

Healthy regions

When Well-being Creates Economic Growth



Final Report October 2010

Summary

The Healthy Regions project has:

Strengthened the health and well-being narrative by developing cross-policy discourse that links health and wellbeing with sustainable economic development.

Added authority to planning discussions, by telling tangible stories of the benefits of promoting health and well-being within plans for economic growth.

Improved partnerships and process by using existing levers and networks, but also formatting new alliances to articulate both the opportunities and the wider responsibilities individuals and organisations have to engage when linking health and wellbeing considerations with sustainable economic development.

Increased the 'technical' capacity and evidence base within the system through case study work and wider sharing and acknowledgement of what constitutes good practice.

Prompted ideas that link with those of the Coalition Government's '*Big Society*': co-investment, local action, civic participation, and empowerment.

1.0 Background

It is important to profile the background to the SW UK's work on the Healthy Regions project, both from the perspective of previous work with EU partners and from the perspective of the strategic position in the SW region at the inception of the project.

1.1 Previous work with EU partners

The issues of health, wellbeing and regional economic development had a well-established connection between NIACE (the National Institute of Adult Continuing Education) South West UK and EU Vest Denmark. Over the period 2001-2003 they worked on the Regional Lifelong Learning (3L) project, looking at how Lifelong Learning is an important strategic factor in the regional development - the objective being to better understand how a region could correlate economic development issues with being a sustainable and well-functioning learning region. The work of this project informed an Article 6 project, which focussed on regional competences and innovative approaches to change at regional level and the formation of strategies and capability for effective management of change. In this work, EU Vest, NIACE and other EU regional partners looked at methods for creating a practical methodology for regional actors to use in anticipating and managing structural changes and promoting a proactive and sustainable development. The work examined a regional culture for development, where policy areas could work together in a more strategic, preventive and holistic way, to build on a common understanding of the regional key competencies, development potentials and strategies. In this project the idea of 'wellbeing' as a key constituent for progressing sustainable regional development emerged. It was a natural progression therefore to develop the Healthy Regions project, focussing on the roles and relationships between regional well-being, quality of life, health equality among citizens, health innovation, and social and economic growth.

1.2 SW UK Healthy Regions Partnership

The development phase of the Healthy Regions project coincided with significant changes in regional policy direction in the UK, aimed at simplifying and focussing the diverse range of regional and sub-regional level strategies. At national level work was undertaken through the

[Sub-National Economic Development and Regeneration Review \(2007\)](#), to examine what would deliver more effective economic decision making and planning in England's regions and localities. As the Healthy Regions project got underway, the UK Government published its response to the consultation document [Prosperous Places: Taking forward the Review of Sub National Economic Development and Regeneration](#), which set out how it would deliver more effective economic decision making and planning in England's regions and localities. This involved the development of a legal and policy framework which to assist regions, sub-regions and local areas in responding to economic difficulties and demands, strengthening jobs and business growth in all areas in the longer term. It required the [Regional Development Agencies and Strategic Leaders' Boards](#) (in the UK SW this was made up of a grouping of local authority leaders from County and Unitary Authorities in the region along with a member each from Districts in Devon, Dorset, Gloucestershire and Somerset) to develop a Single Regional Strategy (SRS). However, while the idea of the Single Regional Strategy was to bring together the various strands of economic development strategy (including the skills strategies and spatial strategies), which would aim to:

'...create economically strong cities and regions which drive forward national prosperity and provide opportunity and social justice for all. We are creating vibrant, diverse and attractive places where people want to live, work and play.'

- nevertheless, it was not clear at this stage whether other strategic areas, like health or culture and the arts were to be addressed and integrated, despite the fact that key shifts in thinking at UK national and regional level regarding health were taking place, that involved greater:

- ▶ recognition of the issue of inequalities in developing health policy;
- ▶ emphasis on health *and wellbeing* linked to a fuller understanding of the importance of preventative rather than curative health measures;
- ▶ acknowledgement that there needed to be far more sophisticated understanding of the ways in which public behaviour cuts across the boundaries that health policy and targets artificially construct .

So, it was in this climate of and regional-level dialogue beginning to examine the relationship between health and wellbeing and sustainable economic development that the SW UK's prospective regional-level partners saw the Healthy Regions project being able to provide an opportunity to conduct an overview and analysis of regional public health capability in the wider context of health, wellbeing and economic development and in doing this to bring together the key regional agencies needing to work more closely across policy areas. The regional partners also welcomed the opportunity to work with EU partner regions, as the SW Strategic Health Authority had signalled the value of such association and some partners, like the Skills and Learning Intelligence Module (SLIM) of the South West Observatory and the National Institute for Adult Continuing Education, had long advocated such value. The SW partnership was therefore confirmed as including:

- [The National Institute for Adult Continuing Education](#) (NIACE);
- [The Skills and Learning Intelligence Module of the South West Observatory](#) (SLIM);
- [The South West Regional Public Health Observatory](#) (SWPHO);
- [Department of Health South West](#) (DofHSW);
- [The South West Strategic Health Authority](#) (SWSHA);
- [SW Healthy Schools Plus Programme](#);
- [The South West Regional Development Agency](#) (SWRDA).

The partnership saw that the plans for Single Regional Strategy promoted a stronger role for Local Authorities and Regional Development Agencies, together with a clear requirement for all regional-level agencies to better understand and articulate the ways in which their strategies should interlock. So, the South West Strategic Health Authority's analysis of the current regional strategies providing:

'Strong connection to other regional strategies but weak connection to Health and weak Health content with Health featuring, but as a stand-alone section rather than

threaded through so appearing weak'; and Health as having a central role in relation to economic prosperity is not clearly stated.'

- powerfully suggested that **the Healthy Regions project could have an assistive role in better understanding how more effective strategic integration could be developed.**

At the same time, NIACE was doing work at national level (through its sponsored national [Inquiry into the Future of Lifelong Learning](#)) concerning the link between learning and wellbeing. It had found that whilst a growing body of both qualitative and quantitative evidence existed which suggested that [adult learning can have a positive impact on happiness and wellbeing](#) in particular circumstances, there were substantial gaps and the overall picture remains patchy and inconclusive. There was the need to gather the different kinds of evidence that could illuminate the relationship between adult learning and well-being. There were clear links between these issues and issues around health promotion and the development of social marketing and more effective knowledge management concerning learning, health and wellbeing and sustainable economic development.

