



## **RDA Health & Sustainability**

### **Study Visit**

### **Report**

**March 2006**

**Prepared by**

Catherine Max  
Emma Synnott  
Kofi Owusu-Kyereko



## **Acknowledgements**

We would like to thank all of those who played a part in hosting the study tour, including Robin Stott, June Barnes, Gus Wilson, Paul Plant, Nick Brenton, Alice Elliott, Nannerl Herriot, Matthew Wilkinson, David Fell, Andrew Attfield, Rachel Short, Adam Osman, Lesley Harding, Sue Henry, Jane Anson.

Thank you also to everyone who participated and who contributed their thoughts and experience to each of the sessions. Already, actions arising from the event are being pursued which demonstrates that our collective effort was worthwhile.

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# 1. INTRODUCTION

In January 2006, the London Health Commission (LHC) and London Sustainable Development Commission (LSDC) co-hosted a Health and Sustainable Development Study Visit for colleagues from the North West, with funding from the London Development Agency (LDA). The programme built on dialogue initiated during a visit to Manchester in 2005, hosted by the North West Development Agency (NWDA). Throughout the event, our emphasis was on sharing London's good practice and joint exploration of live issues and problem-solving.

Three themes underpinned our discussions:

- Improving outcomes for Londoners - redressing inequalities;
- Managing and responding to London's growth;
- Dynamism and diversity – challenges and opportunities.

The programme included a choice of site visits (Barts & the London Hospital and Whitechapel or the Olympics redevelopment site), a Reception in London's Living Room at City Hall and a full day of presentations and workshops.

The event resulted in a number of recommendations for all Regional Development Agencies (RDA) and for the LDA in particular, as well as commitment to further collaboration and support, such as ensuring a healthy, sustainable legacy to the 2012 Olympics informed by learning from the Commonwealth Games held in Manchester.

This report includes programme details and presentations, key messages from the workshops, recommendations to RDAs and other stakeholders, and a list of participants.

The two Commissions will be supporting the LDA and NWDA in taking forward the recommendations and in disseminating learning across the national RDA Network.

## 2. ITINERARY AND PROGRAMME

### Day 1 – Tuesday 17<sup>th</sup> January

#### 1pm

Light lunch and Olympics presentation (East London regeneration and site development)

#### 2pm

Site visits

- Olympics redevelopment site
- Royal London Hospital/Whitechapel area

**6pm** Reception: London's Living Room, City Hall.  
Welcomes on behalf of LDA, LHC and LSDC

### Day 2 – Wednesday 18<sup>th</sup> January

**9am** Welcome, introductions and arrangements for the day – Emma Synnott

**9.30am** Plenary: 2012 Olympics, Health and Sustainability – Robin Stott  
<http://www.londonhealth.gov.uk/PDF/nwsdolypics.pdf>

**10.30am** Parallel workshops:

*Either* School Food – Gus Wilson, Nick Brenton and Sustain

<http://www.londonhealth.gov.uk/PDF/nwschoolfood1.pdf>

<http://www.londonhealth.gov.uk/PDF/nwschoolfood2.pdf>

*Or* Impact Methodologies – Paul Plant, Nannerl Herriot and June Barnes

<http://londonhealth.gov.uk/PDF/nwiia1.pdf>

<http://londonhealth.gov.uk/PDF/nwiia2.pdf>

<http://londonhealth.gov.uk/PDF/nwiia3.pdf>

**12 – 12.45pm** Lunch

**12.45pm** Parallel Workshops:

*Either* Healthy, Sustainable Building – Robin Stott

<http://www.londonhealth.gov.uk/PDF/nwbuilld4health.pdf>

*Or* New Models of Service Provision: Opportunities for Healthy, Sustainable Regeneration – Catherine Max, Andrew Attfield, Rachel Short and David Fell

[http://www.londonhealth.gov.uk/PDF/nwregen1\\_4.pdf](http://www.londonhealth.gov.uk/PDF/nwregen1_4.pdf)

**2.15pm** Feedback/learning/taking the agenda forward together – Catherine Max, Sue Henry and Lesley Harding

**3pm** Close

## 3. DAY TWO: WORKSHOPS

### 3.1 Olympics Plenary Session

**Presenter & Facilitator:** Robin Stott, LSDC

The Olympics plenary session explored a range of issues prompted by Robin Stott's presentation that highlighted the big-picture health and sustainability agenda for London, and which brought into relief the importance of being able to effectively integrate desired outcomes into the process of planning for and procuring the Games.

