, and improve people's homes, neighbourhoods and quality of life.

What is a sustainable community?

- **Active, inclusive & safe** – fair, tolerant & cohesive with a strong local culture & other shared community activities
- **Well run** – with effective & inclusive participation, representation & leadership
- **Environmentally sensitive** – providing places for people to live that are considerate of the environment
- **Well designed & built** – featuring a quality built & natural environment
- **Well connected** – with good transport services & communication linking people to jobs, schools, health & other services
- **Thriving** – with a flourishing & diverse local economy
- **Well served** – with public, private, community & voluntary services that are appropriate to people's needs & accessible to all
- **Fair for everyone**

1 http://www.odpm.gov.uk/stellent/groups/odpm_communities/documents/divisionhomepage/034686.hcsp

2.2. Two recently published policy documents support the delivery of the Plan *Homes for All*[2], to give more choice and opportunity of a decent home at a price people can afford, and *People, Places and Prosperity*[3], which seeks to put people in control and give them the tools to shape their future; good governance; strong leadership and tackling disadvantage. Both are five year plans.

2.2.1. *Homes for All*
This is based on a premise of promoting responsible growth in housing, which protects the environment at the same time. In some parts of the country, it will look for opportunities to revive communities by tackling low housing demand and abandonment. Where people choose to rent, there will be quality and choice. *moveUK* will bring together information about jobs and housing. More people will be given the opportunity to buy a share in their home, with initiatives such as the competition for the £60,000 house, or the first time buyers' initiative. The use of temporary accommodation will be halved by 2010.

2.2.2. *People, Places and Prosperity*
Although decent, affordable housing is a fundamental requirement of a sustainable community, creating such communities is about more than buildings. Although there are clear health benefits accruing from the provision of good quality housing, health and social care organisations may want focus more on this five year strategy, which has a greater link with the inequalities agenda.

To meet the challenge of engaging people and creating places they want to live in, there is a need to:

- Give people more of a say in the way places (both urban and rural) are run, helping improve local services and make areas cleaner, safer and greener.

- Work through the Town, City or County Hall so that local government delivers excellent services and leads and enables community empowerment.

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[2] http://www.odpm.gov.uk/stellent/groups/odpm_about/documents/page/odpm_about_034295.hcsp

[3] http://www.odpm.gov.uk/stellent/groups/odpm_about/documents/divisionhomepage/035146.hcsp

- Tackle disadvantage, so that people are not condemned to lives of poverty, poor services and disempowerment by accidents of birth or geography.

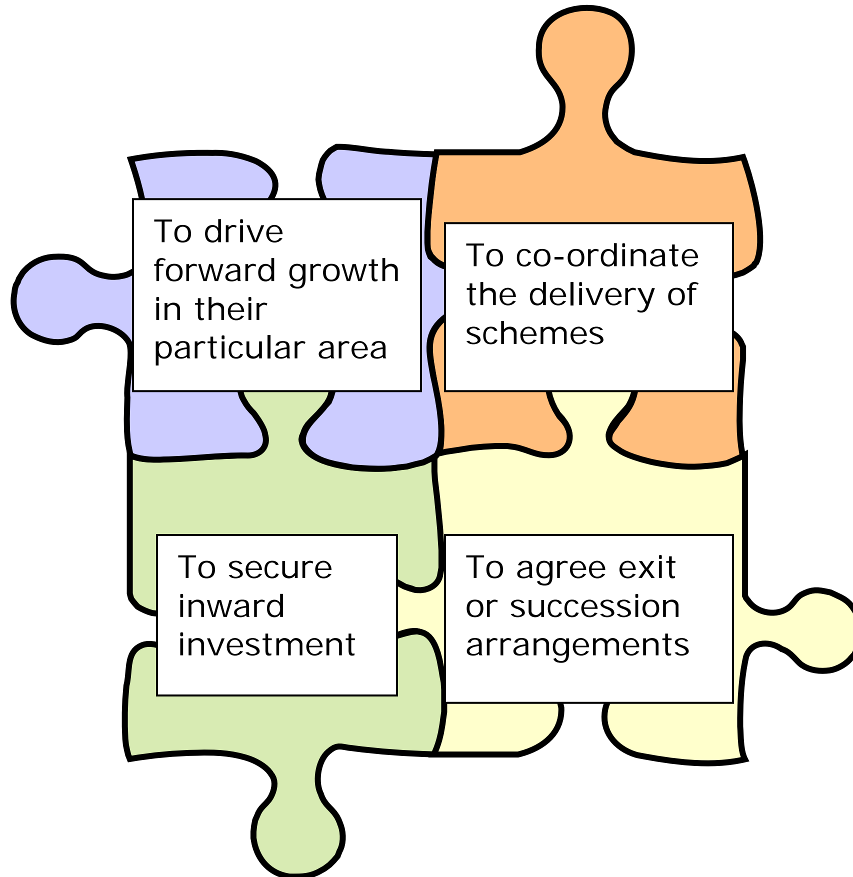
- Work through the regions to increase prosperity, and bring together services, funding and plans which need action at regional level.

