

West Midlands Regional Assembly

Regional Health Partnership Meeting

Notes of Meeting held on Thursday, 6 July 2006
at West Midlands Regional Assembly, Quay Place, Birmingham

Present:-

David Littlemore (Chair)	West Midlands Regional Assembly (WMRA)
David Ashton	South Warwickshire PCT
Janet Baker	West Midlands Public Health Group (WMPHG)
Gordon Barnes	Sustainable Development Commission
Julie Burgess	Birmingham Women's Health Care NHS Trust
Helen Carter	West Midlands Public Health Training Scheme
Rob Cooper	West Midlands Deanery
Julie Davis (Notes)	WMPHG
Sarah Davis	WMPHG
Roger Gajraj	Health Protection Agency (HPA)
Sue Holmyard	Dudley MBC
Zena Lynch	WMRA
David McGrath	Bromsgrove DC
Kate O'Hara	Care Services Improvement Partnership (CSIP)
Rosie Paskins	Advantage West Midlands (AWM)
David Priestnall	Wyre Forest PCT
Elaine Russell	Ladywood Healthy Living Centre
Karen Saunders	WMPHG
Rashmi Shukla	WMPHG
Chris Spencer-Jones	South Birmingham PCT
Catherine Smith	AWM
Mamoona Tahir	HPA

ACTION

1. **APOLOGIES FOR ABSENCE**

Apologies were received from David Beechey, Stephen Fitzgerald, John Kemm, David McGrath, Ian McPherson, Julie Moore, Edward Peck, Jane Peters, Gary Saunders, John Sharp, Andy Wakeman and Bill Thomas.

2. **NOTES OF THE MEETING HELD ON 6 APRIL 2006**

These were agreed as a correct record.

3. **MATTERS ARISING**

Regional Spatial Strategy & Health Task Group

Zena Lynch advised that the first meeting of this group had been postponed until September, in order to meet the timetable for production of the other regional strategies being developed.

Choosing A Better Diet
- The Way Forward for the West Midlands

Rashmi Shukla requested that the results of the “Mystery Shopper” exercise be shared with NHS Trusts across the region. Some findings would need to be anonymised and individual feedback given to some Trusts.

C Goodridge
J Baker

Catherine Goodridge had also been asked to observe whether or not the “no smoking within 15 metres of hospital entrances” aspect of NHS No Smoking Policies was being adhered to across the region.

C Goodridge
J Baker

Improving Mental Health & Well-being in England

Cllr McGrath was concerned that the financial situation in some Trusts across the region might have an adverse impact upon funding for the carers of mental health patients, which he felt was already under-funded. He also said that he would like to see Autism services addressed as part of mental health services, alongside Education. Kate welcomed his support for mental health issues within this forum and offered to send him details of the National Institute of Mental Health Excellence (NIMHE) Carers & Partnerships Forum. This would allow him to make some appropriate local contacts.

K O’Hara

4. **SUSTAINABLE DEVELOPMENT COMMISSION**
- GOOD CORPORATE CITIZEN SELF-ASSESSMENT
MODEL

Gordon Barnes from the Sustainable Development Commission (SCD), which is the government’s independent watchdog on sustainable development, gave a presentation about sustainable development in the public sector and in particular the contribution the NHS can make. A copy of Gordon’s slides is attached as Appendix 1.

One of the SDC’s roles is to lobby all government departments to become more sustainable. Through advocacy, advice and appraisal, the SDC aims to put sustainable development at the core of government policy.

The sustainable development model for the NHS (launched February 2006) is currently being rolled out and is known as the Good Corporate Citizen Guide. The model encourages the NHS, through their corporate activities (buildings, procurement, employment, facilities management & transport) to contribute to:-

- strong local economies
- social cohesion

- a healthy environment.

The Good Corporate Citizen Guide contains a self-assessment model (which can be used by organisations other than the NHS if required) to:-

- assess and improve the organisation's contribution to the local economy, community and the environment
- find out more about good corporate citizenship
- be inspired by best practice
- access resources.

The self-assessment tool is available from:-

www.corporatecitizen.nhs.uk or the SDC's website:-
www.sd-commission.org.uk

Adopting sustainable development models should also produce benefits for the NHS, examples include:-

- financial savings (eg through the NHS Waste Consortium)
- faster patient recovery rates (nutritious fresh food aids patient recovery)
- improved staff morale (a well-designed building enhances staff performance)
- a healthier local population (a healthier environment; employed people are healthier people).

The Guide covers six key areas:-

- transport
- procurement
- facilities management
- employment & skills
- community engagement
- new buildings.

The SDC has received funding to encourage more and more organisations to sign up, set objectives and set regular self-assessment and evaluation dates.