**KEY THEMES:**

**When hitting real constraints during the course of the project to achieving the sustainable development vision, how do we resolve this without losing sustainable development (SD) commitments?**

**Ways forward:**

- Working together so SD doesn't become an 'add-on'
- Cross-regional working and consolidation of effort
- Making the economic case for sustainable development – not always easy
- Taking stakeholders back to the script – ie what they all signed up to in the bid book
- System of incentives for achieving SD

**Harnessing the energy of the private sector**

**Combating the 'cost and time' argument (which is often how SD priorities get lost)**

**Ways forward:**

- Need to do more to capture business interest
- Avoid the notion of trade-off
- Focussing on the bigger vision – eg whole of lifecycle costs
- Be effective consciences for business
- Find effective ways through problems as they arrive
- Two sides to the coin – winning the hearts and minds and being pragmatic eg incentives
- Harness people who can talk the language of developers

## **Establishing an Olympic research facility – what should it focus on?**

### ***Ways forward:***

- IIA on the intended outcomes/legacy of the Olympics
- Broadening the focus out from sport to broader determinants of health, such as poverty
- No other city has captured the health benefits from the Olympics – this is an excellent opportunity to do this
- Promoting the benefits of physical activity not just competitive sport for communities
- Tracking the impacts of positive (and not so positive) initiatives on individuals within the community – looking at both qualitative and quantitative data

## **Capturing evidence re health impacts – should the research institute focus on evidence gathering or implementation?**

### ***Ways forward:***

- Action research proposed but lack of funding – need to identify sources for this
- Research on lifestyle change
- The national institute of clinical excellence is focussing resources on evidence reviews, guidance and support tools
- Evidence for physical exercise is very clear – critical issue is implementation – eg needs to be more than personal approach, such as designing in exercise into work, education, transport, housing etc
- Shouldn't let evidence gathering get in the way of doing the right thing – eg action research is an iterative way of working out what works
- Issues for public health around taking notice of previous evidence and plugging gaps in research to make sure investments go on things that don't work
- Grass-roots work tends to bring success
- Promotion of health and wellbeing across the country

## **Promoting and achieving sustainable procurement**

### ***Ways forward:***

- Need a practical focus on how to get high level aims delivered through contracts
- Process is very quick and we need to act fast eg by ensuring the procurement strategy is appropriate
- Can we draw from the Manchester experience?
- Procurement – 2 possible approaches - Rules-based and strategy-driven. These need to link to achieve desired outcomes
- Current tools are static – need a dynamic, integrated tool – eg resource budget modelling to capture externalities and properly budget against these

- Dynamic tools can be applied to the Olympics as well as planning frameworks
- Dangers are that the results of resource budget modelling can be cumbersome
- Could target the critical issues so as to simplify the process
- Client needs to know what it wants
- Client must negotiate – don't play lowest tender game - Requires leadership and bravery
- Olympics has capacity to impact collectively on industry - Getting bits of industry to talk to each other
- Building the capacity of different professions to deliver on this integrated commitment

## 3.2 School Food

**Facilitator & presenter:** Gus Wilson, LHC

**Presenters:** Nick Brenton, Association of London Chief Education Officers (ALCEO); Alice Elliott, Sustain

### Part 1: Presentations and discussion

3 short presentations each followed by discussion.

#### Nick Brenton

NB outlined results of ALCEO survey of school meals. Presentation attached – copy of full survey available from [Nick.Brenton@lbhf.gov.uk](mailto:Nick.Brenton@lbhf.gov.uk)

Key points from presentation and discussion:

- Widespread lack of awareness in schools around existing school meal contracts, guidelines, model policies and training opportunities for staff
- Lack of meaningful engagement with contractors in some case and difficulty moving beyond profit-based models to broader value for money inc health and sustainable development
- Opportunities to push the link with behaviour (and academic achievement) of Reading prisons research. But evidence of this is difficult to come by
- Opportunity to link more effectively with the mental health agenda.
- H&S and other regulations can be a barrier (perceived only?) to some initiatives such as actively involving children in the school meals service e.g. clearing away, laying tables, filling water jugs etc. Also big pressures on efficiency of service to seat and feed large numbers of children within the lunch hour
- Opportunity to share learning from PFI process so that schools/ local authorities about to renew contracts don't make the same mistakes. Commercial confidentiality cited as possible barrier
- More effective communication could be achieved with parents and staff – Nick reported that governors were, on the whole, well informed on this agenda.

## **Gus Wilson**

Presented findings from LHC roundtables. Copy attached.

- Some of the same points were raised
- An opportunity exists to include the carbon costs of food in the procurement process. This followed a discussion around food miles and “local” suppliers and procurement rules. The Cornwall example of “fresh” being inserted into contracts was cited as another way to influence suppliers
- Using phrases like “food miles matter” in the tender documents has been effective to secure local produce and avoided falling foul of procurement rules forbidding specifying local firms
- Lack of clarity as to where responsibility for contacting school food lies.
- Massive effort was taking place locally, but clearer leadership from central government and financial incentives could move things along much faster
- Individual trips to the supermarket are the problem in NW as regards to food miles.

