



**HEALTHY UNIVERSITIES:
Concept, Model and Framework for
Applying the Healthy Settings Approach
within Higher Education in England**

FINAL PROJECT REPORT

March 2010

“A Healthy University aspires to create a learning environment and organisational culture that enhances the health, well-being and sustainability of its community and enables people to achieve their full potential.”

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

INTRODUCTION

As part of a Department of Health funded project, the University of Central Lancashire (UCLan) – working with Manchester Metropolitan University – was commissioned by the Royal Society for Public Health (RSPH), to:

- articulate a model for Healthy Universities whereby the healthy settings approach is applied within the higher education sector
- produce recommendations for the development and operationalisation of a National Healthy Universities Framework for England
- to ensure effective co-ordination of initiatives and propose next steps for progressing the Healthy Universities agenda.

In fulfilment of these objectives, this report provides a background to Healthy Universities, outlines the project implementation process, presents a model, discusses key considerations in formulating a framework, and makes recommendations for action.

BACKGROUND AND OVERVIEW

The rationale for seeking to improve health through the settings within which people live their lives is based on an appreciation that health is largely determined outside of the NHS and that investment for health can contribute positively to a setting's performance and to the delivery of its core goals. The healthy settings approach is characterised by three interconnected dimensions – an ecological model of health, a systems perspective and a whole system focus – and has taken shape since the Ottawa Charter for Health Promotion asserted that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.”

With more than 2.3 million students and 370,000 staff, universities offer enormous potential as settings in and through which to promote health and generate capacity and capability for the future. Building on a history of topic-based health interventions targeted at students and a strengthened focus on staff well-being, there has been increasing interest in developing a more holistic and strategic ‘whole university’ approach – reflecting the success of, and growing evidence base underpinning, other settings initiatives such as Healthy Schools and Healthy Further Education. This movement is supported by the Government's commitment to Healthy Universities as expressed in Choosing Health. It has also been strengthened by a National Research and Development Project (funded by the Higher Education Academy Health Sciences and Practice Subject Centre and the Department of Health), by the establishment of the English National Healthy Universities Network, and by a HEFCE-funded project ‘Developing Leadership and Governance for Healthy (www.healthyuniversities.ac.uk).

PROJECT IMPLEMENTATION PROCESS

A project delivery plan was agreed with RSPH, to include: planning and preparation; production of discussion papers; consultation with universities and national stakeholder bodies (drawing on previous research and further utilising the English National Healthy Universities Network and the governance structures of the HEFCE-funded project, Developing Leadership and Governance for Healthy Universities’); and production of a final report.

A MODEL FOR HEALTHY UNIVERSITIES

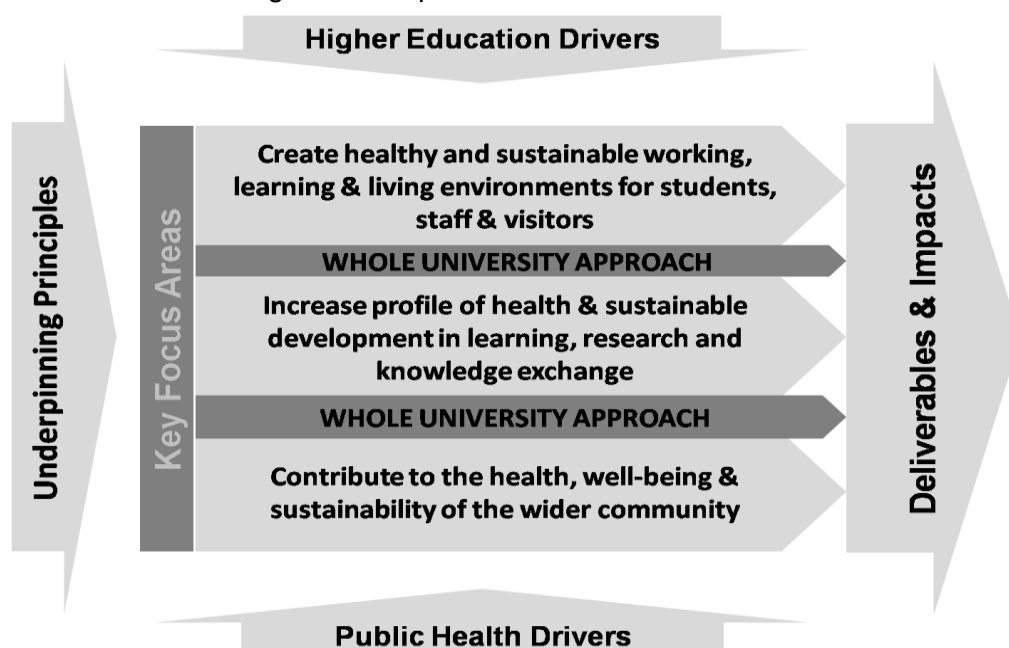
The consultation process agreed that a Healthy University:

“aspires to create a learning environment and organisational culture that enhances the health, well-being and sustainability of its community and enables people to achieve their full potential.”

In proposing a model for applying the healthy settings perspective within higher education, the consultation and development process drew on a rich body of work that

has emerged over the past fifteen years. The emphasis was on articulating the theory and practice of Healthy Universities – and central to the model is a ‘whole university’ approach. This involves not only responding to and being driven by both public health and core business agendas, but also securing high-level leadership, engaging a wide range of stakeholders, and combining high visibility health-related projects with system-level organisation development. It also requires a proactive and systematic process that designates responsibilities and accountabilities; harnesses and connects activities; assesses needs and capacities; sets priorities; implements and monitors progress against a delivery plan; conducts wider evaluation; and celebrates achievements.

Acknowledging the wide range of stakeholders, it was agreed that the model should be expressed in simplified and expanded forms. The simplified model (see below) is structured to show underpinning principles, drivers, key focus areas, and deliverables and impacts. The expanded model is structured to explore in more detail the relationships between underpinning principles, contextual drivers, inputs, focus areas, processes, deliverables and longer-term impacts.



TOWARDS A NATIONAL HEALTHY UNIVERSITIES FRAMEWORK FOR ENGLAND

Informed by both the model and policy and practice contexts, the report goes on to explore the potential development of a National Healthy Universities Framework for England. It provides an overview of other healthy settings programmes and then presents a discussion of the key dimensions for consideration in formulating a framework:

- *Leadership and governance:* acknowledging the need for a programme to be championed and/or led by an identified organisation or organisations.
- *Criteria:* relating to vision/principles/practice; leadership/governance/support; planning/audit; working within and across focus areas/themes; and partnership/networking.
- *Nature of framework:* discussing how a framework could provide a guidance template or offer a single or multiple levels of accreditation/membership.
- *Level of commitment:* outlining options for securing institutional and partnership sign-up
- *Type of assessment:* exploring the potential for self-, peer- and external review.
- *Benefits:* setting out the advantages of involvement or accreditation/membership.

It then addresses infrastructure and resource implications, exploring capacity- and capability-building; assessment and accreditation; and leadership, communications and marketing.

RECOMMENDATIONS

Higher education represents an important sector in (and through) which to invest for public health. Not only is it a key setting for many young people who undergo a time of transition at university, it also has an increasingly diverse profile, has a large workforce, is a key ‘future shaper’ and is an important engine for wider economic, social and cultural change.

Within the current economic climate, with the sector facing serious challenges and institutions under pressure to position themselves within the higher education market place, it will be increasingly important to highlight and evidence the benefits to core business of engaging with Healthy Universities. However, it remains that health is not the *raison d’être* of higher education. Therefore, a serious commitment to improving health through universities and to harnessing the potential of the sector to contribute to public health capacity- and capability-building will require effective leadership and partnership development.