2.3. *The Thames Gateway*

The Thames Gateway is a key opportunity for sustainable growth in the south east. It offers over 3000ha of brownfield land and is in close proximity to London and the UK route to Europe. The intention in the Essex sector is to create 55,000 new jobs and 43,800 new dwellings by 2021.

3. The role of local delivery vehicles

3.1. Local delivery vehicles are being established to deliver the Sustainable Communities Plan in the Growth Areas. They have four main functions:



3.2. Depending on the type of body established, the local delivery vehicle will feature some or all of the following key attributes.

- They are single purpose bodies, committed to sustainable growth
- They have the power to assemble land for development
- They can capture development values, to invest in necessary infrastructure
- They can control planning and development control in a locality
- They have the ability to raise large scale and long term funding
- Their processes are transparent and they must demonstrate accountability to their local communities

3.3. At the most powerful end of the spectrum is the *urban development corporation*, as established in Thurrock[4] where it will have a range of implementation powers and associated funding. A UDC will be sponsored by the Office of the Deputy Prime Minister, with a board appointed to bring local knowledge and business skills to play. UDCs have the greatest range of powers, but are time-limited in their constitution. They will look at both growth and regeneration.

3.4. *Urban regeneration companies*, such as Renaissance Southend, are not statutory bodies like UDCs. They will usually be sponsored by their local authority and can be highly effective in co-ordinating public and private partners. They draw their strength from their membership, which includes the private and public sectors, as well as community representation, the relevant development agency and English Partnerships (the government's regeneration agency) As they have no direct funding, and enjoy fewer direct powers, they will bring together investment plans from both the public and the private sectors, and attract new investment through the purposeful and imaginative promotion and regeneration of their areas.

3.5. Finally, there are *local partnerships* which although lacking in legal form, will again bring together public, private and not-for-profit organisations. Together these partners will agree a vision and seek consensus on where to prioritise investment. Whilst Basildon Renaissance is well-established[5], consideration is being given to similar arrangements for Castle Point and Rochford.

3.6. Whatever their status, the Office of the Deputy Prime Minister expects local partnerships/delivery vehicles to:

- Develop a strategic, area based Regeneration Framework setting out the local vision to 2016 with key goals and major constraints.

- Draw up, operate and monitor the Project Framework for each 3-year period.

- Prepare annual business plans.

[4] www.thurrocktgudc.org.uk
[5] http://www.basildon.gov.uk/80256B90004A6718/vWeb/wpEFEN68TH4B

3.7. The **Regeneration Framework** is the core long term reference point for activity in the area. It should:

- Provide a clear vision for the area
.
- Set out the key strategic goals.