The SW UK partners developed full agreement that the Healthy Regions project provided a context to address a number of regional planning imperatives and that the wider European perspective provided through the project and its partnership could add both a richness of experience and example to the process.

KEY MESSAGE

European Project work is not presented as 'a project' but as an additional methodology to add value to developing policy thinking, practice and planning.



2.0 Working together in the region and developing the project tools

2.1 The Conceptual Paper

For the South West UK partners, the Conceptual Paper was fundamental in setting out thinking behind the project and in defining the breadth of policy areas being addressed. It was a very useful way of getting the region partners to work together and to explore areas of strategic and policy thinking not always discussed in a holistic way. It was *not* an easy process, for these cross-partner discussions were innovative within the South West UK region, and the discussions also of course had to reference the directions being taken by the Healthy Regions partnership as a whole - and there were differences in terms of regional size, structure and culture. The main point of difficulty for the South West UK partners was a feeling that the project might simply be reviewing past and existing policies across a range that included the World Health Organisation through to European, national and regional contexts. The vast amount of policy and strategy-related data existing on health and wellbeing issues was daunting, and it required considerable clarity of vision to single out the dominant themes relevant to the project's work. There was a great deal of repetition evident across the data, and it was difficult not to have the view that at some stage the project's work might already have been done and voiced within some other work. But in the end the Introduction to the Conceptual Paper effectively summarised the process required to gain the necessary accord across the regional-level partners and the EU partners:

'This paper sets out to summarise and direct the common understanding of the Healthy Region project partners regarding how the project will be undertaken. The paper also describes the definition of the various concepts and methods that will be applied within the project. It seeks to scope the most relevant existing policies, knowledge and tools that underpin the current position, to ensure that the project does not 'reinvent the wheel' but, on the contrary, uses this to launch new and innovative work in understanding how regions can be most effective in promoting health alongside their social, political and economic agendas.'

The development of the Conceptual Paper demonstrated that while individual constituents of the Healthy Regions project had undoubtedly been addressed previously, its overall aim of providing a perspective that examines the interfaces between policy areas and articulates more effective understanding and management of these, was new territory.

For the SW partnership, the Conceptual Paper development was particularly valuable used in summary form, with an annex that included the South West UK regional research publication [*the State of the South West*](#). It 'positioned and related the regional context' and 'set the scene' for the approach for the next stage of the project work. The summary was distributed and discussed with key stakeholders, to brief them and gain a response to the direction of the subsequent work. So, at this stage the SW UK core partnership began to develop a vision for a wider stakeholder group, inclusive of those sectors that would then be the focus of the Mapping Process/Dialogue Tool. The role of this Tool was seen as:

- Establishing how the Verona Benchmark could be used to examine how the various national and regional strategies included health and wellbeing within their proposed remit.
- Clarifying the importance and difficulty of including and articulating previously 'siloed' policy areas within a single regional strategy.
- Establishing that scenario planning/horizon scanning techniques can set out the landscape for the networks of expertise required to develop a single, integrated regional strategy.

KEY MESSAGE

Establish a partnership 'core group' to develop a structure for the project work, before trying to engage wider groups of stakeholders



2.2 The Mapping Process and the Dialogue Tool

The project's development from the Conceptual Paper to the Mapping Process, subsequently re-named the 'Dialogue Tool', proved to be a complex process, but was essential in developing the wider context for working together in the region. As stated, the South West UK region was not short of strategies acknowledging, in some form, health and wellbeing. What was not clear was the degree to which strategies were being translated effectively into consistent tactics and effective actions; and the extent to which the Health sector and other sectors were 'speaking to each other' when developing these strategies.

The South West UK partnership was concerned that the process did more than just reflect the policy 'status quo'. There was also concern that the mapping might prove so detailed that any conclusions would remain obscure. There proved to be a real need to confirm a clear methodology that provided a structure that partners could follow and feel was relevant to the policy/thematic area(s) for which they were responsible. The SW UK partners set out a methodology taking the Verona Themes, but also treating Health and Wellbeing as an economic sector and thus an additional Theme in its own right; thus the Dialogue Tool covered eight main themes:

1. Health and health promotion
2. Health and learning
3. Health and culture
4. Level of strategic health approach
5. Level of health competencies
6. Level of empowerment
7. Level of mainstreaming
8. Health as an economic growth sector.

A Definition was developed for each Theme and the idea of the Verona Benchmark Pro-forma applied, so that each Theme had:

- A definition;
- A structure for mapping research carried out against the following Benchmarks:
 - Whether it is a high priority;
 - The degree of social capital it has;
 - The level of public engagement it attracts;
 - The degree of sustained policy engagement it has;
 - The level of investment it attracts;
 - How it is monitored; and
 - How accountability works in its regard.

Once this was all agreed, the South West UK partners each took responsibility for the Themes closest to their areas of work. There were further adjustments relating to the definitions of each Theme, and finally a definition and headline question for each Theme was agreed by all European partner regions, *but the overall structure for the exercise in the SW UK region remained unchanged*. Thus, although the European partners all used the same basic framework, each of the partner regions gathered their evidence in different ways.

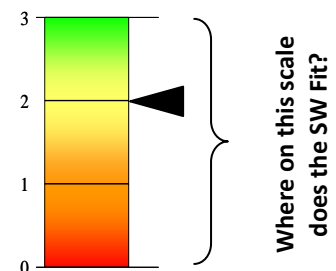
It was considered an effective idea to apply a version of the ‘Traffic Light matrix’ to each of the Thematic areas, to indicate in a straightforward manner the level of progress being made by the region. So, the Themes were each given a score from 1 to 3 to give an indication of a level of regional performance against each theme, where 1 is low and 3 is high. The key findings were then extracted from the resulting matrices and then a provisional score was assigned to each of the Themes and the results were further condensed into a single key message for each of the themes:

Theme 1: Health and health promotion

Headline question:

To what extent does the South West of England prioritise health and health promotion ?

