

# **Staveley Town Deal Board**

# Minutes of the Meeting held on 14th January 2022 (10:00 - 12:00)

# (Via MS Teams)

# **Attendance**

<b>Board Members</b>	
Ivan Fomin (Chair)	MSE Hiller
Cllr Tricia Gilby (Vice Chair)	Chesterfield Borough Council
Will Morlidge	D2N2 LEP
Mervyn Allcock	Barrow Hill Engine Shed Society
Cllr Paul Mann	Staveley Town Council
Julie Richards	Chesterfield College
Huw Bowen	Chesterfield Borough Council
Geoff Walker	Chesterfield Canal Trust Ltd
Cllr Aaron Gibson	Derbyshire County Council
Angela Stansfield	Department of Work and Pensions
Dr Peter Scriven	Divisional Director, Royal Primary Care (East)
lan Wingfield	Springwell Community College
Kara Simpson	Derbyshire Police
Officers in support	
Lindsay Wetton	Chesterfield Borough Council
Lynda Sharp	Chesterfield Borough Council
Mark Evans	Staveley Town Council
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Michael Rich	Chesterfield Borough Council

# **Apologies**

Toby Perkins, MP	Member of Parliament, Chesterfield
Mark Potter	Chesterfield Canal Trust Ltd
Lee Rowley MP	Member of Parliament, North East Derbyshire
Cllr Tony King	Derbyshire County Council
Theresa Channell	Chesterfield Borough Council
Peter Dewhurst	University of Derby
Observer	Towns Fund Policy Advisor, Dept Levelling Up,
Melanie Phythian (MPh)	Housing and Communities
Alison Westray Chapman	Derbyshire County Council
Craig Busby	Office of Toby Perkins

# Welcome and apologies (IF)

Ivan welcomed Board members to the meeting. Apologies are noted above.



#### **Declarations of Interest**

No Declarations of Interest were reported.

# Minutes of the last meeting held on 22<sup>nd</sup> December 2021 (IF)

Minutes were approved as an accurate record. All actions had been completed or are covered within the agenda of the meeting. Board members were reminded that any remaining DOI forms are to be completed and returned to AF. LW reported that the Project Summary document for the Construction Skills Hub along with the Monitoring and Evaluation Plan and Financial Annex have been submitted to DLUHC. This triggers the first payments which will be due in March 2022. A reminder to for Board members to add events on the Calendar, just send to LW for inclusion.

# **Town Deal Policy Update**

MPh has sent her apologies, therefore this item was not covered.

#### Presentation – Health & Well Being across Staveley – Dr Scriven

Dr Scriven is part of the Royal Primary Care NHS group and is the practising GP for the area. His presentation shall be circulated to Board members.

The headline information is that people of Staveley have shorter lives and earlier on set of poor physical and mental health. A lower number of the population live until over 75 years, and this affects funding.

Recent work has been carried out on some geospacial distribution of disease, this is the first map of its kind that's ever been down.

There are big issues of aging and frailty across the country, but Staveley has lower dementia but people don't live long enough to suffer from this. In essence, they become unwell sooner, get ill longer and die earlier.

With this stark information, the discussion led to how the activities of the Staveley Town Deal could influence the socio economic benefits and infrastructure for the area. Can a Town Deal influence these health and well being opportunities? And here in Staveley, could it open up opportunities for a measurable difference and stand aside from other Town Deals? If we can kick start a positive cascade and influence negative impacts, in the long term, these could lead to lower blood pressure, and improved health outcomes. If we can start to shift behaviours then health improvement can flourish.

Board members had a range of questions:

Chairman, IF asked; for clarity what the RPC is. It is the Royal Primary Care, one of the largest care services, who are NHS employees and part of the NHS hospital and were formerly the Holywell medical group.

Cllr Mann referenced that Staveley has had heavy industry and there is a need to move away from or eliminate heavy industry and reduce heavy lorries and therefore pollution. We need to move towards healthy lifestyle, looking more to sectors with lower emissions. How much of this is hereditary? TD Board can help to move away from heavy industry to clean growth.



PS responded that there is almost no heredity COPD, it doesn't effect the underlying pattern. However, environmental standards do drive respiratory problems.

WM commented that he felt skills is a very important thing to look at; if all the projects don't improve lifestyles we're not doing our job. Is the skills system providing the right jobs in the right place? To deal with COPD and muscular disease we do need these specialists explained PS. There is a baseline level of technical skills which are generic, but by charting the distribution of disease, using Rotherham as an example who have a pulmonary rehab unit with a targeted place and need to increase in respiratory skills. We had Health Coaches in the past, which were lost when funding disappeared. We are short of specialist skills nationally and equally they are not deployed in right place. "Made in Barnsley" addressed the need for the range of skills. Could we engergise young people to understand the broader aspect? WM added that we already promote STEM careers, therefore by being more targeted it might be physio and respiratory for Staveley.

IW thanked PS for the presentation and said that by sharing it within his school, it will help his team understand the community they work in. There is an important emphasis on school age children with a positive cascade on positive lifestyle choices, through the school curriculum. We have access to all Staveley schools and do support information about careers and but we can always do this better. Could we look to find a way for quality assurance and is there any data to support the following premise? IW is definitely seeing higher than average obesity in teenagers in Staveley and a higher incidence of smoking. PS explained that he is starting to unpick data by age, childhood obesity levels are high, with joined up working we could get better data. Children don't present to GPs, data is multi factorial and some parents area often obese, but this is not the full story. Outside environmental factors affect height, weight and blood pressure. Can we energise with local college? PS added, there is also the issue of limited home cooking facilities, what can you cook with only two gas rings? Perhaps we can engage young people with an interest in cooking/being a chef and how could they assist, perhaps engage a supermarket to donate ingredients.