Discussion

All NHS organisations who haven't yet signed up to the Good Corporate Citizen initiative are encouraged to do so (and it was noted that the first meeting of the NHS Good Corporate Citizen Network would be held that afternoon). Other organisations are also welcome to access the self-assessment tool and adopt the principles of sustainable development. Gordon advised that negotiations are currently underway with the Healthcare Commission, in order to integrate sustainable

development into their inspection process.

Gordon said that some NHS Trusts have used sustainable development as good practice to form part of their application for Foundation Trust status.

The next edition of the SDC's newsletter "Healthy Futures" would focus upon healthy and sustainable travel to hospitals (as a workplace rather than as a patient).

Sustainable Schools

Gordon advised that the SDC's Education Team has recently submitted proposals to DFES with a view to rolling the model out to schools. There is concern that many of the schools currently being developed do not meet sustainable development criteria (and this was confirmed in CABE's recent report to government).

Gordon confirmed that the SDC would be delighted to work with the Regional Health Partnership in order to contribute to development of a Regional Health Strategy.

5. **BIG LOTTERY FUND (BLF)** **WEST MIDLANDS PORTFOLIO BID AGAINST THE** **WELL-BEING FUND**

Zena Lynch updated the meeting on progress made to date to develop a regional portfolio (for a maximum of £20 million) for submission to the BLF. Since the April meeting of the RHP, two workshops had been held (for organisations within the region interested in finding out more about the process for contributing to a regional portfolio). A regional steering group (chaired by Zena) has been established, a process and timetable devised, bids invited and assessed and a draft Expression of Interest (stage 1 bid) prepared and circulated for consideration at this meeting.

Expression of Interest (Stage 1 Outline Bid)

The Expression of Interest outlines the key areas the Steering Group suggest should be submitted to the BLF on 28 July. Zena highlighted the main points from the paper to the group, explaining that it was based upon the regional and local needs identified in the *Choosing Health for the West Midlands* and the *Regional Lifestyle Survey* reports. At local level in particular, the portfolio would need to reflect needs identified in the Local Area Agreements (LAAs), which are now in place across most of the region.

One of the BLF's criteria for portfolio submissions is that they demonstrate partnership working (between the NHS, LAs and

the VCS).

Zena advised that the West Midlands may not receive the full £20 million it is bidding for, as a number of national bids are being made.

Management Structure

Zena advised that a management structure would need to be put in place in order to manage the West Midlands' funds and activities. A proposed structure (based on 5% of the £20 million bid) had been devised and would be presented to the Regional Assembly Board on 12 July. This had been circulated prior to the meeting. Zena advised that the Regional Assembly would be asked to approve a request to act as the Accountable Body in respect of the regional bid to the BLF on the basis outlined in the paper and the management structure which was tabled at the meeting (attached as Appendix 2).

It was noted that it was proposed that the Steering Group remain in place (with expanded membership to ensure appropriate representation), for example it would include the fourteen local communication leads. Nominations for active members of the Steering Group were welcome. A list of current Steering Group members is attached as Appendix 3.

It was noted that it was proposed that the Lead Agency would contract with top tier Local Authority area leads and that Local Authorities would sub-contract to their providers. Local steering groups would be required to oversee local implementation and perform local monitoring and evaluation.

Capacity issues for VCS and other small organisations were noted as an issue. There will need to be Leads for physical activity, healthy eating and mental health. The Leads should allow the RHP to better work with LAAs.

Monitoring & Evaluation

BLF monies are aimed at creating new and innovative ways of working (rather than methods which are already evidence-based) and therefore there will be a lot of emphasis upon monitoring & evaluation in the portfolio proposal.

One particularly interesting proposal for monitoring & evaluation of the West Midlands' portfolio has been submitted by Birmingham, Coventry & Staffordshire Universities. Their proposal is to use students in the project, thus providing them with work experience whilst at the same time contributing to capacity building for the future. (This will, however, be considered in full at a later stage).

Zena reminded Members that the West Midlands' Stage 1 Bid has to be submitted by 28.7.06. Once Stage 1 Bids have been assessed, it is expected that the region will receive £10,000 in order to work up the proposal into a Stage 2 bid. Zena advised that £10,000 was probably not sufficient to do this and that matched funding was currently being sought.

6. **REGIONAL HEALTH & WELL-BEING STRATEGY**

Zena Lynch reminded Members that the Regional Health Strategy is about health and regeneration (rather than NHS delivery). A paper outlining a number of issues related to production the strategy had been circulated prior to the meeting.

The functions of the strategy have been broadly identified as:-

- to reduce health inequalities in the West Midlands in the broadest sense including economic, environmental and social issues
- to form a regional framework to embody the key health themes emerging from the Local Area Agreements (LAAs)
- to show leadership in the promotion of health issues
- to improve the quality of life of all citizens
- to ensure NHS investment contributes to economic, social and physical regeneration.