Key message:



Successful health and health promotion would best be delivered through a locally accountable multi agency infrastructure based on a clearly defined joint evidence base, and influenced by the local health needs of the population

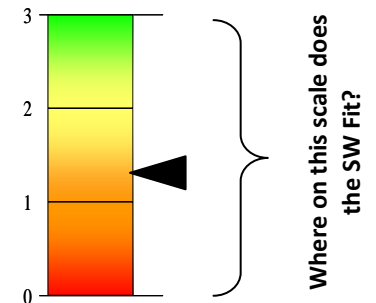
Theme 2: Health and learning

Headline question:

To what extent does the SW England understand the relationships between health and learning and prioritise that understanding?

Key message:

There is scope for more specific, well-researched and synthesised strategic messages concerning the relationship between lifelong learning and its beneficial impact on our material circumstances in terms of alleviating poor physical health, unemployment, and relative poverty and isolation.



Theme 3: Health and Culture

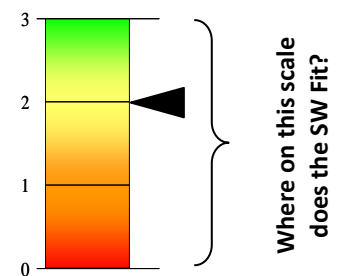
Headline question:

To what extent does your region use nature and cultural activities to promote the health and wellbeing of its citizens?

Key Message:

Well recognized at practical level and in the funding of short term projects, but not properly recognized in national strategies, so activity remains short term.

There is a requirement for more coordination of evidence



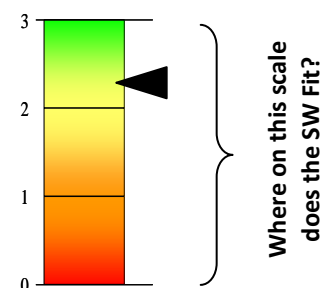
Theme 4. Level of Strategic Health Approach

Headline question:

To what extent do your regional strategies for health follow European strategies for health?

Key message:

Implementation of evidence based policy and practice is a key area to



strengthen. Building on guidance from the National Institute for Clinical Effectiveness.

Evaluation of activity is key to continue to build the evidence base

Theme 5: Level of Health Competency

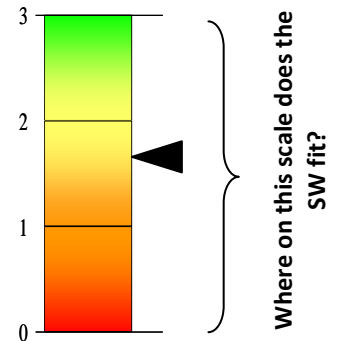
Headline question

To what extent does your region provide the resources and infrastructure for people to live healthy lives?

Key message:

Robust process and investment for public health workforce development.

However capacity and capability remain an issue. Key areas for development around skilling up of non-public health workforce and strengthening of health literacy.



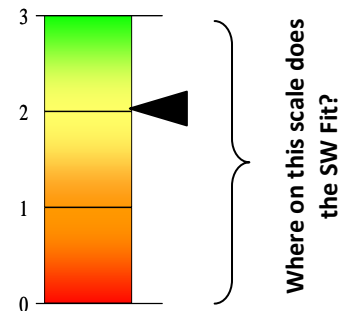
Theme 6: Level of Empowerment

Headline question:

To what extent does your region facilitate the empowerment of its citizens?

Key message

The issues appear to be more around motivation as well as empowerment



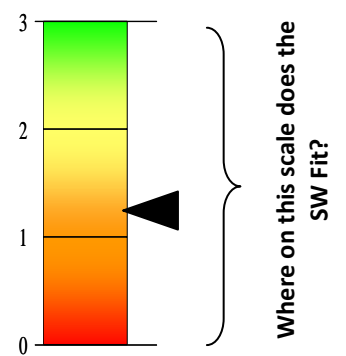
Theme 7: Level of Mainstreaming

Headline question

To what extent does SW England make health a cross sectoral issue?

Key message:

Multi-sectoral work is difficult, and it is not one individual/organisation role to deliver, A strong regional strategic drive and infrastructure to support this through, for example the sharing of best practice, could make ease this burden.



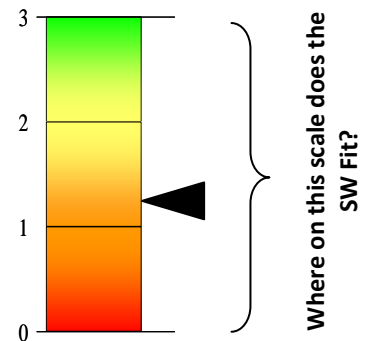
Theme 8: Health as an Economic Growth Sector

Headline question:

To what extent does your region consider health to be an economic growth factor?

Key message:

Health is recognised in regional strategy, but this does not necessarily follow.



The Dialogue Tool process was a very important development, as it provided the potential to focus strategic-level discussion regarding performance and priorities for action for the wider strategic stakeholder group in the region. It also provided a baseline methodology for engaging scenario techniques that were used both to engage people for broadly and to examine a wider landscape for strategic issues related to health, wellbeing and regional sustainable economic development.

2.3 Wider stakeholder engagement

The output from the Dialogue Tool process provided a method for engaging the wider stakeholder groups. The South West core partners developed a regional event designed to set out the broad view of health and wellbeing as stated by [the World Health Organisation's Adelaide Recommendations on Healthy Public Policy in 1988](#):

'Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by accountability for health impact. The main aim of health public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing. In the pursuit of healthy public policy, government sectors concerned with agriculture, trade, education, industry, and communications need to take into account health as

an essential factor when formulating policy. These sectors should be accountable for the health consequences of their policy decisions. They should pay as much attention to health as to economic considerations.'

