



## **Regional Health and Well-Being Strategy Consultation: Comments from the Equality & Diversity Partnership**

Please find below the comments from the West Midlands Regional Strategic Partnership for Equality and Diversity in relation to the Regional Health and Well-Being Strategy. The comments are aligned as far as possible to the Priorities for Action - for ease of reference these comments are in the main in bullet point form.

The Partnership would be grateful to have brief feedback as to what was incorporated from the information below, and in particular what was of most help or not. It is important the "Equality and Diversity" agenda is linked clearly with the social inclusion and cohesion agendas, which have a high impact on the on the region's health and well-being.

### **Introduction:**

On 17th May, the Consultation Event: Relating Social Capital, Equality & Diversity issues to the Regional Health and Well-Being Strategy for the West Midlands took place at Government Office for the West Midlands (GOWM). The event was presented by Jeremy Bruce, Sustainability West Midlands (SWM) and Project Manager of the Social Capital, Equality and Diversity Programme, and Carmel Kerr, Equality & Diversity Director, West Midlands Regional Assembly. The purpose of the session was to:

1. To introduce in broad terms the Priorities for Action proposed in "*Healthy Choices? You Decide*"
2. Identify "key aspects and issues" which require consideration from the point of view of issues relating to Equality, Diversity and Social Capital
3. To identify why the key aspects and issues have been selected, how they relate to the current Priorities for Action, and how they might impact on the health and well-being of the West Midlands region
4. To inform the production of a brief, strategic, and pragmatic document which will be considered by the Regional Assembly's Equalities and Diversity Partnership and following inclusion of their comments, will be submitted as part of their contribution to the consultation process

## **Outcomes**

The views of those who attended are aligned, as best as possible, to the Priorities for Action outlined in the Strategy. However, it should be noted that there is considerable overlap between the Priorities for Action and therefore some comments may be attributed in more than one place.

It is important to note that the areas of Social Capital and Equality & Diversity are extremely broad and cross-cutting. The group recognised that there have to be “Priorities and Trade-Offs” within the Strategy if it is to be successfully delivered as there are insufficient resources to undertake everything that is required within the region. However, there is a need for the Regional Health and Well-Being Strategy to clearly demonstrate that it has considered these agendas in depth and applied equality standards as best as possible. Should the Strategy not do so, it may give the perception of discrimination against certain groups.

## **Attendees**

To try to represent the very broad Social Capital, Equality & Diversity agendas as best as possible, those invited to attend and comment, came from diverse areas of experience – many individuals covering more than one area, therefore it is not surprising that some of the issues raised below may not be completely consistent

Appendix A – provides a list of individuals who either attended or were invited to comment by e-mail if unable to attend.

## **Consultation and Action Planning**

This consultation provided an opportunity for stakeholders across the region to contribute to the Regional Health and Well-Being Strategy as it is being developed. Outlined below is a set of Priorities for Action under each of the defined policy areas. Evidence to support these Priorities is highlighted in each of the chapters with web links to key sources of information. The key tasks were to identify the relative importance of the Priorities, secure organisational sign-up and begin to identify actions to help implement these Priorities.

For each of the chapters/ headings the following questions are asked:

1. Do you agree with the listed Priorities?
2. Are there any other Priorities which should be considered?
3. Which of these Priorities should the Health and Well-Being Strategy emphasise?
4. Can the Priorities be linked with your existing organisational or partnership priorities?

## Planning, Transport and Health

Priorities for Action	Comments
<p>1. Encourage regional and local stakeholders involved in job creation, transport, access to services and education to proactively consider the health implications of their policies and how they can contribute to reducing health inequalities</p>	<p>Highlight the benefits to the organisations concerned, such as the reduction in the number of days of absence by children/teachers (education), employers/ employees due to ill-health (both physical and mental) or poor transport.</p> <p>Look to deliver through the Regional Skills Partnership, WMiE Life-long Learning Group and Transport Partnership.</p>
<p>2. Promote health and well-being as an integral part of the social, environmental and physical regeneration of our towns, cities and rural areas and evaluate the benefits</p>	<p>Assist in the development of community cohesion by creating places where people want (and have the opportunity) to live long-term.</p> <p>Look to deliver through West Midlands Economic Strategy, Regional Spatial Strategy and the European Regional Development Fund.</p>
<p>3. Encourage the health sector, local government and other major employers to use their influence as service providers, property developers and employers to support the creation of more sustainable communities where services are appropriate and accessible to those they serve. Depending on circumstances, this may mean putting facilities in accessible places, or bringing services to people; employing and training local people to fill jobs and making sure that buildings add to their surroundings and minimise their impact on the environment</p>	<p>Expand Priority to include equality and diversity.</p> <p>Include in Local Area Agreements and the work of Local Strategic Partnerships.</p>
<p>4. Reduce social exclusion and promote independence by improving transport links and the layout and design of new development</p>	<p>Take into account the cost implications for those using public transport.</p> <p>How will new / improved transport links be funded ? - will the cost be passed onto those using it ?</p>