Drawing on the findings of both the earlier National Research and Development Project and the more recent consultation process, it is recommended that:

- The Department of Health works with the Department for Business, Innovation and Skills and relevant sectoral and public health bodies to advocate for cross-government policy commitment to Healthy Universities that explicitly endorses a ‘whole university’ model – thereby building on the success of Healthy Schools and Healthy Further Education to ensure a seamless and consistent whole system approach across the spectrum of English education settings.
- The Department of Health champions a National Healthy Universities Programme (incorporating a National Framework) with a view to building on the strengths and experience of the existing National Network and ‘Developing Leadership and Governance for Healthy Universities’ Project, and securing joint leadership from the Department for Business, Innovation and Skills, Universities UK, Guild HE, HEFCE, the Leadership Foundation for Higher Education, the National Union of Students, and the Royal Society for Public Health.
- A sector-led multiple level framework be developed, using a set of mainly process-based criteria and a combination of assessment mechanisms (see Table 1 for an example of how such as framework could be structured).
- The Department of Health and partner stakeholder organisations explore how resources can be secured to enable a National Healthy Universities Programme and Framework to be effectively developed and operationalised – thereby enabling its potential to be maximised and sustained over time.

1. INTRODUCTION

As part of a Department of Health funded project, the University of Central Lancashire (UCLan) – working with Manchester Metropolitan University – was commissioned by the Royal Society for Public Health (RSPH), to:

- articulate a model for Healthy Universities whereby the healthy settings approach is applied within the higher education sector
- produce recommendations for the development and operationalisation of a National Healthy Universities Framework for England
- to ensure effective co-ordination of initiatives and propose next steps for progressing the Healthy Universities agenda.

In fulfilment of these objectives, this report provides a background to Healthy Universities, outlines the project implementation process, presents a model, discusses the key dimensions for consideration in formulating a framework, and makes recommendations for taking things forward.

2. HEALTHY UNIVERSITIES: OVERVIEW AND CONTEXTS

2.1 BACKGROUND

The crucial importance of shifting focus and resources from treating sickness to improving health has been highlighted consistently during the past decade, through publications such as *Securing Our Future Health* (Wanless, 2002), *Securing Good Health for the Whole Population* (Wanless, 2004), *Choosing Health* (Department of Health, 2004), *High Quality Care for All* (Department of Health, 2008) and *NHS 2010-2015: From Good to Great* (Department of Health, 2009).

These publications have further emphasised: firstly, that in order to make a stronger contribution to promoting health, the NHS will need to work in effective partnership with other sectors at local and national levels; and, secondly, that there must be effective workforce development in place in order to build necessary capacity and capability across the multi-disciplinary and multi-sectoral public health system. It follows that the higher education sector has an important role to play as a partner in health improvement, as a setting in and through which to promote health, and as a ‘future shaper’ that helps to build tomorrow’s workers and citizens.

2.2 THE HEALTHY SETTINGS APPROACH

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.” (WHO, 1986)

It has long been appreciated that settings such as schools and workplaces enable health messages and interventions to be targeted at specific population groups. However, what has become known as the settings approach moves beyond the delivery of health promotion *in* a setting, recognising that the places and contexts in which people live their lives are themselves crucially important in determining health and well-being (WHO, 1986). The rationale for seeking to enhance health through the range of settings within which people live their lives is based on an appreciation that health is largely determined outside of the NHS (Wanless, 2004) and that it underpins organisational and societal achievement and productivity. Following on from this, there is growing recognition that investment for health and well-being can contribute positively to a setting’s performance and to the delivery of its core goals (Grossman and Scala, 1993). As Dooris and Hunter (2007: 108) have argued:

“If public health and health promotion represent a mediating strategy between people and their environments, synthesising personal choice and social responsibility in health, then this has important implications for the management and organisational

dynamics within a social system or health setting regardless of whether it is a school, hospital, university, prison or workplace. In this way, health promotion can be viewed as an intervention in social and organisational systems to improve health. Through such means, public health can be taken out of the ghetto into which many believe it has become trapped.”