The event focussed on engaging senior representatives across agencies and organisations, to provide the opportunity for them to develop:

- Greater recognition of the importance of healthy public policy at a regional level, to ensure the Single Regional Strategy incorporates healthy public policy and how this relates to local action;
- Better understanding of the gaps in relation to healthy regional public policy at a regional level (this is the mapping exercise undertaken);
- Tangible actions that the Regional Development Agency, NHS and Department of Health and regional and local partners could work on together relating to health and economic growth through a healthy public policy approach - which might be in relation to health impact assessment, healthy procurement, healthy workplaces etc. One idea was the production of a ten high impact changes document for healthy public policy.

The event methodology was developed utilising the Key Messages from the Dialogue Tool's analysis in order to:

- ▶ Agree key areas that need greater action to deliver healthy public policy at a regional level.
- ▶ Develop a regional stakeholder group facilitated by Department of Health South West to advise on improving delivery of healthy public policy in these key areas.
- ▶ Ensure the delivery of a 'healthy Single Regional Strategy'.

The event was underpinned by the validation from regional leaders from health and economic development's two key regional agencies (the Department of Health South West/South West Strategic Health Authority and the South West Regional Development Agency) for the concept for a 'Healthy Region' which would assist regions to put health and health promotion as a central issue on the regional development political agenda.

The event attracted delegates from all the key sectors relating to the project's cross-cutting policy areas:

- ▶ Health
- ▶ Regional Government
- ▶ Local Government
- ▶ Skills and Learning
- ▶ Voluntary and Community sector
- ▶ Arts and culture
- ▶ Business.

It provided powerful statements of commitment from the Strategic Health Authority and the Regional Development Agency, articulating the need for regional strategies to acknowledge and integrate cross-cutting priorities that linked health and wellbeing to sustainable regional community and economic growth. It set out the ways in which the Healthy Regions project provided a perspective and leverage for stakeholders to consider how this might be achieved. In particular it emphasised:



The project involves 3 contexts relating to policy considerations:

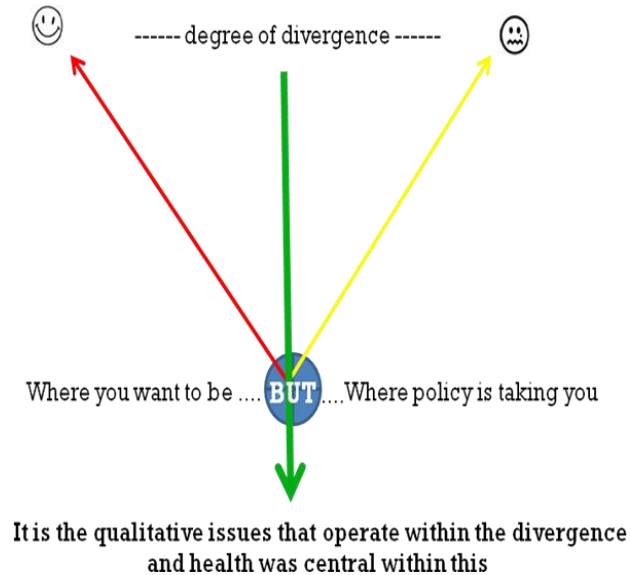
- **Cross-cutting issues**
- **'Universal experiences'**
- **Value of the European perspective**

- the background to the project's thinking:



- and the need to examine whether or not current policies were taking the region in the direction of a future wished for by citizens:





The emphasis on qualitative issues and their importance was a key debating point in a political context where policy is target-driven and quantitative:

Over the past @ 5 years the idea of 'wellbeing' has become mainstream: it is legitimate and necessary to examine the relationship between health, wellbeing and economic growth:

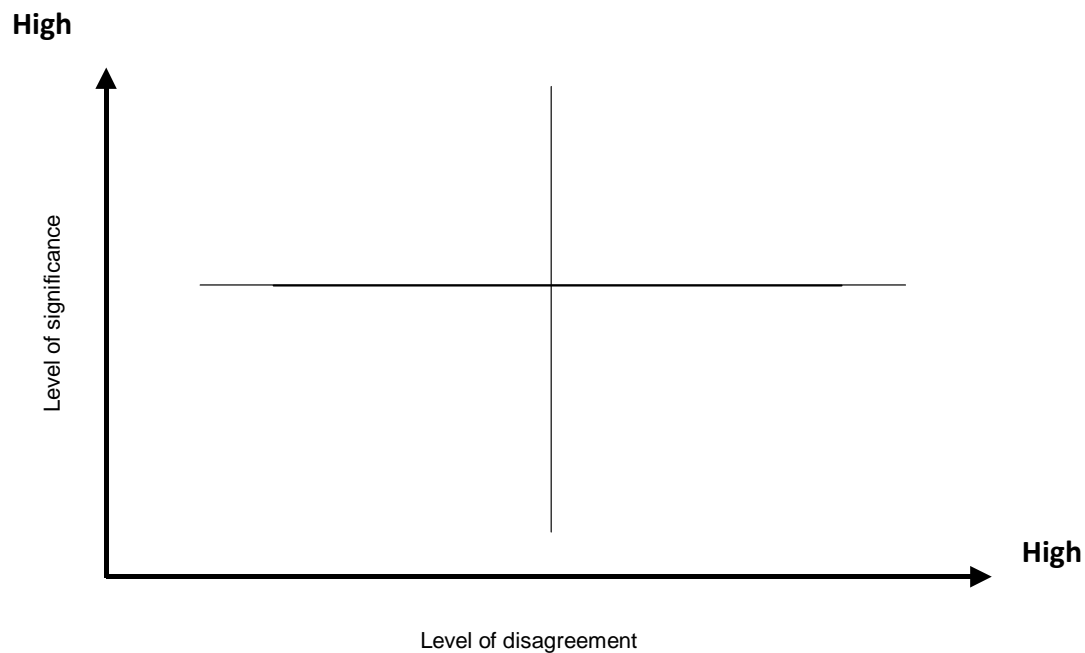
- 'Together for Health: a strategic approach for the EU 2008-2013'
- European Ministerial Conference June 2008 on Health Systems, Health and Wealth
- SW Strategic Health Authority literature review on relationship between health and wealth

The Healthy Regions project is addressing this qualitative area to see how regional strategy can better articulate the health, wellbeing and economic growth relationship.