	Look to deliver through the Transport Partnership and Centro.
5. Proactively encourage workplaces to have active travel plans, which promote walking, cycling and the use of public transport	<p>Priority should also include schools and education authorities etc.</p> <p>Link to Safer Communities: Priority 3</p> <p>Consideration and support also needs to be given to those who live too far away to take advantage of this Priority.</p>
6. Promote partnership working to encourage 'designing for health' where new developments incorporate open space to encourage recreation, create accessibility to necessary services and promote the benefits of healthy transport choices.	<p>Strengthen to deal with tensions between uses, e.g. young people, play and older residents, and link to crime: after recreation add "and play".</p> <p>Include residents in the designing and developing of areas both existing and new, e.g. Optima, Attwood Green.</p>
<b>Additional Priorities / Issues which should be taken into consideration</b>	<p>The way services delivered is key, e.g. link to LAAs and Centro</p> <p>Need to research demographic changes in 10-15 yrs - take into account the longer-term affect.</p>

## Housing and Health Priorities for Action

<b>Priorities</b>	<b>Comments</b>
1. Support the provision of decent homes, which promote health and well-being through design, energy efficiency, warmth and the reduction of risk of accidents in the home	Expand to include green space, play etc; and support to older people about financial options around house ownership
2. Reduce the excess number of winter deaths and end fuel poverty	Expand to include wider financial exclusion issues and promoting peoples knowledge of benefits available to them
3. Reduce homelessness and improve the health of homeless people	Link to Regional Housing Strategy and Regional Spatial Strategy
4. Promote the housing needs of diverse and vulnerable groups and support people to remain in their own homes	Change the word “vulnerable” ; to “additional needs”
5. Support and encourage better design of new developments to provide safe access to work, services and which promote positive health and well-being for example, through the provision of cycle and walking routes when designing new estates	Too adult specific – add schools and young people; link to a) places where people want to go, b) public transport, and c) roads need to allow access for buses
6. Ensure that NHS and social care bodies are engaged in the design of major new housing developments so that services respond to changes in population through planning e.g. Section 106 agreements and other mechanisms	Strengthen reference to service provision; also open space strategy needs to be referred to as well as planning guidance S.17  Encouraging people to think differently about S.106 agreements, and investigating the possibility of using them as a source for revenue funding e.g. play-workers, sports coaches, youth workers etc.
<b>Additional Priorities / Issues which should be taken into consideration</b>	The area/ information on affordable housing provision requires expansion as housing is a major determinant of health

## Environment and Health

Priorities for Action	Comments
1. Promote the benefits of a diverse natural environment for physical and mental health and support the development of good quality green-space	Add “and leisure, cultural and play opportunities”
2. Increase the number of people using the Region’s countryside and green-spaces, in particular to work to meet emerging standards for accessible local green-space	<p>Refer more to young people; also need to strengthen how people can access countryside, e.g. bus routes.</p> <p>Expand upon potential uses of the countryside to include and stimulate the interest of people of all ages.</p>
3. Reduce the number of people in the Region who do no physical activity	Link to Culture West Midlands Action Plan and the West Midlands 2012 Action Plan.
4. Halt the rise in the prevalence of obesity in children under 11 by 2010, whilst also tackling adult obesity levels	<p>Promoting a “healthy image” through diet and exercise etc for example the BTCV Green Gym, and local food growing initiatives. Also balance obese with thin image issues.</p> <p>Link to Culture West Midlands Action Plan and the West Midlands 2012 Action Plan.</p>
5. Reduce the number of people smoking within the Region and ensure others are protected from second-hand tobacco smoke	Work with Local Authorities (include objectives in LAAs) to monitor/enforce national smoking ban from 1st July.
6. Protect people and their environment from risks such as air, land and water pollution	<p>Link Priorities 6, 7 and 8.</p> <p>Support the delivery of Environmental management. There is meant to be a commitment in public sector though “good corporate citizen”. Suggestion that there is a link to strategic framework of SHA.</p>

