Healthyregions

When Well being Creates Economic Growth

Delivering Healthy Public Policy in the South West

Workshop Report

Prepared for

The EU Healthy Regions Project SW UK Partnership

January 2009

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Executive Agency for Health and Consumers

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www.healthyregions.eu

1 Introduction

Delivering Healthy Public Policy in the South West was held at the Government Office South West (GOSW) on 12 December 2009. Hosted by the South West Regional Development Agency, Department of Health South West and NHS South West, the event brought together key regional and local stakeholders to explore the need to improve synergies between health, wellbeing and economic development objectives in the South West.

The workshop provided an opportunity for key stakeholders in the South West to discuss the results of a mapping exercise - undertaken as part of the European Union Healthy Regions project and using the World Health Organisation's Verona Benchmark - to consider how healthy the South West is in relation to public policy. Specifically, the workshop was designed to

- ascertain different partners' perspectives on the mapping exercise;
- start a working relationship with and between partners; and
- explore further the issues emerging from the mapping exercise so that health and well-being are properly incorporated in the single regional strategy (SRS).

This report documents the main outcomes from the discussions.

2 South West Regional Health Competencies

2.1 Healthy Regions

The Healthy Regions project, funded by the European Public Health Programme, is a partnership between seven European regions: South Denmark, Örebro, Östergotland, South West UK, Sleswig Holstein, Brussels and Veneto.

The project takes the view that public health and wellbeing are fundamental factors in the economic growth and sustainable economy of regions and that, consequently, a strategic approach to health and wellbeing that aligns with economic and innovation strategies is crucial. The 'Healthy Regions' concept therefore helps regions to ensure that health and wellbeing promotion are firmly on the political agenda and to understand their contribution to the sustainability of communities and businesses and to the wider development of the region.

2.2 The mapping exercise

The mapping exercise, carried out by the South West UK partnership within the Healthy Regions project, was designed to gain an overview of the public health competencies in 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

All partners agreed a headline question for each theme and this was used as the basis for a series of stakeholder consultations to score regional performance on a three point scale, from 1 (low) to 3 (high).

South West UK performance was measured using the Verona Benchmark matrix and the evidence, discussion and conclusions were summarized into a series of key findings – presented as short statements - which informed the provisional score for the region. For each theme, key findings were further condensed into a single key message.

The summary findings for the South West are presented in sections 2.2.1 – 2.2.8. For more detail, see *South West Regional Health Competencies - Discussion Paper*, published by the Healthy Regions South West, UK Steering Group in September 2008.

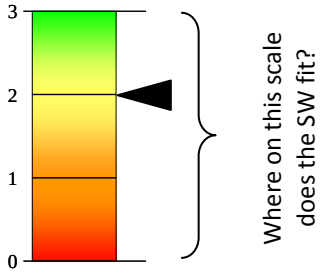
2.2.1 Theme 1: Health and health promotion

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



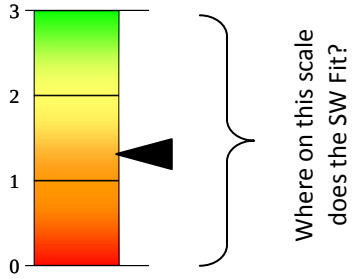
2.2.2 Theme 2: Health and learning

Headline question:

To what extent does the South West of England understand the relationships between health and learning and prioritise aspect of 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.



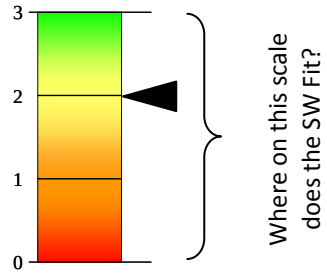
2.2.3 Theme 3: Health and Culture

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



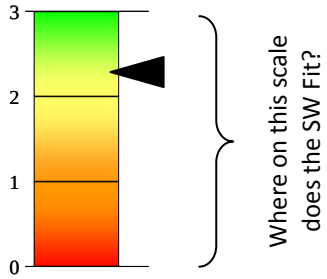
2.2.4 Theme 4. Level of Strategic Health Approach

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



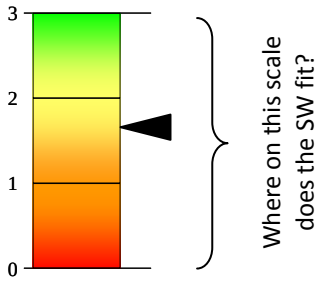
2.2.5 Theme 5: Level of Health Competency

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.



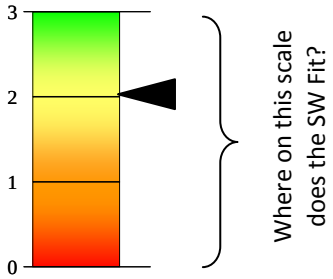
2.2.6 Theme 6: Level of Empowerment

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



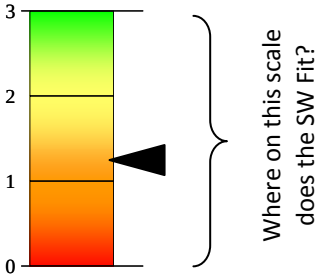
2.2.7 Theme 7: Level of Mainstreaming

Headline question

To what extent does the South West of 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 ease this burden.



