

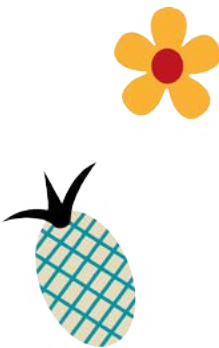


intro

ABOUT US

The Scottish Collaboration for Public Health Research & Policy (SCPHRP) vision is to develop Scotland as a leader in public-health intervention research for equitable health improvement through catalysing strong researcher/research-user collaborations that ensure timely, robust, policy relevant research that is created with, and used by key decision-makers.

[The Scottish Collaboration for Public Health Research \(SCPHRP\)](#) is funded by [The Medical Research Council \(MRC\)](#) and [The Chief Scientist Office \(CSO\)](#). SCPHRP is located within the [Usher Institute at The University of Edinburgh](#).



CONTACT US



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THANK YOU

We would like to thank everyone who contributed to this magazine. If you would like to contribute to our next edition, please contact Sam at samantha.bain@ed.ac.uk. If you have any feedback on what you like in this magazine or what we could improve, please get in touch with Sam.



Yvonne Laird yvonne.laird@ed.ac.uk

Welcome to the Summer edition of the SCPHRP magazine, our second edition of 2017.

As I am still relatively new to SCPHRP, this is my first magazine as editor. I joined SCPHRP in January as a Research Fellow. Since joining, I've been involved in a range of projects relating to physical activity and I've done some work around tobacco control.

We have had a busy 2017 so far at SCPHRP. In June, we travelled to London for the UKCRC Public Health Research Centres of Excellence conference, celebrating the successes of the six centres over the past five years. SCPHRP director John Frank travelled to Canada to deliver a talk at the Public Health Analytics Library. We have welcomed new members of

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editor cont..

staff and we are delighted to have them as part of the SCPHRP team. We sadly said farewell to Renee Ingram and Daryl Archibald, who have left us to take up new opportunities in New Zealand and Australia respectively. We wish them all the best for the future and we hope to see you both again soon.

In this edition of the magazine we are sharing updates on some of the exciting projects we have been working on including our Citizen Science project, the 20mph Research Study, an obesity landscape project, and our Stand Up for Health project (which comes with a creative video from film-maker Felix Adamson).

In June we were delighted to host Dr Debra Hopkins from the University of Melbourne, Australia. During her visit, Debra contributed to the 'Finding the Right Ingredient' project. We also have an article from Ashley Goodfellow at

NHS Lanarkshire who joined the SCPHRP part-time fellowship programme for public health professionals. Ashley shares the research she carried out as part of her fellowship with us on preconception health and care.

In addition, we have a fantastic range of articles from different people and organisations, including Children in Scotland, Mentor UK, Falkirk Community Trust, Professor Chris Oliver and Loch Lomond and the Trossachs Countryside Trust.

Here at SCPHRP, we always try to maintain a good work-life balance so check out some of our summer shots on the last page.

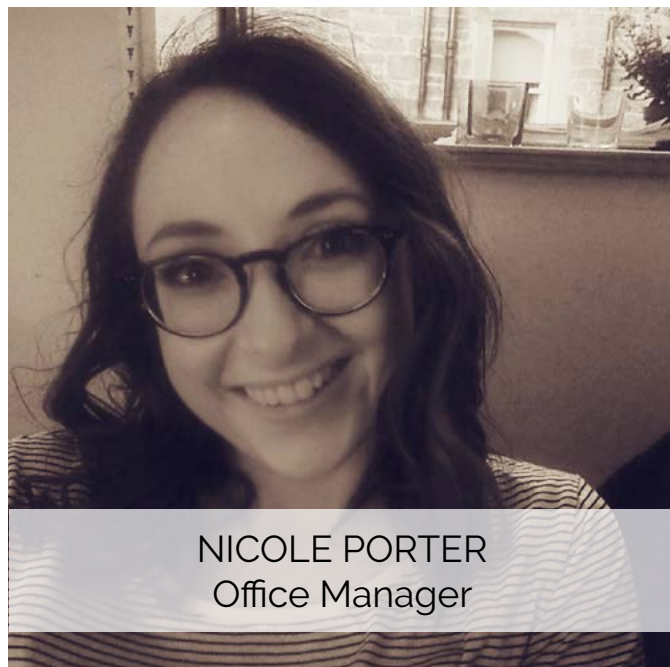
We hope you had a great summer and that you enjoy the summer edition of the SCPHRP magazine.

[Yvonne Laird](#)

SCPHRP NEWS

HELLO TO...

SCPHRP



NICOLE PORTER
Office Manager



KATHLEEN MORRISON
Research Assistant



GLENNA NIGHTINGALE
Research Fellow 20MPH



ALEXANDRA BLAIR
Visiting Research Assistant



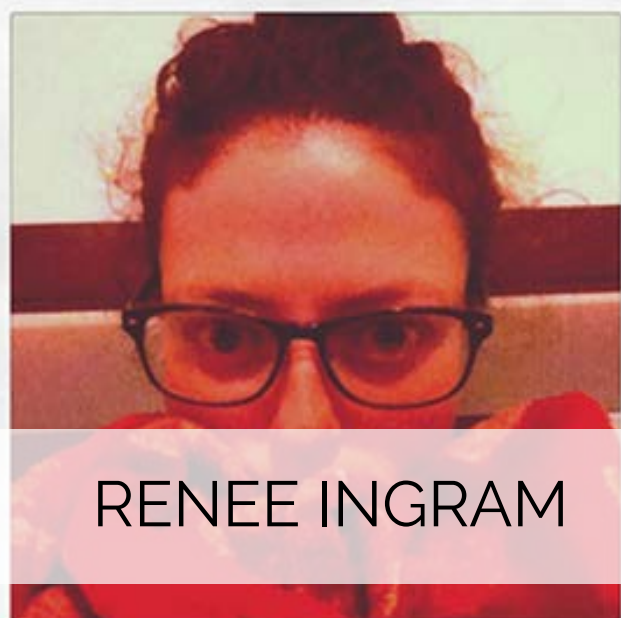
JILLIAN MANNER
Research Assistant



AUDREY BUELO
PhD Student

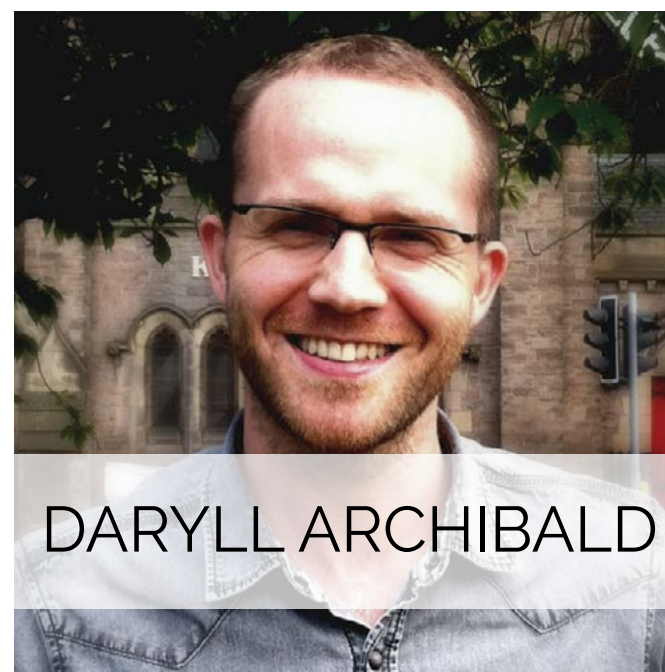
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GOODBYE . .