A scoping exercise with other Regional Partnerships had been carried out during May and June in order to draw upon partners' experience of health relating to their area of work and to identify what they would like to see reflected in the strategy. The findings are set out in the paper circulated for the meeting. Zena advised that further scoping work was required, for example to pull out the key health themes from the LAAs and other regional strategies (such as the Regional Spatial Strategy and the Regional Housing Strategy).

An editorial group has been identified (Janet Baker, Sarah Davis, Allison Orchard and Zena Lynch) and a number of chapters/chapter leads have been identified:-

Environment & Health - Rowena Clayton
 - Sarah Davis
 - Suzanne Gardner

Regional Spatial Strategy - Sherman Wong
 - Sue Holmyard

Economy & Health - Janet Baker
 - Catherine Smith
 - David Taylor

- Housing & Health - Zena Lynch
- Elaine Russell
- Equality & Diversity - Kate O'Hara
- Carmel Kerr/Cassie Manly
- Culture & Health - Julia Neall
- Suzanne Gardner
- Children & Young People - Karen Saunders
- Safer Communities & Health - Jammi Rao
- Skills & Health - Nominee from the LSC
- SHA lead on workforce issues
- Supporting NHS Delivery - SHA representative

The meeting requested that Skills & Health be incorporated into all chapters of the Strategy (rather than as a separate chapter). It was noted that a number of cross-cutting messages needed to be brought out from many of the chapters.

The meeting requested that the chapter heading "Supporting NHS Delivery" be changed to "Delivering Health in Partnership with the NHS". Rashmi Shukla agreed to discuss this chapter with Peter Spilsbury from NHS West Midlands (the new West Midlands SHA) and to identify a chapter lead. It was noted that PCT and provider contributors should also be involved in the production of this chapter.

R Shukla

Title

It was agreed that the strategy should become known as the Regional Health & Well-being Strategy in order that it would appeal to a broad range of stakeholders.

All to Notes

Support for the Process

Zena advised that there is no budget available to fund a consultation upon the draft strategy and she asked Members for their support. She hoped they would be happy to host a half-day consultation within their patch (assuming they could access a room with no hire charge, which would mean they would have to fund the cost of refreshments only). Zena would then be able to support with the organisation and collection of responses from each event. Chris Spencer-Jones and Rosie Paskins both agreed to host consultation events.

The following comments were made:-

- the strategy should focus upon a few big priorities (rather than a “wish list”)
- it should be aligned with other strategies.

A meeting of Chapter Leads was being organised for the end of July.

Z Lynch

7. **ANY OTHER BUSINESS**

None.

8. **ROUND TABLE UPDATE**

Kate O’Hara advised that the Mental Health appendix to the Regional Lifestyle Survey is now available from:-

http://www.wmpho.org.uk/RLS%20Reports/reports/NIMHE_V1.pdf

Karen Saunders requested a focus upon children at the next meeting.

David Ashton advised that the timescale for establishment of Mental Health Trusts was different to the timescale for the establishment of PCTs. The new PCTs will continue to have responsibility for mental health until the Mental Health Trusts are established.

David Priestnall was concerned about the timescale for the recruitment of the new PCT Chairs, who would need to be in place by 1.10.06.

Roger Gajraj advised that the Health Protection Agency (HPA) in the West Midlands was currently restructuring in response to the HPA’s national policy “Strengthening the Front Line”. A consultation workshop is being organised for 20th July at Cannock Cricket Club.

Sue Holmyard advised that Dudley MBC have recently launched an Older People’s Strategy, which looks at all older people, not just looked after older people. She suggested there may be lessons to be learnt from the development of this strategy which could be transferred to the Regional Health & Well-being Strategy.

Z Lynch
J Baker
to note

Chris Spencer-Jones advised that the LAA process was working well in Birmingham and had drawn together all of the various partners across the city.

Rashmi Shukla advised that the new Strategic Health Authority for the region, which came into being on 1.7.06,

would be known as NHS West Midlands. Primary Care Trusts were currently being reorganised and the new ones would be in place by 1.10.06.

She reminded the group that, as a result of the changes to PCT configurations, David Littlemore would cease to be a member of the Regional Assembly at the end of September (and therefore, Chair of the Regional Health Partnership). On behalf of all Members, Rashmi thanked David for his very effective leadership of the group and his service to the Regional Assembly Board over the past two years.

9. **DATE AND TIME OF NEXT MEETING**

Thursday, 12 October 2006 at 10 o'clock at the Government Office for the West Midlands, 5 St Philip's Place, Birmingham. B3 2PW