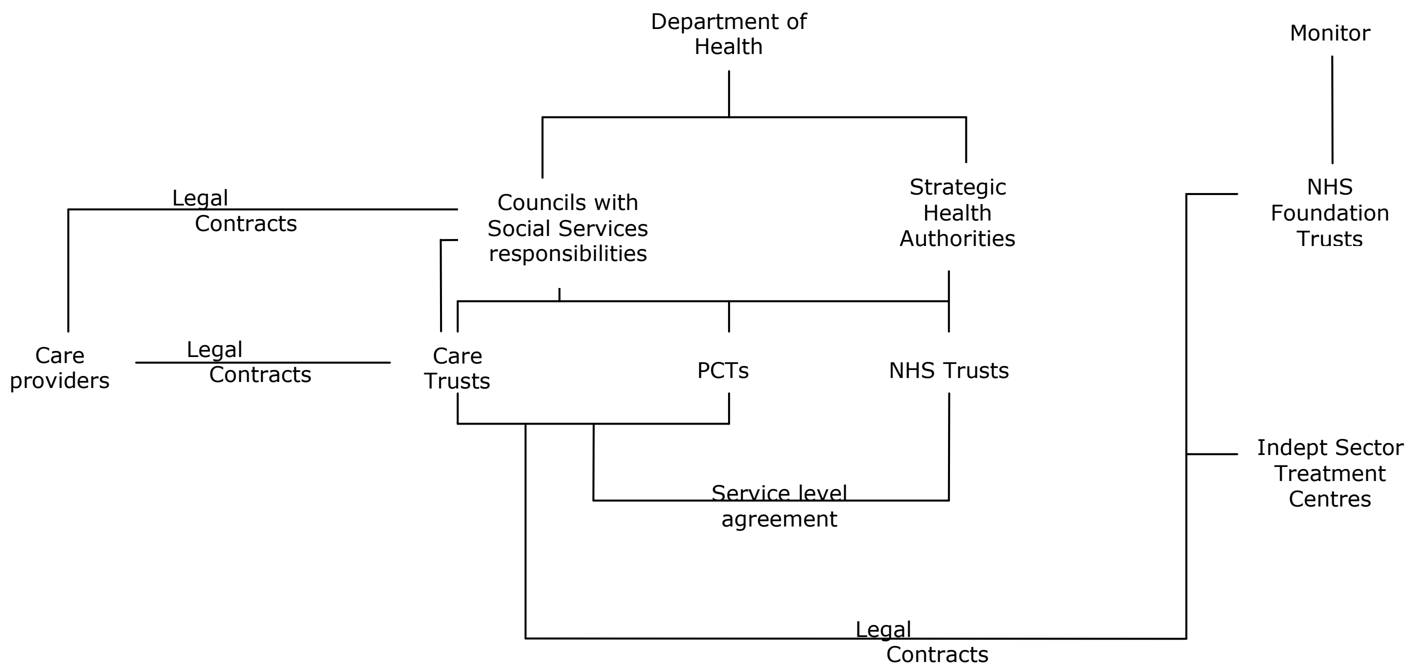
- Include a baseline assessment of the area and the housing and other growth targets for the future.

- Outline how the LP/LDV will operate.

- Identify any key constraints and whether they can be overcome.

4. **The National Health Service – its structure and priorities**

4.1. The NHS locally brings together primary care trusts, an NHS Foundation Trust, an ambulance trust, a mental health trust, a hospital trust and the strategic health authority. Not to mention the independent contractors providing primary care services under contract. A schematic of the relationships is shown below.



4.2. The roles of each type of organisation are set out below in summary form.

Department of Health
- National policy
- Spending reviews
- Resource allocation
- Performance management

Strategic health authorities
- Local arm of DH
- Local strategy and performance management

Primary Care Trusts
- Improve the health of population
- Commission healthcare services
- Provide primary care
- Employ primary care staff

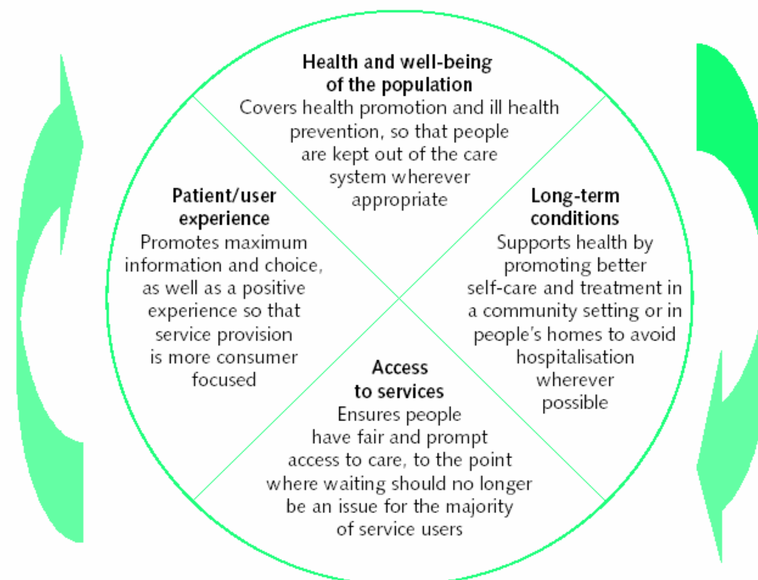
Care trusts
- As PCTs, but also have social care responsibilities

NHS Trusts (acute hospitals, mental health, ambulance services)
- Respond to requirements of commissioning organisations (PCTs and specialist commissioning groups)

