

## **Response to the Regional Sustainable Development Framework Version 2 consultation on behalf of West Midlands Public Health Group and the Regional Health Partnership**

### **Background**

#### West Midlands Public Health Group

West Midlands Public Health Group (WMPHG), the office of the Regional Director of Public Health, is co-located within the Government Office for the West Midlands. As the Department of Health's public health representatives in the West Midlands, we are responsible for ensuring that public health policy is implemented, monitored, sustained, that innovations and networks are developed, specialist advice given and recommendations and learning carried out.

In practice this means:

- Working with regional and local government and local National Health Service bodies to ensure that all of the contributory factors to both ill health and better health are recognised and addressed in policies and activities. For example we are working to improve the region's health by tackling obesity and increasing the levels of activity.
- Developing the wider public health group including working in close partnership with West Midlands Public Health Observatory.
- Ensuring that the public have confidence in what the NHS does. This includes working with partner organisations such as the Health Protection Agency at all levels as well as local NHS bodies including Strategic Health Authorities, NHS Trusts and Primary Care Trusts to ensure that areas where there is a risk of loss of public confidence are effectively managed.
- Supporting the NHS by providing professional leadership development, advice and intervention where appropriate.

#### The Regional Health Partnership

The Regional Health Partnership is developing a health improvement agenda for the region. This includes factors which affect people's health such as physical activity, diet and substance abuse, but will also look at broader issues which affect health such as transport, housing and economic regeneration.

The Partnership draws on the skills within West Midlands Public Health Group and the Health Impact Assessment Research Unit based at The University of Birmingham. It is a multi-sectoral partnership bringing together a variety of public, private and voluntary sector groups and representatives. It promotes work across organisational boundaries. The Partnership maintains an open and inclusive approach and the Regional Director of Public Health acts as a focal point for advising the Assembly along with the two health representatives on the Assembly.

The core functions of the Partnership include focusing on reducing health inequalities in the broadest sense, identifying, measuring and making recommendations in regional policy development, supporting regional

research and best evidence policy making and disseminating good models of practice.

The Regional Health Partnership fulfils its purpose through collective commitment and the resources of its members and is committed to equity, diversity and social inclusion. It is an opportunity to support and lead at a regional level on health agendas requiring cross boundary co-ordination.

### Changes in the NHS

Following 'Commissioning a Patient-Led NHS' the NHS is now focused on changing the way services are commissioned by front line staff to reflect patient choices. Primary Care Trusts are being developed to support Practice Based Commissioning, and take on the responsibility for performance management through contracts with all providers, including those in the independent sector and voluntary sector.

The new white paper 'Our Health, Our Care, Our Say: a new direction for community services' sets out a vision to provide people with good quality social care and NHS services in the communities where they live. NHS services are half way through a 10 year plan to become more responsive to patient needs and prevent ill health by the promotion of healthy lifestyles. Social care services are also changing to give service users more independence, choice and control, with an emphasis on services being delivered in local communities rather than general hospitals. One of the main objectives of this white paper is to tackle long standing inequalities in access and care.

NHS Foundation Trusts (NHSFT) are a new type of NHS Hospital tailored to the needs of local populations and run by local managers, staff and members of the public. The Health and Social Care Act 2003 established NHS Foundation Trusts as independent public benefit corporations modelled on co-operative and mutual traditions. The first NHS Foundation Trusts were authorised from 1 April 2004. There are now thirty one NHS Foundation Trusts. NHS foundation trusts are still part of the NHS and subject to NHS standards, performance ratings and systems of inspection. Their primary purpose is to provide NHS care to NHS patients according to NHS quality standards and principles. NHS foundation trusts are different from existing NHS trusts in that they are independent legal entities; they have unique governance arrangements and are accountable to local people who can become members and governors; they are set free from central government control and are no longer performance managed by health authorities; they have new financial freedoms and can raise capital from both the public and private sectors within borrowing limits determined by projected cash flows and therefore based on affordability; they can retain financial surpluses to invest in the delivery of new NHS services; they are overseen by Monitor (Independent Regulator for NHS Foundation Trusts). The Government's aim is that by 2008, all NHS Trusts will have reached a standard which will enable them to apply for NHSFT status.

All of these changes may have implications for delivering Sustainable Communities initiatives and Sustainable Development in the NHS and certainly warrant further consideration of how best to work with the health sector around the Sustainable Development agenda.

## **Objectives**

### **Is there anything missing? Could any of these objectives be improved?**

Objective: 'Improving health and reducing health inequalities by encouraging and enabling healthy lifestyles, as well as providing equitable access to health services'.

This objective demonstrates the importance of public health and the white paper 'Choosing Health: Making Healthy Choices Easier' in the vision of sustainable development in the West Midlands.