RENEE INGRAM

Renee, our previous Office Manager has flown the nest to go travelling before she settles back in her homeland New Zealand, where she hopes to take up a similar position of Office Manager. During her five years with us, Renee established many of the systems and procedures in place to facilitate the productivity of the SCPHRP team.



DARYLL ARCHIBALD

Daryll has now taken up a Lectureship in Public Health at La Trobe University in Melbourne. He joined SCPHRP in July 2014 as a Post-Doctoral Research Fellow to work primarily with the Later Life Working Group. Prior to this Daryll worked as a Research Fellow at the School of Medicine & Dentistry at the University of Aberdeen.

CITIZEN SCIENCE PROJECT



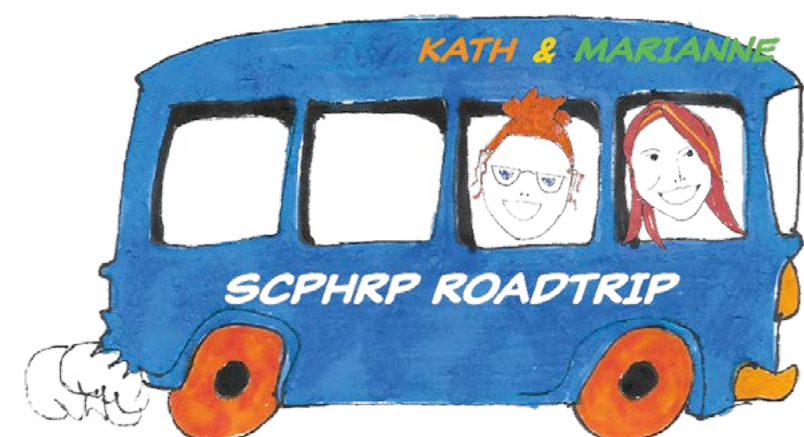
Marianne and Kathleen arrived at SCPHRP in June to start work on a citizen science project examining how different outdoor spaces affect people's wellbeing. In July they travelled down to England with the MRC Science Bus to speak to members of the public about their perspectives on how different outdoor spaces affects their wellbeing.

Overall, there was a great response to the project, and people were keen to give a voice to their local outdoor spaces.



Photos courtesy of Marianne & Kathleen

To find out more about the project you can contact kathleen.morrison@ed.ac.uk.



UKCRC Public Health Research Centres of Excellence conference 2017



JUNE 2017

SCPHRP attended the UKCRC Public Health Research Centres of Excellence conference, London in June this year. The conference was hosted at the Royal College of Physicians and showcased the achievements of the Centres in relation to three themes: capacity development, systems change and partnership, and impact through innovation.

The conference was co-hosted by the Centres [DECIPHer](#), [Fuse](#), and the [Centre of Excellence for Public Health Northern Ireland](#), in partnership with [CEDAR](#), [UKCTAS](#) and SCPHRP. [John Frank](#), [Larry Doi](#), and [John McAteer](#) presented on the work of SCPHRP. They were joined by Ashley Goodfellow ([page 25](#)) from NHS Lanarkshire who presented her situation analysis of preconception care services in the Lanarkshire area.