## **Alice Elliott**

School food strand of the strategy covers:

### **Investment, staff, facilities.**

- Issues covered included low pay and status for catering staff
- schools without kitchens at all

### **Contracts and procurement**

- Knowledge and skills gap at school level
- Very long term PFI contracts with little or no flexibility
- Some problems on supply side – small local producers not being able to deliver required quantities
- Lack of time and resources for effective monitoring and guidance on contracts

### **Whole school approach**

- Food for Life and other Jamie Oliver-related work
- Transition of vending machines to green vending machines. The Green Machine good practice example
- Standards for breakfast clubs and other initiatives
- Getting food back onto the curriculum – both practical cooking lessons and also links with other curriculum areas – but recognise tension with achieving exam results
- Cooking classes for parents
- Shift the focus from obesity to healthy food
- Focus on effects on attainment – e.g. in New York 15% increase in SAT scores

In the NW the food and farming draft strategy is being taken forward by Food Alliance. Opportunity to share experience from London and for London to see the draft NW strategy.

LDA to promote the London Food Strategy to other RDAs and promote the health angles in particular.

London could look to more local sourcing – Kent and Sussex primarily. An idea for boroughs to be linked with rural areas was suggested. (Robin cited this model from 1970s so may need a bit of developing first!!)

Despite most of NW land area being rural, most farmland production takes place on edge of Liverpool and Manchester conurbations – so the regions are not as different as they may appear on the face of it.

## **Part 2: Actions and Recommendations**

General discussion reflecting on Part 1 to develop the following recommendations:

Share good practice around regional food strategies and how they are being developed and delivered. Participants agreed to send drafts around and follow up.

### *1. For RDAs*

Capitalise on the increased momentum and political profile of this area. See what can be taken from the London strategy and Mayor/ LDA leadership to secure better links and further develop political leadership in other regions.

### *2. For other stakeholders*

DEFRA and respective Government Office leads to actively promote the Procurement Toolkit and to maintain its profile within the wider corporate social responsibility agenda. Aim for “smarter clients”. They should also encourage feedback and share this learning across the region and use it for future editions of the Toolkit.

### *3. For LDA*

Promote the Food Strategy at every opportunity and encourage the breadth of vision demonstrated in this strategy in other LDA work and influence others.

Use influence on procurement processes e.g. around including carbon costs in the tendering process.

Use influence on other national organisations e.g Food Standards Agency and encourage them to take a broader view of issues such as organic foods.

### 3.3 Impact Methodologies

**Presenters:** Nannerl Herriot, Regional Public Health Group (RPHG); June Barnes, Chair LSDC, Matthew Wilkinson NW Regional Assembly

**Facilitator:** Paul Plant, RPHG

#### **Part 1: Presentations and discussion**

Presentations focussed on the different approaches taken in London and the NW and what were seen as the critical elements for integrated impact assessment (IIA), and the challenges to achieving these.

Discussions focussed on teasing these critical elements out and the definitional issues that exist for integrated impact assessment.

#### ***IIA what do we mean?***

- IIA is a term used everywhere but the tools and the definitions are never the same
- More than just strengthening Strategic Environmental Assessment (SEA)
- 'Integration' – it is both a macro process as well as a holistic analysis
- Health Impact Assessment (HIA) process in the north west – is HIA the right term? – should it possibly be an economic impact analysis?
- Integration of many processes can lead to loss in focus and confusion about what the intended outcome is
- Economic impacts are most important in relation to HIA
- Is dropping the word 'integrated' the key?
- Terms like 'SD, health and wellbeing' are so overarching they need to be unpicked to apply to policies then brought back together again

#### ***Where are the concerns?***

- The challenge of grouping baseline data against concepts rather than single issues (eg against virtuous cycles)
- Socio/economic data is the most difficult to grapple with
- We need to define what is it that we need to understand? And therefore what is it that we are measuring?
- Keeping toolkit guidance up-to-date with baseline data, changing priorities (national and regional) and revisions to strategies, policies and regulatory documents.