Foundation trusts
- Still part of NHS
- Local public benefit corporations
- Local membership and board of governors
- Far greater financial freedom
- Legally binding contracts with commissioners
- Independent regulator (Monitor)

4.3. *The Policy Context*

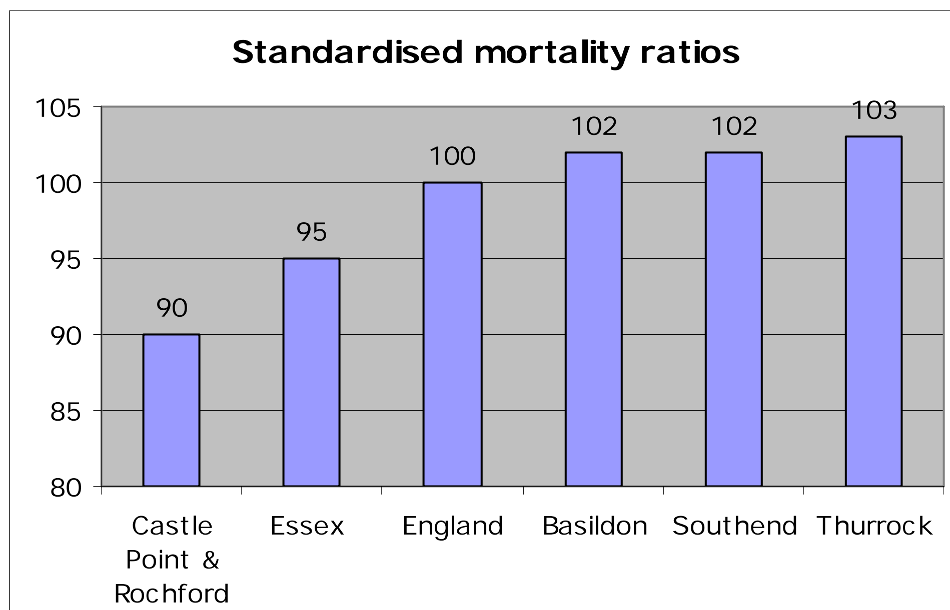
There are four main themes running through the Department of Health's plans for the National Health Service. All are inter-related and the main health initiatives listed further on in the report can all be mapped against one or more of these four themes.



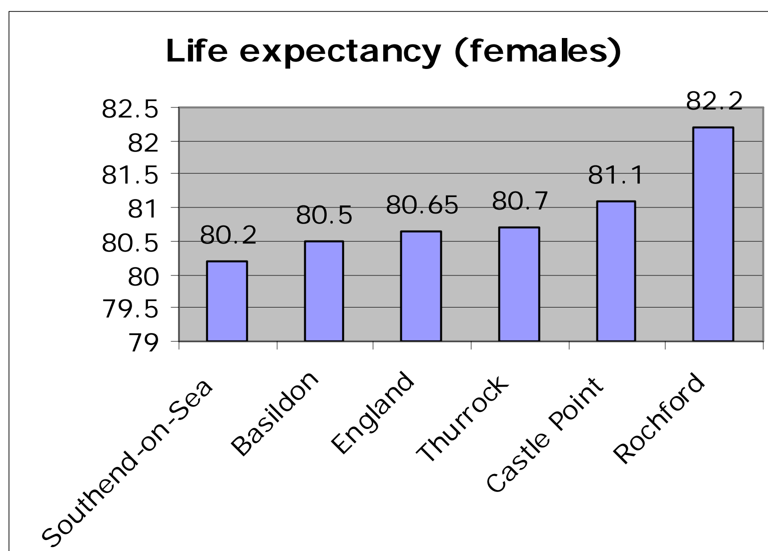
4.4. *Health status*

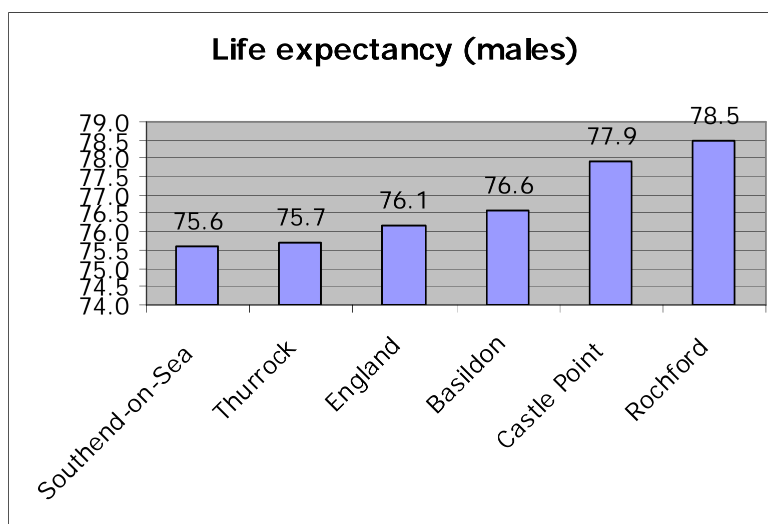
In comparison to some parts of the country, the populations of the four PCTs are relatively healthy. Yet there are significant differences between PCTs.