SCPHRP TEAM out in London June 2017

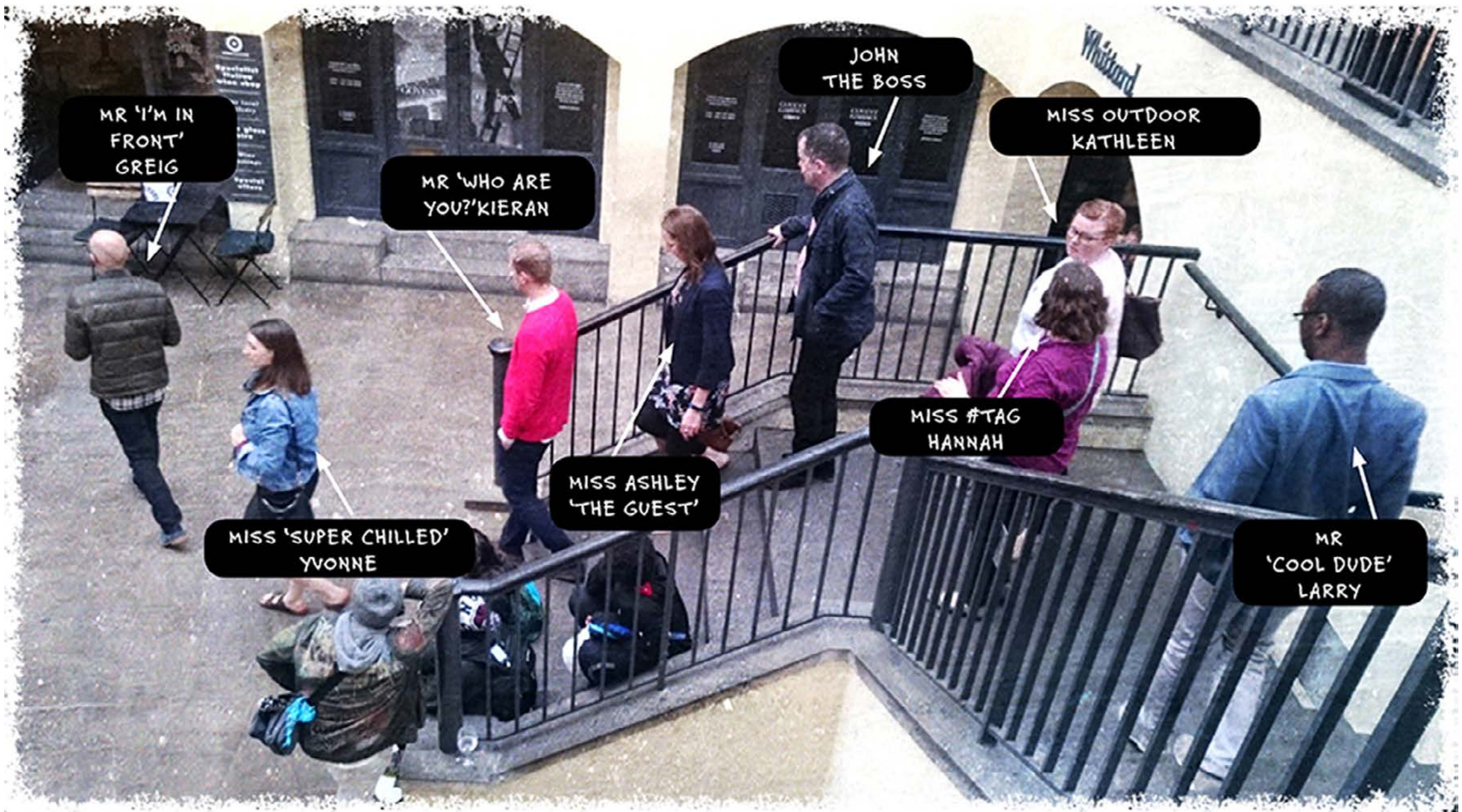


Image courtesy of Sam Bain

20MPH RESEARCH STUDY



Image courtesy of Glenna Nightingale



SCPHRP & the Physical Activity for Health Research Centre (PAHRC) team

For further information please contact
Glenna.Nightingale@ed.ac.uk

SCPHRP & the [Physical Activity for Health Research Centre \(PAHRC\)](#) team recently embarked on a four-day survey for the [20MPH project](#). The aim of the survey was to capture the public perception of the planned implementation of 20mph speed limits in the City of Edinburgh. The survey questions ranged from general knowledge on the 20mph programme to drivers' attitudes towards the proposed 20mph speed limit. As a follow-up, this project seeks to measure public perception after implementation of the speed limit. The results from the survey will be analysed (together with supplementary data from other sources) to accurately portray the impact of the 20mph speed limits in Edinburgh.

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LANDSCAPE REVIEW OF OBESITY RESEARCH IN SCOTLAND: **AN UPDATE**



Stephen Malden
stephen.malden@ed.ac.uk

In 2015 SCPHRP members [Ruth Jepson](#), [Michelle Estrade](#), [Stephen Malden](#) and [Daryll Archibald](#) carried out a landscape review of current and ongoing obesity research that has been conducted on Scottish populations in the last decade, on behalf of NHS Health Scotland. This research was intended to supplement revisions that were being made to [Scotland's Obesity Route Map](#).

The review has since been updated to include research conducted up to January 2017, with a [poster](#) being presented at the 24th European Congress on Obesity in Porto, Portugal in May 2017.

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Updated findings lead to much of the same conclusions that were drawn from the original review in 2015. Specifically, a substantial amount of observational/epidemiological research has been conducted in Scotland, indicating that there is an active research community that is monitoring trends in obesity and its associated factors.

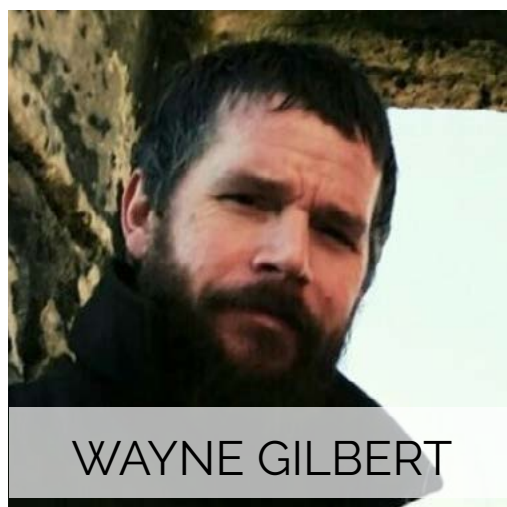
Most interventions focus on treating obesity in people who are already overweight/obese as opposed to preventing obesity amongst the general population. A number of interventions seem to focus only on one particular cause and pathway to obesity (such as diet or physical activity) instead of taking the various other causes and pathways to obesity into consideration. A useful resource that some readers may find interesting is the [Foresight Obesity Systems Map](#). This resource demonstrates the various complex causes

and pathways related to obesity that should be considered when developing interventions. Lastly, there are currently no macro-level obesity interventions being implemented or evaluated in Scotland, which is likely due to the complexities of designing, implementing and evaluating such initiatives. Interventions in Scotland address obesity across the lifecourse from childhood to the elderly, however most interventions focus primarily on working-age adults and children.

We at SCPHRP plan to continue to update this small piece of research every couple of years in the hope that it will be useful for researchers and practitioners who are interested in keeping track of what is happening in Scotland with regards to obesity research.

For further information contact [Stephen](#) at stephen.malden@ed.ac.uk

STAND UP FOR HEALTH



[Stand Up for Health \(SUH\)](#) is a complex health intervention aimed at reducing sedentary behaviour in call centres. The intervention was first developed by a group of masters students as a course project for the University of Edinburgh MPH course titled Developing and Evaluating Complex Public Health Interventions. The course has been able to further develop and test Stand Up for Health in the Ipsos MORI call centre in Leith.

Wayne Gilbert, Centre Manager at Ipsos MORI spoke to us recently about being part of the Stand Up For Health project. "We have a pool of around 600 staff, some run marathons, some are fitness instructors, some have no exercise in their life and some have mobility issues. We had to create have a programme where all abilities could feel empowered and included.

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Six months ago, SCPHRPs Ruth Jepson, Laura Tirman and Christina Katan came to our call centre in Leith and conducted a comprehensive assessment of our space. They then had a meeting with us to tell us what was available, we had no idea you could get a bike that you could cycle while you work, a ball chair to improve your core, steppers and standing desks and now we would not be without them.

We developed sets of cards for supervisors in the office to pick an activity to do for five minutes every hour. These included, stretches to loosen your shoulders and relieve tired legs, relaxing backs, walking up and down stairs. This was combined with asking staff who are qualified fitness instructors to devise a programme of longer sessions for staff.

*“We are, happier,
healthier and have
more energy.”*

The advantages of SUH have been phenomenal. We have a healthier happier workforce, which has resulted in a more productive workforce and a stronger community spirit. I have no idea why we didn't do this earlier. It has not taken up a huge

amount of time or money, some supervisors now do their five minutes of exercise as routine.

