APPENDIX D

PARTNERSHIPS SCRUTINY COMMITTEE – TUESDAY 10 OCTOBER, 2006

REVIEW OF EAST DURHAM LOCAL STRATEGIC PARTNERSHIP

SUMMARY OF EVIDENCE, ANNA LYNCH, ACTING DIRECTOR OF PUBLIC HEALTH FOR COUNTY DURHAM PRIMARY CARE TRUST AND CHAIR OF THE HEALTH IMPROVEMENT SUB GROUP – HEALTH IMPROVEMENT GROUP

(I) **What was the role of the Sub-Group within the LSP and which Members/ Officers from the District Council supported it?**

A. Lynch explained that the Health Improvement Group was a thematic group for improving health and reducing health inequalities. Officers that supported the Health Improvement Group from the District Council were Janet Higgins, Paul Irwin, Mary Hindmarsh, John Murphy, Ray Brewis and Jane Bellis.

(II) **Where had the LSP been most and least effective so far?**

A. Lynch explained that the Group had been effective in getting health issues on partners agendas as the large majority of the determinants of health were outside of the health service. Health needs were identified and evidence based interventions were prioritised. The Group had been successful in mainstreaming and sustainability and had a set of collaborative action plans which were owned by different organisations including food and health, smoke free Easington, teenage pregnancies, worklessness and the children and families service. With regard to reducing teenage conceptions, the baseline position six years ago had been reduced by 26% in the District.

A. Lynch explained that the Group had been least effective in meeting Public Service Agreement targets on health inequalities. The gap in life expectancy of men in the District had not reduced and a lot of emphasis had been put on the 2010 target.

(III) **Are the LSP Sub-Groups equally as effective in terms of structure and outcomes?**

A. Lynch explained that she felt like she was not qualified to answer this question as the only other Sub-Group she attended was the Community Safety Partnership.

(IV) **How does the LSP ensure that full benefits of sharing data and information between partners is obtained?**

A. Lynch explained that Executive Meetings were held quarterly when Officers of the District Council and the Chair of the Local Strategic Partnership were present. The LSP also established up Working Groups as necessary. Regular update reports were given and cross cutting referencing issues were discussed.

(V) **What steps could the LSP take to ensure wider involvement in its work?**

A. Lynch explained that the LSP was doing really well although there was never going to be blanket coverage. Regular updates were given to wider stakeholders and there was also a wide engagement. It was very challenging in a District where there were seventeen Parish Councils and two Town Councils and a lot of thought had been given to membership of the LSP. Consideration was given to any request to sit on the LSP at the full LSP meeting.

(VI) **The LSP should be accountable to the community for its work. How is accountability achieved, measured and reported back to the community? Was the membership of the LSP and its Sub-Groups reflective of the community?**

A. Lynch explained that she had been involved in the production of the protocol for the Community Empowerment Network (CEN). The CEN had developed over the last five years and had gone from strength to strength. They had an equal voice on the LSP Executive and the Partnership. There were also three representatives from the CEN on each of the Sub-Groups. The CEN also had membership on the Strategic Funding Group which was the Group who had the final say in the allocation of the Neighbourhood Renewal Fund. Information that was received from these meetings were cascaded to the wider Community Empowerment Network by Norman Mackie who was their co-ordinator. The LSP could not force community members to engage.

(VII) **How effective was the LSP at communicating its achievements/non achievements and those of the Sub-Group?**

A. Lynch explained that the LSP tried to promote and publicise good news stories. The Health Implementation Group held an annual seminar with stakeholders and partners and had been very successful. The LSP also held development events and the LSP TV had been very innovative and the District was the first area in the country to promote their work in this way. The District Council Info Point also included regular updates from the LSP as well as there being a number of newspaper and media reports.

(VIII) **What arrangements were in place within the Sub-Group to report upon its activities and what were the reporting mechanisms from the Sub-Group to the LSP?**

A. Lynch explained that there were a number of task groups reporting to the Health Implementation Group at their bi-monthly meetings, for example, Smoke Free Easington, Food and Health, Active Easington Partnership, Children and Family Service Forum, Employment and Health and Tackling Teenage Pregnancy. Presentations, further reports and updates were also given to the Group and the Health Implementation Group gave a regular update report to the Local Strategic Partnership meeting that was held quarterly.

(IX) **How effective was the LSP and the Sub-Group at raising awareness of its activities to partner organisations and the community?**

A. Lynch explained that the awareness was raised by the Health Implementation Group Annual Seminar to stakeholders and partners, LSP development event, LSP TV, Info Point and newspaper/media reports.