The Thematic Summary Tool from Stage 2 was central to the event design, and also integral to the design of the Tool to be used in Stage 4 of the Dialogue methodology - Scenario Planning. In a very concentrated form of scenario planning, the key findings and the provisional scores were used as the basis for the workshop discussions. Participants divided into 7 groups of 5 - 6

and each group worked with short statements from two of the eight themes. Participants mapped the short statements on a 2 x 2 matrix according to:

- ▶ Their significance for making the region grow and develop; and
- ▶ The level of agreement within the group on the significance of the statement.



Focusing on the strong signals (statements with a high level of significance and low level of disagreement about that significance), participants then identified:

- ▶ The issue represented by the statement;
- ▶ Its significance for / impact on making the region grow and develop;
- ▶ Consequent objectives and goals for the SRS;

- ▶ The timescale for action;
- ▶ Success measures;
- ▶ Key areas for working in partnership; and
- ▶ 'No brainers' - imaginative and heroic ideas for delivering the next steps.

This led to a process of analysis that enabled a final selection of key priorities for the regional stakeholders to identify as those requiring particular attention in terms of the single regional strategy and a report was written summarizing this and setting out the direction for further, more detailed work.

The event's discussions and in particular the scenario exercise outputs were summarised in [the Stakeholder Event Report December 2008](#).

As stated, the principal aim of the event was to convene and legitimise cross-agency thinking and working on the health, wellbeing and regional development issues across a wide range of regional and sub-regional stakeholders. In this it succeeded in at least suggesting a model for development to the key regional agencies involved. This led to discussion concerning the establishment of a Regional High Level Group on sustainable growth, health and wellbeing in the region. The difficulty has been in sustaining a momentum for this and in maintaining a focus for the ways in which cross-agency/cross-policy strategic development can happen, particularly in the contexts that then arose in 2009 – 2010 (see below), with the economic recession and UK change of Government and profound levels of change at regional level.

2.4 The Scenario Tool Development

It was felt that development of the Regional High Level Group on sustainable growth, health and wellbeing in the region would be greatly assisted by more detailed horizon scanning and scenario development work. This was taken a stage further and integrated with the Healthy Regions partnership visit to the SW UK in April 2009. The horizon scanning/scenario tool

process that was designed had the high level aim of assisting stakeholders involved with regional strategy to imagine and manage the future more effectively. The process invited participants to consider the principal drivers of change and the associated uncertainties facing their organisations and regions and to explore how these might play out in the future. The result hoped for was a set of 'stories' that could offer alternative views of what the future might look like, which could then be used for stakeholders to explore what they would do differently in each scenario and identify success criteria, suggesting new ways of working and defining new relationships. This structured but open approach enabled discussion for participants to build a shared understanding of how the increasingly complex changes taking place in the world are likely to affect their activities.

The great strength of scenario planning is that it can be used to look at today's challenge from a different perspective. This 're-perspectivising' is crucial to challenging the 'silo thinking' that keeps economic development policy separate from health and wellbeing policy.

In this stage of the Healthy Regions project work, the scenario process had to achieve 'a fit' with the sequence of activities and involvements that stakeholders had to date - certainly a rational progression from the work over December 2008 - March 2009 that had commenced with the wider Stakeholder event and its report recommendations. It had to be seen as something of a summative point for the whole Mapping/Dialogue process, which would then define the subsequent trajectory of the work.

In the end, the scenario process was run on the basis of four stages, involving thirty two regional stakeholders of senior 'opinion leader' level and Healthy Regions regional partner representatives. The stages involved:

- Stage 1: Identification and analysis of change drivers;
- Stage 2: Identification of predetermined elements and critical uncertainties;
- Stage 3: Construction of the scenario matrix;

Stage 4: Construction of the scenario narratives.

Following Stage 4 the completed scenarios were used for the stakeholders to explore how they would act in the different futures, evaluating different policy options, identifying different success criteria and determining the effect of different policy instruments.

The Scenario exercise was [written up](#) on the basis of ‘key messages’ for future strategy and distributed both to the stakeholders who directly participated and more widely to others in the South West UK region and nationally through NIACE’s policy networks. The messages in particular were used to inform the progress of:

- ▶ The Regional ‘High level’ Coalition of Interest group; and,
- ▶ The SW Regional Healthy Workplace Strategic Alliance.

In the light of the world economic recession that was occurring in 2008 – 2009, there are some particular factors that emerged from the scenario work that merit particularly close attention:

- The issue of current policy not having the trajectory wished for by the majority was reinforced:

SCENARIOS	Most plausible/ likely	Most favourable for individual regions	Best for supporting health and wellbeing	Closest to now	Closest to the future participants like most	Closest to the future participants’ own govt’s policy is leading to	Closest to the future EU regional policy is leading to
<i>Sceptia</i>	0	0	0	1	0	5	0
<i>Reactive Optimism</i>	3	0	0	9	0	10	7
<i>Thinking Global, Acting Local</i>	6	24	22	1	24	2	7
<i>Fortress Europe</i>	15	0	2	13	0	7	10

- None of the scenarios developed by the partners described a world in which health and wellbeing are universally available.
- In three of the scenarios - *Sceptia, Reactive Optimism and Fortress Europe* - there is a direct correlation between health and wealth which means that the economically excluded are close to being excluded from health and wellbeing too.
- In the fourth scenario - *Thinking Global, Acting Local* - health and wellbeing is rationed because of high costs, but there is at least some agreement from society that this is necessary (if not desirable). Overall, there is a sense in this scenario (the preferred scenario by a long way) that rationing can only exist through a collective act of goodwill – and if that goodwill should disappear, the situation might prove less sustainable.

So, in a period of recession and economic constraint, there is consensus, conscious or otherwise, that wellbeing is a luxury that cannot be easily afforded in times of economic austerity. **This suggests that although health will always be important, the opportunity to integrate health and wellbeing and then to integrate them with regional development strategies will depend on economic prosperity.** The Healthy Regions work points out that there is urgency to achieving integration if wellbeing is not to fall off the agenda; it also suggests a danger that some regions and governments may need to be convinced of the value of integrating wellbeing into regional development. Marshalling and presenting the evidence of economic and social benefit is therefore crucially important.