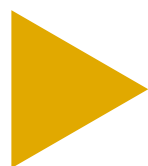
I encourage all businesses to get involved with the programme, we have been guided by SCPHRP and now we are at a point of ownership of this programme. I

am very appreciative of the help and advice given to us by the team and envisage the continuation of this programme”.

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As part of SCPHRPs YouTube Channel we approached filmmaker [Felix Adamson](#) to make a video of the SUH project taking place at Ipsos Mori in Leith. Thanks Felix for doing such a great job and thanks to the staff at Ipsos Mori for all their support in making this video.

Watch the video here..



SCPHRP is currently working on a proposal for CSO to further pilot Stand Up for Health in a range of call centre settings across the UK.

Wayne Gilbert
Associate Director - Centre Manager
www.ipsos-mori.com | [@ipsosmori](https://twitter.com/ipsosmori)

Frankly Speaking: Epidemiologist John Frank Searches Upstream and Downstream for Chronic Disease Prevention



Contact John at
john.frank@ed.ac.uk

John Frank was recently invited to deliver a talk at the Population Health Analytics Library at the University of Toronto. John's talk focused upon the clash between "upstream" and "downstream" treatments of chronic disease, focusing primarily upon obesity. As one attendee summarised: "One could not help but feel, after absorbing Frank's carefully assembled presentation, and witnessing the interdisciplinary clash of hypotheses that followed, that this is how the fabric of academia is spun: a public arena, peopled by experts in their field, all gathered patiently, all vibrating with the very real energy of meaningful discourse".

You can read more about John's talk here (<http://pophealthanalytics.com/frankly-speaking-epidemiologist-john-frank-searches-upstream-and-downstream-for-chronic-disease-prevention/>)

FINDING THE RIGHT INGREDIENT



My name is Dr Debra Hopkins and I am undertaking my Masters in Evaluation at the Centre for Program Evaluation at the University of Melbourne, Australia.

In June, had an opportunity to visit SCPHRP for two weeks in to work on the Finding the Right Ingredients project*, currently being developed at SCPHRP. I am really interested in the utility of applying research practices at early stages of program design, and in particular how this enhances evaluability when it comes it comes to examining implementation and program outcomes. I discovered that SCPHRP had developed the [6 SQUID framework](#) and was keen to get some real time exposure working with the framework.

I was excited to be able to undertake some data analysis of transcripts that had been produced from interviews with beneficiaries at the Stafford Centre, involving the intended beneficiaries of programs to 'jump start' thinking about those properties of a program that might hold the best promise of benefit for those beneficiaries makes good sense, but it is not routinely done.

I am currently writing up the analysis and proposing a theoretical framework to help to guide not only this program but others that address provision of services for people living with mental health challenges more broadly.

*Finding the Right Ingredients project looks at the relationship between practices around food and mental health and wellbeing, working with a local mental health charity, [the Stafford Centre](#).

The Active Forth Exercise Referral Programme



Image courtesy of Falkirk Community Trust

Celebrating the 300th Active Forth class at Stenhousemuir Gym

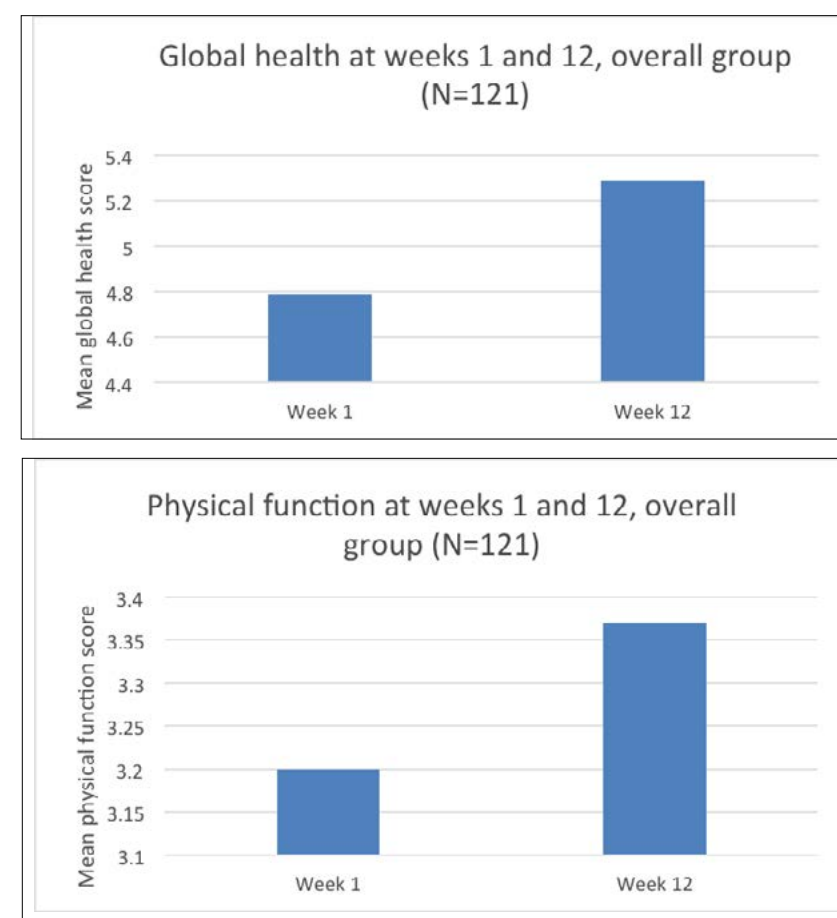
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The Active Forth Exercise Referral Programme aims to maximise opportunities for members of the community to improve their health and wellbeing through physical activity. Referrals come from GPs and a range of health professionals. Participants are given as many opportunities as possible to engage in physical activity including tailored gym programmes specific to their medical condition, group fitness classes and hydrotherapy/aqua sessions.

Since October 2015 our team have collected data to measure changes in global health status and physical function. Global status refers to perceived health and quality of life and functional status is how competent a person believes they are at walking, carrying shopping and if they need to rest throughout the day. This article provides an overview of the effect of the Active Forth Exercise Referral Programme on participants global health status and physical function.