Recent attempts to synthesise the ideas of different writers (Dooris, 2005; Dooris *et al*, 2007) have suggested that the settings approach is underpinned by principles such as participation, partnership, equality and sustainability and characterized by three interconnected dimensions:

- *An ecological model of public health:* understanding health as an holistic concept determined by a complex interaction of environmental, organisational, and personal factors, it is concerned to develop supportive contexts in the places that people live their lives and to forge connections between health and sustainable development agendas.
- *A systems perspective:* acknowledging interconnectedness and synergy between components and moving away from a reductionist focus on single issues and linear causality, it views settings as complex dynamic systems with inputs, processes, outputs and impacts within, outside and beyond the setting itself.
- *A whole system focus:* using organisation and community development to introduce and manage change within the setting in its entirety, it is concerned to provide supportive environments that promote greater health and productivity; integrate health within the culture and mainstream business of settings; and promote wider community well-being.

2.3 THE HIGHER EDUCATION CONTEXT

Whilst the healthy settings approach provides a conceptual framework that can be applied to a range of contexts, it is also important to understand the particularities of the setting to which it is being applied. With more than 2.3 million students and 370,000 staff (Universities UK, 2008; HESA, 2009), the 169 UK higher education institutions (HEIs)¹ offer enormous potential as settings in which and through which to promote public health. Whilst universities have for many years branded as settings characterised by privilege and elitism, the government’s focus on widening access and participation has resulted in an increasingly diverse student body. Recent research indicates that, since the mid-2000s, young people from disadvantaged areas have been substantially more likely to enter higher education and that differences in participation rates between advantaged and disadvantaged neighbourhoods have reduced (HEFCE, 2010).

Historically, universities have served as settings for the delivery of specific projects on various priority issues, resulting in student-related guidance on themes such as drugs, alcohol and mental health (e.g. Universities UK, 2000; Grant, 2002; Crouch, Scarffe and Davies, 2006; Health and Safety Executive, 2006; Polymerou, 2007). Alongside this, there has been a growing focus on staff well-being, reflecting the strengthened policy focus on workplace health evidenced by the reports such as *Health, Work and Well-Being* (Department for Work and Pensions, Department of Health and Health and Safety Executive, 2005) and *Working for a Healthier Working Age Population* (Black, 2008). It is only relatively recently, however, that there has been increasing interest in moving beyond a focus on single topics and population sub-groups to develop a more holistic and strategic ‘whole university’ approach (Dooris and Doherty, 2010) – reflecting the success of other settings initiatives such as Healthy Schools and Healthy Further Education.

A review of evidence relating to schools supports a whole school approach, suggesting that effective programmes are likely to be complex, multifactorial and involve activity in

¹ In this paper, the term ‘university’ is used as an umbrella term for higher education institutions – although it is important to note that a number of these do not have university status.

more than one domain (Stewart-Brown, 2006: 17) – whilst a review focused on further education has concluded that “while it is not possible to state with certainty that multi-component, whole-settings approaches are more successful in college and university settings than one-off activities, the evidence points in this direction” (Warwick *et al*, 2008: 27). This thinking is further reinforced by Butland *et al* (2007) in the Foresight Report on Obesity, which concludes that “the complexity and interrelationships ...make a compelling case for the futility of isolated initiatives” (p.10).

For the higher education sector, this means adopting a whole system perspective that takes account of the role of universities as:

- centres of learning and development, with roles in education, research, capacity and capability building and knowledge exchange
- foci for creativity and innovation, developing knowledge and understanding within and across disciplines and applying them to the benefit of society
- places within which students undergo life transition – exploring and experimenting, developing independence and lifeskills, and facing particular health challenges
- workplaces and businesses, concerned with performance and productivity within a competitive marketplace
- contexts that ‘future shape’ students and staff as they clarify values, grow intellectually and develops capabilities that can enhance current and future citizenship within families, communities, workplaces and society as a whole
- resources for and influential partners and corporate citizens within local, regional, national and global communities.