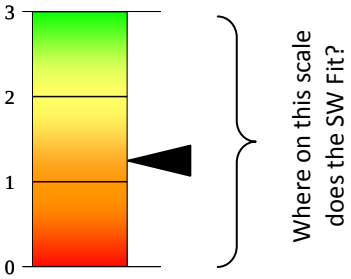
2.2.8 Theme 8: Health as an Economic Growth Sector

Headline question:

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

Key message:

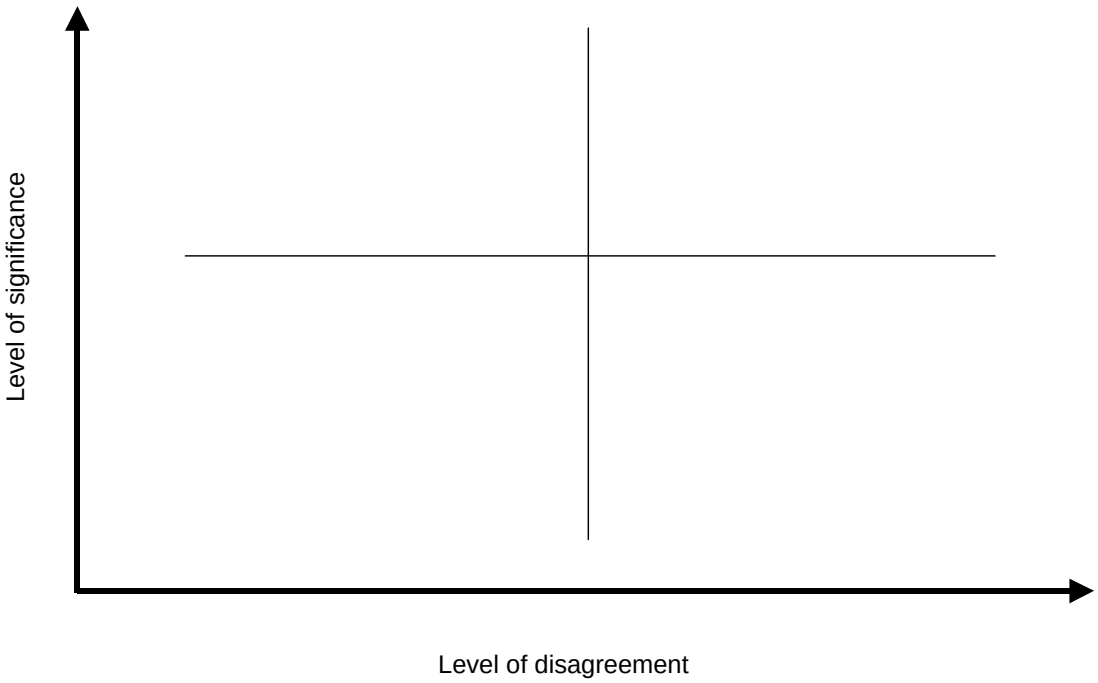
Health is recognised in regional strategy, but this does not necessarily follow through to distinct actions.



3 Workshop Approach

The key findings – the short statements - from the mapping exercise 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.

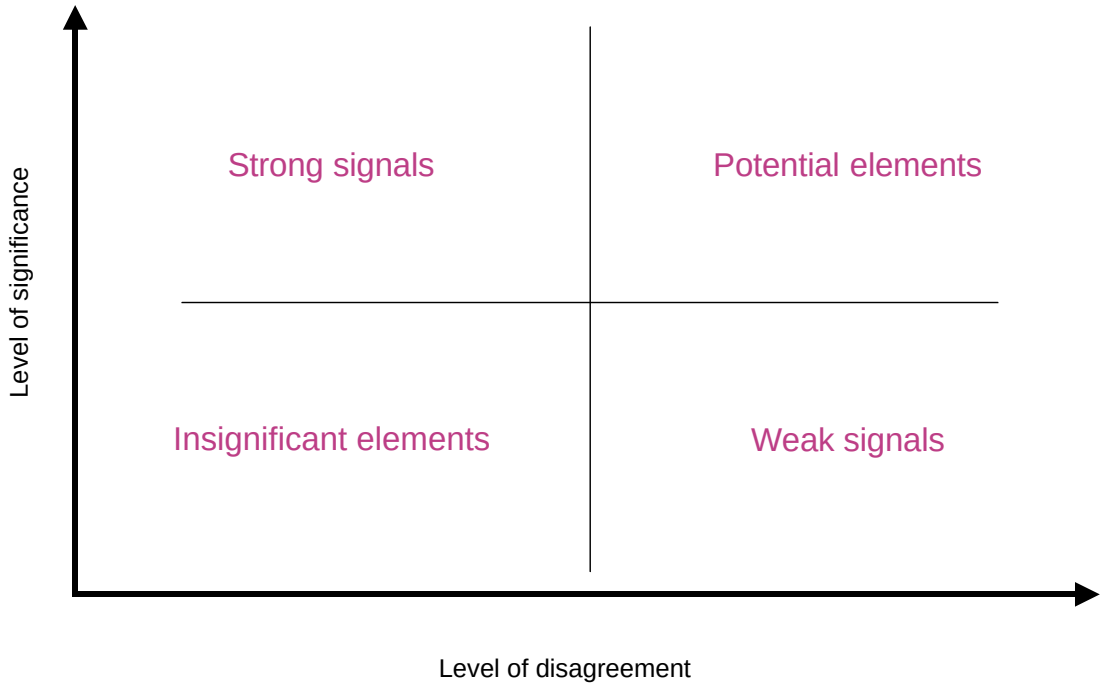
The outcome from these discussions is presented in Section 4 and 5.

4 Discussion

4.1 Introduction

The first part of the exercise – mapping the short statements – was designed to secure agreement from participants about which of the short statements are most significant for the health and wellbeing of the region.

The matrix sorts issues according to whether they are strong signals, potential elements, weak signals or insignificant elements (see below).