The stakeholders' choice of *Thinking Global, Acting Local* clarified a number of conditions that, if in place, might make it easier to integrate health and wellbeing into sustainable regional development:

- Shared awareness of the environmental and economic challenges ahead;
- Increased awareness in the general population of individuals' responsibilities to themselves and to each other (on a global level);

- A shift away from thoughtless consumerism to thoughtful, ethical and responsible consumerism supported by regulation of trade to ensure that markets operate fairly;
- Stronger regional identities and stronger links within communities.

However, the fact those partners considered this scenario not particularly plausible also raises considerable questions for consideration of what regional strategies might consider as unduly aspirational and what might be considered realistic. In the UK, these questions are now all the more prescient, as the UK Coalition Government is in the process of removing the majority of regional-level agencies and actors whilst the new policies around the 'Big Society' and 'localism' are ostensibly aligned with the Healthy Regions' aim of integrated sustainable economic development and health and wellbeing, the scale of national-level public sector spending reduction does not seem commensurate with that aim.

The Mapping and Scenario processes underlined that to affect the direction and content of the Single Regional Strategy requires 'leaders and influencers' to be fully appraised of the cross-policy issues involved in develop understanding and action on the relationship between health and wellbeing and regional sustainable economic development. Engagement at this level would also be required in understanding the actions to be taken in aligning regional-level strategy with central Government targets and priorities. While the primary target should be senior strategic level people, the various Tools also involved people operating at tactical level, so that debate could be widened and 'bottom-up' information and knowledge could be contributed and this factor aligned with the work of the Healthy Regions' Pilot Projects.

3.0 The Pilot Projects

The SW UK's Pilot Projects were selected on the following basis:

- ▶ To represent contexts that connected 'local' to regional and national-level strategies.
- ▶ To provide a cross-section of health and wellbeing applications.
- ▶ To include a cross-section of agencies and organisations, variously working on aspects of health and wellbeing.
- ▶ To ensure that 'real people' were directly involved, rather than people simply 'speaking for' other people.
- ▶ To provide work that had messages that could be mainstreamed into wider policy contexts.

None of the pilot projects were implemented as a direct result of the Healthy Regions project being active. The role of Healthy Regions was to add an additional dimension and drive to existing or planned work and to ensure that there was an assessment and evaluation of the work that connected to the central aim of Healthy Regions and that there were aspects of the pilot projects that would be of interest and value to the EU partnership. The projects were:

- Healthy Schools Plus
- Transforming Lives
- Healthy Workplace Alliance



3.1 Healthy Schools Plus

The project was selected because it was an excellent example of how national policy could be interpreted regionally and then negotiated and developed at local level. Furthermore, the project connected health issues from one policy area (schools and young people) through to other policy areas through the explicit links with families and the implicit links with the wider community, including businesses and the workplace. It was considered that these 'generational' and 'inter-contextual' messages were of importance to the holistic aim of Healthy Regions. The Regional Director for Healthy Regions Plus joined the SW UK Healthy Regions project core group for the duration of the Healthy Regions project, which proved to be highly valuable in drawing out the wider context and particularly some of the cultural issues. His presence on the core group also meant that he participated in transnational visits and the other Healthy Regions partners did find information and knowledge about the Healthy Schools Plus work to be of high value.

Healthy Schools Plus splits the region into 15 local areas, each running Healthy Schools Plus programmes. There are 2349 schools in the region and 1089 are engaged with Healthy Schools Plus (46%) and the overall target is to engage 50% of schools over a 3 year period. Healthy Regions looked particularly at the 'Somerset Model' as its methodology of using existing data, along with information gained from school based audits, gave a platform to measure progress; but also, anecdotal evidence was used obtaining feedback from parents, children, young people and teachers who have taken part in the programmes.

Overall, Healthy Schools Plus is targeted to tackle the biggest local health issues, with 4 main health priorities:

- ▶ Childhood obesity

- ▶ Emotional health and well-being
- ▶ Drug misuse
- ▶ Teenage pregnancy.

Local programmes can select their priority; for example the Priority in Torbay is Teenage pregnancy; while in Bath and North East Somerset priorities are childhood obesity and emotional health and well-being of children and young people. Each school uses health data to decide on their own priority areas of work based on local needs and this has made the programmes very individual. Schools work towards three health behaviour outcomes, based on:

- ▶ Local priority
- ▶ School priority
- ▶ Children in challenging circumstances.

- with each school therefore doing slightly different work based on their own health profiles.

The Key Messages that have emerged from the work, significant for Healthy Regions, have been:

- ▶ **There has always been an understanding that some groups in schools have greater needs than others and many local programmes and schools had been working on this - but the South West Healthy Schools Plus programme formalises this and demonstrates that this can *intensify* the focus to ensure that the health needs of the most disadvantaged are *being met*. There are strong lessons about tackling health inequalities more widely here.**
- ▶ **The nature of communities is that in reality they are made of overlapping transactional areas; but policy tends to be established on a 'silo basis' and not make sufficient use of the overlapping areas between, for example, families, schools, and business. Schools must be better understood in terms of their central role within communities, so that if policy is**

aimed at enabling children and young people to successfully shape their lives, then persuading their parents to adopt healthier behavior in the home, at leisure and at work is part of the model. This is highly important in terms of understanding the role of 'health cultures' and the management of social marketing.



3.2 Transforming Lives

This project developed learning opportunities for health and well-being education and practice at sports/leisure complexes across the county area of [Somerset](#). It encouraged people to try out a very wide range of physical activity, as well as developing skills around nutrition and healthy eating / lifestyles.

The relevance to the Healthy Regions project was the way in which [Transforming Lives](#) focussed on physical improvements linked with well-being and social aspects, working particularly with family and inter-generational learning and activities designed for all ages and abilities. The project also emphasised the importance of enabling learners to record and acknowledge individual progression, through the use of mentors and also innovative technology - for example, the use of Actipeds for personal monitoring managed at each of the sports and leisure complexes. The project also addressed ways in which the project's activities could be sustained and did achieve a 77% sustainability of the classes post funding.

