

Minutes of the third partner meeting in Brussels from the 30th of September to the 2nd of October 2008

Participants

Henriette Hansen	SDEO	Katie Kelsey	Niace
Arne Gårn	RSD	David Pearson	Niace (Healthy School)
Anette Nielsen	UC Vest		
Anette Reinholdt	UC Vest	Eva Baldassari	Veneto Region
Mikael Sorknæs	BAW	Massimo Miranda	Veneto Region
Stella Kræmer	SDU	Sara Carbone	Veneto Region
Bo Jonø	Sdr.Jyske Sygehuse	Birgitt Uhlen Blucha	HBS
		Sabine Hoffmann-Steurnagel	LVfG SH
Eva Bellsund	Örebro	Marianne De Troyer	ULB
Britt-Louise Nilsson	Östsam	Ingrid Vanhaevre	CRIOC

Input from the Steering Committee Meeting (Henriette, Arne, Birgitt, Marianne, Britt-Louise, Katie, Eva and Massimo)

The steering committee meeting ended up with four main decisions:

- 1) Dialogue Forum

We shall work more on the structure for the dialogue forum. Until now we have not been so good in using this forum to communicate. Maybe it is because people have been so concentrated on their own processes or maybe it is because the structure of the forum is not so good that it invites people to use it regularly. We will discuss this with Mikael.
- 2) Pilot projects

A number of partners expressed concern that the pilot project period falls very late in the project. Many partners want to start preparing the pilot projects already at this stage, as it suits better the regional planning in relation to e.g. academic school years, engagement of collaborating partners etc.

Normally the work package 8, focusing on the development of a project catalogue starts only in about 8 months time, but for practical reasons mentioned above, we will move this work package forward so that we already start working on it now. Henriette and Britt-Louise will make a template for the description of pilot projects.

Instead of inventing only new pilot projects, we decided to look at existing projects from all participating regions. In the project catalogue we will describe target groups, practical implementation, practical experiences, effects and evaluation, and the idea is then that one region from the partnership can learn from projects that another region has implemented and the partners can act as “consultants” towards one another. In this way we will provide a “personal touch” into a European project and we will manage to qualify small projects and put them into the strategic frame of the project.
- 3) Scenario Planning Process

In the Regional Key Competencies project, we carried through a scenario planning workshop during one of the partner meetings, and Katie proposed that we try to do the same within this project, but only focusing on health and regional development. All partners found this a very good idea, hence we have decided that the partner meeting in UK in April 2009 will be prolonged with one day, so that we have time for a workshop. Henriette will promote the idea within some external partners and invite them to the workshop. This will be an

excellent opportunity to get some expert view and feedback on our project and the products.

In the Regional Key Competencies project an interview process among the partners was carried through before the workshop. We do not have resources in this project to do the same, so we will use the framework paper to set the frame for the discussions within the workshop.

4) Milestone Overview

As to promote more discussion among the partners, it was proposed that Henriette each 2nd month make a small report about what is going on in the different regional partnerships so that we can inspire each other in a better way.

An overall tendency is that the project is used to make a kind of regional overall structure for many other projects that have already been running. This is very good, taken into consideration that the Healthy Region project has an overall strategic and systematic focus.

A lot of interesting things have happened since the 2nd partner meeting in Kiel and partners seem much more confident with the project and the processes we are going through than when we met in Kiel.

End of steering committee meeting!

Welcome to the partner meeting

Henriette welcomed all participants in Brussels to the 3rd partner meeting.

Reporting back from the regions

All regions presented their work with the tools, and I will sum up in one sentence per partner what has been the main issue:

UK: NHS and Niace are doing the interviews based on the dialogue tool in common. They are at a moment in UK where the strategies are very economic and they are trying to involve health in all strategies. The HR project comes at a very good moment. Focus is on how can the HR project supports other projects and how other projects can support the HR project (a project cycle). The mapping is shaping the pilots.

Germany: There has been a “Sleswig Holstein Tag” where the HR project was presented to politicians and citizens. The project was presented as a strategic frame for all health activities in the region. Birgitt and Sabine have changed the spiderweb to their own use and made it more simple on only one page so that it could be used with people in health care, schools. Some of their challenges was to find partners with whom to try out the dialogue tool, and the local elections also made the situation a bit difficult.