The results of the mapping exercise are set out in sections 4.2 - 4.9. All themes apart from Theme 3 (Health and Culture) and Theme 5 (Level of Health Competency) were mapped by two groups and we have presented both maps alongside each other. Short statements which were mapped in the same quadrant by both groups are presented in bold.

At the end of each section, we have offered an indication of the level of agreement between groups. Section 4.10 offers a brief analysis based on this level of agreement.

4.2 Theme 1: Health and health promotion

4.2.1 Strong signals

Group A

5. Sometimes local, regional and national decisions seem to contradict policy statements and commitments

6. The ability of the public to voice their opinions and influence health and health promotion decisions is improving but accountability of local health service providers is to the NHS not to the local population

8. It is unclear how the commitment to health, health inequalities and health promotion would develop with a change in the political powerbase.

9. Much of the activity at local and regional level is not determined at that level, but is focused on the delivery of the national agenda

1. There is clear national, regional and local commitment to health and health promotion.

4. Resources are devolved at the appropriate geographical location, but sometimes with limited ability or willingness to share across organisational boundaries

Group B

5. Sometimes local, regional and national decisions seem to contradict policy statements and commitments

6. [Modified]

6.1 The ability of the public to voice their opinions is improving.

6.2 Do not want local democratic ability [*sic*] as it would widen health inequality

8. It is unclear how the commitment to health, health inequalities and health promotion would develop with a change in the political powerbase.

9. Much of the activity at local and regional level is not determined at that level, but is focused on the delivery of the national agenda

3. [Modified] Need for regional infrastructural support.

7. Powerful economic and social influences which encourage unhealthy behaviours (e.g. tobacco & car lobbies) are becoming less influential/confrontational

[Additional comment]: significant problem.

4.2.2 Potential elements

Group A

7. Powerful economic and social influences which encourage unhealthy behaviours (e.g. tobacco & car lobbies) are becoming less influential/confrontational

Group B

4. Resources are devolved at the appropriate geographical location, but sometimes with limited ability or willingness to share across organisational boundaries

[Additional comment]: Willingness to share is getting better, but barriers remain.

4.2.3 Insignificant elements

Group A

2. **There is a clear resource commitment to tackling poor health, health inequalities and their determinants.**
3. Interventions are theoretically evidence based, and sharing of best practice works well in some subject areas but less well in other areas, highlighting a potential need for regional infrastructural support.

Group B

2. **There is a clear resource commitment to tackling poor health, health inequalities and their determinants.**
1. There is clear national, regional and local commitment to health and health promotion.

   [Additional comment]: Within health sector: commitment to health is clear and high; health promotion is increasing but is too low. Outside the health sector, [commitment] is low nationally, high locally.

4.2.4 Level of agreement

Agreement on strong signals	High
Agreement on potential elements	Low
Agreement on weak signals	High
Agreement on insignificant elements	Medium

4.3 Theme 2: Health and learning

4.3.1 Strong signals

Group A

2. **Learning on health still focuses on vocational and practical skills rather than on broader wellbeing issues.**
3. **[Modified] Policy does not encourage development to consistently involve the Learning and Skills Sector in the promotion of health and wellbeing.**
5. **A more integrated approach is needed in providing learning opportunities that join up health messages, social and cultural involvement, and employability skills.**
6. **An over-focus on skills for employment is at the cost of investment in education and learning relating to health and wellbeing.**
7. **Central Government control of educational policy acts against democratic choice at local level to link learning and health provision.**

Also

PCTs and GPs need to have a broader vision in respect of health education so it complements the health treatment focus – eg wellbeing afforded by carers by supporting carer breaks

Modern working practice could support employee wellbeing but modern practice is limited in certain contexts

Group B

2. **Learning on health still focuses on vocational and practical skills rather than on broader wellbeing issues.**
3. **Policy disallows development to consistently involve the Learning and Skills Sector in the promotion of health and wellbeing.**
5. **A more integrated approach is needed in providing learning opportunities that join up health messages, social and cultural involvement, and employability skills.**
6. **An over-focus on skills for employment is at the cost of investment in education and learning relating to health and wellbeing.**
7. **Central Government control of educational policy acts against democratic choice at local level to link learning and health provision.**

Also

Integration of wider wellbeing rather than single focus on employment

4.3.2 Potential elements

Group A

1. **[Modified] There are over-explicit – but unnecessary and unproductive - divisions in health and learning strategy between skills for the health workforce, health promotion for the public, and learning as therapeutic.**

   [Additional comment]: disagreement on wording – needs to be differently explained.

Group B

1. **There are over-explicit divisions in health and learning strategy between skills for the health workforce, health promotion for the public, and learning as therapeutic.**

   [Additional comment]: not sure whether we disagree as we don't understand the statement

4. **Health education in businesses and**

4. **Health education in businesses and organisations is predominantly seen as 'health and safety' as opposed to health and wellbeing.**

   [Additional comments]:

   May vary between sectors, size of business

   Disagreement on expression.

organisations is predominantly seen as 'health and safety' as opposed to health and wellbeing.

4.3.3 Level of agreement

Agreement on strong signals	High
Agreement on potential elements	High
Agreement on weak signals	High
Agreement on insignificant elements	High

4.4 Theme 3: Health and Culture

4.4.1 Strong signals

2. There is a good deal of awareness and activity in the South West.

   [Additional comment]: not necessarily the population as a whole

3. A high proportion of funding is project based, and not long term

4. [Modified] Cultural activity can play an important role in motivating people to care about and take responsibility for their own health and wellbeing. In many cases it is the motivation that is the barrier.