7. Tackle climate change by promoting the reduction of emissions of global warming gases from public sector premises by 20% by 2010	as above
8. Reduce the health impacts that result from changes in climate and from an increase in the occurrence and frequency of extreme events such as flooding or extremes of heat	as above
9. Reduce infectious disease rates, in particular to tackle inequalities	Quality of local space: graffiti, fly-tipping – impact on physical and mental health.
10. Ensure there are effective arrangements to minimise the health impacts of major incidents	Link to national and regional government emergency planning. Need to ensure that there is equal (access to) support/ awareness etc for all, regardless of income, location etc.
<b>Additional Priorities / Issues which should be taken into consideration</b>	Add in Priority around food growing – local suppliers – community enterprise  Add in Priority around engagement, innovation, flexibility – support excluded groups

### Economy and Health

<b>Priorities for Action</b>	<b>Comments</b>
1. Ensure children and adults get the most out of life by supporting them to develop their skills for employment and access to employment	Sstrengthen “aspiration” and getting “good” jobs; add “training opportunities”; “healthy modes of access”

	<p>Impact of demographic change and longer lives requires new approaches to gaining and retaining skills for lifetime employability and choice in working into later life.</p> <p>Link to Regional Skills Partnership, WMiE Life-Long Learning Group and WMES.</p>
<p>2. Develop workplaces as centres for promoting the health of the workforce and their families, and to promote health at work as a way of increasing productivity</p>	<p>x-ref with Planning, Transport and Health Priority 1</p> <p>Prepare people for retirement through the workplace, culture. Emerging patterns of later life working toward a staged transition from work are well based in health strategies. Healthy older people have choice in continuing to work, contributing to personal finances and the wider economy. Occupational health to have a higher focus.</p>
<p>3. Broaden access to jobs in health and social care (public, private and voluntary sector), by targeting disadvantaged areas, communities and individuals, including those on long-term benefits</p>	<p>Link with West Midlands Business Council - work with the business and public sectors to widen how they advertise employment opportunities.</p> <p>Work with education sector to raise awareness of children / young adults of what jobs are available and the qualifications required.</p> <p>Actively seek to attract and retain an age diverse workforce.</p> <p>Use health checks and employment support together to target economically inactive individuals. More people aged 50-59 are economically inactive due to ill health than due to retirement or unemployment (ONS)</p> <p>Link to Regional Skills Partnership, WMiE Life-Long Learning Group. Skills for Business Network</p>
<p>4. Use investment in the health and social care sector as a driver for economic growth</p>	<p>Link health and prosperity through the West Midlands Economic Strategy to ensure consistent priorities regarding health.</p>

	<p>Use materials from sustainable sources.</p> <p>Purchasing strategy to be more “green” and link to local suppliers especially from V&amp;C Sector.</p>
<p>5. Agree an investment strategy between key partners which will help get the right people with the right skills in the right place at the right time.</p>	<p>Include leadership and management skills.</p> <p>Ensure a non-age based opportunity structure that also maximises the potential of the current workforce – which will also be around 80% of the 2015 workforce</p> <p>x-ref with Priority 3</p>
<p><b>Additional Priorities / Issues which should be taken into consideration</b></p>	<p>Add priority about VCS; strengthening capacity of sector to engage and add value including commissioning and social enterprise</p> <p>Add priority regarding health and well-being benefits of being a volunteer (physical and mental)</p>

### Culture, Physical Activity and Health

Priorities for Action	Comments
<p>1. Achieve a 1% year on year increase in the physical activity levels of the population of the Region and reduce the number of people in the Region doing no physical activity, sport and active recreation</p>	<p>Add “play” to “sport”</p>