4.4.1. Standardised mortality ratios present the expected number of deaths per annum, where England has a ratio of 100. A ratio below that suggests a healthier population and a higher ratio suggests one with poorer health. The chart below shows that Basildon, Southend and Thurrock PCTs are slightly over the expected ratio, but that the population of Castle Point & Rochford PCT is significantly healthier than its neighbours.



4.4.2. This pattern continues as one looks at life expectancy. The two charts present the life expectancy of a baby born in 2003. Given the degree of consistency around current health services, it is clear that other factors are important in determining life expectancy.





4.5. *Current issues*

There are a number of policy initiatives which are being implemented by the NHS at present. The following paragraphs are not exhaustive, but give a flavour of areas of work.

4.5.1. *Choosing health*[6] – this is the Government's white paper on improving the health of the public. Its main areas for action are obesity, smoking and alcohol misuse, sexual health and mental health. Much of the White Paper requires strong partnership action to deliver its targets. The Department of Health has a public service agreement target of improving the health of the population by increasing life expectancy,

6 http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor

reducing suicides and tackling the major causes of ill health and premature death.

4.5.2. *Payment by results* – a policy whereby PCTs commission hospital activity using national prices for a range of common procedures. Service agreements or contracts are based on actual activity with variances being paid/rebated at full cost.

4.5.3. The pressure to *improve access* remains, both in terms of moving services closer to patients, but also waiting times to be seen and treated – a maximum of four hours in an A&E department or a maximum wait of 18 weeks between referral and treatment by 2008.

4.5.4. The *Booking and Choice* initiative moves the service towards electronic booking of appointments. All patients will ultimately be offered a choice of five providers, one of which ought to be in primary care.

4.5.5. Under the heading "*Secondary to primary shifts*", PCTs are seeking to relocate traditional hospital services to primary care settings, using appropriately skilled and resourced primary care practitioners.

4.5.6. This shift is supported in part by the introduction of a *new contract for family doctors*, which is now practice-based and has a stronger focus on outcomes and quality. Core medical services are to be available at all practices, but there are opportunities for practices to offer additional services. A similar approach is being taken for dental practitioners and pharmacists.

4.5.7. There is a new emphasis on the management of *long term conditions* such as diabetes or asthma. Patients will be supported to take more responsibility for their care, in some cases supported by community matrons. The intention is to reduce the number of less appropriate admissions to hospital.

4.5.8. *Plurality* implies the use of providers outside the NHS to offer care to NHS patients, as part of a drive to improve access and offer greater choice. Allied to this is the development of independent sector treatment centres, which offer rapid throughput waiting list surgery under contract to PCTs. NHS examples also exist.

4.5.9. There is a huge *workforce* agenda, including recruitment and retention, a reform of remuneration systems and moves to new roles for staff (nurse prescribing, for example).

4.5.10. Many of these reforms are supported by the *National Plan for IT*, which will introduce life-long electronic records, and facilitate the electronic transfer of records and electronic prescribing.

5. Key issues for social care

We need a new vision for Social Services, one that reflects the world we now live in, not one that is rooted in the past. One that puts the person needing support at its centre rather than the institutions providing that support. One that promotes inclusion and diversity and supports people in their choices and aspirations rather than "cares" for them once all choice and hope is gone

Dr Stephen Ladyman
Former Parliamentary Under Secretary of State, DH

5.1. Like the NHS, Social Care is also undergoing a period of modernisation. Following the Climbié Inquiry, the Government published *Every Child Matters*[7], setting out its expectations of all agencies dealing with children. Its aim is to ensure that children are safe and that they reach their full potential in an inclusive society. Key outcomes include

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic well-being

5.2. Structural changes include the designation of a Director of Children's Services in each council with a social services responsibility, bringing together learning and social care services. There is also the potential for the formation of children's trusts, which bring health and local authority services into one, integrated organisation.

