

CASE STUDY – TWENTY YEAR REGIONAL STRATEGY FOR HEALTH AND WELLBEING

Background

This example concerns the development of a new 20-year regional strategy for health and social wellbeing. The previous regional strategy for health and wellbeing, 'Health and Wellbeing: Into the Next Millennium', covered the period 1997–2002 and included aims and objectives relating to the broad range of policies and services relevant at that time.

Work on the development of a new regional strategy began in 2002 and significant early scoping work has already been achieved. The strategy will include three main elements, namely:

- (i) a 20-year vision for health and wellbeing, with a particular focus on the role of the Health and Personal Social Services and related services;
- (ii) 5, 10, 15 and 20 year 'building blocks' which need to be set in place in order to achieve the vision; and
- (iii) initial (5-8 year) objectives to set out the first steps towards the vision.

Approach

The strategy is being taken forward through a three-phase process as follows:

Phase 1 (December 2002 – May 2003)

'Blank sheet' consultation to draw together the maximum range of perspectives and views of all key stakeholder groups and experts in the field of health and social care. Consultation techniques include the following:

- a major public satisfaction survey. This involved a telephone survey of some 1500 people to ascertain their level of satisfaction with the service. The idea was to get a realistic, overarching view of the service rather than one skewed by the headlines on waiting lists;
- call for written submissions. We sent out a consultation document which explained in the most straightforward terms the boundaries of health and social care (people tend to think of hospitals) and asked people to give us their vision of the service;
- focus groups and public consultation sessions. The key technique used was a 'post-it' note exercise which allowed participants to both identify the key issues from their perspective and to tell us how they inter-related. As a result, issues of importance to the stakeholders were raised up the agenda (eg. the need for integrated workforce planning and development);

- a Regional Strategy Forum which is used to test ideas at key stages in the process and which includes the full range of stakeholders from the health and social services, the community and voluntary and independent sectors; and
- four Board-area sub-groups which are leading on intensive local engagement exercises. Through these local groups, we were able to achieve a 'chain effect' whereby intensive face-to-face consultations were possible with larger numbers of stakeholders.

These consultation techniques were informed by a major programme of literature review and research.

Phase 2 (May 2003 – December 2003)

Consolidation and validation of information, preparation of a draft strategy document. To assist in the early part of this process, we held a major regional strategy conference with leading speakers from organisations such as the Nuffield Institute and the Kings Fund.

Phase 3 (December 2003 – onwards)

Final consultation, implementation, monitoring and review.

Outcomes

We have gathered a broad range of information which will be helpful in structuring and developing the strategy. A key outcome is the broadly held view that the strategy should be structured around themes relating primarily to population groups rather than organisational structures, capital estate or professional boundaries.

The overarching themes around which the strategy will be structured include the following:

- Investing for Health: The strategy must be set firmly within the context of, and must set out how the HPSS will contribute to, the Investing for Health policy;
- Workforce: The promotion of multi-disciplinary working, where health and social care workers facilitate change through integrated multi-professional and multi-sectoral workforce planning and integrated training and development.
- Public Engagement: A strong focus on engaging the public with regard to:
 - (i) their own health and wellbeing;
 - (ii) self care for chronic disease management; and
 - (iii) the prioritisation, design, management and monitoring of services.
- Responsive coherent services: Ensuring that services are 'service user-centred' so that there is effective and seamless integration

across prevention, primary and community care, acute and long-term care.

- Quality, Governance and Value for Money: Including a full range of issues to do with the governance of the service from clinical and social care governance to overarching performance frameworks.

Lessons Learned

The major lesson is that in order to truly engage with the full range of stakeholders who have an interest in major policies, the process should not be too structured from the beginning. Much of our process emerged out of a great deal of intensive pre-consultation. For example, one of the most successful elements was the establishment of the four HSS Board-area sub-groups.

The process, if successful, leads to an agreed structure for the policy which reflects the understanding and needs of all stakeholders and which is therefore more meaningful. However, in order to achieve this takes time and a significant level of resources.