Economies for Healthier Lives

This document contains:

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2. Brief description of how this initiative meets the Programme Objectives
3. Rationale for Northern Devon application to the Health Foundation 'Economies for Healthier Lives' programme
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   b. Matrix for scoring each option against criteria suggested at meeting #2
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1. Brief description of the suggested focus of Northern Devon's application

Name	**Tackling the barriers to achieving the potential of young, white working class people living in coastal communities**
What is the intervention or mechanism?	1) The development of an Aspiration Framework. This will derive from a study of the on the ground issues to be undertaken in conjunction between the specialist and research partners, taking into consideration current evidence and also in-depth investigations with young people, parents, schools, youth services, local charities and private sector employers 2) Develop a targeted series of interventions which address the blockages identified within the Aspiration Framework at strategic points within the school journey- for example, at what point do young people stop believing that they are "good enough" to truly succeed, how can having role-models who they can identify with create self-belief and how can resilience be strengthened? (Picking up from Alex Coull's point about UC claimants in this demographic, I think it's not just about unemployment but more about not just accepting the bare minimum…) - This will require 2 FTE posts to work with key stakeholders to …
What problem does it solve?	1) Social mobility data 2) Low skills data 3) Low wage data
What development stage is it at?	Sits within the existing partnership framework of OND and the Economy, Employment & Skills sub-group Picks up on recent work of; - Careers Hub (NEED TO INCLUDE THEM) - Employment and Skills Board (Nicky) - Youth Flow - Out of the Blue
What funding does it require to deliver?	- Research costs - Specialist provider costs - Costs in schools (- Holsworthy / Bideford / Ilfracombe / Park / Pilton)- do we use both Barnstaple schools or the one with worse IMD stats? - 2 x FTE posts

2. Brief description of how this initiative meets the Programme Objectives

We will improve the capacity and capability of economic development and public health professionals (to take joint action to use economic development to improve health) by...	We will develop a better understanding of the mechanisms through which economic development interventions affect health and wellbeing outcomes by ...	We will develop metrics to monitor the health and wellbeing impacts of economic development interventions by ...	We will build understanding of how to translate the evidence base into practical action by ...	We will capture learning from our work to inform and change practice across the UK
by developing 2 posts to support both young people and the private sector to bridge the divide. These roles will focus on building aspiration and resilience in the key target group in order to address generational social mobility issues and associated poverty and health implications. The post-holders will drive forward delivery of plans that have been generated by the existing partnership infrastructure and limited collaborative working between health and economic partners.	By exploring how focused, collective action can support white working class young people aged 13 – 19 living in rural and coastal communities can enable the development of self-belief, resilience and ambition.	by providing strategically timed inputs within their educational journeys, working with educational, health and local economic development partners, in order to address deeply engrained systemic blockages	by developing an aspiration framework which studies the blockages which constrain educational progress and aspiration in the target group and develops a whole-system approach to overcome these through collective action.	We will capture learning from the programme to be used to inform and change practice across the UK through wider dissemination by the Foundation.

3. Rationale for Northern Devon application to the Health Foundation 'Economies for Healthier Lives' programme

Why choose Northern Devon?

a. We are not just applying for this to chase the money - we have recognised the need for health and economy and other sectors to work together since 2016. In 2020 we published a 10 year strategy to address health inequalities together: https://onenortherndevon.co.uk/wp-content/uploads/2020/07/DRAFT-OND-10-Year-Wellbeing-Strategy-Short-Version-last-updated-24.07.20.pdf
This funding would help us get there quicker, test our approach and help us share our learning and spread.

b. The issues facing populations like ours are deep, structural and interwoven. We intend to take both a practical and academic approach to learning how to improve the quality of life of all. We will take a specific intervention and evaluate 1) our expectations of the impact of that initiative and 2) practical barriers that get in the way of achieving our collective goals using action-learning/research methodology.

c. We represent a large area of the uk that struggles with inequalities that are often more hidden than urban areas covering rural and coastal communities (although we may want to focus on one or the other). We have some of the worst areas of social mobility in the UK and significant inequalities.

d. Added challenge in that we have economic development functions in different tiers so not all in the same organisation as public health function?

4. What should our application focus on?

1. If we want to demonstrate our background in trying to bring sectors together to address health inequalities we should make sure we demonstrate where our proposed intervention/project fits in our wider plans and strategy.
2. The EOI talks about 'understanding the mechanisms' through which economic development interventions affect health and wellbeing – do we look at what we need structurally to achieve a reduction in health inequalities? Joint posts etc? Do we choose an intervention as well to test whether these 'mechanisms' work?
3. A number of suggestions have been put forward that might meet the criteria of the bid. We agreed to consider each of these against a set of criteria (described below). We have provided some more detail on each of these suggestions below. Mechanisms could be combined with interventions and have been colour-coded separately.