RESULTS

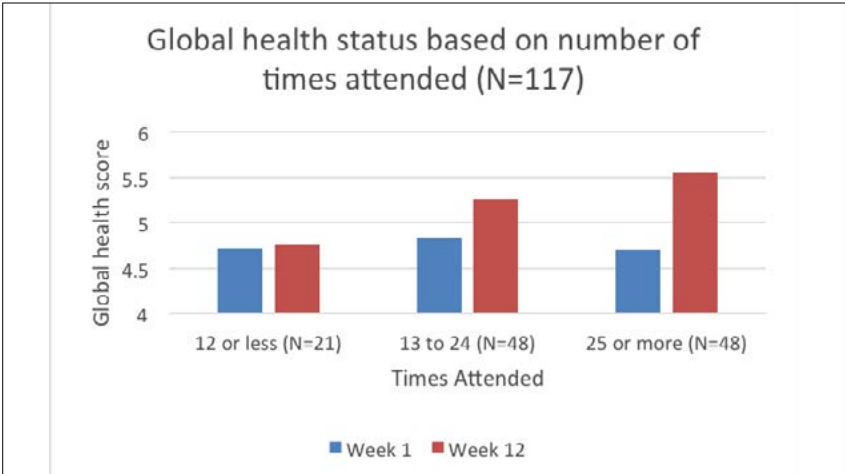
121 members completed the 12 week program since October 2015 with 80 females and 41 males. Overall, participants who completed the program showed moderate improvements in both their physical function and global health ($p < 0.001$).



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ATTENDANCE

There was a significant correlation between times attended and change in global health status ($r=.21$, $p<0.05$), suggesting there may be a link between attending the exercise referral sessions and change in global health status. The greatest average increase occurred when attendance was 25 or more sessions and interestingly physical function decreased on attendances of less than 12.



BASELINE SCORES

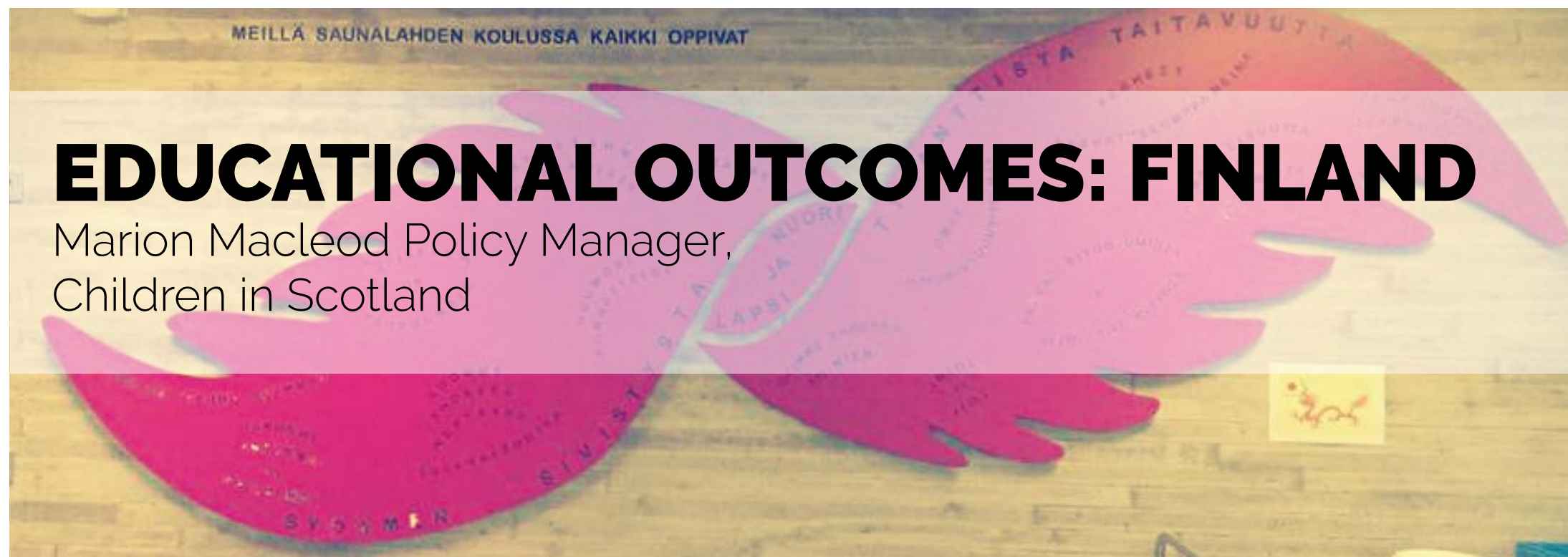
Overall, baseline scores for physical function and global health status were higher for

those who completed the 12 week program compared with those who did not complete the program. This is an important finding as we can now screen new participants at baseline to see whether they may be at a higher risk of not completing the program, and as such, we can offer additional support or consider whether different interventions could increase participation and completion in these groups.

CONCLUSION

We are delighted the findings indicate a moderate improvement in physical function and global health over 12 weeks. The team are better able to identify those who require more support from our programme to achieve results, and we are better equipped with facts and figures to encourage greater participation for better results. The Exercise Referral project is on-going and we will continue to evaluate condition groupings and impact on physical function and global health.

Scott Burton | Physical Activity Referral Consultant.
[Falkirk Community Trust](#)



EDUCATIONAL OUTCOMES: FINLAND

Marion Macleod Policy Manager,
Children in Scotland

While Scotland's steady decline in educational performance over the last fifteen years or so, as shown in the OECD PISA data, has generated a lot of political attention, Finland regularly and consistently tops international league tables in educational outcomes. Thanks to the much appreciated sponsorship from SCPHRP I was able to take part in a study visit to Finland, earlier this year. The country's enviable educational record has, understandably, led to much interest in what

Finnish schools do. I was mainly interested in what happened before children start formal education – age seven in Finland – and how this might contribute to these good outcomes.

I visited a number of early years centres, most of which were operated by the city council in Helsinki. All children are entitled to a full-time place in an early years centre from under a year old; most start at around nine months as this is when government funded parental leave

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ends. The cost to parents is low compared to Scotland and is income-related. For those who are on the lowest incomes it is completely free, but the maximum paid by any parent is 290 euros a month, around £255. This means that cost is no barrier to participation. Parents do, however, have the alternative of remaining at home with their child, and receive financial support from the government for doing so. Interestingly, many choose this option, and Finland therefore, has a lower proportion of young children in group care than many other European countries. Families are supported, when children are not in day care, through open groups run by the highly-qualified early years staff. They are held in local early years centres and provide information to parents on how to promote their child's health, development and wellbeing. They also fulfil a social role for parents and children with peer support for parents and play opportunities for children.

Low cost, high staff qualifications and ease of access are all impressive features of the Finnish early years service. There is no doubt that they make a substantial contribution to how well children learn once they start formal education. They were not, however, the things that impressed me most. The first thing that I noticed was the amount of space, outdoor and indoor, in all early years centres. This clearly enabled a lot of physically active and creative play.

The second thing was the absence of clutter. Floor space in establishments for young children in Scotland is often crowded with equipment and wall space completely covered. Rather than fill space with toys or equipment that pre-determine the nature of play, a variety of resources such as paper, wood and fabric were available for children to play with. This leads me to one of the other key differences – there was no scheduling of activities and little direction from staff. Children

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spontaneously chose, and carried out with no adult intervention, to construct objects, to dress up and play pretend roles, or just to run around.