6. The Community and Voluntary Sectors have a significant role to play in this area and are becoming more organized.

7. There is scope for better understanding of what works and why

Also

The social enterprise sector is more organized and contributing (not just VCS)

4.4.2 Potential elements

5. Health and wellbeing is at the heart of a high proportion of the cultural policies but the connection is not often made at strategic level within the organisations.

   [Additional comment]: variable depending on organisations and locality

4.4.3 Weak signals

1. There is a vast body of literature and government publications in this area, and it is within the remit of many government departments and NGOs.

   [Additional comment]: not well collated, not referenced, not promoted, not given high priority

4.5 Theme 4. Level of Strategic Health Approach

4.5.1 Strong signals

Group A

1. **There are clear national, regional and local health strategies demonstrating commitment to health and health promotion.**
2. **Within the region there is clear resource commitment to tackling poor health, tackling health inequalities and their determinants.**
3. **Local Area Agreements underpinning Community Strategies provide the framework for intersectoral working to address the factors that determine health**.
7. **[Modified]: The health and wellbeing content of the Regional Spatial Strategy has been identified as weak and requires strengthening. Ensuring the Single Regional Strategy has robust health and wellbeing input is essential.**
11. **The region is good at gathering, analysing and providing information through the Regional Observatory and the South West Public Health Observatory.**
4. There are mechanisms in place for involving patients and the public in the form of Local Involvement Networks and consultation on the Draft Strategic Framework for Improving Health in the South West 2008/09 to 2010/11.
5. Equality Schemes require consultation with equality groups.
6. [Modified]: Health and Wellbeing Scrutiny Committees exist at a local level as a form of local accountability.
8. Developing intersectoral working around the delivery of Public Service Agreements is a valuable model.

   [Additional comment]: strategic leadership to drive it; cross sector with private/third sector

Group B

1. **There are clear national, regional and local health strategies demonstrating commitment to health and health promotion.**
2. **Within the region there is clear resource commitment to tackling poor health, tackling health inequalities and their determinants.**

   [Additional comment]: is it true?
3. **Local Area Agreements underpinning Community Strategies provide the framework for intersectoral working to address the factors that determine health.**
7. **The health content of the Regional Spatial Strategy has been identified as weak and requires strengthening. Ensuring the Single Regional Strategy has robust health input is essential.**
11. **The region is good at gathering, analysing and providing information through the Regional Observatory and the South West Public Health Observatory.**
10. There is a strong framework for the evidence base but an apparent lack of regional focus on the 'how to'.

4.5.2 Potential elements

Group B

6. Health Scrutiny Committees exist at a local level as a form of local accountability.

4.5.3 Weak signals

Group B

4. There are mechanisms in place for involving patients and the public in the form of Local Involvement Networks and consultation on the Draft Strategic Framework for Improving Health in the South West 2008/09 to 2010/11.
5. Equality Schemes require consultation with equality groups.

4.5.4 Insignificant elements

Group A

9. **There are identified areas of weakness around models for health advocacy**
10. There is a strong framework for the evidence base but an apparent lack of regional focus on the 'how to'.

    [Additional comment]: statement unfocused

Group B

9. **There are identified areas of weakness around models for health advocacy**
8. Developing intersectoral working around the delivery of Public Service Agreements is a valuable model.

4.5.5 Level of agreement

Agreement on strong signals	High
Agreement on potential elements	Low
Agreement on weak signals	Low
Agreement on insignificant elements	Medium

4.6 Theme 5: Level of Health Competency

4.6.1 Strong signals

1. There is a regional training programme with a £2.2 million budget for the public health workforce in the South West.

   [Additional comment]: not well known; not accessible; could be used more creatively depending on needs

3. There are some capability and capacity issues but resourcing of public health at a local level is increasing.

4. There is a programme of work to skill up those from non-health backgrounds in public health.

   [Additional comment]: …in Local Authorites – could be expanded

6. There is a great need to develop health skills among those from non-health backgrounds.

   [Additional comment]: how we address this is the challenge

7. Health literacy is an underdeveloped area which requires consideration.

   [Additional comment]: culture can help

Also

Need for new role of 'community development health workers'

4.6.2 Insignificant elements

2. There are a clear set of competencies established by the Faculty of Public Health at a national level.

   [Additional comment]: depends what level

5. There are shortages in the areas of health visiting and school nursing.

4.7 Theme 6: Level of Empowerment

4.7.1 Strong signals

Group A

4. **In terms of NHS policy, there is a definite move towards empowerment of the patient - 'Locally-led patient centred and clinically driven'.**
2. There appear to be the framework and systems in place for more community empowerment, but there is still some way to go towards engagement and joining up of services.
5. Lack of motivation for community involvement is an issue that could provide a key.

   [Additional comment]: patients and staff?

Group B

4. **In terms of NHS policy, there is a definite move towards empowerment of the patient - 'Locally-led patient centred and clinically driven'.**

4.7.2 Insignificant elements

Group A

1. **The South West the Local Authorities have chosen fewer of the community empowerment indicators such as '% of people who feel they can influence decisions in their locality' than other regions**
3. **Some of the language round the white papers is rather directive, and talks about harnessing the power of the people rather than the people having the power.**

Group B

1. **The South West the Local Authorities have chosen fewer of the community empowerment indicators such as '% of people who feel they can influence decisions in their locality' than other regions**
3. **Some of the language round the white papers is rather directive, and talks about harnessing the power of the people rather than the people having the power.**
2. There appear to be the framework and systems in place for more community empowerment, but there is still some way to go towards engagement and joining up of services.
5. Lack of motivation for community involvement is an issue that could provide a key.

