

The Thetford Healthy Living Centre Community Involvement Panel

Lessons Learned From The First Year

by
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Background

Thetford, in Norfolk, has been described as an 'island of deprivation' contrasting starkly with its surrounding rural Norfolk setting. Located within miles of unspoilt forest and in the heart of a unique landscape known as 'The Brecks', three out of the four Thetford wards are in the top quintile of most deprived wards nationally. Educational standards are low, there is a low skills base and earnings are below the national average.

Health Needs

Although Norfolk in general benefits from better than average health, parts of Thetford suffer from significantly poor health, mainly associated with deprivation.

This was one of the reasons that led to Thetford being identified over 25 years ago as needing a new centre for healthcare, but sadly, a lack of funding has never enabled this to happen. However, in 2003, Norfolk was awarded LIFT (Local Investment Finance Trust) status, a new public-private partnership. This enables investment which has made feasible the realisation of the vision of a new "fit for purpose" Healthy Living Centre (HLC) for Thetford. This exciting development represents a major investment in health care for Thetford and is due to open by 2006

As well as consultation taking place with health professionals (who will provide services from this new facility), local clinicians recognised the central importance of engaging with their community to gain perspective and views on the project. Hence, in April 2003, volunteers were sought from the local community via adverts and posters placed around the town. There was an excellent response and in May 2003, 15 members of the local community, formed the Thetford Healthy Living Centre Community Involvement Panel.

The panel is currently jointly facilitated by Corah Carney, the Health Development Officer (HDO) from Keystone Development Trust, a local community regeneration organisation and Maria Graves, the Locality Leader (LL) from Southern Norfolk PCT.

The Panel

Panel meetings have been held monthly, within normal working hours. One of the first objectives the panel felt necessary was to devise Terms of Reference so there was clarity about their role. Secondly a Code of Conduct was agreed which set out the expected standard for behaviour at meetings. It was also agreed that the panel should be given open access to the HDO and the PCT Locality Leader.

The First Year

The panel's main objective for the first year has been to meet with health professionals who provide services in their area to discuss local health issues. Presentations explaining the provision of local services such as physiotherapy, district nursing, general practice, social services, radiography and biomedical services have all been well received, as well as topics covered by senior PCT staff such as NHS funding and future service provision.

The meetings have also proved to be successful in that the panel have not only proved to be an excellent consultative body for the local clinicians but have also contributed significantly to the decision making of the PCT. A good example of this was the selection of a site for the new healthy living centre. The site originally favoured by the PCT proved to be unpopular with the community and local staff. These levels of concern were expressed directly to the PCT via the panel meetings.

The panel requested an opportunity to review alternative locations before final decisions were made. They felt that their extensive local knowledge could be valuable to the PCT who complied with this suggestion. A list of 10 potential sites was drawn up, many of them suggested by panel members. A tour of these 10 sites was then organised. One panel member devised a route and another designed an evaluation form. Every site was scored individually by each panel member leading to two or three of the most suitable sites being short-listed. In the wake of this review the PCT re-evaluated their original proposal. This resulted in the site most favoured by the panel being selected and it is currently the subject of final negotiation with the Local Authority to purchase.

Evaluation of the Panel

After their first year, the panel were asked to complete an evaluation form to enable the facilitators to assess whether the format and contents of the meetings were appropriate.

Panel members were asked to score out of 5 which aspects of their work they had enjoyed most over the last twelve months, where 5 represented maximum enjoyment and 0 represented no enjoyment. A mean score was then calculated out of 5 for each question.

The following shows the results of the evaluation:

Question: *"How much have you enjoyed the following"?*

1. Having presentations from NHS staff – 4.5
2. Finding out about the current health services in Thetford – 4.4
3. Presentations from the PCT managers – 4.6

4. Questions & answers with the PCT – 4.5
5. Hearing about the different health projects that are happening in the community – 4.2
6. Hearing about plans for the new HLC – 4.5
7. Meeting with the short-listed companies in the bidding process – 4.5
8. Being involved in choosing a site for the new HLC – 4.5

The results provided very positive feedback, reassuring the facilitators that the organisation and structure of the panel is appropriate for its intended purpose.

Cost of the Panel

In their first year, the panel members contributed over 300 hours in time. All were encouraged to claim their expenses but surprisingly, very few of them have. Room hire is donated by the local housing association (Peddars Way Housing Association). Beverages are provided. One panel member provides home produced light snacks costing a modest £2.50 per head.

Lessons Learned

There have been many lessons learned in our first year:

- The use of acronyms and NHS terminology - All NHS staff are guilty of this! Efforts have been made to use simple, clear language as the use of even the most common abbreviations and acronyms can be confusing for the public, who might not have the confidence to seek clarification. Similarly, staff must also attempt to speak clearly as some panel members experience hearing difficulties.
- Confidentiality - Occasionally, it has been necessary to discuss sensitive and confidential issues. The panel have responded by acting with the utmost integrity and have respected the facilitators' openness and honesty.
- Raising expectations of the public by involving them in the decision making was a big concern for the PCT. However, the facilitators found that exposing the community to harsh decisions and conflicts in the public sector, has had the positive impact of raising the panel's awareness of the complexities of managing health services.
- Environment – The facilitators found that a central, neutral venue for meetings is vital. Many members of the public would not feel relaxed and comfortable in a boardroom setting in a PCT building. It is also important that the physical elements are considered, such as comfortable chairs with arms. Some of the panel are over 60 years and find it difficult to get out of low chairs.

- The provision of basic refreshments has proved to be a good way of breaking down barriers. Panel members, facilitators and guest speakers eat together informally. Dietary requirements were considered as some members have specific dietary needs, eg. individuals with diabetes or gluten allergies. If these things had not been considered, potential members could have been excluded for no other reason than we had not predicted their needs.
- The agendas for meetings have had to be open and flexible as panel members have grown in confidence. Requests for items to be placed on the agenda have been received more frequently. This month, for example, a request was received for information about MRSA as the subject has recently been in the news. The panel members have also requested visits to other healthy living centres to become more informed.

Future Plans

It is intended that over the next year, the panel will be closely involved in actual **design** of the new building alongside service providers. Not only will they be an excellent consultative body, they are also willing and keen to be used as a 'sounding board'. This clearly allows professionals to plan services involving the community more fully in developing their health services locally.

It is proposed to form a Rural Health Forum which will specifically examine health issues relevant to rural areas, which can be quite different than issues in urban areas. This forum will follow the model inspired by the Thetford panel. It may be possible to bring the two panels together periodically to create a holistic locality view of health and health provision.

Future plans may also involve the creation of a Young People's health panel whose needs are largely ignored in today's health economy, which is mainly demand led by the treatment of ill-health. Identifying issues early for this group may give opportunities to support health promotion and education.

Conclusion

Whilst the new Patient and Public Involvement Forums will be a great asset to PCT's, the Thetford Community Involvement Panel seem to genuinely enjoy being able to contribute to their new health services in a **practical** way. The importance of incorporating their local knowledge and experience is not being underestimated. This, in turn, will impact on the new facility receiving maximum public acclaim, support and utilisation.

After all, the new healthy living centre is ultimately for the use of the community it serves. The facilitators strongly believe that our job, as health professionals and community development workers is to make the new healthy living centre happen. Our aim is to give the community and the staff a building that they can enjoy, use to the maximum and be proud of.

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