2. Proactively strengthen and develop partnerships at regional, sub-regional and local levels between arts and cultural sectors and health partners	Link to Culture West Midlands Action Plan and the West Midlands 2012 Action Plan.
3. Secure a long-term health and physical activity legacy from the 2012 Olympic and Paralympic Games for the West Midlands. Capitalise on the hosting of high profile sports events nationally and regionally	as above Also link to Regional Housing Strategy.
4. Capitalise on the planning system to assist with the provision of sports and leisure facilities	Link to Regional Spatial Strategy and Culture West Midlands Action Plan.
5. Improve the quantity, quality and accessibility of cultural opportunities and places for children and young people (up to 25 years of age)	Should not just be related to young people; support to make local facilities more available and affordable. Also raise awareness of cultural opportunities.
6. Maximise the use of the arts and cultural sector in developing environments that support the delivery of modernised services, uptake of services and realisation of health priorities; whilst enriching the lives of patients, the wider community and staff.	Include the value of museums and galleries for mental health.  Relate to the value of informal opportunities / life-long learning, e.g. adult education classes such as yoga or painting.  The impact of LSC reduction in funding for non-vocational learning on uptake from all sectors of all communities.
<b>Additional Priorities / Issues which should be taken into consideration</b>	Include the need to support the development of well-rounded young people.

## Safer Communities and Health

Priorities for Action	Comments
1. Reduce crime rates by supporting local delivery and ensure there is a focus on tackling the underlying determinants	<p>Tackle “image” stereo-types, e.g. “Birmingham is dangerous” society’s view of some play as anti-social needs to be tackled as well as the issue of some play being seen as high risk.</p> <p>Respect agenda also requires referencing – society’s view of what is acceptable versus a particular group behavioural norm.</p>
2. Proactively strengthen and develop partnerships at regional, sub-regional and local levels to promote community safety	Link to Local Area Agreements and Local Strategic Partnership objectives.
3. Reduce the number of road traffic accidents	<p>x-ref with Transport, Planning and Health Priority 5</p> <p>Take into account road safety e.g. Home Zone and children i.e. unless road safety is tackled the proposals to get people to be more active etc will not happen.</p> <p>Address fear of crime linked to access, e.g. public transport, cycling, walking as these facilities will only be used if seen as safe.</p>
4. Promote partnership work to address domestic abuse both in planning and delivery of services	Link to Priority 5
5. Promote social justice, social cohesion and opportunity for all; including a shared understanding of behaviours that are acceptable or unacceptable	<p>Include reference to specific groups with special needs, e.g. older people and fear of crime.</p> <p>Community involvement is essential in these issues, commitment to a bottom-up process, resulting in community ownership.</p>

6. Promote good urban design to provide an environment which discourages crime and anti-social behaviour	Delete “urban”
<b>Additional Priorities / Issues which should be taken into consideration</b>	

**Children and Young People**

<b>Priorities for Action</b>	
1. Advocate measures which reduce child poverty regionally and sub-regionally	
2. Reduce the infant mortality rate within the Region with a particular focus on those areas with high rates	
3. Ensure that the issues relating to safeguarding children are integral to regional and local strategies and delivery	
4. Reduce teenage pregnancy rates by supporting local action and ensure there is a focus on tackling the underlying socio-economic determinants of teenage pregnancy	

5. Promote sexual health priorities in planning and delivery systems across agencies	
6. Meet the national targets for extended and healthy schools	
7. Reduce childhood obesity	
<b>Additional Priorities / Issues which should be taken into consideration</b>	Link to Youth Matters; Children's Trust – supporting positive activities for young people need strengthening.

### Later Life

<b>Priorities for Action</b>	<b>Comments</b>
1. Advocate for measures, which tackle inequality and reduce poverty amongst the older population, nationally, regionally and sub-regionally. Ensure that older people's contribution is integral within all aspects of local communities and that their age, experience and diversity is truly valued	Unemployment in mid-life is a determinant of poverty in later life, thus equality of access to and opportunity in employment at all stages of life is vital. Measures must address years leading into later life as well as later life itself.
2. Maximise the quantity, quality and accessibility of local resources and facilities in order to ensure that all older people may be fully active consumers of public services, exercise choice and be engaged and included within their local communities	Individuals of 50+ (later life) are not a homogenous group. Needs and wants vary widely and are more determined by health and well-being than age cohort.