4.7.3 Level of agreement

Agreement on strong signals	Medium

Agreement on potential elements	High
Agreement on weak signals	High
Agreement on insignificant elements	Medium

4.8 Theme 7: Level of Mainstreaming

4.8.1 Strong signals

Group A

1. **There are various commitments nationally to addressing health using a cross sectoral approach but there is evidence that these commitments do not always play out in practice.**
4. **Local cross sectoral activity is sometimes hampered by variations between the priorities and accountability frameworks of the various partners.**
2. Health is referred to in a number of key regional strategies, but these are relatively unsuccessful in addressing health issues using a cross sectoral approach.
7. A jointly accredited evidence base which could be used in all sectors would be useful.

   [Additional comment]: blindingly obvious

Group B

1. **There are various commitments nationally to addressing health using a cross sectoral approach but there is evidence that these commitments do not always play out in practice.**
4. **Local cross sectoral activity is sometimes hampered by variations between the priorities and accountability frameworks of the various partners.**

   [Additional comment]: inconsistent government policy leads to this!

   Targets = priorities – attempts are being made to bring these together with indicators

   Contradiction between strategy and implementation
3. There are a number of success stories at a local level in the south west, where there is a strong commitment to joint health and local authority working and the LAA process.
6. Whose responsibility is it to deliver mainstreaming? Each policy area has reasons to remain in its silo.

4.8.2 Potential elements

Group A

8. Public input to the holistic discussion of health is difficult. Because responsibility for delivery is split, there is no natural forum in which public views on the whole can be aired.

   [Additional comment]: substitute 'effective' for 'natural'?

   There was some disagreement because some thought there are natural fora.

Group B

2. Health is referred to in a number of key regional strategies, but these are relatively unsuccessful in addressing health issues using a cross sectoral approach.

   [Additional comment]: how important are regional strategies in local delivery?
5. There are some examples of themed cross sectoral service delivery but these are very specific and not the normal form of service delivery.

   [Additional comment]: children and others increasingly the model

4.8.3 Weak signals

Group A

5. There are some examples of themed cross sectoral service delivery but these are very specific and not the normal form of service delivery.

   [Additional comment]: so what's the action?

4.8.4 Insignificant elements

Group A

3. There are a number of success stories at a local level in the south west, where there is a strong commitment to joint health and local authority working and the LAA process.

6. Whose responsibility is it to deliver mainstreaming? Each policy area has reasons to remain in its silo.

   [Additional comment]: not clear where this is going as an issue

Group B

7. A jointly accredited evidence base which could be used in all sectors would be useful.

8. Public input to the holistic discussion of health is difficult. Because responsibility for delivery is split, there is no natural forum in which public views on the whole can be aired.

4.8.5 Level of agreement

Agreement on strong signals	Medium
Agreement on potential elements	Low
Agreement on weak signals	Low
Agreement on insignificant elements	Low

4.9 Theme 8: Health as an Economic Growth Sector

4.9.1 Strong signals

Group A

1. **NHS procurement has a major economic impact through direct procurement of goods and services and the multiplier effect.**

   [Additional comment]: don't forget social care

3. Workforce development and skills and the importance of good health to enable people to participate in the economy are key proponents of strategies to tackle economic exclusion.

6. The linkages between health and economic development within existing regional strategies are sporadic and/or limited to specific issues

8. There is significant scope for improving how health is considered in relation to economic development.

9. The Regional Spatial Strategy contains some references to provision of appropriate health infrastructure but, otherwise, there are relatively few links between health and economic growth.

Group B

1. **NHS procurement has a major economic impact through direct procurement of goods and services and the multiplier effect.**

4. There is a mutually beneficial role that quality infrastructure has to play for both healthcare provision and economic development.

   [Additional comment]: children out of poverty and education are more important

4.9.2 Potential elements

Group A

2. The health sector has a large role to play in fostering innovation and stimulating the biomedical sector through (for example) collaboration with higher and further education institutions. The knock-on economic benefits from this are significant.

4. There is a mutually beneficial role that quality infrastructure has to play for both healthcare provision and economic development.

7. There is a perception that health policy and delivery is largely determined at national and local levels with limited flexibility at the regional level.

4.9.3 Weak signals

5. The NHS has a central role to play in place-making for the communities in which it operates.

4.9.4 Insignificant elements

Group B

2. The health sector has a large role to play in fostering innovation and stimulating the biomedical sector through (for example) collaboration with higher and further education institutions. The knock-on economic benefits from this are significant.
3. [Modified]: Workforce development and skills enable people to participate in the economy are key proponents of strategies to tackle economic exclusion.

4.9.5 Level of agreement

Agreement on strong signals	Low
Agreement on potential elements	Low
Agreement on weak signals	Low
Agreement on insignificant elements	Low

4.10 Waverley comments

Themes 1, 2 and 4 all show high levels of agreement about what the strong signals are and varying levels of agreement overall[1]. Theme 6 shows medium agreement on the strong signals and medium to high agreement overall.

Perhaps more intriguingly, the level of agreement about where to map the short statements in Themes 7 (Level of mainstreaming) and 8 (Health as an economic growth sector) were much lower overall (achieving only medium agreement about what are strong signals in the case of Theme 7 and low agreement for all quadrants of Theme 8). While it is almost certainly significant that the low level of agreement for Theme 8 is due in part to the failure of one group to map all themes, it is also true that those themes which were mapped do not correspond.

This *may* suggest that these two themes in particular need to be explored further in collaborative discussions.

[1] There is no comparison for Themes 3 and 5 since only one group mapped those themes.

