

**SOUTH EAST ENGLAND REGIONAL ASSEMBLY
EXECUTIVE COMMITTEE**

Date: 16 June 2006

Subject: **Healthy Region Forum Review**

Report of: Head of Policy

Recommendation:

To agree changes in the way health issues are addressed through the Assembly, including proposals to:

- Promote more regular meetings of the Health Summit, which would become the lead forum in health policy debates at a regional level and;
- Modify the role of the Healthy Region Forum, to become a regional conference for representing stakeholder views in regional policy debates and broader skills and capacity building.

Purpose of Report:

This report explains the role of regional bodies in addressing health issues and how this has been addressed by the Assembly. Following soundings from members at the last meeting of the Healthy Region Forum (on 14 February 2006), it was suggested that the Assembly reflect on the way that it addresses the health agenda to achieve more effective engagement with members and greater influence. This paper provides an overview of the issues, reflects on recent developments in the NHS and proposes a way forward. It suggests a more prominent role for the Health Summit, with a revised role for the Forum in representing wider stakeholder views.

Key Issues:

The recent reconfiguration of the NHS in the South East provides an opportunity to consider how health issues are addressed by the Assembly and improve opportunities for dialogue between regional bodies and the NHS. It is suggested that the Health Summit is promoted to the lead forum in health policy debates and that the Healthy Region Forum is modified to become a periodic regional conference. As such, the membership and format of both meetings will be reviewed.

1. Background

- 1.1 All regions recognise that a programme of policy action is required to embed health inequality reduction across partners' action plans. Regions are at different stages in developing partnership arrangements that address health improvement and health inequalities. For example, some regions have taken the approach of drawing up a Regional Health Strategy. This has the benefit of engaging key partners in a process that allows for discussion on what contributions to reducing inequalities might look like and what differing priorities partners have.
- 1.2 The Healthy Region Forum was created in 2000 in response to a proposal to establish a standing 'select committee' on health. This reflected concerns at that time about a diminishing level of democratic oversight in the NHS. The Forum was envisaged as having a core membership drawn from the Assembly, with a wide invitation to others to attend and contribute. The Forum usually convenes three times a year.
- 1.3 Over the years the Forum has provided a useful opportunity to debate various aspects of health policy and health service performance, including:
- The management of health and social care issues
 - The developing public health agenda, including 'Choosing Health'
 - The 'health-proofing' of regional strategies, including the Regional Economic Strategy and the South East Plan
 - Cross cutting reviews in respect of services for older people and for children
 - Initiatives such as smoke-free public space and workplace health
- 1.4 There have been occasions when issues discussed at the Forum have been brought forward to Assembly Plenary meetings, either as presentations or as resolutions. However, those participating in the Forum have often felt that it has less impact beyond its membership than it might have. In general, the wider membership of the Assembly, including the Executive Committee, remains relatively disengaged from this important policy agenda. To address this, we have in addition held an annual Regional Health Summit, chaired by the Assembly Chairman, and involving the chairmen of SEEDA and the four Strategic Regional Health Authorities, the GOSE Director and the Regional Director of Public Health.

2. The Assembly's Role in the Health Agenda

- 2.1 Assembly responsibilities in the fields of spatial planning, housing and transport have significant links with public health. It is important to ensure that all of these functions are tackled in a joined-up manner to address problems and help drive improvements in public health outcomes. The Assembly has also addressed the narrowing of inequalities, particularly by raising the profile of wider issues of concern to the region which impact on health but are not always obvious at a local level, such as the quality of the built environment and transport-related issues.

- 2.2 The Assembly's three core functions of advocacy, accountability and strategic planning role can each be conceived as having a health dimension:

Advocacy

- Lobbying of national government and the NHS at the regional level, to ensure that the South East's health interests are heard
- Advocacy to local government, to influence the development of local strategic partnerships and community strategies and Local Area Agreements (e.g. promoting the LAA as vehicle for reducing health inequality)
- Influencing the NHS itself, in relation to access to services and the NHS as a corporate citizen

Accountability

- Measuring and monitoring health outcomes and inequalities, including the performance of the NHS
- Scrutinising the policies of the health service in the region
- Embedding health and social inclusion priorities into the strategies and work programmes of other regional bodies (e.g. SEEDA)

Strategic Planning

- Facilitating a regional health strategy, to influence what can be achieved when the NHS works in partnership to address the key determinants of health and health inequalities
- Co-ordination and integration of regional strategies, by exploiting opportunities across regional and sub regional partnerships to fine-tune their approaches to meet local needs.

- 2.3 If the objective is to achieve greater engagement, including key decision makers in the Assembly, one very simple way would be to bring reports of Forum meetings, and/or fuller reports on specific health issues, to the Executive or Assembly Plenary. We could also do more routinely to disseminate its deliberations to the Assembly membership and beyond. The risk with such an approach is that it creates a lot of process without necessarily achieving engagement.

