

EAST MIDLANDS REGIONAL ASSEMBLY POLICY BOARD

2nd February 2006

10.00am

Investment 4 Health Group Annual Report

Synopsis

This report summarises the work of the Investment 4 Health Group since the last report to Regional Policy Board, and presents the Group's 2006-07 Work Programme. It recommends revised Terms of Reference and supports the continued role of the Regional Director of Public Health (RDPH) as Adviser to the Regional Assembly.

1. Background

- 1.1. The overall aim of the Investment for Health (I4H) Group is to address the challenge of improving health and reducing health inequalities within the region by overseeing the development and implementation of the East Midlands Public Health Strategy within the social theme of the IRS whilst integrating health considerations into all regional decision making.

2. Roles and Responsibilities

- 2.1. Revised Terms of Reference to take the Group forward are proposed at Section 9. The Group's current remit dates from when it was established (under the name of the Public Health Task Group) by EMRA with the following responsibilities:
- To oversee the development and implementation of a Regional Public Health Strategy
 - To advise on the integration of health into other themes of the IRS in order to contribute to improving health and reducing health inequalities within the East Midlands
 - To support the development of capacity and capability for public health activity at regional, sub-regional and local levels
 - To advise on the state of the region's health and on appropriate health inequality targets and indicators for the region within the context of the IRS
 - To support the application of HIA on policies, programmes and initiatives across the region within the broader framework of sustainability appraisal

- To integrate the health improvement activity of the NHS, Local Government, the Voluntary and Business sectors more closely with regional structures, stakeholders and strategies
- To be the advocate for the health and well-being of the East Midlands region and for emerging health policy impacting on the work of regional and sub-regional stakeholders

3. Membership

3.1. Current membership is attached at Appendix 1.

4. EMRA Business Plan

4.1. Health-related activity is set within the Policy Section of the Regional Assembly's Business Plan.

4.2. Within the Activity "Delivery of Integrated Regional Strategy Framework", the appropriate outputs are as follows:

- Develop and implement with partners as set of co-ordinated action for....public health
- Identification of policy shortfall to meet priorities

4.3. Within the Activity "Performance management and delivery" there are two further, relevant outputs:

- Effective monitoring of regional strategies and identification of future policy needs in relation to ...public health...
- Comprehensive information on state of the region, advising and liaising with partners on their contributions

5. Review of work since September 2004

5.1. This part of the report outlines the work that the I4H Group has undertaken since its last report to the Regional Policy Board. The progress that has been made in relation to the relevant areas of the Regional Assembly's Business Plan is highlighted in the following table.

Business Plan Output	Group's Activity
Develop and implement with partners as set of co-ordinated action for....public health	<p>Overseen the implementation of the I4H Strategy, receiving monitoring reports from Objective Leads at each meeting.</p> <p>Allocated £30,000 to various initiatives across the region which contribute to the implementation of the I4H Strategy.</p> <p>Advised on topics for the programme of Emphasis events throughout 2005 (such as alcohol abuse, Children's themes) and facilitated a number of Emphasis On networks e.g physical activity</p>

	<p>Developed the I4H Website further to include Action Plans, Evidence Support sheets to support the 16 I4H objectives, case studies and monitoring.</p> <p>Successful integration of I4H and Choosing Health delivery</p>
Identification of policy shortfall to meet priorities	<p>Continued to engage the LGA in developing synergy between LA targets/programmes and I4H. Supported publication of <i>'Working Towards Healthy Communities through Investment for Health'</i> in June 2005.</p> <p>Continued links with the European Office and provided regular updates on EU Health Policy News & events.</p>
Effective monitoring of regional strategies and identification of future policy needs in relation to ...public health...	<p>Overseen the implementation of the I4H Strategy, receiving monitoring reports from Objective Leads and Cross Cutting Theme leads at each meeting.</p> <p>Assessed the implications of the Choosing Health White Paper for the I4H Strategy. This was reported through and agreed by Regional Policy Board.</p> <p>Processes and meetings reviewed resulting in less bureaucracy.</p>
Comprehensive information on state of the region, advising and liaising with partners on their contributions	<p>Supported the production of the RDPH Improving Health in the East Midlands Report presented to the Regional Assembly in July 2005.</p>