2a Description of ten options currently on the table

Name	**OND Flow Personalised, Holistic Support Model**
What is the intervention or mechanism?	A **mechanism** to help people meet their goals in life by joining up the service provision around them, recognising that their circumstances and backgrounds can present barriers that they may need help to overcome. There are three models in place in OND: • Youth Flow – supports young people from disadvantaged backgrounds into work • High Flow – supporting people with complex needs to get the support they need • Flow – supports professionals to bring other professionals and communities in to the support around the person
What problem does it solve?	Evidence shows that people who are most in need of public service support are the least likely to access it. People find it difficult to know what support is out there and because people have problems that span many services – education, housing, benefits, health – the support they receive can be disjointed and people find themselves having to tell their story multiple times to professionals who are only interested in the part of the story that their service is involved in. • Youth Flow – supports young people who have barriers to employment to find the work, training or support that is right for them • High Flow – supports people with complex needs to get joined up support • Flow – helps all professionals to work together to meet the needs of the individual
What development stage is it at?	Youth Flow – 1 year pilot started 1 November 2020 High Flow – 17 month pilot started January 2020 Flow – pilot funded until March 2021
What funding does it require to deliver?	Youth Flow – none currently funded by DWP and this may continue if successful High Flow – £45k per year for co-ordinator and Case Worker Flow - £30k per year for co-ordinator

Name	One Community Partnerships & Community Developer role
What is the intervention or mechanism?	A **mechanism** for bringing together communities and local service providers to work together to address local needs using local assets. Community Developers are the key point of contact for One Communities and help drive forward the local plans
What problem does it solve?	- Communities having little say in their local service provision and future - Disparate groups working in a disjointed manner with potential for duplication and gaps in service provision
What development stage is it at?	All towns in Northern Devon except Holsworthy now have a One Community. Community Developers are funded until March 2021.
What funding does it require to deliver?	£190k to fund 7 Community Developers for one year

Name	Creating new quality jobs linked to the Digital Biosphere
What is the intervention or mechanism?	ND Biosphere Digital Technology Accelerator. An intervention bringing together the necessary inputs to create a thriving local digital technology economy within northern Devon. Built on a cross functional, multi party public-private partnership.
What problem does it solve?	A strategic scale, turn-key solution to 'level-up' northern Devon. Technology focal areas include; Environmental Services Technology - carbon trading, biodiversity net gain and technology solutions to natural assets; Smart Farming - precision farming and agriculture products; Agri-food and big data - technologies and data application in agri-food sector value chains; SME's and Digital services - digital applications to improve products and services, reduce costs and manage operations; Machine Learning - artificial intelligence systems and tool kits; Tourism digitalisation - build resilience, tourism supply chains and innovation.
What development stage is it at?	Shovel ready
What funding does it require to deliver?	£433k required (at final stage with LEP bid)

Name	Creating new quality jobs linked to green construction and retrofit
What is the intervention or mechanism?	An intervention addressing fuel poverty in north Devon. Fuel poverty are households that have required fuel costs that are above average (the national medium level) and were they spend that amount, they would be left with a residual income below the official poverty line. Residents need to make the day to day decisions about heating their homes adequately or paying rent, feed their families or other basic needs. Covid and fuel poverty; increased domestic energy use as increase in time spent at home, reduced incomes due to furlough or redundancy, increased affordability issues.
What problem does it solve?	Addressing fuel poverty. The Clean Growth Strategy set to target as many houses to EPC rating C by 2035 for fuel poor households and as many rented homes as possible, to reach the same standards by 2030.
What development stage is it at?	Outline strategic case.
What funding does it require to deliver?	£10k to work up to be shovel ready

The The

Name	Creating quality jobs and career pathway in the health and care industry
What is the intervention or mechanism?	An **intervention** that allows people at all levels of education and experience to step up to the next level of skill in the health and social care industry
What problem does it solve?	- Social care often finds it difficult to recruit and retain staff, particularly in rural areas - People in the health and care industry can find it difficult to step up incrementally to the next level, therefore entry level jobs in healthcare remain filled reducing the opportunity for social mobility
What development stage is it at?	Petroc is a partner in DCC's £5 million escalator project which aims to address these issues, this is linked to the Proud to Care campaign and NDHT's new recruitment strategy
What funding does it require to deliver?	

