

OUTCOME OF THE CONSULTATION PROCESS OF THE REGIONAL HEALTH AND WELL-BEING STRATEGY

1. Background

- 1.1. The draft Regional Health and Well- Being strategy “Healthy Choices? You Decide” was launched at the beginning of March 2007 based on prior discussions with key partners. The strategy was promoted through all the regional networks connected to the Regional Assembly and the networks of members of the Regional Health Partnership. The document was placed on the website of the Regional Assembly and 1000 copies were made available for circulation.
- 1.2. The strategy was promoted through numerous meetings and conferences. (*Appendix 1*).
- 1.3. A standard set of slides was made available for people to use or adapt for local purposes when the strategy was discussed.
- 1.4. In addition, a consultation event was held where approximately 100 people contributed to the consultation and the outcome of which has been included as one of the responses received. During the consultation period, sessions were also held on looking at inequalities and diversity, sustainability and rural issues to ensure the development of the strategy was proofed for all of these issues.
- 1.5. Letters were sent to all the Local Authority, Primary Care Trust and NHS Trust Chief Executives with a copy of the consultation document to make them aware of the strategy and invite them to participate in the consultation process.

2. Responses to the consultation

- 2.1. The responses to the document were logged as they were received and acknowledged. A full list of responses received is attached (67 responses in total). (*Appendix 2*)
- 2.2. Some responses were very detailed and it would be impossible with the amount of staff time available to respond to every point. A summary of the key issues summarised by chapter heading and a general report is attached (*Appendices 3 to 11*), which details the main points made against each of the priorities, using the following structure:
 - Recommended structural improvements
 - Recommended content improvements
 - Suggested improvements to each priority and action currently being undertaken
 - Additional priorities recommended
 - Additional work being carried out and

- Sign-ups to the strategy.
- 2.3. These can only draw out some of the key issues and in writing the strategy comments made at the consultation event will also be considered. An attempt has been made to respond to the key points made.
 - 2.4. The responses received can be split into those from regional/national organisations, regional networks, local organisations and individuals as well as reports back from conferences/seminars.
 - 2.5. Using these broad headings the split of responses was:-

Regional/national organisations	27%
Regional networks/ partnerships	25%
Local organisations	19%
Individuals	25%
Report back from conferences	3%
 - 2.6. With those who attended the conference and the various network meetings and conferences where the strategy was promoted, over one thousand people were made aware of the strategy and many were involved in responding and helping to shape the Regional Health and Well-Being Strategy.
 - 2.7. Respondents did not systematically answer the questions raised in the consultation document so an analysis by question is not possible. Instead key themes have been drawn out below.

3. Review of the Sub-National Economic Development and Regeneration

- 3.1. Since the launch of the consultation document the sub national review of economic development and regeneration has been published which states:
 - “The Government therefore believes that there should be a single integrated regional strategy which sets out the economic, social and environmental objectives for each region”. The approach to “social” appears to be around the principles of sustainable development. The government expects other bodies and Agencies of relevance to regional economic performance and sustainable development to understand, support and deliver on the regional strategy in return for clear opportunities to contribute to its development.
- 3.2. The review also proposes that Regional Assemblies will cease to exist from 2010.
- 3.3. This review obviously needs to be considered in taking forward the work around a Regional Health and Well – Being strategy and how to position the governance arrangements in the future. The review offers the opportunity of getting health better integrated with regional strategies, as the priorities have recently been consulted upon and agreed with a wide range of organisations and networks.

- 3.4.** It is important that in the interim period, that momentum is not lost and key action is in place at least for the next three years. The Regional Assembly have given a commitment to support this work.
- 3.5.** The Regional Health Partnership is the only forum within the region where there is a dialogue on health priorities, what work can be put in place to support these priorities, what strategic linkages should be made to other regional strategies and what action needs to be put in place at a regional level to support the delivery of local action. Although organisations will change over the time period of the strategy it is important that the priorities in the strategy are taken forward either in a completely integrated regional strategy or a health and well- being strategy which supports the integrated regional strategy.

4. Main Outcomes of the Consultation

- 4.1.** The overarching issues which came through were:-
- The strategy should not duplicate other strategies and it needs to link to the Regional Economic and Regional Spatial Strategy
 - It should clearly set out how the priorities are to be delivered and what resources are available.
 - Regional action and local action should be separated and the strategy should concentrate on regional action.
 - Sharing good local practice was considered one of the key roles for the Regional Health Partnership, but it is also important to have regional case studies included in the strategy.
 - The strategy has too many priorities and could be perceived as a wish list – although many suggested more and it is important to cut these down.
 - Visions, aims and objectives were not always very clearly identified.
 - The connection with LAAs needs to be explored further as LAAs are about local priorities.
 - Although the determinants of health map was used at the beginning of the strategy this structure was not used for the strategy.
 - Mental health is not clearly identified.
 - Children and older people should be separate chapters but some wanted a working age chapter.
 - The duplication through the strategy should be taken out.
 - The monitoring of the strategy needs to build upon existing mechanisms.