#### ***Ways forward***

- Start from the point of a specific IIA process then see if tool can be used generically
- Allow stakeholders to adapt the tool for their use (to build and ensure ownership)
- While allowing flexibility, be clear about when the tool is an appraisal tool and when it is not
- Include a linking narrative between points of measurement and analysis

- Including stakeholders to test the appropriateness of what is being undertaken
- Talk about integrating impact assessment – ie need to consider what is being integrated on each occasion
- Conceptualise as a process rather than a thing
- Ownership of the process is integral to the process – engagement is critical to this

### ***What next?***

- Is it online toolkits that we need?
- Generic toolkits as a starting point?
- But also highly specialised toolkits
- Incorporating process at the earliest stage in the plan design process
- Eg by putting evaluation criteria up-front
- Ask the question: why do want an IIA? What do we want to achieve? Has the consultant be given a clear brief?
- Getting stakeholders to agreed to whether the generic tool is the effective one
- Government guidance is minimalist on engagement – so need to go further
- A well thought out IIA could avoid ‘engagement fatigue’ by avoiding the need to engage repetitively over key methodological issues
- If too generic, policy makers can have problems using it
- Ask ‘what do I need to do differently in order to have a better impact?’ – this should drive considerations/appreciation of generic frameworks
- Monitoring the use of toolkits – important to know if it is being used
- Is the tool answering the questions we asked?
- This is different to the effectiveness question
- Examples of evaluations of HIA methodologies – Greater London Authority
- Looping back to outcomes – what has been changed in policy as a result of the HIA– scrutiny by LHC

## **Part 2: Actions and Recommendations**

### *1. For the LDA:*

Resourcing some training for policy makers to move from virtuous cycles as concepts to using and understanding them in an applied context (eg linking to the evidence base and assessing policies).

### *2. For both RDAs:*

Funding, designing and hosting a workshop for consultants on IIA incorporating a truly integrated best-practice approach.

### **3.4 Healthy Sustainable Buildings**

**Presenter and facilitator:** Robin Stott, LSDC

#### **Part 1: Presentations and discussion**

The workshop considered the topic in the broadest sense by exploring the potential for buildings which promote health and sustainability for the people using them and for the wider community through incorporating sustainability and health based design principles such as passive solar design, carbon neutrality, non toxic building materials, well-designed spaces for users.

#### ***Issues and challenges explored***

- The pros and cons of badging outcomes as health and sustainability outcomes in buildings – cost consultants see these outcomes as ‘add-ons’ - Desired outcomes are not always seen as practical to achieve
- The challenge of making health and sustainability outcomes priorities for developers/retrofiters
- The challenge of getting information on what is possible to the right people and encouraging these people to sign-up to this approach – It is also sometimes difficult to access particular practical knowledge or ideas in order to improve on standard outcomes
- A key challenge is speaking the right language for developers
- Identifying the decision-makers in a development is crucial
- Tensions between clinicians and hospital managers over budget expenditure. - Challenge is to demonstrate how healthy buildings are beneficial – financially and for health and sustainability outcomes
- Need to see clients as leader as well as managers (clients in terms of institutional procurers such as the NHS)
- There is no complete set of tools/specification guidelines to achieve outcomes

#### ***Ways forward:***

- Need to capture the existing learning and draw this together – eg through an architect’s breakfast. - Possibly CABI could broker some relationships around this idea
- Could benefit from a research facility focussing on how to effectively respond to a future of limited resources and a changing climate
- Looking for examples abroad – eg International Council for Local Environmental Initiatives (ICLEI) programme and the US and Canada
- Looking for lateral-thinking solutions to broader issues of ‘health’ eg art in hospitals
- Working with the voluntary sector to get some of these results eg Groundwork
- The way institutions are financed creates structural barriers to adopting initiatives like revolving energy funds – ie budgets are for one or at most three years and carry-over is not allowed. Need a way of cutting across the systemic barriers

- Need to target people who can exert influence in regions and through regional partnerships
- 'Constructing Excellence' agenda – can we move this into the next phase to focus more on sustainable development?
- The easiest gains are environmental but need to make sure other issues are not lost (because cost consultants don't understand them)

### **Some tools**

- CABE publication 'Designed with Care' includes practical help and examples
- Training for clients in procurement
- NW example – Salford Hope Hospital
- Merseyside PFI
- NW consultants Taylor Young who have done a lot of PFI
- Inquiry by design process can be used to deliver some of these outcomes

## **Part 2: Actions and recommendations**

### *Recommendation for the LDA*

Consider establishing a fund for seeding projects where efficiencies are revolved back to pay for the initial grant over a period of time (like a revolving energy fund)

- Climate Change Agency is looking at the possibility of establishing revolving energy funds, so the LDA could look at non-energy based projects.

LDA to undertake research to consider different models of funding health and sustainability infrastructure in buildings and the barriers to their adoption. The research should also look at costing the economic benefits of good (healthy and sustainable) design.

Joint work on the evidence base across the 2 RDAs to look at economic benefits of design. The Tyndall centre could be asked to be involved in this research. Could also link to work of the CCI at Salford University. Opportunities to fund a researcher to look at this area.