Name	Improving the small firm economy: supporting well being and retention and attrition rates
What is the intervention or mechanism?	An intervention to improve the small firm economy by supporting the health and well being of small businesses in northern Devon, who do not have access to HR well being resources. Ideas to start up a well being programme for SME's to use. Could include mental health first aid training and access to occupational health information,
What problem does it solve?	Make small businesses more aware of health and well being issues of their employees to help and support them to then solve retention and attrition rates. FSB members have access to a well being hub and also 121 mentor/support. https://www.fsb.org.uk/campaign/wellbeing-hub.html DCC also do wellbeing support for businesses and many of the local councils help through charities. Issues at the moment that the FSB have recognised;

	- Concern re opportunity to make the most of the pre-Christmas trading period post lockdown and that if this is not achieved then Q1 2020 will see even more widespread business failures. - Concern that the current lockdown grants are at a very low level financially and that the discretionary pot is designed to support businesses until March 2022, funding is not enough. - FSB are lobbying for a cut to employer NIC contributions to make it cheaper to recruit and employ. - Hearing that some banks are making it hard to access BBLS top ups - Worry businesses not planning for loan repayments and deferred taxes. Can we do something to assist this across the region? - Bank accounts and setting up bank accounts 16 week wait (so if you want to start a business and you want a bank account you can't get one. - Late payment everyone is hanging onto their money All of these are concerning post covid recovery but these worries will link into the business owners mental health.
What development stage is it at?	
What funding does it require to deliver?	

Name	**Job creation in the food supply chain**
What is the intervention or mechanism?	
What problem does it solve?	
What development stage is it at?	
What funding does it require to deliver?	

Name	**Job creation in green tourism**
What is the intervention or mechanism?	
What problem does it solve?	
What development stage is it at?	
What funding does it require to deliver?	

Name	**Tackling the barriers to achieving the potential of young, white working class people living in coastal communities**
What is the intervention or mechanism?	- 1) The development of an Aspiration Framework. This will derive from a study of the on the ground issues to be undertaken in conjunction between the specialist and research partners, taking into consideration current evidence and also in-depth investigations with young people, parents, schools, youth services, local charities and private sector employers - 2) Develop a targeted series of interventions which address the blockages identified within the Aspiration Framework at strategic points within the school journey- for example, at what point do young people stop believing that they are "good enough" to truly succeed, how can having role-models who they can identify with create self-belief and how can resilience be strengthened? (Picking up from Alex Coull's point about UC claimants in this demographic, I think it's not just about unemployment but more about not just accepting the bare minimum…) - This will require 2 FTE posts to work with key stakeholders to …
What problem does it solve?	4) Social mobility data 5) Low skills data 6) Low wage data
What development stage is it at?	Sits within the existing partnership framework of OND and the Economy, Employment & Skills sub-group Picks up on recent work of; - Careers Hub (NEED TO INCLUDE THEM) - Employment and Skills Board (Nicky) - Youth Flow - Out of the Blue
What funding does it require to deliver?	- Research costs - Specialist provider costs - Costs in schools (- Holsworthy / Bideford / Ilfracombe / Park / Pilton)- do we use both Barnstaple schools or the one with worse IMD stats? - 2 x FTE posts

Name	**Seconded cross-sector teams, pooled budgets, joint partner policies, shared KPIs**
What is the intervention or mechanism?	Structural mechanisms to build on the existing One Northern Devon infrastructure with its partnership board, priority teams and one communities by taking collaboration a step further towards integrated practice. These mechanisms include: - Seconded cross sector team – OND Executive - Pooled budgets from each partner organisation to progress the Quality of Life strategy - Joint organisational policies - Joint system KPIs focussed on health inequalities
What problem does it solve?	The problem that partnership working is something separate to business as usual and therefore misses opportunities to change existing practice rather than using the One Northern Devon as an added extra
What development stage is it at?	
What funding does it require to deliver?	

2b How well does each option meet the criteria

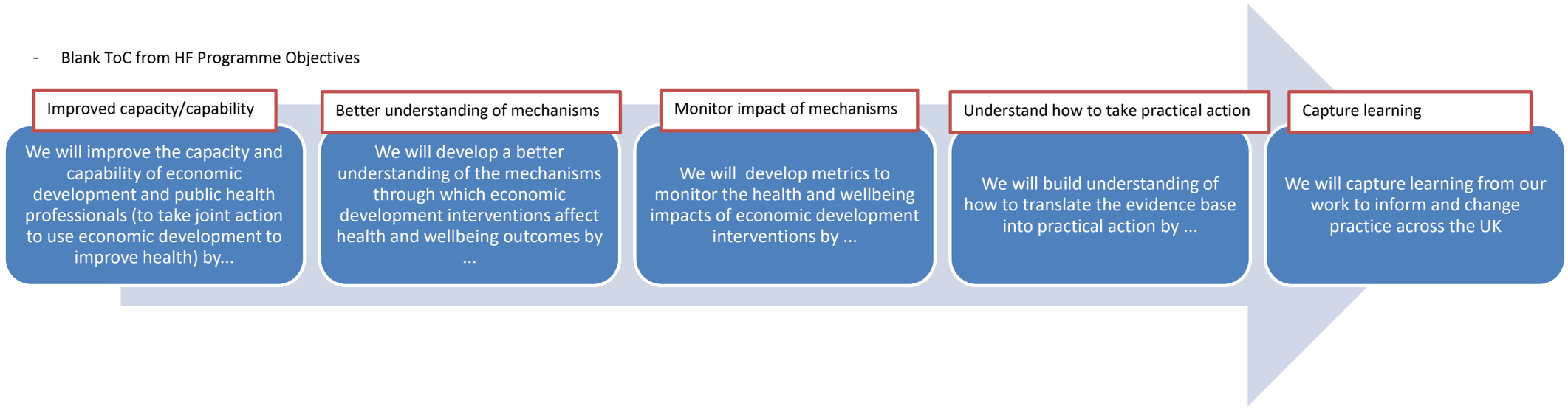
Criteria **1. Programme Objectives** **2. OND Team Criteria agreed at 11 Nov meeting** **3. OND Strategic Priorities fit**	Flow Personalised Holistic support: - Youth Flow - High Flow - Flow	One Community Partnerships and Community Developer role	Creating new quality jobs linked to Digital Biosphere	Creating new quality jobs in green construction and retrofit	Creating quality jobs and career pathway in the health and care industry	Improving the small firm economy: Supporting the health and wellbeing of small businesses who don't have access to the HR wellbeing resources that larger companies have – retention and attrition rates	Job creation in jobs for the future: Food Supply Chain, poss linked to land, food hub & CIC	Job creation in jobs for the future: Green tourism	Corporate responsibility/ethical values	Structural mechanisms to support joint working
Programme objectives										
improve the capacity and capability of economic development and public health professionals to take joint action to use economic development to improve health – for example, through the development of joint posts or organisational development activities										
develop a better understanding of the mechanisms through which economic development interventions affect health and wellbeing outcomes – for example, by studying										