- 2.4 The considerable amount of liaison and conscious policy overlap that has been undertaken to date has been achieved in the absence of any strongly articulated high level 'political' commitment at the regional level. This paper aims to provide a basis for a decision upon what measures are needed to galvanize further joined-up thinking and action on health in the South East.

3. The Role of Strategic Health Authorities

- 3.1 Consultation recently took place on the future shape and size of both Strategic Health Authorities (SHA) and Primary Care Trusts (PCT) in the South East, as part of a national consultation on behalf of the Department of

Health. There will now be two SHAs covering the South East – one covering Thames Valley and Hampshire and the Isle of Wight (South Central) and another covering Kent, Surrey and Sussex (South East Coast). Current information indicates that each SHA will include a team responsible for developing wider health policy and strategy and the necessary partnerships and relationships to support this. The team will have a particular focus on developing cross-cutting policy and strategy in the following areas:

- Health and well-being
- Regeneration and economic development
- Sustainable communities

3.2 The SHA will be responsible for leading on strategy and policy development and implementation across the NHS and local government in the region. This will include for example, monitoring the delivery of health objectives through Local Area Agreements.

4. The Health Summit

4.1 The aim of the Health Summit is to provide an opportunity for more positive and proactive engagement between regional organisations and the NHS. This annual meeting has, to date, provided an opportunity to reinforce approaches already being taken to improving health and reducing health inequalities across the region but has failed to achieve a significant impact.

4.2 The changes taking place in the NHS provide an opportunity to take this agenda further, through more regular dialogue with the NHS and jointly sponsored initiatives which focus on issues which might not otherwise get adequate attention. More regular, high level meetings between senior members of the Assembly, the reorganised NHS and a wider number of regional partners would avoid the duplication of existing planning, delivery, and reporting mechanisms. Its remit would be to provide leadership for effective delivery of health policy at a regional level, ensuring that the NHS contribution to the wider economy is recognised and utilised at regional level. For example, the revised Summit would provide:

- Leadership for engagement of health interests in the development of strategic partnerships across the region
- An efficient communications link between regional bodies and the NHS in the region, facilitating clear and consistent messages
- A mechanism to shape and influence national policy in Whitehall

4.3 While the existing membership of the Summit provides a good basis to build upon, more thought is needed to ensure that the every aspect of the health economy is represented. Recent White Papers have pointed to an increasing emphasis on providing more care in more local, convenient settings, including the home. The Summit would need to include better representation from the social care sector, recognising the diversity of provision available (i.e. to include the voluntary and community sector and the independent sector). The present Health Summit membership could be widened, and include:

- The Chairman and /or Deputy Chairman of the Assembly
- The Chief Executive of the Assembly
- The Chairs and Chief Executives of both the SHAs
- The Chair and Chief Executive of SEEDA
- The Regional Director of the Government Office
- The Regional Director of Public Health
- A Director of Adult Social Services or the regional representative of the Association of Directors of Social Services
- The Chief Executive of RAISE

4.4 Rather than meet annually, the Summit would meet on a more regular basis to ensure it was able to engage members and move its work programme forward. The secretariat for the Summit would remain within the Assembly but the agenda for each meeting would need to be provided through close dialogue with the new SHAs, and close cooperation with the Government Office and regional partners.

4.5 The strength of the Assembly is in its representative capacity, allowing as far as possible a united voice for the region on health issues. The Summit would report regularly to the Executive Committee and, where appropriate, the Assembly Plenary. In addition, it would provide invaluable advice and support to the Regional Planning Committee and the Regional Housing and Transport Boards.

5. The Healthy Region Forum

5.1 The new role for the Health Summit raises implications for the Healthy Region Forum, which has traditionally promoted dialogue on health issues. One option open to the Assembly is to recognise that the Healthy Region Forum's remit will be taken by the revised Summit and discontinue its meetings.

5.2 However, members of the Forum continue to express a fear that opportunities remain scarce for the public, their representatives and community groups to influence decision-making. Another option is to use the Forum to channel stakeholder views of wider health issues and increase their capacity to inform the development of health policy. This would follow a similar role to the Regional Housing Forum, which was established with the purpose to provide a platform to discuss housing and related issues relevant to the South East region.

5.3 It is envisaged, then, that the Forum takes the form more of a periodic regional conference. Following this format, the new remit of the Forum would be to:

- Comment on and influence the agenda of the Health Summit
- Scrutinise health policy, including the impact of the Health Summit, and the work of regional organisations

- Provide learning and development opportunities (i.e. training on health overview and scrutiny, changes to NHS organisation etc)
- Share best practice and learning between local authorities, health services and others

5.4 To ensure policy makers benefit from a wide variety of views, the membership of the Forum would no longer be nominated and would be open to all. This is a real opportunity to create an inclusive forum, widening representation to include other groups such as Patient Forums, Local Strategic Partnerships and other regional organisations such as the CBI/FSB, local Learning and Skills Council, Jobcentre Plus and Sport England. SHAs and PCTs will also be encouraged to be involved and provide NHS expertise and advice.

Philip Craig
Head of Policy

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Tel: 01483 555240

Email: philipcraig@southeast-ra.gov.uk