5. Response to the main issues

- 5.1.** **The strategy should not duplicate other strategies and it needs to link to the Regional Economic and Regional Spatial Strategy. The strategy has too many priorities and could be perceived as a wish list – although many suggested more and it is important to cut these down.**

- 5.1.1.1. The Regional Health Partnership's view is that the Regional Health and Well- Being strategy is supportive of other regional strategies and many of the priorities are delivered through these strategies. One of the main roles of the partnership is about highlighting the health impact these policies have. This will be made clear in the introductory chapter of the strategy.
- 5.1.1.2. In order to look at this issue and to see if there is a way of reducing the number of priorities, an analysis was done of how the strategy overlaps with other Regional Strategies. It is proposed that where the priorities are in another regional strategy the Regional Health Partnership should support the work of that strategy, continue to ensure that it remains a priority and monitor its delivery. The Regional Health and Well- Being strategy will not duplicate other regional strategies. It will support the delivery of these strategies by influencing others, making strategic links, enabling and facilitation, sharing best practise and by monitoring delivery. As noted in section 3.5. the aim in the long term is to ensure health priorities are included in the integrated regional strategy.
- 5.1.1.3. An initial analysis of this overlap is attached and it is proposed for each of the priorities we state the role of the Regional Health Partnership. (*Appendix 12*).
- 5.1.1.4. The action plan for the Regional Health and Well- Being strategy will be specific to the explicit work of the partnership. It will also address how progress is to be monitored.
- 5.1.1.5. The detailed comments on the consultation document have been assessed to take into account suggested improvements.

5.2. It should clearly set out how the priorities are to be delivered. Regional action and local action should be separated and the strategy should concentrate on regional action. The connection with LAAs needs to be explored further as LAAs are about local priorities.

- 5.2.1. An action plan will be set out which lists the key priority, action to be taken, by who and the expected outcome. The action plan will concentrate on the next two to three years and will clearly set out regional action, which could be summarised around the following themes:-
- To help **resolve regional problems** and challenges.
 - To provide **regional profiling** of the needs to assist locality, cross sector and regional planning and commissioning.
 - To share good practice and the evidence base for interventions.
 - To help **chart regional progress** made in bringing about improvements in outcomes.
 - To review regional strategies for their impact on health.

- To advocate health issues nationally.

The action plan will be in outline at the time the strategy is published and more work on the action plan and the monitoring of delivery will be done in the first few months of 2008.

It was noted that in the consultation a disjuncture was highlighted between the Regional Health and Well- Being Strategy and the LAAs. The aim of the strategy is not to set out local actions but to ensure that regional action supports delivery of these priorities, which includes the sharing of best practise. The Regional Health Partnership recognise that LAAs are only one delivery mechanism but that it was important to make a link with LAAs. The introductory chapter of the strategy will make this point clear.

5.3. The funding for delivery of the strategy should be clearly identified.

- 5.3.1. The funding for delivery of the strategy comes from both influencing main stream funding and from partners in the Regional Health Partnership using their own budgets and resources to deliver the priorities. The Regional Health Partnership does not have a budget but can secure resources from different organisations for example the Big Lottery Fund grant, that has just been secured. This would be a mechanism the Partnership would want to explore further.

5.4. Sharing good local practice was considered to be one of the key roles for the Regional Health Partnership, but also important to have regional case studies.

- 5.4.1. Case studies will be included for both local and regional action. Work identified in the consultation will be followed up to share as good practice across the region.

5.5. Overall structure of the document. Visions, aims and objectives were not always very clearly identified. Although the determinants of health map was used, this structure was not used for the strategy. Mental health is not clearly identified. Children and older people should be separate chapters but some wanted a working age chapter. The duplication through the strategy should be taken out

- 5.5.1. The overall structure of the document has been reviewed again. The majority of respondents found the document very useful in the way that it was set out. Also the majority of responders wanted to keep the separate chapters on children and older people. In the final document one of the key actions for the Regional Health Partnership will be to promote mental health well – being. The partnership believe this is best supported as a cross cutting action but specific mention will be made in the introductory chapter.

- 5.5.2. Respondents found it difficult to see the difference between what is a vision, an aim and an objective. The final version will not have a vision for each chapter but a statement at the beginning.
- 5.5.3. One of the issues with the structure of the document was that the diagram at the beginning of the document sets out factors affecting health but the structure of the document does not follow this. In addition, many respondents felt that issues such as smoking and obesity did not fit with the environment chapter. The Regional Health partnership considered whether it may be appropriate to have a separate lifestyle chapter or to move these into a chapter headed Culture, Leisure and Health which is broader than physical activity. The partnership felt that the strategy was not aimed at individuals and that the main focus of the strategy was to look at the factors which affect health and influencing other strategies and so it would not be helpful to have a separate lifestyle chapter. In addition the partnership wanted to highlight how the environment in particular has an impact on some of these issues.
- 5.5.4. The partnership are clear that the action planning will be about regional action and not the individual and believe the present structure is more helpful in linking with other regional strategies.

5.6. The monitoring of the strategy needs to build upon existing mechanisms.

- 5.6.1. A group has been set up to see how the monitoring can be built into the existing monitoring done by the Regional Assembly and the Regional Observatory.
- 5.6.2. Consideration will also be given as to whether the report "Choosing Health for the West Midlands" needs to be updated and how regularly.

6. Priorities

- 6.1. The Regional Health Partnership considered various rewording of the priorities as proposed in the consultation and the movement of priorities between the chapters and these will be included in the final document

7. Conclusion

- 7.1. Overall, the response to the strategy was very positive and there was a lot of support given to the strategy. It highlighted a lot of work that is currently going on across the region that the Regional Health Partnership need to think about how to take forward and helped to inform the input to other regional strategies which are currently being developed, mainly the RSS and the RES. In the future, the aim would be to work to further integration, in line with the sub national review. It has however enabled a clear direction of travel, which will be taken forward in an action plan, which will focus on the next three years initially.