how local investments in infrastructure might change the conditions people need to lead healthy lives										
Support the development of metrics to monitor the health and wellbeing impacts of economic development interventions – for example, through the provision of resource to build health, wellbeing and inequality measures into economic development strategies										
Build understanding of how to translate the evidence base into practical action – for example, to tailor evidence about active labour market interventions to reflect local needs and priorities										
Capture learning from the programme to be used to inform and change practice across the UK through wider dissemination by the Foundation.										
OND Team criteria										
Will our capabilities mean this project will be successful?										
Do we have funding necessary?										
Can we deliver change in the funding period?										
Is it likely to show us the factors that are important to spread?										
Is it likely to show us the factors that are important to spread?										
How does it fit to a										

problem we have in North?										
Can we measure impact and learn significantly from it										
Does it respond to macro economic factors?										
Can it lever in other funding?										
Strategic fit with OND Quality of Life priorities										
Healthy weight/obesity										
Loneliness										
Crisis prevention & support										
Child poverty										
Fuel poverty										
Climate emergency										
Strong & resilient communities										
Supporting local employers										
Local Supply Chain Development										
Increasing employment opportunities										

2c. Draft Theory of Change

- Blank ToC from HF Programme Objectives



- Health Foundation examples provided



- OND example



3. Notes from EfHL webinar

Passionate in our belief that people's health and the economy cannot be viewed independently. Economic determinants, people's income, people's quality of work, people's wealth have a strong influence on the opportunity for people to have healthy lives.
Good health is not just an output of a fair economy but also a really important input.

Covid has shone a spotlight on the interconnection between health and wealth. People facing the greatest deprivation are experiencing a higher risk of exposure to Covid-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. Those in the most deprived areas have a 2.2 times risk of dying compared to those in the least deprived. This is not unique to the pandemic. Male healthy life expectancy 18 year gap between the most deprived. That gap is a failure to maximise the potential of a population and is something we need to address. Need to consider the broader economic factors associated with that poor health.

This led us to produce the report. Strongly suggest reading the report – programme funding puts the findings/case studies into practice, various frameworks.

Programme – a £1.72m funding programme to support up to 4 partnerships that aim to promote health/reduce health inequalities through the use of **economic development strategies. Expect partnerships to be an upper tier local authority, wouldn't preclude proposals focussed at district level but upper tier would need to be lead partner.**

Up to £500k and up to 3 years.

Objectives

- improve the capacity and capability of economic development and public health professionals to take joint action to use economic development to improve health

85% of public health professionals interviewed said that the relationship with economic development needed to be improved, felt we needed to put some funding in this space to support that.

- develop a better understanding of the mechanisms through which economic development interventions affect health and wellbeing outcomes

Realistic that in the course of 3 years we are probably not going to get solid outcomes data given the complexity of trying to apply economic interventions and health so we are thinking of this as a developmental programme thinking about theories of change and proxy measures. Don't' anticipate solid outcomes data.

- support the development of metrics to monitor the health and wellbeing impacts of economic development interventions

May be at local level there may be proxy measures the academic partners can help, may be data sets that need cleansing. See this as quite a practical focus

- build understanding of how to translate the evidence base into practical action – for example, to tailor evidence about active labour market interventions to reflect local needs and priorities

Really important to understand the how, not just the outcomes, we would see the academic partner playing a role, either through sourcing evidence of best practice or through doing formative development work to understand whether things are working and should things be changed in real time.