5 Implications for the single regional strategy

5.1 Introduction

In the second part of the workshop, we asked participants to select one or more themes from the strong signals quadrant and discuss it in more detail. In particular, we asked participants to focus in on the implications of the statement for ensuring that health and well-being are properly incorporated in the single regional strategy (SRS).

The particular questions we asked participants to consider were

- what issue is represented by the statement;
- what its significance for / impact on making the region grow and develop is;
- what the consequent objectives and goals for the SRS should be;
- what the timescale for action is;
- what success measures are;
- what key areas exist for working in partnership; and
- suggested no brainers, imaginative and heroic ideas for delivering the next steps.

The key points from these discussions are presented in sections 5.2 – 5.9.

5.2 Theme 1: Health and health promotion

1.6: The ability of the public to voice their opinions and influence health and health promotion decisions is increasing but accountability of local health service providers is to the NHS not to the local population.

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working	Actions
• People are having more influence on health decisions, competing for 'the greatest good for the greatest number' – ie some groups are more empowered than others	• If you introduce local powers in the local NHS, there is a risk that it will be paralysed or that health inequalities will widen. • We need to develop a proper democratic society with sustainable, coherent strong communities	• Help to build coherent, stable, sustainable and strong communities • Need to engage people at a real – non tokenistic - level	• Phased over short, medium and long term	• People are empowered but use their power wisely for the greater good	• Define realistic expectations and outcomes, recognizing limitations and barriers • Help people become success focused by making the problem - and solution - clear	• Organizations and businesses should enhance their corporate and social functions • Narrowly define economic growth model needs to be challenged

5.3 Theme 2: Health and learning

Combined statements:

2.2 Learning on health still focuses on vocational and practical skills rather than on broader wellbeing issues.

2.4 Health education in businesses and organizations is predominantly seen as 'health and safety' as opposed to health and wellbeing.

2.6 An over-focus on skills for employment is at the cost of investment in education and learning relating to health and wellbeing.

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working in…	Actions
• This is all about o Function over form o Being too process driven o Being to siloed	• Siloed thinking about the value of learning (and about the nature of value) is anti creative and disconnects from learning and wellbeing • Siloed thinking and action tends to repeat actions and wastes energy • Siloed management of learning and skills works against social mobility	• The SRS should work to establish objectives that state the credibility of three key areas – workforce development, health promotion, therapeutics – and set out how to join them up more • Health education in business needs to better address wellbeing and not just health as health and safety	• Ongoing – not 'task and finish'	• Greatly increased evidence of participation in learning – both formal /qualified and informal/ non-qualified	• Stronger systemic links (commiss-ioning, funding, data etc)	No brainers • Opportunities for 'new' regional discussions on learning /education and health/wellbeing given 2010 and new learning organisations (Adult Learning Funding Agency, Adult Careers Advancement Service) and LA changes in responsibilities Creative ideas • Look at Adult Learning Funding Agency working with DH funding streams post 2010 in an explicit structured way Heroic/taboo ideas • Replicate *Life-be-in-it* Australian programme re workplace learning actions and wellbeing/lifestyle issues

Combined statements:

2.2 Learning on health still focuses on vocational and practical skills rather than on broader wellbeing issues.

2.3 Policy disallows development to consistently involve the Learning and Skills Sector in the promotion of health and wellbeing.

2.5 A more integrated approach is needed in providing learning opportunities that join up health messages, social and cultural involvement, and employability skills.

2.6 An over-focus on skills for employment is at the cost of investment in education and learning relating to health and wellbeing.

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working	Actions
• Learning focuses in skills for employment rather than skills for life and doesn't fully recognize that learning produces healthy people	• People see work as the only way of being engaged in society. • …leading to social isolation , community breakdown, lack of engagement in personal health, sicker people, cost to society… • …and 'sicker, sadder people and society'	• Learning enables people and the region to achieve health and wellbeing • The balanced approach is good for people and for business • Learn to grow and develop without jeopardizing people's health and wellbeing • Learning must be recognized as a valuable outcome for society and individuals, for its own sake. • Learning how to live sustainable lives	• Short, long, forever …	• Sustainable society – indices of sustainability • Learning built on a foundation of soft skills at all ages and levels – confidence, communication , self esteem	• Everyone! • Formal education partnering with Health Service. Employers, Unions, Third sector • Learning in communities – mentoring, intergenerational work, volunteers, family, peers	<u>No brainers</u> • Base SRS on the Regional Sustainable Delivery Framework which integrates all themes already • Do people know how to learn (eg problem solving, recognizing their own abilities)? <u>Creative ideas</u> • Enable people to recognize their innate ability to learn and share learning with others <u>Heroic/taboo ideas</u> • If we want true sustainable growth, we can't simply measure GDP – we need an index of sustainable welfare. and to use qualitative indices for wellbeing and integrate them into one regional strategy

5.4 Theme 3: Health and Culture

3.4 Cultural activity can play an important role in motivating people to care about and take responsibility for their own health and wellbeing. In many cases it is the motivation that is the barrier.