Other research ideas and resources which could be picked up as part of proposed research or by other partners:

- English Partnerships – Millennium communities – looking at shared learning through this programme
- Influencing clients through procurement guidelines for health and sustainable development – eg constructing excellence
- Review of international examples, eg
  - Schumacher society
  - Healthy cities programme
  - ICLEI
- NW pilot of art and health programme

### 3.5 New Models of Service Delivery: Opportunities for Healthy, Sustainable Regeneration

**Facilitators:** Catherine Max, LHC and David Fell, LSDC

**Presenters:** Rachel Short, London NHS Healthy Urban Development Unit and Andrew Attfield, Barts & the London NHS Trust

#### Part 1: Introduction

We began with a short, ice-breaker discussion in small groups, exploring:

- What makes a community healthy and sustainable (social, economic and environmental factors)?
- What contribution can health and other public services make to this?

We noted that regions and health and sustainable development constituencies shared a common understanding of the underlying determinants and the need for integrated planning.

We then listened to two short presentations on London initiatives which, in different ways, aim to contribute to sustainable communities via new approaches to service development:

- The London Thames Gateway Social Infrastructure Framework (Rachel Short)
- Barts & the London Sustainable Regeneration Strategy

#### Part 2: Discussion

##### The Pragmatic Idealist

Need to combine – and bridge – idealism and pragmatism

The pragmatic idealist will

- Avoid finding an excuse not to do something.
- Find ways to use what resources/opportunities are available to deliver the vision.

Pragmatic idealists will also

- not shy away from talking about money: and understand fact that money (or lack of) can be a real or perceived barrier and sometimes an excuse.
- will devise transparent and realistic measures of success.
- will understand and bridge the gap between business event horizons (close) and policy/planning horizons (distant).
- demonstrate and/or exploit political leadership.  
eg Ken Livingstone, as Mayor of London, has made explicit commitments to health and sustainable development, which are embedded as cross-cutting themes in the GLA Act. Places an obligation of Greater London Authority (GLA) Family and puts imperative on partners. No longer a question of *whether* we will promote health and sustainability but *how*.
- adapt their management structures to respond to local change without compromising long term policy drivers (public sector not currently good at this)

- bridge the demands of regional policy and local accountability.

### **Some London experience**

Strategic project to promote healthy, sustainable regeneration includes a number of partnership-based initiatives via LHC and NHS network and with others. For example, London Works for Better Health (LHC economic development programme), NHS Skills Escalator (workforce initiative) and Building for Health (health and sustainability guidance for NHS capital development programme).

Common features of these initiatives are: political and sectoral leadership, policy imperative, deep understanding of drivers, and clear measures of success.

Requires a systems analysis which identifies drivers and blockages – and then offers practical resources and support to unblock.

Regional Director of Public Health provided leadership. Necessary then to 'pick off' Chief Executives, Finance Directors, heads of procurement etc in order to get buy-in at the top of specific institutions.

### **Some North West experience**

NW has had particular successes in regional and local procurement, working with the NHS. Recognised that existing standards inconsistent and that there is not enough audit and enforcement. Getting better at knowing and articulating what is wanted from a contract – to promote health and sustainability.

Partnership between NWRDA, Groundwork and the NHS (initially Salford hospital). Worked jointly to identify deliverables and achieve a step change in approach to procurement. Key product: the Northwest NHS Suppliers Bureau, a practical programme designed to help new and existing suppliers engage more effectively with the NHS. [www.nwnhsb.org](http://www.nwnhsb.org)

Acknowledge that hard to identify tangible outcomes even after two years, and has been a resource intensive experience. However, greatly enhanced supplier engagement stands in good stead for eg future PFI bids.

RDA provided leadership, acting as an honest broker between NHS and prospective suppliers. Realised that could not deliver their RES without doing this.

NHS secondee into RDA built capacity and relationships – now a substantive post. Endorsed and supported by RDA board member (and SHA Chair).

### **Shared learning and key messages**

- Inspirational leadership is key

- Also good management – but public sector possibly over-reliant on committed individuals, with problems of discontinuity in post
- Systems analysis allows you to identify drivers and blocks: and therefore when and where to intervene
- Robust metrics necessary to provide assurance vis a vis risk
- Systematic infiltration (Machiavellian?!) not to be underestimated- secondments between partners offer opportunity to influence from inside and increase mutual understanding
- Procurement policy needs to be clear and consistent: know what you want and stick to it
- Need patience, time and commitment as can take a long time to see results.

## 4. KEY RECOMMENDATIONS AND ACTIONS

**For further detail and additional suggestions, see reports on individual sessions**

### **Olympics, Health and Sustainability**

NWDA

NW to identify relevant people who can share knowledge and experience of maximising health gain from Commonwealth games and the legacy programme with colleagues in London.

### **School Food**

RDA Network

- Capitalise on the increased momentum and political profile of this area. See what can be taken from the London strategy and Mayor/LDA leadership to secure better links and further develop political leadership in other regions.