- capture learning from the programme to be used to inform and change practice across the UK through wider dissemination by the Foundation.

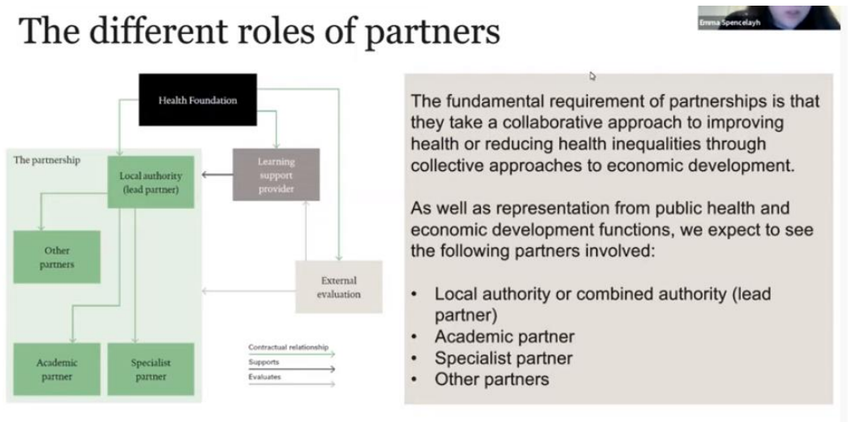
What type of work will we fund?

The list is not exhaustive, in terms of covid recovery we would anticipate a strong labour market programmes but not the only thing we're interested in.

What type of expenditure?

Expect a heavy focus on staffing costs, fine. Also fine to cover payments for user and public engagement, big chunk on academic and specialist partners. Management and HR costs – no. Don't need detailed budgets at expression of interest stage. No costs for profit-making services.

Roles of partners



Partnerships

Lead partner LA but doesn't mean that partner has to do the majority of the work – just the single point of contact.

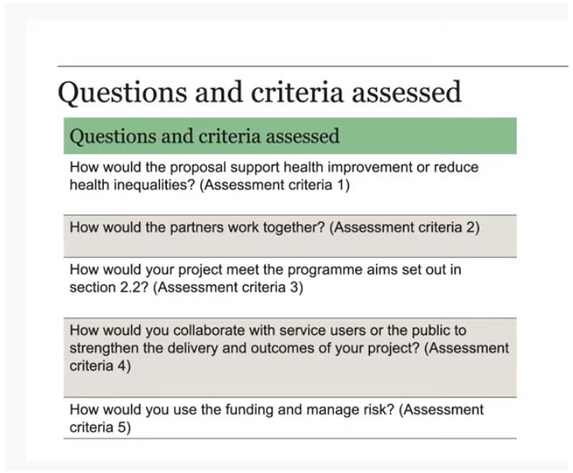
Specialist partner will provide either access or new knowledge so if the intervention was looking at a certain population group, the specialist partner could be a charity representing that group or if a labour market intervention the specialist partner could be a local bureau of commerce or it could be a national think-tank. There can be more than one but we are expecting at least one. We are expecting a substantial amount of public involvement so the specialist partner may support that.

Also need an academic partner, core part of the partnership supporting work on the ground and not being a distant evaluator so we would see them helping with evidence-gathering, theories of change, metric development and possibly real-time evaluation to the sites. Interested in the how, some will have better developed relationships with local universities, if you haven't secured it at EOI stage we need to understand how you will get it.

Partnerships – expect economic development and public health functions to be represented. In some areas both in local authority, in some it sits outside, so we would expect both to be involved. While not mandatory we would strongly encourage involvement of LEPs.



No penalties for being under the word limit. Not assessed on amount of info provided.



1. In your answer we want you to tell us why the actions you plan to take will have an impact on health or health inequalities, what success would look like for your project, how would you measure impact, and how you can show that any benefits would last beyond the funding period.
2. We're looking for you to tell us what engagement there has been so far between economic development and public health functions, whether or not there is an academic partner in place and if there is how they will support and we're looking at commitment for the work at a senior level from relevant partners.
3. Need to look at objectives of programme and clearly outline how project would meet those aims
4. Expect portion of funding for meaningful public involvement and this engagement should go beyond existing engagement mechanisms. We're looking for your answer to explain how you'd ensure the public or service users are able to participate and their voices be heard and how your project considers diversity and inclusion.
5. Expecting indicative budget only, eg a rough split between organisations or functions. We'd like you to think about why your proposal represents good value for money, what you think your greatest challenges are and how you would manage risk.

FAQs

Not specified what local or regional means? Up to you to decide.

Expecting proposals to develop between the EOI and full application stage, there will be opportunities to make adjustments.

Would the funding support …

- Local community initiatives.

Depends what the local community initiatives are. If they meet the programme objectives then potentially yes. What we wouldn't do is provide funding for an existing initiative if that funding had been cut.

- Could the funding be used to create a place-based post? This could be entirely appropriate. Expect to know and understand how that post was contributing to the programme objectives.