The atmosphere in all the establishments I visited was calm and relaxed. I did not see any children crying, fighting or being excluded from activities by others. One factor that I think must be significant here is the mutually respectful relationships between staff and children. No child was talked down to or patronised and any request or observation from a child was listened to and responded to seriously.

I would be the first to acknowledge that these observations are very far from a rigorous scientific analysis! I do think, though, that if we aim to stand alongside the best in Europe, we need to look at the soft inputs as well as the hard outcomes.

For further information please contact Marion Macleod
mmacleod@childreninscotland.org.uk

SCPHRP Public Health Professional Fellowship: Improving preconception health and care



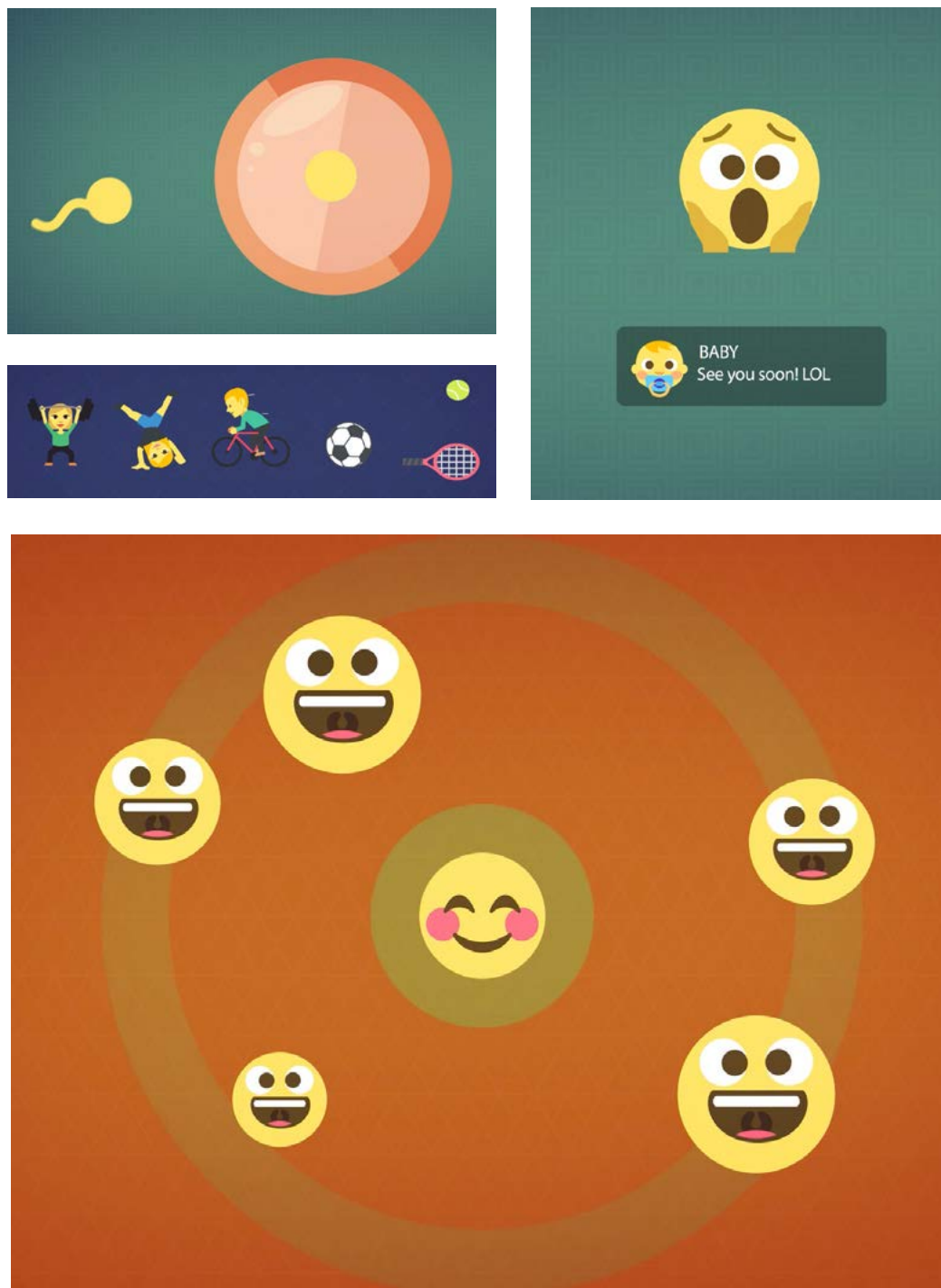
Ashley Goodfellow, Public Health Specialist at NHS Lanarkshire, specialising in maternal & child health.

In 2014, Ashley joined the SCPHRP part-time fellowship programme for public health professionals, which set out to support public health practitioners develop their skills in research and evaluation. Ashley's personal objectives were to build on existing research and evaluation skills to ensure evidence is used appropriately to develop effective services. Ashley also wanted to develop her skills in writing for publication.

Ashley's chosen project was to undertake a situation analysis on preconception health and care, as this is an important area of prevention and early intervention, and a priority for NHS Lanarkshire. Preconception health is the mental and physical health and wellbeing of

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Images courtesy of NHS Lanarkshire.

men and women during their reproductive years, before and between pregnancies. All men and women can benefit from good preconception health, whether or not they plan to have a baby now, or in the future. Good preconception health is important for increasing your chances of becoming pregnant and having a healthy pregnancy.

The situation analysis used a mixed-methods approach to explore the views of health and non-health professionals working with men and women of childbearing age on current and future delivery of preconception care. Focus groups were used to explore the views of GPs, practice nurses, health visitors, family nurses, secondary school guidance teachers and youth workers. A survey questionnaire gathered the views of community pharmacists. The situation analysis concluded that the delivery of preconception care needed to be improved both before and between pregnancies to improve outcomes for women,

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children and families. Action is required at individual, organisational and community levels, including:

- Ensuring the school curriculum is fit for purpose in terms of parenthood education
- Raising awareness of preconception health and ensuring all existing opportunities to deliver preconception care are capitalised upon
- Delivering evidence based interventions to support weight management and mental health in the preconception and interconception periods and to prevent and diagnose risk of fetal alcohol spectrum disorder prior to or early in pregnancy.

The situation analysis recommended raising awareness of preconception health to men and women of childbearing age. An animation was developed with Lanarkshire young people to promote important preconception health messages, targeted at those aged 16-24 years. Young people were involved in both the design and production of the animation.