The Key Messages that have emerged from the work, significant for Healthy Regions, have been:

- ▶ **Don't create new networks, build on existing ones.**
- ▶ **Use the diversity of the voluntary sector.**
- ▶ **Enable the Voluntary and Community Sector to work with Local Government.**
- ▶ **Use flexible, informal learning to increase learning experiences.**
- ▶ **Give pump priming to set up sustainable programmes.**
- ▶ **Support concessions where needed to ensure equalities.**



3.3 The development of the South West Healthy Workplace Strategic Alliance

This was chosen as a pilot project area, as it demonstrated the way in which practical action was being taken to acknowledge the relationship between health and wellbeing and sustainable economic development. It emphasised a synchronicity between national policy that was emerging from the work of [Dame Carol Black](#) on health, work and wellbeing and regional strategies, supported and informed by the Healthy Regions project, that was acknowledging that health and wellbeing in the workplace had to be seen as far wider than the 'traditional health and safety concerns. The South West Healthy Workplace Strategic Alliance brought together a very broad-based partnership, including representatives from the private and public sectors, that agreed the aim of working together to:

Create workplace environments through co-producing a strategy to:

- ▶ Identify changes that are needed in the workplace to enable people to be healthy and to implement those changes.
- ▶ Use the evidence base of what works to promote health in the workplace and contribute to the development of knowledge about effective action;
- ▶ Develop action plans that all members of the Alliance can take forward in their organisations.

The Alliance also raised the profile of other very important issues and has demonstrated their cross-cutting, cross-policy characteristics:

- ▶ **The importance of mental health in considering health and wellbeing in the workplace.**
- ▶ **The issue of the age demography profile of the region and the ageing workforce.**

- ▶ **The place of businesses, particularly SMEs, as part of the overall community, not separate from it.**

These may seem obvious issues, but they represent areas that have traditionally been dealt with separately, not seen as overlapping and often, as in the case of age demography, little understood across a wide range of agencies and organisations.

The work of the South West Healthy Workplace Strategic Alliance, later supported through national funding for a Regional Health, Work and Wellbeing Coordinator, has been instrumental in bringing together information on the range of health and wellbeing workplace initiatives in the region and this has demonstrated how diverse these are. However, it has been noticeable that many initiatives are in the public sector or larger companies, rather than in SMEs and one significant outcome of the Alliance's discussions, research work and Healthy Regions' interventions has been in identifying the amount of effort and work required to fully engage the region's SMEs in healthy workplace thinking and action.

4.0 Working together with the international partners

The project's commitment to maintain close and productive working relationships between partners has never been in doubt. The role of the Danish lead partner in facilitating this has at times been key when such working has been difficult, as during the work on the Conceptual Paper. It has been clear that each partner within the project has very particular areas of interest and expertise to contribute to the project's work. The issue has been how take the evidence of such expertise that emerges during the partnership meetings in the various countries through to further contact and exchange over and beyond those actual meetings. While it has been very helpful to have the project platform in place from the inception of the project, there have been some issues regarding how intuitive the design of the platform is in its facilitation of partner-to-partner communications. The agenda item on website design during the partner visit to the UK in April 2009 was particularly helpful in ensuring that further work on web-enabling knowledge management will be as helpful as possible for the partners concerned. The development of the final Healthy Regions website has been a collaborative development, with the project partners consulted and contributing as far as possible.

The SW UK partnership has found the international partnership particularly valuable in:

- informing thinking around definitions of wellbeing;
- setting contexts and methodologies for conceptual work that sets a framework for project work;
- providing access to expertise on particular issues: for example, on healthy schools; on culture and the arts and health and wellbeing.
- enabling a comparative view of regional infrastructures for the development of policy and strategy.

The SW UK partners have collaborated with the other partners in the development and discussion of further project areas, and this has led to the successful development of the [Policy](#),

[Health and Family Learning](#) project, and other project ideas development, such as the Leonardo Da Vinci project bid on 'dropping back in' (student retention in vocational education). Also, the idea referred to in the SW UK Healthy Regions Interim Report concerning the development of support exchange visits has been acted upon by the Swedish / SWUK partners, leading to a study visit to the SW UK by the Healthy Regions' Swedish partners. The visit included:

- Presentations and discussion with the [South West Public Health Observatory](#), the Department of Health South West, the Regional Healthy Weight Healthy Lives Team, [Smokefree South West](#) and the Regional the Sexual Health Team.
- Working dinner with the Regional Director of Public Health of Department of Health South West/South West Strategic Health Authority.
- Visit to [the People and Gardens project](#) at the [Eden Project](#)
- Visit to Exeter University and meeting with NIACE Regional Programme Director.

The study visit was highly successful, and has led to further discussions between the partners for further work together. This has led to agreement to work together, with Italian lead partners [Brodolini](#),

5.0 Dissemination and Mainstreaming

5.1 Planning for Dissemination and Mainstreaming

It was the strong view of the South West UK regional partnership that there is an inherent risk in project work that outcomes can be characterized simply as ‘project outcomes’, with a tendency to be peripheral and temporary. To avoid this risk the partners have viewed the Healthy Regions work as having a resonance and validity to mainstream regional strategy right from the start - rather than being presented at the close of the project, with the hope that there will then be a process of adoption. Furthermore, it was clear that any project, let alone one of the comparatively modest resources of Healthy Regions, will not in itself be able to define regional-level strategies. For the SW partnership the aim has to be realistic:

‘To put health on the political agenda of the SW UK region, by assisting the regional actors in looking at health and wellbeing as more strategically integrated with the region’s overall aim of becoming more economically productive and sustainable.’

So, in looking at the main aim of the Healthy Regions project, the partnership developed the view that any achievement of this aim must be managed through:

- Ensuring that the members of the partnership have direct links to strategic levels within the region.
- Alignment with the broad direction of national and regional-level policy.
- Timing project interventions with key points in the momentum of regional planning.
- Selecting pilot projects whose good practice evidence could have impact on policy.