Is the funding aimed at creating more jobs in the health and wellbeing sector? Not really. It might be there is a proposal and around job creation and labour market initiatives that happens to link to the NHS but we'd need to understand how that fitted with the programme aims, it's not a simple 'let's create some jobs in the NHS' so would need to understand how that fitted with local priorities, local action so not really about that. A linked question was could the funding be used for co-ordinating facilities for the public to engage in services that lead to healthier lifestyles? I don't think that would be enough, there are some case studies from Finland for one stop services where young people could go to a service and access mental health support but also recruiters, also housing, it would need to be much more than healthy lifestyle service.

Only places with high inequalities? No. Interested in you telling us how it will improve health and/or reduce health inequalities.

Are you looking for new innovative ideas or more interested in existing systems or delivery models that are yet to be measured or evaluated? We would be going beyond measurement and evaluation of an existing project, we are expecting to see change, might be existing partnerships and the funding can provide a supplementary project or intervention but we would need to go beyond this being just evaluation.

More interested in economic interventions to reduce health inequalities for a specific population or economic interventions to reduce whole population and inequality markers? Either would fit the only caveat is if we were thinking about your community and engagement it might be easier with a specific cohort.

Does the project have to be one specific intervention or can it be a range of smaller scale activities? A range would be fine as long as there is a clear coherence, it would be quite hard to put a programme of things together that are completely disparate in terms of engagement and role of academic partner.

£300k - £500k – there's a tendency to bid at the top end but we will also be considering value money. Don't just bump it up for no reason. We're looking for indicative levels at this moment.

Please can we have more clarification around this statement "…more focused on how to implement economic development strategies targeted at health rather than assessing the effects of specific interventions." Does this mean that the focus is on evaluating methodologies rather than specific impact?

Yes and no. Not just about methodologies. Really difficult to get good longer term outcomes data around complex interventions. We're thinking through the role of the academic partner is more developmental, might be data setsgeneration, generating evidence, maybe doing literature reviews and bringing evidence into practice, not just about methodology but there's something around the 'how' of doing this.

4. USING ECONOMIC DEVELOPMENT TO IMPROVE HEALTH & REDUCE HEALTH INEQUALITIES – HEALTH FOUNDATION SEPT 2020

Notes:

Exec summary:

- People's health and the economy cannot be viewed independently. Both necessary foundations of flourishing, prosperous society.
- Health inequalities growing in the UK, improvements slowed
- Health shaped by social, economic, commercial and environmental conditions
- Requires action across government
- Social protection measures – income replacement benefits, pensions, free school meals, social housing – widely recognised as core mechanism for reducing inequalities
- **Impact of structural inequalities in the economy itself has received less attention**
- **Report contains case studies of economic development strategies which look beyond financial outcomes as measures of success – aim to enhance human welfare**

- Evidence base small but points to health & wellbeing promoted by **inclusive economies that support social cohesion, equity and participation, environmental sustainability, access to goods and services that promote health, restricting access to those that don't**
- Wide range of interventions available to create this kind of economy
- **Inclusive economies framework:**

Six areas important in facilitating approaches to developing inclusive economies:

1. Building a **thorough understanding of local issues** – using **robust analysis of both routine and innovative data sources** (ie Scotlands inclusive growth diagnostic tool)
2. **Leadership providing long-term visions for local economies** – and designing these economies to be good for people's health (Plymouth City Council's long-term plans).
3. **Engaging with citizens** – using their insights to inform priorities and build momentum (regeneration programme in Glasgow).
4. **Capitalising on local assets and using local powers** (economic planners' efforts to capitalise on Leeds' medical technology assets).
5. Cultivating **engagement between public health and economic development** – **building alliances across sectors** (economic development and health in various levels of government in Scotland)
6. Providing **services that meet people's health and economic needs together** (Finland's one-stop guidance centres for young people)

Cross-cutting lessons local and national:

Responsibilities that run across local, regional and national government that need to be embedded in thinking at every level of the system:

1. **Promoting economic conditions that recognise the needs of groups facing inequality** (parental leave allowances in Sweden).
2. Including **health and wellbeing in the measurement of economic success** (New Zealand's Wellbeing Budget).
3. Actively **managing technological transitions** and **responding to economic shocks** – **with support for those most affected** by structural shifts in the economy (Leeds City Council's digital inclusion programme).
4. Promoting **standards of good work** and **wide labour market participation** – (tailored support to workers facing redundancy in Sweden).