Issue	Objectives for the SRS	Timescale for action	Success measures	Partnership working	Actions
• Motivation for self help and improving health • Sound connectiveness – not about lack of information but about what motivates people to change lifestyle • Nanny state issue, particularly amongst educated people	• Entitlement model for cultural/ sport activities • Inclusion as a focus for cultural activities • Make sure people are aware of opportunities in cultural activities • Build on existing energizing programmes in the community (eg skateboarding, free play) for all ages • Create conditions for people to take up opportunities Barriers: • Policies that mitigate against the use of public space and its provision • National curriculum	Short term • Cultural dimensions in all activities • Consider health impact of closure of cultural facilities	• Take up of activities by priority groups and deprived communities • Evidence in policies of review of cultural facilities • Greater recognition in policies of cultural considerations • GPs referring cultural activities • Mapping take up of sport/health/ culture etc in deprived areas • Dissemination of good practice to health care professionals (address language barrier)	• Sport culture and health working together very early on at a local implementation level and a strategic level • Schools and education linkages	No brainers • Entice, not berate – subtle use of carrots, not sticks Creative ideas • Be subtle with companies (not Nanny State) • Use artists in the process of developing health solutions and consultations – and those who are excluded Heroic/taboo ideas • Not patronizing educational programmes • Make it legally binding to attend cultural/health activities • Access to all forms of water for everyone – swim in all reservoirs, canoe in all rivers, fish wherever you want (good for tourism)

5.5 Theme 4. Level of Strategic Health Approach

4.1 There are clear national, regional and local health strategies demonstrating commitment to health and health promotion.

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working	Actions
• There is a need for clear strategies at all levels and a joined up approach to health and wellbeing and their promotion	• This is important to tackle regional challenges such as the ageing population • The joined up approach is important for transport, housing, care • We need to exploit the knowledge and resources of the ageing population – more time for volunteering	• Different sets of criteria with regard to what success means – eg zero or low economic growth, but promotion of wellbeing in its widest sense • Planning for new demographic profile (eg growth of single households) • Promoting social capital • Developing services to promote independence of the ageing and sick • Promote home working • Open up "Beeching" railways	• Long term	• Zero/low growth • Reduced carbon emissions • Community involvement • Cost of social/health care • Reduced obesity	• The key area for partnership working is with the population • All major agencies need to work together across areas	No brainers • Involve all agencies Heroic/taboo ideas • Arrange schooling around home based e-learning with local social activities (with low/zero growth, only one income per household will be needed)

4.7 The health content of the Regional Spatial Strategy has been identified as weak and requires strengthening. Ensuring the Single Regional Strategy has robust health input is essential.

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working	Actions
• [Poor] understanding of health and the wider ramifications, including climate change, carbon reduction and obesity	• The region is unsustainable if we continue as we are at present and illness and inequality will increase	• To be explicit about the importance of attractive, healthy, liveable environments to economic performance – eg the ability to attract investment and employment • To position the SW as being competitive on the specific basis of the quality of life in a manmade environment which supports healthy living – as a way to attract and retain investment and employment • To make reference to a peak oil future and issues of energy security – ever longer journey distances and higher energy demand can no longer be a basis of planning	• Within drafting timeframe of SRS	• Trip lengths reducing over time • Raised levels of population physical activity • Reduction in health inequalities	• NHS • Transport • Land use planning • Regeneration • Education	<u>No brainers</u> • Incorporate the objectives set out here into the SRS • Develop appropriate monitoring and evaluation tools • Secure and direct major investment into healthy, sustainable and future-proof (low-energy) programmes <u>Creative ideas</u> • Active travel/public health specialists in each transport department – regional and local areas (funded by DH and NHS) <u>Heroic/taboo ideas</u> • Car free town and city centres demonstrated across the region (funded from the regional transport budget)

4.8 Developing intersectoral working around the delivery of Public Service Agreements is a valuable model.

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working	Actions
• Aligning different sectors and organizational strategies to enable delivery of a common agenda • Need for leadership and engagement of partners beyond the public sector	• Gives focus to local communities • Produces partnerships from which other things – eg transport, housing – emerge from • The changing nature of SW demographics means one agency cannot deliver on its own	• Creating sustainable communities • Enhancing social justice eg social exclusion • Ensuring integration takes place at strategic and local levels – the thread that runs from local to regional strategy should be visible • Communities and organisations: reinvesting in communities creates jobs	• Medium term – dependent on quickly establishing partnership models	• Delivery of PSAs • Spin off partnership working • Better use of resources, transferable learning to share and spread positive practice	• See McKinsey 10 rules for integrated working… • Joint understanding of each others' pressures, targets and culture • Partnership, not control • Guaging the level of partnership activity to the desired outcome • Created a vested interest in making each other successful – commitment not competition	<u>No brainers</u> • Build partnerships as a means not an end • Allocation of money should be dependant on having a clear partnership plan • Plan for corporate social responsibility <u>Creative ideas</u> • Job swops • Placements to build better understanding of each others organizations

5.6 Theme 5: Level of Health Competency

5.7 Health literacy is an underdeveloped area which requires consideration

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working	Actions
Understanding how health impacts on all aspects of life • how well people know how to look after themselves • how well people understand how to use health services • understanding what to eat • knowing how to put information into practice	• A healthy population is more economically productive - or has a meaningful occupation • Healthy people are more socially engaged • Better sense of emotional/mental wellbeing • Less money spent on benefits?	• Train health trainers from within the community (community development workers) • Educate more sectors into how their work impacts on health • Skills for Health programme available widely • Contracts between commissioner and provider must take health into consideration • Investment to support "healthy" business start ups • Intergenerational activities: Grandparents and children homeworking club	• Community development in long term • Business start up in short term	• Lower unemployment • Lower crime rate • Lower number of people on benefits • Lower rates of substance misuse • Fewer people diagnosed with mental illness • Greater use of countryside	• Opportunities to link with existing community resources and initiatives (WHI, RDA, volunteering) • Business: Chamber of Commerce? Prince's Trust • Statutory organizations: job centres, Local Authority education	No brainers • More money to recruit and train community health development workers • Promote health-economy links through local/ regional/national government Creative ideas • Local funds for business start ups Heroic/taboo ideas • Police refer families to community development teams! • Meaningful contact with families in difficulties

5.7 Theme 6: Level of Empowerment

6.1 The South West the Local Authorities have chosen fewer of the community empowerment indicators such as '% of people who feel they can influence decisions in their locality' than other regions; combined with

4.3 Local Area Agreements underpinning Community Strategies provide the framework for intersectoral working to address the factors that determine health.