6. Proposed work programme to February 2007

6.1. The following work programme is proposed for Regional Policy Board endorsement and comment.

Business Plan Output	Planned Activity
Develop and implement with partners as set of co-ordinated action for....public health	<p>Continue to oversee the implementation of the I4H Strategy.</p> <p>Advise on topics for the programme of Emphasis events throughout 2006</p> <p>Advise on the Integration of health into other</p>

	<p>themes of the IRS in order to contribute to improving health and reducing health inequalities.</p> <p>Provide support to the Objective and Cross-Cutting Theme Leads of the I4H Strategy.</p> <p>Advocate for the health and well being of the region</p>
Identification of policy shortfall to meet priorities	<p>Focus on 4 health priorities</p> <ul style="list-style-type: none"> - Smoking - Obesity - Sexual health - Alcohol consumption <p>which have been agreed in light of State of the Region information and national Choosing Health priorities.</p> <p>Address areas identified as “challenging” in Improving Health in the EM report.</p> <p>Work with EMRLGA in developing synergy between LA targets/programmes and I4H.</p> <p>Work with Engage, to facilitate VCS engagement with I4H delivery</p> <p>Strengthen links with the European Office and provide regular updates on EU Health Policy News & events.</p> <p>Work with the NHS to ensure engagement with I4H delivery.</p>
Effective monitoring of regional strategies and identification of future policy needs in relation to ...public health...	<p>Continue to oversee the implementation of the I4H Strategy, receiving monitoring reports from Objective Leads as appropriate.</p>
Comprehensive information on state of the region, advising and liaising with partners on their contributions	<p>Advise on the state of the region’s health and on appropriate health inequality targets and indicators for the region within the context of the IRS and State of the Region information.</p> <p>Support the production of future RDPH <i>Improving Health in the East Midlands Reports</i>.</p>

7. Horizontal and vertical integration

7.1. The group ensures that its work is “joined up” with that of other Regional Assembly groups and other relevant groups:

- by identifying Public Health Advisers to support the work of each other EMRA group. Advisers attend meetings where appropriate and advise on links between different policy areas. It will be timely to review and update this during 2006/07.
- by ensuring that Health Impact Assessments is developed within East Midlands Integrated Toolkit (EMIT)
- through input to the review of the IRS.

7.2. The group establishes linkages with national, sub-regional and local working:

- by ensuring effective representation of e.g. Local Government, Strategic Health Authorities and the voluntary sector.
- Through its monitoring of the Investment 4 Health strategy the group provides a link between local action and regional policy.
- by providing the I4H strategy as a resource which can be used at local level e.g. some Local Authorities have used it as the basis of health scrutiny.
- Linking to national Choosing Health (CH) agenda eg: through reports from CH Task groups via RDPH.

8. Constraints

8.1. It should be noted that moving into the strategy implementation phase has created a heavy workload. At times the I4H Group has struggled to balance its monitoring and implementation role with the other aspects of its Terms of Reference. Quarterly monitoring has also proved burdensome for those delivering the strategy’s Objectives, and administratively onerous for both the Department of Health Regional Public Health Group East Midlands at GOEM, and for EMRA.

9. Future direction

9.1. The I4H Group is ideally placed to contribute to the joining up of activity between different sectors. A review of this Group’s other Terms of Reference is, however, timely. This is because of the following.

9.2. The provision of advice on the state of the region’s health, and on health inequality issues for the region within the context of the IRS is also delivered via quarterly reports by the Regional Director of Public Health to meetings of the full Regional Assembly. This has been a positive development which has been helpful in informing the development of EMRA policy.