Theory of change:

National gov & local bodies ---------→ national and local economies that create the conditions people need to live healthily-------→ improved health & reduced health inequalities

What next:

- Existing evidence base needs to be strengthened.
- Challenge – economic development policies linked to health outcomes often through long chain of events, difficult to study
- **Understanding potential health impacts of economic development policies requires clarity on the mechanisms through which these policies influence people's health**
- **With a focus on future economic resilience, opportunity to embed health and wellbeing in economic policies with aim to reduce existing inequalities and prevent further entrenchment.**

Research report recommendations:

- Broadening the focus of economic policy beyond GDP to promote more inclusive and socially cohesive policies at a national level.
- Ensuring **COVID-19 response measures do not lead to a widening of the attainment gap in educational outcomes**, which could exacerbate existing inequalities and hold individuals and communities back in the future.
- **Investing in lifelong education and skills development**. Given the pandemic's unequal impact on jobs and workers, this should mean **focused investment in employment support and career guidance for young people entering the workforce, those in sectors facing the most financial instability and those who may need to change jobs due to being at higher risk of complications from COVID-19**.
- Introducing local and regional measures of equitable and sustainable economic development against which to assess progress in 'levelling up' opportunities across the country and between socioeconomic groups.
- Targeting growth incentives towards sectors that contribute to **sustainable development and growth in high-quality jobs** and, in parallel, promoting **better quality of jobs for workers in low-paid and insecure roles**.
- Devolving more investment funding for cities and local authorities, so that local strategic investments are fully informed by local context and investing in the capability and capacity of local enterprise partnerships to create inclusive economies.

- ## Funding Programme Objectives – from Call for Applications

- improve the capacity and capability of economic development and public health professionals to take joint action to use economic development to improve health – for example, through the development of joint posts or organisational development activities

- develop a better understanding of the mechanisms through which economic development interventions affect health and wellbeing outcomes – for example, by studying how local investments in infrastructure might change the conditions people need to lead healthy lives

- support the development of metrics to monitor the health and wellbeing impacts of economic development interventions – for example, through the provision of resource to build health, wellbeing and inequality measures into economic development strategies

- build understanding of how to translate the evidence base into practical action – for example, to tailor evidence about active labour market interventions to reflect local needs and priorities

- capture learning from the programme to be used to inform and change practice across the UK through wider dissemination by the Foundation.

• EOI Questions

What is the title of your project?

Please give a very brief overview of what your project would do?

Please provide the names of the organisations that you would be working with on this project.

How would the proposal support health improvement or reduce health inequalities? (Assessment criteria 1)

• Why do you believe the actions you plan to take would have an impact on health outcomes or health inequalities?
• What would success look like for your project and how would you measure impact?
• How would you ensure any benefits lasted beyond the funding period?

How would the partners work together? (Assessment criteria 2)

• Do you have commitment for the work at a senior level from the relevant partners?
• What engagement has there been so far between economic development and public health functions?
• Is there an academic partner already in place? If so, what would they focus on and how would they support the process of putting evidence into practice? If not, how do you propose to find and work with an academic partner to produce a more detailed proposal for the full application stage?

(300 words)

How would your project meet the programme aims set out in section 2.2 of the Call for Applications? (Assessment criteria 3) (750 words)

How would you collaborate with service users or the public to strengthen the delivery and outcomes of your project? (Assessment criteria 4)

• How would you ensure that public or service users are able to participate and their voices are heard?
• Describe how your project considers diversity and inclusion.

How would you use the funding and manage risk? (Assessment criteria 5)

- Please provide an indicative budget.
- Why would your proposal represent good value for money?
- What are the key milestones for the elements of the intervention linked to our funding? How would you ensure they are delivered to time and to a good quality?

What do you think would be the greatest challenges and how would you manage risk

- ## Meeting Notes

Notes from Meeting #1: 4th Nov 2020

In attendance:

Nicky Allen – Petroc
Dominee Dunbrook – North Devon Council
Dan Lyus – South West Academic Health Science Network
Alex Coull –DWP
Tim Jones – South West Business Council, N.D Biosphere
Chris Balch – Plymouth University
Chris Fuller – Torridge District Council
Bill Blythe – Petroc
Andrea Beacham - OND

Apols:
Phill Adams – DCC
Kristian Tomlin – DCC
Tina Henry (will input on an as-needed basis but is unable, due to the current pressures, to attend meetings)

1. We don't yet have the EOI docs – which will be released on the 9th - but do have the report:

https://reader.health.org.uk/using-economic-development-to-improve-health-and-reduce-he/what-type-of-economic-development-is-best-for-people-s-health

Dan advised we play close attention to it as it will be very relevant to what the Health Foundation are wanting to achieve. My take was that they are looking for something that doesn't just improve the local economy, but does so in a way that increases opportunities for everyone, particularly the most disadvantaged. They use the term 'inclusive economy' and highlight that covid has made our already unequal society even more unequal.

This is a UK wide programme and only 3 to 4 partnerships will be chosen.