LDA

- Promote the Food Strategy at every opportunity and encourage the breadth of vision demonstrated in this strategy in other LDA work and influence others.
- Use influence on procurement processes e.g. around including carbon costs in the tendering process.
- Use influence on other national organisations eg Food Standards Agency and encourage them to take a broader view of issues such as organic foods.

### **DEFRA AND GOVERNMENT OFFICES**

- DEFRA and respective Government Office leads to actively promote the Procurement Toolkit and to maintain its profile within the wider corporate social responsibility agenda. Aim for “smarter clients”. They should also encourage feedback and share this learning across the region and use it for future editions of the Toolkit.

### **ACTION AGREED**

Share practice around regional food strategies and how they are being developed and delivered. Participants to send drafts around and follow up.

## **Integrated Impact Assessment**

### RDA Network

- Provide policy officer training on IIA approaches – co-ordinate this across RDA Network.
- Be better, more effective clients: articulate healthy, sustainable procurement wants more clearly.
- Take and share learning from the process of conducting IIA: what are the impacts of an integrated approach?

### LDA

- Facilitate health and sustainability briefing event for Strategic Environmental Assessment commissioners and consultants, in order to increase awareness and raise standards – work with NWDA on this.

## **Healthy Building**

### RDA Network

- Take the risk of investing seed corn money to support revolutionary ideas. This could include establishing a fund for seeding projects where efficiencies are revolved back to pay for the initial grant over a period of time.

### LDA

- Work with NWDA to undertake research to consider different models of funding health and sustainability infrastructure in buildings and the barriers to their adoption. The research should also look at costing the economic benefits of good (healthy and sustainable) design.
- Build public sector capacity to tender based on this evidence, supported by readily available information and clear guidelines for prospective bidders.

### **ACTION AGREED**

Explore joint work on the evidence base across the two RDAs to look at economic benefits of design. The Tyndall centre could be asked to be involved in this research, also link to work of the CCI at Salford University.

## **New Models of Service Delivery: Opportunities for Regeneration**

### RDA Network

- Identify and influence both leaders and managers to ensure ownership of agenda and effective delivery: use systematic infiltration to further this end.
- Do 'systems analysis' to understand drivers of and blocks to change and identify most effective intervention points – for own and others'

organisations. Don't forget to include risk assessment and management as part of this.

- Develop clear procurement policies and be realistic about time it takes to disseminate and embed these in practice.

#### LDA

- Capitalise on Mayor's commitment to drive forward health and sustainability agenda, and inspire and lead partners in London and across Regions.

#### ACTION AGREED

NWDA and Andrew Attfield (Barts & London) to take forward collaborative piece of work re guidance for maximising economic benefit of NHS Capital programmes building on experience from both regions.

#### OTHER ACTIONS

Sue Atkinson (RDPH London) to facilitate meeting between 'health leads' in RDAs and key regional public health colleagues.

NWDA will support LDA in their lead role capacity for health, helping to raise the profile of the agenda and embed into economic development.

LHC, LSDC, LDA and NWDA to meet and agree next steps and further actions.

## **AND SOME INTERESTING FACTS AND REFLECTIONS ...**

### **School Food**

Only 6% National Healthy Schools take up in one borough

### **Integrated Impact Assessment**

There is still no consensus and even general understanding of what IIA actually is.

### **Healthy Building**

That there is so little action given extent of our knowledge: needs more than the commitment of individuals.

### **New Models of Service Delivery: Opportunities for Regeneration**

Interesting fact ... or suggestion:

We need more pragmatic idealists, or possible ideal pragmatists to turn the vision into reality.

## **5. RDA HEALTH AND SUSTAINABILITY STUDY VISIT DELEGATE FEEDBACK**

*Ten out of the thirty-five delegates who attended both days of the event returned the evaluation form and this is how they responded.*

### **Feedback on the Event**

In relation to the study visit as a whole, most respondents found it useful, interesting and enjoyable.

On Tuesday 17<sup>th</sup> January, delegates were given a choice of two site visits; Olympics sites tour or Barts and The London/Whitechapel. Of those who responded four went on the Olympics tour and six went on the Barts tour.

### **Feedback on specific parts of the study visit**

#### **Olympics**

Everyone who responded found the Olympics site tour interesting or very interesting. One person added *'Excellent presentation and tour descriptions and explanations. Adam (who lead the Olympics tour) was excellent in communicating and responded to all queries and questions'*

#### **Barts & the London/Whitechapel**

Everyone who responded found the Barts tour either interesting or very interesting. A delegate from the North West Development Agency said

*'The site visit was excellent in providing perspective. (The Indian tea and sweets were a bonus!)*

## Reception

The reception held in London's Living Room provided an excellent opportunity for intra-London and cross-region networking with London-based colleagues and those from the North West who were visiting London as part of a reciprocal health and sustainability study tour. Michael Walker, St Helens Chamber said

*'The networking reception will result in a funding application, which, if successful will allow us to continue some fairly groundbreaking work on mental health clients and self-employment'*

There were also some constructive suggestions with some feeling there could have been more time built in to network and share ideas. Also that it would have been useful to have some specific local level examples to illustrate policy in action.