JR added that the college can provide additional support with health and nutrition for school students. Role modelling works really well with young people. She suggested a meeting with PS, AS, IW and the college would be very beneficial.

**Action:** To set up a meeting between the school, GP, DWP and Chesterfield College to discuss practical ways of working to address health inequalities.

HB noted there is nothing new in the data and it is consistent with the stubborn IMD data we regularly review. Within the Town Deal, there is a lot of potential examples of inclusive jobs, and skills provision to equip people to gain the jobs and improve the environment, such as play areas and open space. This comes back to behavioural changing that occur by getting people into jobs. This is the key, and the Town Deal can help to create conditions to invest and create quality jobs. The Town Deal sits within an ambitious regeneration investment in the Staveley corridor and all elements aim to build growth.

PS added that it should be possible to construct an index of health & well being. Potentially taking the baseline to 2019 (pre-covid) and track these on an annual basis over the Town Deal lifetime. The root determinants of ill health, obesity and smoking do change relatively quickly, therefore we can do



things on fundamental determinants. HB agreed that this would be a good idea and welcomed more information from PS.

With the planned building of 3,500 new homes, PS noted that health care provision remains limited. Staveley people don't want to travel to Walton Hospital. Are there opportunities to bring the services to the town centre? PS noted that there is tension within PHC provision who don't fully understand geospacial mapping. There are models for this, better position the service where the disease is.

Primary Care Networks are the mechanism to group health data, Chesterfield and Staveley are one and covers a large are. This results in losing granular data in the mass.

IF posed the question of, strategically how do we tackle this and how do we organise ourselves in the community? IF has young, qualified professionals in his company with similar health issues. Town Council could lead if they have the resources on the community cookery initiative, working with a Chef and Kitchen.

PM, added that the covid vaccine programme is the worst uptake, as it's the furthest point in the borough. Obesity seems to be cultural in Inkersall, with low physical activity uptake.

PS commended TP for instigating the COVID vaccinations in Inkersall, which were up to 1000 a day, a great example of putting a service where the population is and there is data to prove it.

AS commented that this resonates for DWP with mental health issues for the working age population. DWP take a place based approach in Job Centres and can bring in services such as Live Life Better Derbyshire — healthy eating and lifestyles and smoking cessation. She offered to link and deliver from the Job Centre and use DWP funding. PS welcomed this and was not aware, noting that unemployment figures are quite low but "unemployable" for softer reasons, are higher. This is worth exploring further.

Action: AS and PS to meet to discuss.

PS will look to synthesise granular health data and seek to drill down more accurately and capture other data from different organisations.

**Action:** PS to reach out for data from Board members as required. All confirmed they were happy to be approached.

WM suggested to reach out to Universities in Nottingham who are using social media sentiment as a proxy to mental health with interesting new ways to capture data. PS is very interested by this potential data stream.

Action: WM to link PS to the Trust in Nottingham and right person for data analysis.

IF concluded that this is something the Board can deal with at a broader level.



### **Project Activity Report**

### a. Programme Gantt Chart & Project Tracker

LW updated on project progress towards their Business Case development. A couple of projects are experiencing cost increases now that they have engaged with QS assistance. A good example of how the 5% advance payment is assisting project development. Projects will work through their project data and refine the projects.

### b. Project Assurance and Approval timetable

Whilst this information is in the Gantt Chart, this paper was prepared to set out key dates as we work through this busy next few weeks to produce robust Green Book Business Cases. Board members noted this paper.

#### c. Programme Risk Register

LW presented the new version of the Risk Register, noting that it is an iterative document that will be regularly reviewed and presented to Board.

#### **Communications, Engagement & Consultation Group Update**

IW reported that the CEC Group met this week. The group are building the calendar of events for 2022 which includes markets in Staveley run by the Town Council, a project "marketplace" is planned. A meet the buyer conference to stimulate interest in the construction sector for our capital projects. And the Barrow Hill Rail Ale in May 2022.

Students are working on the Timeline project. The Young Enterprise initiative is being planned with an exploratory meeting scheduled soon. A reminder of the Skills Conference at Speedwell Rooms on 9 February. The Town Centre Masterplan received 65 responses to the consultation and a report is being prepared outlining the results.

IF added that the Events Calendar is being updated and a column to capture Board member involvement.

Staveley Waterside (DCC Canal Basin) was approved by DCC Cabinet this week. PM noted that Derbyshire Times have printed an article. There are queries raised from the community.

IF confirmed that as a Board, we need to get our messaging right through our Communications Protocol.



HB explained that DCC needed to commit funding for the project and wanted the backing of DCC Cabinet. Certainly they've engaged in pre-app planning discussions but planning permission is not in place as yet.

TG added that Derbyshire Times regularly reviews Council website for their meetings and has picked up this information. Cllr Hayes posted on social media before Christmas, TG advised that PM refer community comments to Cllr Hayes.

IF reflected whether we want to bring a youth group into the Town Deal process for links with the health issues, which could work very well. After March 2022, will give us an horizon to look more broadly.

Action: LW to circulate the Events Calendar with papers for the next Board meeting.

# **Any Other Business**

a) WM – there will be a meeting for Town Deal areas at a D2N2 meeting and including Leics. The focus is on skills this time and how to use education system to focus on mobility. Any ideas from this session, WM will bring back to this Board.

### **Date and Time of Next Meetings**

Wednesday 16 February 2022 (10 – 12)

Friday 18 March 2022 (10 – 12)

Friday 22 April 2022 (10-12)