5.3. The Government is also consulting on the future of adult social care, with a vision of more person-directed care[8]. This would include greater use of direct payments, where individuals can hold their own care budget and commission according to their own preferences, less institutional care, and far greater community engagement to create an inclusive society. All of this will be underpinned by well-trained staff, or carers who are themselves well-supported.

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[7] www.everychildmatters.gov.uk

[8] http://www.dh.gov.uk/Consultations/LiveConsultations/LiveConsultationsArticle/fs/en?CONTENT_ID=4106679&chk=d5767p

6. Discussion

The presentations sparked some concerns from the audience.

6.1. *Not surprisingly, there was a concern that we had "been here before", with initiatives like the Commission for the New Town; nothing was said about ensuring that essential infrastructure was in place as new housing was delivered.*

6.1.1. It was explained that this event demonstrated a commitment to working together to avoid some of the mistakes of the past. There was a clear expectation from Ministers and the Thames Gateway South Essex Partnership that we would plan developments in tandem. We need to raise awareness of the issues which must be addressed to create sustainable communities.

6.1.2. There was no point in building new dwellings without addressing problem areas such as school performance or recruitment to the NHS. The development of regeneration frameworks would capture a richer picture of each area's needs, and allow partners to understand each other's contribution to their communities.

6.2. *We already have a plethora of structures and policies around Thames Gateway. Do we need any more?*

6.2.1. There is clearly a need to build on what we have, rather than adding further layers of bureaucracy. No-one could question the concept of developing sustainable communities and this ought to be core to the agendas of local strategic partnerships, health improvement fora, housing groups etc.

6.2.2. Three local delivery vehicles, rather than one, had been accepted by the Office of the Deputy Prime Minister as the best fit to meet local need. Nothing would prevent these organisations working together to co-ordinate rather than compete, and to capture bigger gains in development terms.

7. Round table discussions

7.1. Delegates then focused on their own areas, to consider three questions:

1. What mechanisms need to be put in place to deliver joined up regeneration plans?
2. Using your individual or common intelligence about your particular area, where can you identify shared priorities between health and regeneration?
3. Can you identify up to three objectives on which NHS/Social Care and the regeneration body can work together?

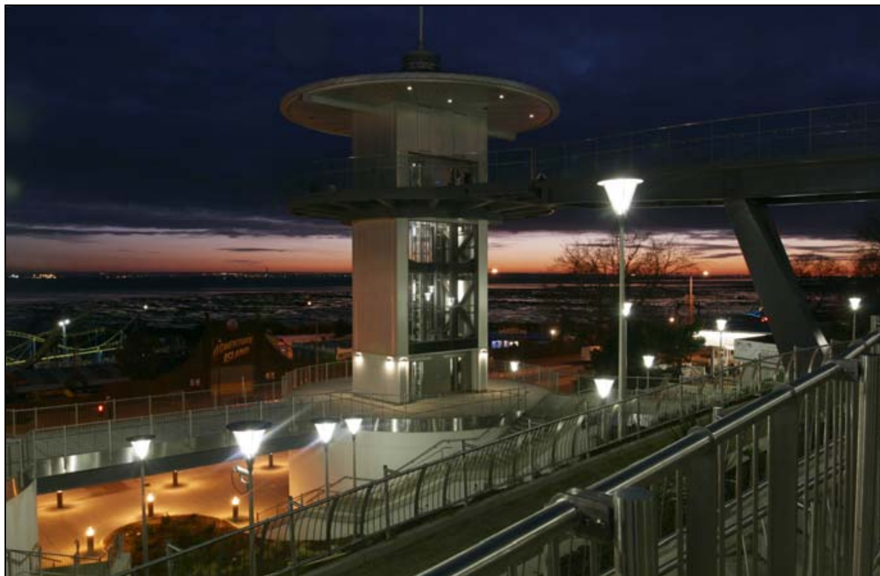
7.2. The outputs of the discussions are appended to this report as an unedited transcript of the notes at each table. In summary, the key messages included the need:

- to understand all the elements of a particular area
- to re-engineer how we work together
- for a co-ordinated approach to funding, including Section 106 payments
- to formally engage with PCTs in planning and delivering the growth area and regeneration agendas, and to consider the need for formal health groups as appropriate
- for clarity around timelines
- to develop further the whole education and training agenda, especially to promote equal opportunities for all

7.3. Each area needs to devise an action plan to take forward these and other key local issues.

8. Conclusion

8.1. The whole Sustainable Communities agenda provides an ideal opportunity to bring health and social care agencies formally into planning and delivering new communities. The interdependency of the health and regeneration agendas is evident. There is a clear expectation that the inter-departmental working at Government level is to be replicated at a local level. This workshop represented the beginning of that process.