## **Suggestions from delegates on what should happen next.**

Everyone who responded would be interested in participating in similar events in other regions. Suggestions for other topics to be covered were:

- Sustainable Procurement
- Barriers to SMEs doing business with the public sector
- Waste & Energy Management Strategy
- Integrated Regional Frameworks for the English Regions
- The NHS Corporate Social Responsibility

## **5. APPENDICES**

APPENDIX 1 – Tuesday 17<sup>th</sup> January 2006 Reception participants

APPENDIX 2 – Wednesday 18<sup>th</sup> January 2006 Workshop participants

## APPENDIX 1 - Tuesday 17<sup>th</sup> January 2006 Reception Delegates

### RDA Health and Sustainability Study Visit Reception Tuesday 17<sup>th</sup> January 2006 6pm in London's Living Room, City Hall

#### DELEGATE LIST

<b>Name</b>	<b>Organisation</b>
Alex Bax	Greater London Authority
Alex Nickson	Greater London Authority
Allan Jones MBE	London Climate Change Agency
Andrew Attfield	Barts & the London NHS Trust
Andrew Judge	London Sustainable Development Commission
Annette Figueiredo	Age Concern - London
Barry Russell	Environment Agency
Brendan McLoughlin	London Development Centre for Mental Health
Carlo Laurenzi	London Wildlife Trust
Catherine Max	London Health Commission - Secretariat
Catherine Sermon	Business in the Community
Cheikh Traore	Greater London Authority
Chris Church	Community Environment Associates
Cllr Meral Ece	London Borough of Islington
David Fell	London Sustainable Development Commission
David Lunts	Greater London Authority
David Peters	London Health Commission
Debbie McMullen	Greater London Authority
Duane Passman	London Strategic Health Authorities
Elizabeth Manero	London Health Commission
Emma Synnott	London Sustainable Development Commission - Secretariat
Eric Hodgson	North West Development Agency
Eric Reynolds	
Frances Mapstone	Greater London Authority
Gail Findlay	London Health Commission - Secretariat
George Kessler CBE	Kesslers International Ltd

Gerard Smith	London Development Agency
Gillian Seabright	North East London Strategic Health Authority
Gordon Deuchars	Age Concern - London
Gus Wilson	London Health Commission – Secretariat
Heather Emery	North West Development Agency
Helen France	North West Development Agency
Helen Wilson	London Borough of Hounslow
Ian Basnett	London Health Commission
Ian Roberts	London School of Hygiene and Tropical Medicine
Jackie Spiby	North East London Strategic Health Authority
Jane Carlsen	Greater London Authority
Jenny Tooth	EQUAL –London Workforce Futures
Jey Jeyaraj	Thames Gateway Delivery Unit
John Ball	SERTUC
June Barnes	London Sustainable Development Commission
Karen Jochelson	King's Fund
Kath Reade	Cumbria & Lancashire SHA
Ken Baikie	LB Barking and Dagenham
Kiran Hesselgren-Grover	Government Office for London
Kofi Owusu-Kyereko	London Health Commission - Secretariat
Lesley Harding	London Development Agency
Lesley Rennie	
Lim Kwaako	London Remade
Lucy Glover	London Sustainability Weeks
Maggie Clay	Stockport MBC and Executive Member - Adults & Health
Manny Lewis	London Development Agency
Mark Howden	Manchester Enterprises
Mark Turner	Groundwork EBS - Merseyside
Matthew Wilkinson	North West Regional Assembly
Maureen Holkham	Greater London Authority
Michael Walker	St Helens Chamber
Mike Brace	VISION 2020 UK
Miles Rinaldi	National Institute for Mental Health in England

Nannerl Herriot	Regional Public Health Group - London
Neil Blackshaw	NHS London Healthy Urban Development Unit
Niall Machin	Greater London Authority
Pamela Carr	London Chamber of Commerce and Industry
Paul Plant	London Health Commission
Penny Bramwell	London Sustainable Development Commission
Peter Head	London Sustainable Development Commission
Peter Henry	Manchester Enterprises
Phil Barton	RENEW North West
Rachel Maybank	NHS Confederation
Rachel Short	NHS London Healthy Urban Development Unit
Ranjit Baxi	London Sustainable Development Commission
Richard Cohen	London Development Agency
Robin Stott	London Sustainable Development Commission
Samantha Heath	London Sustainable Development Commission
Samantha Mauger	Age Concern - London
Shirley Rodrigues	Greater London Authority
Simon Goldsmith	London Environment Centre (London Met University)
Stephen Parry	North West Development Agency
Sue Atkinson	London Health Commission
Sue Henry	North West Development Agency
Sue Powell	University of Central Lancashire
Susannah Senior	UK Sustainable Development Commission
Trish Pashley	London Health Commission
Val Loman	Lend Lease
Vivienne Wittingham	Big Lottery Fund
Will Lochhead	Government Office for London