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working in…	Actions
• Highlights the importance of holistic and co-ordinated approaches • Recognition that community involvement/ engagement helps make better policy, strategy and programmes	• Very significant, because bringing agencies and sectors together is essential for effective and efficient services to benefit individuals • …which, in turn are essential to healthy populations and economies • LAAs have significant potential to provide a more sophisticated and subtle approach – still something of a 'blunt instrument'	• Create robust, sophisticated LAAs which better reflect qualitative indicators of wellbeing and [deliver] real and <u>sustained</u> community empowerment	• Medium, but with some short term actions	• Local referenda on achievements/ value of LAAs – can benchmark LAA to LAA, resulting in more public understanding	• Housing, health, social care, jobs, training	<u>No brainers</u> • Establish strong mechanisms for engaging all stakeholders/ interests in developing and monitoring SRS post SNR <u>Creative ideas</u> • SW and its organisations/ businesses branded as "healthy, green , sustainable" reflecting commitment to promoting health and well being <u>Heroic/taboo ideas</u> • Public referenda on LAA effectiveness

5.8 Theme 7: Level of Mainstreaming

7.7 A jointly accredited evidence base which could be used in all sectors would be useful

Issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working in…	Actions
• There are a number of evidence bases but they are not very joint. • Key issues for a joint database include o 'jointness' o validity o accessibility o scope and what it must embrace (it must be more holistic)	• To demonstrate the uniqueness of the region rather than demonstrate compliance with centralist models • To validate the regional case for actions • To better inform the nature of strategy	• The statement is the goal • The SRS must look at other examples and uses of evidence bases • The evidence base should be regionally proactive rather than reactive to central government	• Iterative: start immediately, but ongoing	• Agencies buy in and support • That it clearly informs and is used by SRS and succeeding strategies • These are both short and long term (ie cyclical) measures	• Health and social care and training and planning in particular need a joint evidence base • Pre strategy area needs to understand the scope and connectedness of issues • Break down silos	No brainers • Start early as it is the foundation tier to strategy and action Heroic/taboo ideas • Much more investment in 'connecting with communities'

5.9 Theme 8: Health as an Economic Growth Sector

8.4: There is significant scope for improving how health is considered in relation to economic development.

8.8: There is a mutually beneficial role that quality infrastructure has to play for both healthcare provision and economic development.

The issue	Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Partnership working in…	Actions
• Challenging the emphasis that economic development is the only aim/driver for the region – development should be about just, sustainable communities (well being, resilience)	Should be about • low carbon living within environmental limits • just and healthy communities • cohesion and resilience Shouldn't be about • GVA only • Seeing people as contributors to economic development instead of beneficiaries of/ contributors to sustainable community development	• Support for healthy, socially just and resilient communities living within environmental limits • The South West should be the leader in this	• Now: decisions • Now to the long term future: action	• One planet living – not 3 as now • Significant reduction in health and wellbeing inequalities • Community cohesion and resilience	• Redefine the aim of the region and the SRS (bring back humanity…) • Support to communities for their voices to be heard and to develop sustainably despite external pressures	No brainers • Act: do what you say you're going to do • Redefine the aim, adopting truly sustainable development • Put communities at the core Creative ideas • Empower and mobilize people • Provide education and learning for sustainability and resilience • Build on the emerging transition communities, making them infective Heroic/taboo ideas • Green ribbon zones • Tewksbury – Swindon – Bournemouth frontier

Question: To what extent is health key to economic development and sustainable communities through infrastructure provision?

Impact on regional development	Objectives for the SRS	Timescale for action	Success measures	Actions
• Increased health enables communities to function and brings people together • Health and resources bring increased productivity and circulation of resources • Link between health and community cohesion • Fit between sustainability and health objectives	• Ensure new developments incorporate sustainability and health objectives • Retrofitting in existing communities • Siting healthcare facilities in disadvantaged communities • Healthcare and other public sector should take more responsibility for building capacity of the delivery contracts through, for example, staff and resources to build leadership ability • Provide training and education in delivery [practice] – connect practitioners to their communities	• Short term: prepare the ground and seed the ideas • Medium to long term: focus on delivery	• People will move to these places – as will businesses	No brainers • Policy of minimum wellbeing standards for all new developments Heroic/taboo ideas • Health and economic development should not be integrated, as good health and wellbeing standards should be equal (or close to) whereas economy and wealth have to be – and are - variable

6 Waverley comment

We have noticed a number of consistent messages coming through from the workshop discussions:

- The importance of establishing sustainable communities;
- The importance of putting people and communities at the heart of the development effort;
- The need for a cross sectoral and joined up approach that ensures all sectors of the economy are able to understand the impact of their activities on health and wellbeing; and
- The need to create a culture (within the public sector) that uses qualitative measures and more sophisticated economic and social measures to determine benefit.

We also noticed, however, that there is still something of a tendency to see health and wellbeing and economic development issues as related rather than integrated. This has certain consequences for the way that some participants discussed the objectives for the SRS – seeing (for example) economic measures and sustainability measures as incompatible. It is perhaps unfair to highlight this – and, of course, its existence is a principal reason for holding the workshop – but our observation is that more of these conversations are needed if the South West is to develop ways to combine health and wellbeing and economic development.