The animation can be viewed on the Young Scot website here



For more information on preconception health and care visit the NHS Lanarkshire website at:

<http://www.nhslanarkshire.org.uk/HealthyLiving/Pages/Preconception.aspx/>

Young people enjoying a sexual health session



Breaking Out: Peer Alcohol Project by Gez Lawson

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Mentor UK has worked in HMYOI Polmont since 2012, providing both 1-to-1 and group-based support to young men in custody. The focus of the original Breaking Out Peer Alcohol project was on increasing awareness of alcohol-related issues among the client group, and particularly their links to offending. As the project has grown and developed, we now focus primarily on three main areas.

We provide a five-day alcohol awareness programme that enables participants to explore alcohol and health, sexual health, risk taking behaviour and harm reduction. Participants are then offered a group-work or one to one personal development programme over four sessions covering issues around personal alcohol use, alcohol and violence, prejudice and discrimination and future planning. This is followed up by ongoing one-to-one support up to liberation. For those

who require additional help beyond liberation, the project provides ongoing support either directly to the young person or in collaboration with other community based support services.

We provide four sessions as part of the Community Safety Unit's Leadership programme, these sessions focus on alcohol and substance misuse, health, risk taking and communication skills. This programme is a collaboration between Police Scotland, Scottish Prison Service, and Mentor UK. We also run a six- session programme as part of the SPS Life-Skills programme. This programme provides alcohol awareness sessions to young people as they near liberation.

The project works in partnership with a small team of peer educators, generally young people with at least 10 months left on their sentence. Once trained, peer educators co-

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“I have worked with Mentor UK since 2010, my current role as development manager allows me to create various pieces of work that engage young people in drug and alcohol prevention. I have been using and developing peer education as a way of engaging vulnerable and hard to reach young people for the past fifteen years, mainly in drug and alcohol education”. Gez Lawson, Development manager, Mentor UK

facilitate the various interventions we deliver as well as creating their ideas for interventions and activities that help inform and educate their peers on alcohol issues. Peer educators have been an integral part of the project's development, ensuring that the project is accessible and relevant to the young people we support.

Breaking Out aims to help young people recognise the role that alcohol can play in risk taking and offending behaviour and help them to devise realistic harm reduction strategies. The project takes a holistic approach, recognising that young people often have a range of support needs that we can help address by working in partnership with SPS and a range of external agencies that support the needs of young people within the prison.



Contact email: gez.james@mentoruk.org

WALK in the PARK:

Health walks tackling rural isolation and improving mental and physical wellbeing.



Images courtesy of Trust in the Park

Walk in the Park, led by Loch Lomond and The Trossachs Countryside Trust is a series of low level health walks in five communities in the National Park. Starting in 2007, the walks now have over 100 participants in Balloch, Callander, Aberfoyle, Killin and Drymen. The walks last between 45 minutes and an hour and are tailor-made to suit all levels of mobility. Many of the participants have been referred to the project by GPs and physiotherapists, others have self-referred themselves and joined the walking groups. Providing much needed recovery from operations such as hip and knee replacements, or offering a safe walking environment to Parkinson's or dementia patients, the walks are being heralded by health professionals.

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The Countryside Trust work closely with NHS Scotland with part funding from Paths for All, Loch Lomond and The Trossachs National Park, Forestry Commission Scotland and Scottish Natural Heritage.

Speaking about the project, Walk in the Park coordinator Cathy Scott said: "Walk in the Park is a great way to vastly improve both mental and physical wellbeing for people living in rural communities. Often people can become isolated living in villages without means of transport to help them get out and about. Our walks provide not only rehabilitation to wellness but also a social network to help people who are on their own and others who suffer with mental illness such as depression. We are very lucky to live in such a beautiful part of Scotland and studies have shown that



getting out and enjoying the countryside has a positive impact on health and wellbeing. We take every measure to make sure the groups are inclusive with volunteers walking

at different paces to suit all abilities. I'm incredibly proud to be part of this project and to watch members grow in confidence and fitness." An important part of the programme is the social side to the

walks and group members regularly include a café stop into their walks.

In July 2013 [Paths for All](#) commissioned a Social Return on Investment (SROI) study to analyse the impact of a similar programme running in Glasgow. The study revealed that for every £1 invested in the Glasgow Health Walks there were £8 of benefits generated for society. Health walks were found to make people fitter,

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healthier and happier.

There is increasing evidence that the countryside is restorative as it allows people to switch off and can help cure mental fatigue. Research carried out at the University of Michigan concluded that an hour strolling through countryside increases the brain's performance by a fifth and interacting with nature boosts memory and concentration levels.

Along with the health walks, the Loch Lomond & The Trossachs Countryside Trust run a strength and balance programme. Weekly workshops are run before or after the walks and combine strength and balance exercises with advice on walking to help older adults stay active and independent.

Sue Watson, Senior Physiotherapist for the Rural North West Forth Valley Partnership, spoke about the success of the programme:

“Walk in the Park provides a really valuable service that promotes a long term commitment to keeping people mobile”

“Walk in the Park provides a really valuable service that promotes a long term commitment to keeping people mobile and all the associated health benefits. As a community rehab team working in the National Park it is fantastic that we can refer patients on to the Strength and Balance classes led by the Walk in the Park team knowing that the classes

are safe and supervised by experienced staff. We regularly see great changes in confidence and fitness from the people taking part.”

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“ PARTICIPANT'S QUOTES

“I attend the Strength and Balance classes and take part in the Callander walks. I have circulation problems so it is important for me to keep walking and the exercises in class certainly help me do just that. Our walk leaders give me confidence to extend the length of my walks and take me routes I would not normally do on my own.”

“The social side of the group is really important. We can share our experiences with the rest of the group. There is a lot of laughter so the social side is so important to motivate regular participants and new members.”

“This walking group has helped me a lot since I had my stroke. I am not as able as I used to be and find it difficult talking at times. The group and the walk leaders have been a lifeline to me. I can come out for a walk with confidence and enjoy the company. “

Images courtesy of Walk in the Park

For more information about the Walk in the Park programme visit www.trustinthepark.org/walk-in-the-park or email info@trustinthepark.org
Our project video: <https://youtu.be/xoezDZGfGuw>

Implementing Policy for Physical Activity and the International Futures Forum

by Prof Chris Oliver



Figure 2. Actions on physical activity can contribute to achieving eight sustainable development goals

In March of this year I was invited by the International Futures Forum (IFF) to be mentored in a capability accelerator for transformative innovation. This training has been run at the Centre for Stewardship at Falkland Estate Stables.

The mentoring process is to address complex, messy, seemingly intractable issues – local, global and all levels in between. The process is still ongoing for me and will run until December 2017.