Dissemination and mainstreaming must be both formative and summative. The development of the Conceptual Paper assisted the position of taking forward a formative approach near the start the project:

- ▶ Confirming a 'core partnership' with 'strategic reach' in terms of its knowledge-base in dealing with the project's issues and in its ability to hold dialogue with regional and national-level agencies.
- ▶ Developing a 'stakeholder group' of regional-level organisations with a strategic interest concerning the issues being addressed by the Healthy Regions project and that has a capacity for such action concerning the issues being addressed by the Healthy Regions project.
- ▶ Establishing an action plan to set out the ways in which the project's activities could establish a clear itinerary for effecting representation of health and wellbeing strategic issues and case study practice within the new SW Single Regional Strategy.

The SW UK partners saw the project's summative trajectory addressing the specific mainstreaming outcome of the inclusion of health and wellbeing strategic thinking, key messages and good practice evidence within the SW region's Single Regional Strategy (SRS), setting out the ways in which health and wellbeing are fundamental to the future economic and social development of the region.

5.2 UK Government changes

Over the latter half of the Healthy Regions project work, the economic crisis in 2008-9 raised significant questions regarding the high maintenance costs of the public sector, and in particular the National Health Service. In 2010 there has been a change in Government and the formation of the Coalition Government. The effect of these changes in terms of the Healthy Regions work has been twofold:

- The [Coalition Government](#) has declared an end to regional structures, including the rapid dismantling of regional agencies and many of the quasi-autonomous non-governmental organisations ('[quangoes](#)') operating at regional level. This involves, over the period 2010 – 2012, the dismantling of many of the partnership members (such as the Regional

Development Agency and Government Office South West) working with the Healthy Regions project. It also involves the removal of regional-level strategic development and the move to a focus on 'localism' and the development of [Local Enterprise Partnerships](#). This has in effect removed the structures that the Healthy Regions SW partnership had been aiming to engage in mainstreaming the project's key messages.

- The Coalition Government's policy focus in regard to 'localism' and the '[Big Society](#)' is setting out agendas for the ways in which central government, public services and communities work together. The emphasis on:

- Giving communities more powers;
- Encouraging people to take an active role in their communities;
- Transferring power from central to local government; and
- Supporting co-ops, mutuals, charities and social enterprises.

has the potential to create contexts that could be very supportive of the strategic messages arising from the work of Healthy Regions.

The challenges of having to disseminate these messages into a 'mainstream' that is now very different from the situation at the project's inception and vastly more complex will need careful consideration and a radically different approach - and the 'infrastructure' for this will not begin to be in place in the immediate future.

5.3 Dissemination and Mainstreaming Achievements

Because the view of the SW Healthy Regions partnership was to view and act on dissemination and mainstreaming from the start of the project, the work has been effectively disseminated despite the huge political changes there have been. The structure of the Steering Group membership:

- Department of Health South West/South West Strategic Health Authority
- Government Office South West

- The South West Observatory
- The South West Regional Development Agency
- The National Institute for Adult Continuing Education.

with senior-level representation and levels of connectivity and networking from this group out to wider networks of stakeholders, has meant that a range of other regional, sub-regional and local -level networks and organisations have been briefed with regard to the work. The regional events and the pilot projects have engaged local authorities, primary care trusts, health and social care services, schools, further and higher education, sector skills councils, and trade unions. This has meant that the work of and the thinking behind the Healthy Regions project has been variously represented in a wide range of contexts. Some concrete examples of this are:

- ▶ Input to the consultations for the national level [Inquiry into the Future for Lifelong Learning](#).
- ▶ The development of regional, cross-sector seminars on health, wellbeing and learning - supported and facilitated by the South West Local Authority Adult Learning Executive.
- ▶ Project linkage with regional [Transformation Fund](#) projects operating health and wellbeing strands.
- ▶ Presentations at the South West Regional Observatory Conference on [Health, Wealth and Happiness](#).
- ▶ Development of the cross-sectoral Regional Healthy Workplace Strategic Alliance.
- ▶ Inclusion of health, wellbeing and sustainable economic development issues in the regional Population Debate horizon scanning project, engaging over one hundred and twenty regional actors.
- ▶ Further development, commissioned at national level through [the Learning and Skills Improvement Service](#) (LSIS), of the use of horizon scanning and scenario planning methods to inform strategic planning.

The dissemination and mainstreaming work will not close at the end of October 2010. The Healthy Regions' legacy of key messages regarding the linkage between sustainable economic development and health and wellbeing will be taken into the new localism agenda and following the UK's October Comprehensive Spending Review, significantly cutting into the public sector, this will be particularly important. It will be particularly important that the Healthy Regions website is configured and used in such a way that will be impactful and valuable in informing discussions, presentations and references.

6.0 Summarising the results and benefits of the Healthy Regions project

For the South West UK partners these have been:

- ▶ A cross-agency partnership that has developed dialogues to operate/inform/develop at strategic level on health, wellbeing and economic development issues, with the capacity to continue this despite the demise of regional-level agencies and networks.
- ▶ Development of a range of tools that have a value over and beyond the immediate project; in particular the use of conceptual paper processes, mapping and dialogue systems, and horizon scanning and scenario techniques.
- ▶ The use of the project to engage a range of agencies and networks to develop thinking and involvement in health, wellbeing and economic development policy, strategy and action in ways that will retain relevance in the new political contexts around 'localism'.
- ▶ Providing access to a range of data, ideas and organization across the EU regional partnership.
- ▶ Developing pilot projects that can provide good practice evidence to advise and adjust regional strategy;
- ▶ Developing links with other projects and initiatives that convene new, productive partnerships of agencies that are usually in 'operational silos'.
- ▶ Providing thinking to consider areas for new research initiatives - for example, in the areas of age demography; in looking at the effects of technology in learning about health.

7.0 Future progress

As stated above, the political and economic context at regional levels in the UK has radically changed in the lifetime of the Healthy Regions project. Nevertheless, our view is that the project's work will inform future opportunities for:

- Achieving the development of a range of linked work, focusing on: informal learning in the community; age demography; health and wellbeing in the workplace; the influence of technology on learning about health and wellbeing.
- Providing substantive input to the development of 'localities strategies' and in particular the application of Total Place thinking around sustainable growth, health and wellbeing.

Simon Mauger on behalf of the Healthy Regions SW UK Partnership October 2010