LINKING UP DELIVERY

APPENDICES

Round Table Discussion Feedback

Basildon, Billericay & Wickford

1. What mechanisms need to be put in place to deliver joined up regeneration plans?

If we are working independently as health & social care producers & LDV's then how can we bring those together?
Basildon Renaissance Partnership currently mapping health care plans per District
Need to map school provision service & social care?
Need to ensure integrated approach in project planning?
Need to look at the bigger picture, but not necessarily within the action area itself?
How do we integrate all our strategic service development plans into the Regeneration frameworks?
What information do we need to assess future health & social care service provision?
Clear, explicit assumptions on population growth, demographics, spatial distribution, where are people coming from?
What type of workforce will we need?
Need generic training
Need to understand our workforce potential

2. Using your individual or common intelligence about your particular area, where can you identify shared priorities between health and regeneration?

Workforce and development of care pathways
Accessibility of Health Care facilities i.e. local provision and services
Chicken & Egg – Must ensure facilities actually are provided and not an after thought
Can't develop long term plan for health as location of developments not yet known
Can we rely on programme dates as we are dependant on developers?
Can development of infrastructure help sell area to private developers? Money may run out 2008 and private money must then be coming forward.
Basildon Renaissance can help by building in health developments within regeneration priorities.
Sport / Leisure / transport also must be priority to attract money into area.

3. Can you identify up to three objectives on which the NHS / Social Care and the regeneration body can work together?

- Better understanding of what is likely to happen in the area from the LDV's and service providers, plus what the public want
  Joint approach to consultation and visioning model of SureStart
- Joining up what we are doing. More collaborate and less duplication and competition including facilities, project delivery, procurement etc. Gershon type efficiencies
- Coordinated approach to funding that involves LA's, LDV's and other bodies. More open approach.
  Coordination of Section 106 agreements

Castle Point & Rochford

1. What mechanisms need to be put in place to deliver joined up regeneration plans?

Use what is already in place
LSP mechanism
Joint Health Improvement Board
Joint Responsible Authority Group (Crime & Disorder Reduction Partnership)
Share the same citizens panel (PCT + 2LA's)
Across TGSE, Sub Regional Housing Group already in place

- Need to use joint Health Partnership Board

PCT + two authorities + Essex County Council to pick up and talk through key strategic issues of common interest

2. Using your individual or common intelligence about your particular area, where can you identify shared priorities between health, regeneration?

Example of Housing Needs - Thames Gateway South Essex Study

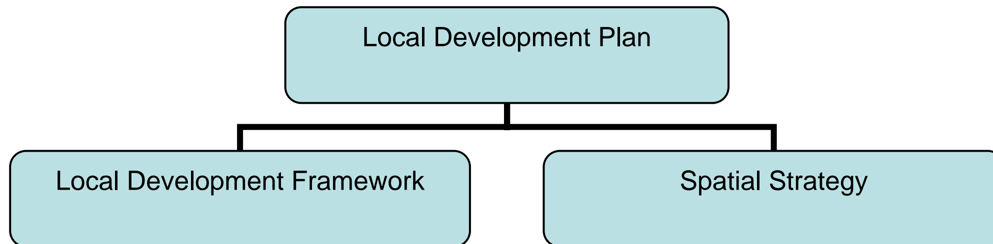
a. GP / Dentist provision
b. Sorting out shared information
c. Health Agenda – keeping people out of hospital etc.

3. Can you identify up to three objectives on which the NHS / Social Care and the regeneration body can work together?

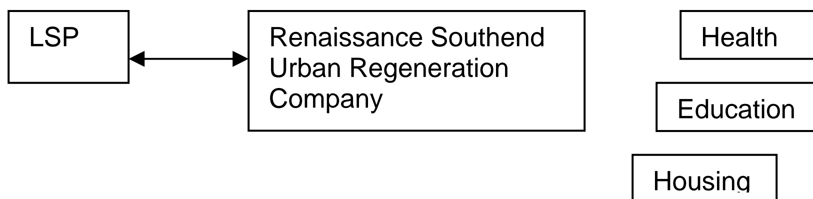
a. Decide strategic timeline – critical inputs / key stages. To be discussed at April joint Health Forum meeting.
b. Identify common physical, land use, infrastructure requirements
c. Identify support provision requirements and community care, housing, care homes
d. Identify mechanisms for delivery