- 9.3. Since this Group's inception, regional public health infrastructure has evolved significantly. Notable developments have included the establishment of:
- the Department of Health Regional Public Health Group East Midlands at GOEM
 - East Midlands Public Health Observatory
 - East Midlands Public Health Task Force and its topic-based work groups, as required by "Choosing Health" : EM Health Inequalities Task Group EM Obesity Task Group, EM Tobacco Task Group, EM Sexual Health Task Group EM Public Health Workforce Task Group and an EM Alcohol Forum (see appendix). All are developing Action Plans and work programmes in the context of the integrated delivery of I4H and Choosing Health.
- 9.4. All of these groups are either represented on the I4H Group, or linked to it via the RDPH. A diagram showing these links is provided as Appendix 2 to this report.
- 9.5. A review of Terms of Reference will enable the group to focus on its unique contribution to the regional agenda without duplicating the work of other agencies and groups. Revised Terms of Reference are proposed, as follows. Each is accompanied by an indication of whether it is new or amended from the previous version:
- To provide a forum for the development of EMRA policy proposals, for the agreement of the Regional Policy Board and/or full Assembly as appropriate (new)
 - To oversee the implementation of I4H in the East Midlands, reporting annually to the Regional Policy Board (amended)
 - To coordinate the integration of regional, sub-regional and local public health activities across all sectors (amended)
 - To identify linkages between health issues and the wider themes of the IRS in order to contribute to improving health and reducing health inequalities within the East Midlands (amended)
 - To support EMRA's role in advocating for the health and well-being of the East Midlands region (amended)
 - To support the work of objective and cross-cutting theme leads in the delivery of the Investment for Health strategy (new)
- 9.6. The Chair of the Group will ensure that membership is appropriate to deliver these revised Terms of Reference.

10. Recommendation

10.1 The Regional Policy Board is recommended to:

- Agree the above revised Terms of Reference.**
- Support the continued role of the RDPH as Adviser to Regional Policy Board and to EMRA**
- Note the Group's progress to date**
- Endorse the Group's Work Programme.**

Investment 4 Health Group Current Membership

Core Group

Chair	Arthur Sandford
Regional Director of Public Health	Lindsey Davies
Public Health Group	Nick Salfield
	Judy Jones
	Jonathan Harris
Regional Partners	emda – Anthony Payne
	Voice - Naeem Sheikh
	NICE – Rob Howard
	Engage – Heather Woolford
	GOEM - Vacant
	EMRLGA
	<ol style="list-style-type: none"> 1. Joan Matthews 2. Andrew Hopkin 3. Cllr P Osbourne (Cons) - Leicestershire CC 4. Cllr J Penrose (Lab) - Northants CC 5. Cllr H Battram (Cons) - Boston BC 6. Cllr T Bennett (Lab) - Bolsover DC
Cross-Cutting theme leads	Public Health Workforce Planning Kath Childs, Public Health Group
	Health Impact Assessment & Sustainability – Ann Goodwin, Public Health Group
	Monitoring and Evaluation - David Meehan, East Midlands Public Health Observatory
	NHS as a corporate citizen - Pam Young, Public Health Group
Strategic Health Authorities Directors of Public Health (SHA DsPH)	LNR - Paul Cosford
	Trent - Sarah Wilson
Universities	Professor Mike Saks
EMRA Policy	Cathy Jones
EMRA Secretariat	Dez Tanser
Public Health Team liaison & Secretariat	Carl Neal
EMRA Health Representatives	Trent Representative Mr Arthur Sandford (Chairman Trent SHA)
	LNR Representative Mr Mick Wells (Chairman Charnwood and North West Leicester PCT)

Priority Objective Leads

Education	Janet Flett, Lincolnshire Development
Diet	Ann Goodwin, Public Health Group
Physical Activity	Ilana Freestone, Sport England
Accidents	Paul Woods, Notts Fire & Rescue
Access	SHA DsPH

Other Objective Leads

Public Health	Nick Salfield, Public Health Group
Self-Esteem	Peter Shelton, Culture East Midlands
Substance Misuse	Sue Finn (Drugs) NHS Judy Jones, (Alcohol) Public Health Group Keith Burnett, (Tobacco) Public Health Group
Sexual Health	Kate Quail , Pam Young
Health at Work	Alan Weaver, TUC
Food Safety	Mike Arnold, Daventry DC Steve Bidwell, Bolsover BC
Immunisation	Joan Birkin, Health Protection Agency
Emergency Planning	Jonathan Harris
Cancer	SHA DsPH as above
Heart Disease	SHA DsPH as above
Mental Illness	Trish Crowson

Melanie Dunn at East Midlands European Office to receive papers and standing invitation to attend

Arthur Sandford
Chair of Investment for Health Group

Cathy Jones
Policy Adviser