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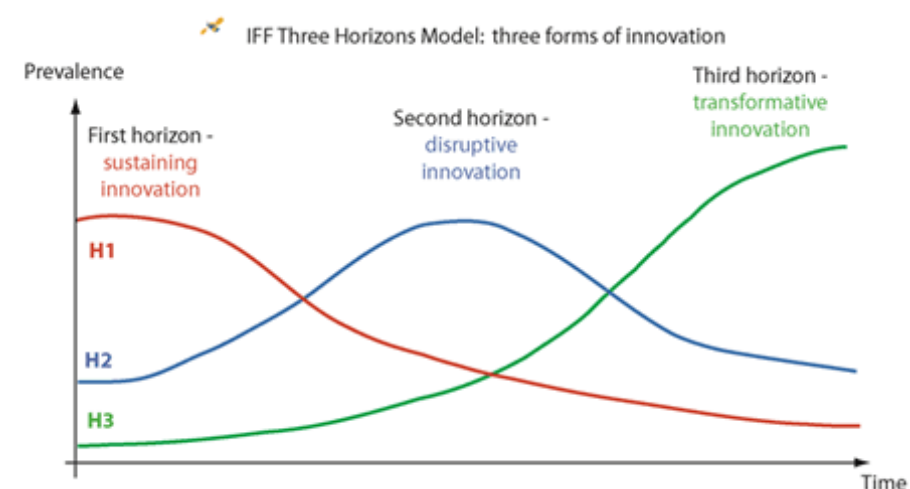
The IFF has been managing many transitions in recent years to become a reliable infrastructure of support to help organisations and individuals develop the capacity to transition away from today's failing systems towards new viable patterns fit for the longer term future. This practice is called 'transformative innovation'. The IFF have:

- Codified the practice of transformative innovation in a new book *Transformative Innovation: a guide to practice and policy*;
- Established a 'platform for transformative innovation' – the IFF Practice Centre at www.iffpraxis.com – as an open access set of resources to develop and support the practice, especially in the fields of health and social care and in education;
- Set up a Transformative Innovation Network as a mutually supportive international community of practice across many different domains in the public and social sectors;

- Introduced a Transformative Innovation Fund to invest in transformative initiatives that are starting to show their potential and that our IFF Practice Advisers can help to coach to further success.

One of the methods IFF has developed to encourage a longer term perspective is the three horizons model of social change (see **figure 1**). This shows a 'first horizon' system losing strategic fit and therefore dominance over time; a 'second horizon' of innovations seeking to exploit the opportunities emerging in a changing world; and a 'third horizon' in

Figure 1.



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tune with deeper trends in society that eventually emerges as the new dominant system – perhaps a generation from now.

Some of the second horizon innovations will ease the pathway towards the third horizon. Others will be absorbed by the first to extend its life a little longer, working against the grain of longer term changes in the operating environment.

This distinction recalls Clayton Christensen's description of the difference between 'sustaining innovation' that improves the efficiency and prolongs the life of existing systems and 'disruptive innovation' that disrupts or subverts those systems. The three horizon model shows that if we take a longer view there is also a third form of innovation – transformative innovation – that intentionally shifts existing systems towards a wholly new sustainable way of operating in the changed environment.

Without this longer term, transformative perspective, all innovation inevitably tends to improve and prolong existing systems – which are inherently unsustainable in today's changing world. This 'innovation' props up the past rather than investing in the future.

As part of the Capability Accelerator I chose to try to bring as much policy as possible related to physical activity to be put into practice. More people moving more is central to a healthier world. Unfortunately, evidence tells us that people everywhere are less active than ever before, and the burden of chronic non-communicable diseases (NCD) rises unabated. A huge task to try and implement as policy and not likely to be achieved in six months! I chose to use the Bangkok Declaration on Physical Activity for Global Health and Sustainable Development as a sound basis to base my own project on. The Bangkok Declaration will help more people from more sectors engage

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in elevating physical activity as a local, national and global priority. It:

- Advocates for investment and actions at country, regional and global levels
- Provides a case for partnerships with sectors inside and outside of health
- Details six actions which could advance progress toward achieving WHO targets of increasing physical activity and reducing NCD burden by 2025
- Contributes to mitigating climate change, reducing inequalities and supporting more sustainable cities and communities in a rapidly urbanising world.

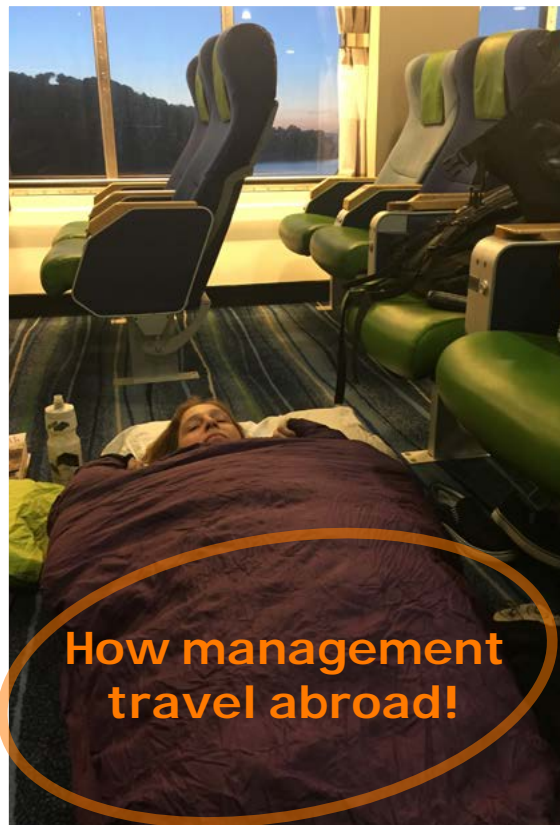
Just as I started the project the WHO launched their objective to develop a Global Action plan for Physical Activity, so I became involved in that process of policy development and demonstration of implementation. The WHO

will take the new plan to the 71st World Health Assembly in May 2018.

To help engage with policy I have been a member of/or involved with several groups interacting and making presentations; NHS Health Scotland Health and Social Care Physical Activity Delivery Group, NHS Lothian Board, Obesity Action Campaign, Royal College of Surgeons of Edinburgh and Edinburgh & Lothian's Greenspace Trust. I'm now just getting to meet policy makers, but as we all know implementation is slow and dependent very much on co-production. I have become more of a transformative innovator than a disruptive one! The mentorship by the IFF has been extremely useful making me think to work towards the third horizon. The third horizon is often a bit too far for many to reach. I can hopefully report back in a years' time to see where I might have got to.

For further information please contact Chris Oliver at c.w.oliver@ed.ac.uk

And finally! Pics from our summer hols..



How management
travel abroad!



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