Why should they choose Northern Devon?

a. We represent a large area of the uk that struggles with inequalites that are often more hidden than urban areas covering rural and coastal communities (although we may want to focus on one or the other). We have some of the worst areas of social mobility in the UK and significant inequalites.
b. We are not just applying for this to chase the money. This is something we have an agreed partnership strategy to address together across sectors: https://onenortherndevon.co.uk/wp-content/uploads/2020/07/DRAFT-OND-10-Year-Wellbeing-Strategy-Short-Version-last-updated-24.07.20.pdf
   This funding would help us get there quicker and help us share our learning and spread.

c. The issues facing populations like ours are deep, strutural and interwoven. We intend to take both a practical and academic approach to learning how to improve the quality of life of all. We will take a specific intervention and evaluate 1) our expectations of the impact of that initiative and 2) practical barriers that get in the way of achieving our collective goals using action-learning/research methodology (not sure if I got the terminology here right).

3. There are lots of things we are doing that aims to integrate economic development activity with work to reduce health inequalities.

What would fit best the aims of this bid?

We highlighted some areas we might consider as a focus for the bid:

Job creation but needs to be sufficiently niche

- Could this be around the food supply chain and food hub?
- Digital?
- Health and Care industry?
- Green economy? – green tourism, green infrastructure, green construction and retrofit

- Improving the small firm economy
  - Supporting the health and wellbeing of small businesses who don't have access to the HR wellbeing resources that larger companies have – retention and attrition rates
- Corporate responsibility/ethical values
- Local food supply chain – possibly linked to land, a food hub and CIC creating new jobs
- Building and expanding on the Youth Flow model which provides individual support to young people facing barriers to employment and incentivises businesses to provide placements and/or workplace mentors.

Dan suggested that we need to demonstrate that we understand our local context in deeper ways than just our wider determinants data. We need to explain where we are really strong as a system and partnership and what's missing in terms of our capabilities.

We also agreed to get into 'battle rhythm' and hold weekly meetings. Dan suggested and we all agreed that the next meeting should be a creative session where we work together to create the ideas and then the team who are putting the bid together can meet separately to start populating the bid on the basis of what this group agrees. So far Nicky and I have offered to write the EOI and request some specialist help from Jenny Sparling at Petroc. Question for LAs – could we also enlist the support of Jon Vernon to help with this?

Chris B suggested that an academic approach to evaluating the process and model to bring about the conditions for an inclusive economy might be more achievable than trying to achieve health outcomes from economic interventions within 3 years. We discussed taking a blended approach that included testing an intervention.

We could look at Year 1 – Test & Learn, Year 2 Develop and identify what works and could be spread, Year 3 – Use Spread methodology

Who else should be invited to support our initiative?

It was suggested that we also invite Darin Halifax who works in the STP with the voluntary sector and we are currently working in partnership with Encompass who work with the most disadvantaged groups so would be a good fit.

Tim suggested Alan Denby from Torbay Development Agency would be a good contact as he was involved in the Coastal Community Initiatives.

It was agreed that once the intervention was agreed, it may become apparent that others should be invited.

Notes from Meeting #2: 11th November 2020

In attendance:

Nicky Allen – Petroc
Dominee Dunbrook – North Devon Council
Dan Lyus – South West Academic Health Science Network
Tim Jones – South West Business Council, N.D Biosphere
Chris Balch – Plymouth University
Chris Fuller – Torridge District Council
Andrea Beacham – OND
Rob Lock – Devon CCG (Rob advised that Kelvin Crabbham who is the strategic BI lead for the CCG would probably be the link in the future)
John Amosford – Public Health Devon

Rob Passmore – OND/361 Energy

Apols:
Alex Coull - DWP
Phill Adams – DCC
Kristian Tomlin – DCC
Bill Blythe – Petroc
Tina Henry (will input on an as-needed basis but is unable, due to the current pressures, to attend meetings)

Shared Purpose of today's meeting:

- Timeline
- Allocation of responsibilities

Aim to have finished 10 days before deadline.

Need community support and comms strategy.

End of next meeting, have confirmed 2 or 3 well aligned pieces of work that OND wants to do over the coming years that the bid will accelerate. Communicate these to the community.

Start with Theory of Change

HF looking to build on existing work. OND structure quite unique in a rural context – agreed OND would be the innovation – what are the barriers that are preventing us from achieving our inequality goals?

Could put the microscope on an OND approach – produce a helpful set of recipes. Understand how it works and why it works.

Theory of change approach

Jon Vernon has drafted an economic strategy – build on this

More criteria:

[1:32 PM] Dan Lyus
We agree the need to develop a theory of change to help us choose prioirty projects for this bid - that we can and will stand behind: e.g,

Will our OND Capabilities mean this project will be successful?

Do we have the funding necessary?

Does it fit the bid criteria – *think we cover this off when we score it against that*

Can we deliver change in the period of the funding?

Is it likely to show us the factors that are important to spread?

How does it fit to a problem we have in North Devon?

was it in our plan anyway – *there is nothing brand new here - everything else has been discussed as part of the answer to meet the overarching quality of life objectives*

can we measure impact and learn significantly from it - *this is covered off in their criteria I think*

Does it respond to macro economic factors?

Is there energy and political support for it?

can it leverage in other funding ?