**APPENDIX 2 – Wednesday 18<sup>th</sup> January 2006 Workshop Participants**

**RDA Health and Sustainability Study Visit Workshops, Wednesday 18<sup>th</sup> January 2006**

**PARTICIPANTS LIST**

<b>Name</b>	<b>Job Title</b>	<b>Organisation</b>
Andrew Attfield	Regeneration Manager	Barts & the London NHS Trust
Brendan McLoughlin	Programme Director	London Development Centre
Catherine Max	Programme Manager	London Health Commission
Cllr Maggie Clay	Deputy Leader	Stockport MBC and Executive member - Adults and Health
David Fell	Commissioner & Director	London Sustainable Development Commission & Brook Lyndhurst
Debbie McMullen	Head of the London Plan Team	Greater London Authority
Emma Synnott	Policy Officer - Sustainable Development & Secretariat	Greater London Authority & London Sustainable Development Commission
Eric Hodgson	Health Development Adviser	North West Development Agency
Gail Findlay	Co-ordinator	London Health Commission
Gerard Smith	Skills & Employment Manager	London Development Agency
Gillian Seabright	Assistant Director, Partnerships & Regeneration	North East London SHA
Grant Pettitt	Senior Policy Officer	Greater London Authority
Gulnar Hasnain	Sustainability Strategy Manager	London Development Agency
Gus Wilson	Development & Communications Manager	London Health Commission

Heather Emery	Head of Built Environment	North West Development Agency
Helen Davies	Health Policy Manager	Greater London Authority
Helen France	Executive Director, Development Partnerships	North West Development Agency
Hilary Ross	Public Health Manager: GLA Liaison	Regional Public Health Group, London
Ian Basnett	Commissioner & Assistant Director of Public Health	London Health Commission & North East London SHA
Jackie Spiby	Senior Consultant	North East London Strategic Health Authority
Jane Scott	Director	Think Indigo
June Barnes	Chair & Chief Executive	London Sustainable Development Commission & East Thames Group
Kath Reade	Chair	Cumbria & Lancashire SHA
Ken Baikie	Group Manager- Area Regeneration	LB Barking & Dagenham
Kofi Owusu-Kyereko	Administrator	London Health Commission
Lee Scott	Policy Adviser	CABE
Lesley Harding	Head of Health & Sustainability	London Development Agency
Mark Howden	Head of Infrastructure Projects	Manchester Enterprises
Mark Turner	Managing Director	Groundwork EBS - Merseyside
Matthew Wilkinson	Sustainable Development Policy Officer	North West Regional Assembly
Maureen Holkham	Team Leader - Olympics & Thames Gateway	Greater London Authority
Michael Walker	Director of Business Services	St Helens Chamber
Nannerl Herriot	Public Health Manager - Urban Development	Regional Public Health Group, London
Neil Blackshaw	Head of NHS Health Urban	NHS Healthy Urban Development Unit

	Development Unit	
Niall Machin	Senior Policy Officer (Sustainable Development)	Greater London Authority
Nick Brenton	ALCEO Secretariat	Association of London Chief Education Officers
Paul Plant	Commissioner & Deputy Director of Public Health Group	London Health Commission & Regional Public Health Group, London & London Health Commission
Peter Henry	Consultant	Manchester Enterprises Ltd
Phil Barton	Director	Stockport MBC and Executive member - Adults and Health
Rachel Short	Project Director	NHS Healthy Urban Development Unit
Ranjit Baxi	Commissioner & Managing Director	London Sustainable Development Commission J & H Sales International Ltd
Robin Stott	Commissioner & Sustainability Adviser to the Mayor of Newham	London Sustainable Development Commission
Stephen Parry	Chief Executive - Choosing Health	Cheshire & Merseyside SHA
Stephen Taiwo	Procurement Policy Adviser	Government Office for London
Penny Bramwell	Commissioner & Head of Sustainable Development Unit	London Sustainable Development Commission & Government Office for London
Sue Henry	Head of Health & Social Inclusion	North West Development Agency
Sue Powell	Deputy Head - School of Health	University of Central Lancashire
Teresa Edmans	Health & Regeneration Consultant	Thames Gateway Partnership