'Choosing Health' sets out how we will work to provide more of the opportunities, support and information people want to enable them to choose health. It aims to inform and encourage people as individuals, and to help shape the commercial and cultural environment we live in so that it is easier to choose a healthy lifestyle<sup>1</sup>. Underpinning Choosing Health are the principles of informed choice, personalisation and working together, to achieve the overarching principles of: reducing the numbers of people who smoke, reducing obesity and improving diet and nutrition, increasing exercise, encouraging and supporting sensible drinking, improving sexual health and improving mental health. Achieving these principles will contribute to improving health, reducing health inequalities and therefore to building sustainable communities by creating opportunities locally for people to improve their opportunities and local environment, including their health and access to health services.

The critical factor in terms of reducing health inequalities is to focus on the most needy and to ensure that they take up the most effective interventions, be it in the context of promotion of health or disease prevention etc. In the context of the Regional Sustainable Development Framework, there is a need to focus on both the identification of the most needy and the take up of whatever is proposed by the most needy.

Objective: 'Increasing use of public transport, cycling and walking and reducing road traffic congestion and pollution'.

This should also include reducing accidents as a major cause of morbidity and mortality in children, with a strong link to health inequalities.

Objective Heading: 'Enhancing and protecting the environment'.

There is growing understanding in health policy that sustainable health requires not only effective medical approaches, but also healthy environments

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<sup>1</sup> 'Choosing Health' Foreword, Tony Blair, Prime Minister, 16 November 2004:  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4094550&chk=aN5Cor](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4094550&chk=aN5Cor)

and lifestyles. This is the idea of well-being, rather than just the absence of illness. Active involvement of people in outdoor activities in forest and green areas for example has a direct significance for health. Contact with nature can have a positive influence on physical and mental health, hospitalised patients may recover faster if they have a view of trees or green spaces, periods spent outdoors can have a therapeutic value for patients and residents of care homes, forest and green spaces can provide an escape from stress<sup>2</sup>.

Objective heading: 'Developing thriving sustainable communities'.

There should be a specific reference here to improving child health, as tackling child poverty and inequalities in the region should be seen as an investment for a sustainable future.

The NHS is the largest single employer in the country with a budget whose potential impact on the environment and socio-economic fabric is vast. 'Claiming the Health Dividend'<sup>3</sup> points out that this can be achieved immediately and systematically in five key areas: employment, purchasing policy, management of waste, travel and energy and commissioning new buildings. There should be specific reference to this contribution to the development of sustainable communities.

**Would your organisation be willing to sign up to contributing to these through your work? How could you be encouraged to do so?**

Yes- we would be willing to sign up to the use of RSDF in all its policies, strategies and plans and to providing leadership for its implementation across the West Midlands economy.

### **Putting the Framework into practice**

**Is the process for incorporating the objectives into strategies, policies and plans clear?**

Yes, with the following points:

The first key question in the Framework process: 'which of the Region's sustainable development objectives should this work contribute to?' is then made confusing with the inclusion of the word 'how' in the notes below this: 'scope how the work will contribute to the Region's sustainable development objectives, positively or otherwise'. The question 'how' the work will contribute to sustainable development is better answered under the second key question: 'How can the positive contribution of this work be maximised, and potential negative effects be minimised, avoided or compensated for?' and in the notes below this: 'identify how these objectives might be addressed'.

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<sup>2</sup> 'Health and Well-being: Trees, Woodland and Natural Spaces', Forestry Commission, 2003.

<sup>3</sup> 'Claiming the Health Dividend: Unlocking the benefits of NHS spending', Anna Coote, May 2002.

### How the NHS measures its Sustainable Development attainment

The notes on 'Identifying measures to address key sustainable development objectives' state that 'Organisations should think not only about how policy or project design might incorporate measures to address sustainable development objectives, but also about how they can use their own tools and processes to contribute, for example using a sustainable procurement policy to encourage sustainable production amongst their suppliers'.

The NHS uses the NHS Environmental Assessment Tool (NEAT), which is a software tool designed to assess the negative impact of healthcare facilities on the environment. NEAT can be applied to any type of NHS healthcare facility and is suitable for use by NHS trusts and organisations who act on behalf of the NHS. NEAT aims to identify the environmental impact created during day-to-day operational activities. Buildings assessed using NEAT have to achieve an Excellent or Very Good rating<sup>4</sup>.

The Sustainable Development Commission's Good Corporate Citizenship Self-Assessment model launched in February 2006 is aimed at NHS leaders (Chief Executives and board members) and operational managers and hopes to strengthen NHS performance management. It allows organisations to track their progress in good corporate citizenship and compare it to the national picture, provides draft press releases and other press material and links the good corporate citizenship work to other existing models. It provides ideas about good practice with examples from exemplary trusts and points the way to relevant guidance and resources. It is also hoped that the model can be used to engage with the public, as trusts can pull out good news stories and demonstrate their role within the community.