Italy: The Italian partners have used the dialogue tool strictly as it was – only translated and adapted a bit to Italian context – but what does that mean? These are the issues we should try to describe in the recommendations and in the protocol. The Italian partners have tried to involve different actors but the politicians do only want to be involved in the end when the results are ready.

Sweden: The dialogue tool has been used both in Östergötland and Örebro, and the Swedish partners have tried to compare the results. The dialogue tool has been used as a guide for discussion among policy makers and the health spiderweb has then been discussed with a political steering

group. The traffic light has also been used as a guide where a resource person within each theme has been interviewed to as to get an insight in each sub-sector.

Belgium: As already mentioned in Kiel, the complexity of the Belgian administrative system makes it a bit difficult to approach the right setting for a trial out of the tools. The Belgian partners have taken contact to a lot of different districts and decision makers and will in the near future carry through interviews.

Denmark: As mentioned already in Kiel, the Danish partnership have chosen to focus more on the municipal level, as the responsibility for health promotion lies here. A new mapping tool, focusing on competencies to carry out health promoting activities has been developed and is being tested within a number of municipalities for the moment. The Danish partnership wants to carry through pilot projects based on the use of the mapping tool; i.e. that the results of the mapping tool leads to a process where competence – and organizational development can be organized in 2 – 3 municipalities.

Meetings with the regional development department have been organized where the dialogue tool and the traffic light matrix will be presented and we will find ways to use them in the strategic process of the region.

It was good to see that we can use the tools in so many different ways, and it is a strong aspect of our project that the tools are so flexible that it can be used - we have common core tools, but the way we use them are diversified. It was very interesting to see that we try to use it on so many different actors (strategic, citizens) and good that the project is used to support other activities and in that way becomes a strategic frame for many health related activities in the participating regions.

Funny to see how different regions apply the tool in relation to the planning of the dialogue, the level of strategic use, involvement of policy makers, practitioners and citizens.

When we produce the recommendations and the protocol it is important that we make it clear that the tools are supposed to be used as a guide to steer regional discussions and make people discuss the same thing.

Presentations and dialogue forum

As these minutes only give a very short description of each presentation, it is important that we upload the power point presentations on the dialogue forum. Under “dissemination” I have created the following sub groups; “kick-off meeting”, “2nd meeting” and “3rd meeting”, where I would like you to put the presentations you have prepared for the 3 meetings we have had until now.

Mapping Tool

Stella presented the mapping tool and explained how a testing period is carried out for the moment.

It lead to an interesting discussion on how detailed the instrument should be and how the tool shall be used towards the municipalities when it is ready.

SDU continues the documentation of the tool, and the partners are looking forward to see the final version.

The healthy regions concept and website

Marianne presented how our work can be gathered in a logical structure and form a concept based on the “healthy region triangle”. The presentation led to a good discussion if our work should be presented in a structure presenting a development process or different themes in relation to e.g. the dialogue tool. Bo proposed that we follow a structure matching the process of e.g. a quality management system.

Henriette and Mikael will have a meeting end of October to try and make a first draft of the design of the website, its capabilities and structure of how to present our work.

Next meeting

The 4th partner meeting will take place in Exeter, and as we have decided to prolong the meeting with one day in order to plan a scenario planning workshop, the meeting will take place from the 21st to the 24th of April.

As we did not invite external actors to the meeting in Brussels as we originally had planned, the meeting in UK and the scenario work shop could be a possibility to invite external actors. Hence, try to motivate some of your regional policy makers to join and I will try to ask people from the Commission, COR and WHO if they would like to participate.

Until next meeting all partners continue to work actively with the tools (The dialogue tool, supported by other existing tools, The traffic light matrix, the mapping tool) and continue to document experiences, focusing on

- a. The challenges (structural, cultural, political, etc) that we met
- b. The approaches that we chose
- c. Why we chose exactly these approaches
- d. The effects and results we obtained

The concrete work with the tools, should also give enough input to describe the strategic health situation in the region based on the ideas in the healthy region concept, so that we during the meeting in Exeter can present proposals for regional strategies and health scenarios.

Thank you

I want to thank you all for a good meeting – there is always a good atmosphere when we meet. I was really pleased to see how much we have moved forward since the meeting in Kiel and it was interesting to see how you have tried out the tools and obtained some useful results.

Thank you also to Marianne for helping me with the practical planning of the meeting and see you all in Exeter.....:-)

October 2008
Henriette Hansen
Project Manager