<u>Southend</u>

1. **What mechanisms need to be put in place to deliver joined up regeneration plans?**



Need a forum to obtain a single sense of purpose / vision for Southend



2. **Using your individual or common intelligence about your particular area, where can you identify shared priorities between health, regeneration and growths?**

Housing, Education, Employment, Deprivation – shared priority in public health and health improvement

- Carers – disempowered as economic generators. Do we do enough to influence employers?
- Equality of Opportunity in Education
  Southend College to offer early years teacher training
  Recognition of the health consequence of housing, regeneration etc.

3. **Can you identify up to three objectives on which the NHS / Social Care and the regeneration body can work together?**

- Developing shared understanding & priorities
- Forecasting of social impact of economic initiatives
- Section 106 contributions – funding for public services from private sector

Thurrock

1. **What mechanisms need to be put in place to deliver joined up regeneration plans?**

All agencies need to come together to start to deliver the agenda
Engaging with the local population
Establishment of a health Sub Group.

a. Clear terms of reference
b. Accountability
c. Wider health agenda
d. How does it relate to other subgroups, local partnerships
e. Correct constitution
f. Understanding the population demographics
g. Understanding labour market projections

Sharing information between all partners
- Websites
- Demographic information

Development of a planning framework.
Baseline Assessment ("Blue Book")

2. **Using your individual or common intelligence about your particular area, where can you identify shared priorities between health, regeneration?**

Understanding the needs of the population now and in the future

Green Grid Strategy – looking at opportunities for improving parks etc.
Development sites

What is good about the areas where healthy living is evident, and how can we learn from this.
What are the underpinning things we have to understand?

Develop a check list of principles.
- Take stock of where all the buildings are either started or planned now. Crosscheck with UDC, on potential large sites etc.

Education and Skills – promoting opportunities in this area for education and training.
Provide opportunities for population already living in the area.
Looking at skills that will be needed
Working with schools

3. **Can you identify up to three objectives on which the NHS / Social Care and the regeneration body can work together?**

    a. Exploring educational opportunities, further promoting opportunities, skills for the population now and future.
    b. Link into the baseline audit that has already been undertaken. Take stock of what developments are already in place and planned
    c. Establishment of a health Sub Group

THAMES GATEWAY
south essex

UNDERSTANDING LOCAL DELIVERY VEHICLES AND THE NHS/SOCIAL CARE AGENDA

A workshop to be held on 17 February 2005 for local delivery vehicles and their health and social care partners to examine and understand their respective contributions to the regeneration agenda.

Venue: the Holiday Inn, Festival Leisure Park, Basildon

Agenda

1.00	Arrival/registration/lunch
1.30	Welcome – Mary Spence (TGSEP)
1.35	Presentations: **Regeneration frameworks** Liz Cowie (ODPM) **Local delivery vehicles** Alastair Pollock (TGSEP) **Priorities for the NHS** Julie Garbutt (Southend PCT) **Priorities for social care** Colin Slasberg (Thurrock Council)
2.30	Questions
2.50	Introduction to round table work
3.00	Refreshment break
3.15	Round table work
4.15	Feedback
4.30	Close

Delegates

Organisation	Delegates
Basildon PCT	Dave Cowling Martin Cresswell Alwyn Hollins Gill Mills
Basildon Renaissance	Ian Butt
Basildon & Thurrock University Hospitals	Jenny Galpin Stephanie Lawton
Billericay, Brentwood & Wickford PCT	Richard Albon Caroline Humphreys
Castle Point Borough Council	Ian Burchill
Castle Point & Rochford PCT	Brian Dawbarn
Essex Ambulance	Graham Blanchard Stuart Berlyn
Essex County Council	Tony Cox
GO East	Neil McKillen
Rochford District Council	Paul Warren Graham Woolhouse
S Essex Partnership Trust	Joan Holden Nigel Leonard Jai Tout
Southend Borough Council	Nick Corrigan
Southend Hospital	John Bruce
Southend PCT	Julie Garbutt
Thames Gateway S Essex	Alastair Pollock Owen Richards Mary Spence

Thurrock Borough Council	Colin Slasberg
Thurrock PCT	Sheila Adams Zena Deayton Peter Wallis
University of Essex	Kimmy Eldridge Nigel South