<p>3. Proactively promote the benefits of a healthy lifestyle and prevention as part of general well-being and independence and ensure that issues relating to the provision of health are integral to regional and local strategies and delivery</p>	
<p>4. Advocate for measures that ensure that older people can remain living within their own homes and communities in comfort and warmth for as long as they wish to do so including the end of life</p>	<p>Older people – need to have mechanisms in place to give them the opportunity to make choices during transitions</p>
<p>5. To recognise and make plans for changes in population age structure over the next 25 years.</p>	<p>Population change is happening now. .The implications of demographic change are multiple and should be evidenced in every strand chapter. This priority is not only about care for the elderly.</p>
<p><b>Additional Priorities / Issues which should be taken into consideration</b></p>	

**General Questions**

<p>1. What level of involvement is your organisation or partnership willing to make to deliver the priorities in this Strategy? For example, would your organisation sign up to the Strategy or help inform the delivery of the Strategy?</p>	<p>Yes. The West Midlands Regional Strategic Partnership and the Social Capital, Equality &amp; Diversity Programme would be willing to sign-up to the Strategy and assist in its delivery.</p> <p>The Equality and Diversity Partnership would also be happy to raise this matter with the new Commission for Equality and Human Rights and propose it has an input in the delivery of this Strategy through its links with employers and employees.</p>
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<p>2. Stages of life Chapters – Should the chapters of Children and Young People and Later Life be left as ‘stand alone chapters’ or do you think the issues raised in these chapters can be incorporated into other chapters such as Housing, Planning, Transport, Environment, Culture Physical Activity, Safer Communities and Economy?</p>	<p>Could be considered as a cross-cutting theme or both chapters combined into a “Life-Cycle” chapter - too much overlap as separate chapters and did not allow for inter-generational innovations.</p> <p>Demography and age combine to alter the make-up of the population and include each and every person in every aspect of strategic planning. Clear recognition of this in each strand plus Life-Cycle chapter as above.</p>
<p>3. Have you any suggestions for bringing a greater European dimension to the strategy ?</p>	<p>Link to West Midlands in Europe Life-Long Learning Group and the European Strategy for Child and Adolescent Health and Development: WHO 2005</p>
<p>4. Do you have any other comments that you would like considered ?</p>	<p>Areas of disadvantage,,,,, There does not seem to be any geographic priority or targets</p> <p>Inner city ethnic minority communities come from rural areas in their country of origin but now live in urban areas - potential link to city allotments.</p> <p>Lottery bids. How might there be some process of ensuring synergy in the regional programmes?</p> <p>Media attitudes. How do we get the media to be an advocate for the positive messages this strategy wants to get across</p> <p>Sexual health – including heterosexual, homosexual, lesbian and bisexual health - needs to be addressed across the strands. This encompasses a number differing elements most of which appear not to be covered in this strategy.</p>

<p>5. Do you have any comments on the format or structure of the document?</p>	<p>The Strategy would benefit from clearer alignment with other regional strategies which would potentially deliver some of its priorities.</p> <p>Page 4, Box 2, should make reference to the Regional Sustainable Development Framework and demonstrate that this Strategy has taken into account the Framework's principles.</p>
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**Conclusion:**

In order to be truly successful the Regional Health and Well-Being Strategy needs to demonstrate that it supports and works with other European, national and regional strategies. Equality & Diversity, and Social Capital are high on the region's agenda with the introduction of the new Commission for Equality and Human Rights coming into being in October 2007, both nationally and regionally. With the West Midlands being one of the largest region Europe and Birmingham set to be one of the first ethnic majority cities in the UK by as soon as 2010, it important that this Strategy demonstrates that it has taken these factors into account and is addressing the needs of more diverse communities, but more importantly is doing so in a way which supports integration and cohesion and does not inadvertently lead to segregation, community tension and subsequently less increase in the health and economic prosperity of the region.

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SCED Programme: Regional Health and Well-Being Consultation Event on 17<sup>th</sup> May 2007 at GOWM

NAME	TITLE AND ORGANISATION
Janet Baker	DH, GOWM
Zena Lynch	WMRA
Rowena Clayton	DH, GOWM
Steve Blick	Valuing Age and Experience Network
Jane Gallagher	WMFF
Paul Sanderson	West Midlands SHA
Lakhvir Sahota	Regional Programme Manager, Play England
Karen Keates	CRE
Sue Huyton	Regional Manager,
Phil Davis	Network Director
Jan Robinson	Health Officer,
Clare Gough	Head of Equalities and Diversity for Children and Young People
Dave Kennedy	LSC
Amanda Wright	West Midlands Quality Centre
Sophie Hughes	LA Herefordshire
Helen Amos	Centro
Iain Neville	AWM
Tracy Quirk	Friendship Care and Housing
Simon Jones	Groundwork
Donald McIntosh	SHA (NED)
Barbara Watkins	TAEN
Andy Beaton	iSE Social Entrepreneurs
Rod Griffin	LA Sandwell
Jeremy Bruce	SWM
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