### Health Impact Assessment

Health Impact Assessment (HIA) is another tool or process that may be complimentary to Sustainable Development priorities and the inclusion of Sustainable Development considerations in policies, strategies and programmes. HIA is a process that seeks to encourage those who make decisions to consider and take into account any effects on health their decision may have. HIA seeks to provide information that will allow decision-makers to enhance the positive impacts on health of any project, programme or policy, and also reduce or eliminate any associated negative impacts. HIA seeks to produce a set of 'evidence-based' recommendations in a format accessible to, and appropriate for, the decision-makers. More details on HIA can found at: [www.publichealth.bham.ac.uk/hiaru](http://www.publichealth.bham.ac.uk/hiaru) .

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<sup>4</sup> The NHS Environmental Assessment Tool (NEAT):  
[http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/SustainableDevelopment/SustainableDevelopmentArticle/fs/en?CONTENT\\_ID=4119587&hk=r2HHYe](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/EstatesAndFacilitiesManagement/SustainableDevelopment/SustainableDevelopmentArticle/fs/en?CONTENT_ID=4119587&hk=r2HHYe)

**Thinking about a piece of work you or your organisation may have been involved in recently, how easy would it have been to apply the process proposed? Are there ways the process could have been improved or made clearer?**

The Regional Health Partnership is responsible for developing a 5 year Regional Health Strategy and it is planned that the process proposed will be incorporated into the development of this strategy from the outset. The report entitled 'Getting the Best from the NHS: Healthy Region, Healthy Economy' (November 2005), considers the wider impact of the health sector on regeneration and will help with the development process.

The importance of agreeing some initial indicators to enable the establishment of a baseline needs emphasis. This is an iterative process but absence of baseline interferes very directly with the willingness of organisations to set targets and make investment.

**How can we improve the links between policy and delivery to ensure that the objectives are carried through into implementation?**

(Give practical examples of where this has been done, examples of the policy changes required to be able to implement change and consideration of the economic factors involved.)

Genuine cross-sector engagement with policy formulation and effective joining up of services is important to build capacity and ensure the long-term sustainability of projects. For example the Regional Sports Co-ordinator role has developed a Regional Physical Activity Network which improves the links between policy and delivery across all interest areas.

For example Birmingham Strategic Partnership recently hosted a summit to review the interface between health and social care and regeneration. The report to be published shortly summarised some key barriers and action points.

**If your organisation is involved in Sustainability Appraisal/Strategic Environmental Assessment, how might the Framework be helpful?**

N/A

### **Indicators**

**Is this the right set of indicators to support the objectives? Are there any gaps we can address using existing data?**

Healthy Life Expectancy is used as a Headline Indicator in the RSDF. The difficulty with this is that life expectancy data is used with limiting long term illness factored in. It might be better to use life expectancy and then some deprivation indicators. Other indicators that can be used are Healthy

Communities/Health Inequalities Indicators, data around excess Winter Deaths and data from the West Midlands Regional Lifestyle Survey 2005.

### **Good Practice studies**

#### **Are the case studies interesting, informative and inspiring?**

The case studies used in the Framework are quite general and industry focused and not very people focused.

#### **Do you know of any other good regional examples to illustrate Sustainable Development in practice?**

The report 'Getting the Best from the NHS: Healthy Region, Healthy Economy' (enclosed) includes a number of good practice examples of how the health sector has contributed to its role as a good corporate citizen working towards the objectives of Sustainable Development. Possible examples that could be used in the Framework are: Towards 2010, Electricity at Princess Royal Hospital, Cotton on to cotton nappies and Travel in rural areas.

### **The issues**

#### **Does the Framework adequately convey the need for urgent changes to the way we live and work?**

Yes

#### **What could persuade your organisation to make changes to your work?**

Raising awareness of the importance of the RSDF will help develop a more receptive environment, which will help organisations accept changes to policy development accordingly as will scoping regional opportunities and identifying a limited number of key priorities.

### **Appendixes**

Appendix 1- Regional Strategies and Policies - should the Policy area be 'Public Health' or just 'Health'? Regional lead/policy Partnership should be 'Regional Health Partnership (WMRA/DH).

#### Appendix 2- Scoping checklist template

- 'Improving health and reducing health inequalities by encouraging and enabling healthy lifestyles as well as protecting health and providing health services', this fits with the role of West Midlands Public Health Group as outlined above (apart from providing health services which is the remit of the NHS).

- 'Land use and development that optimises the use of previously developed land and buildings and creates high quality environments that incorporate green space, encourage biodiversity, promote local distinctiveness and sense of place, and are well-designed'- consider the understanding of how green spaces contribute to health as set out above.

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