2.4 HEALTHY UNIVERSITIES: INTERNATIONAL AND NATIONAL CONTEXTS

At an international level, WHO in 1998 published *Health Promoting Universities: Concept, Experience and Framework for Action*, which built on the experiences of Lancaster University and UCLan (Tsouros *et al*, 1998). Whilst important in endorsing and putting Healthy Universities ‘on the map’, the book’s potential influence was lessened by the lack of any formal follow-up action. More recently, a series of international conferences has been held, the most recent resulting in a proposal to establish a European Network.

Nationally, the Government responded to a groundswell of interest and activity relating to Healthy Colleges and Healthy Universities by including reference to further education and higher education sectors in its 2004 White Paper *Choosing Health* (Department of Health, 2004) and expressing a commitment to (p. 72):

“support the initiatives being taken locally by some colleges and universities to develop a strategy for health that integrates health into the organisation’s structure to create healthy working, learning and living environments; increase the profile of health in teaching and research; and develop healthy alliances in the community.”

In 2006, UCLan responded to increasing demand for advice and information by establishing the English National Healthy Universities Network, as a means of facilitating the sharing of experience and practice and providing peer support (Doherty and Dooris, 2006). In 2008, it received funding from the Higher Education Academy Health Sciences and Practice Subject Centre and the Department of Health to conduct a National Research and Development Project on Healthy Universities (Dooris and Doherty, 2009) – and, building on this, is leading a HEFCE-funded project ‘Developing Leadership and Governance for Healthy Universities’ jointly with Manchester Metropolitan University. This aims to strengthen the National Network (the membership of which currently includes 54 universities and 18 PCTs and other organisations), develop and disseminate web-based guidance tools and case studies, and support national developments (www.healthyuniversities.ac.uk).

3. PROJECT IMPLEMENTATION PROCESS

3.1 OVERVIEW

A project delivery plan was agreed with RSPH, with the following four phases:

- *Planning and preparation:* This involved RSPH partner universities being invited to join the English National Healthy Universities Network and a project summary being written and uploaded to the RSPH website.
- *Production of discussion papers:* This involved the production of draft papers on a Healthy Universities model and the development of a National Healthy Universities Framework.
- *Consultation:* This involved a three-stage process, drawing on previous consultative research and undertaking further consultation with operational- and senior-level stakeholders (see 3.2 for further detail).
- *Production of final report:* Informed by the consultation process, this involved the incorporation of the content of the discussion papers into a final report.

3.2 CONSULTATION

3.2.1 Introduction

It was agreed with RSPH that, as far as possible, the consultation process should be informed by previous research and utilise existing structures and mechanisms. It therefore drew on the findings of the National Research and Development Project on Healthy Universities and used both the English National Healthy Universities Network and the governance structures of the HEFCE-funded project 'Developing Leadership and Governance for Healthy Universities' (see 2.4). An overview of the consultation is provided below and the findings from this are discussed in Sections 4 and 5.

3.2.2 National Research and Development Project

The aim of the National Research and Development Project was to scope and report on the potential for a national programme on Healthy Universities that could contribute to health, well-being and sustainable development. An audit of current activity carried out as part of this study revealed a growth of interest and activity among HEIs, with 28 of 64 respondents indicating that they had a Healthy University initiative in place and 97% expressing interest in a national programme. In the light of more detailed consultative research undertaken with both universities and national stakeholder organisations, the final report concluded that (Dooris and Doherty, 2009: 40):

“there is clear demand for national-level stakeholder organisations to demonstrate leadership through championing and resourcing a Healthy Universities Programme that not only adds value within the higher education sector, but also helps to build consistency of approach across the entire spectrum of education.”

3.2.3 Further Consultation

In addition to drawing on the findings of this prior research, two further stages of consultation were put in place to access the views and ideas of key stakeholders at operational- and senior- levels, and ensure that these were incorporated into the development of a model and the formulation of recommendations for a National Healthy Universities Framework.

As indicated above, it was agreed that existing structures should be utilised as far as possible (see *Appendix 1* for further details of the wide-ranging stakeholder involvement), and to this end the following mechanisms were used to carry out initial consultation:

- *English National Healthy Universities Network*: At the Network’s meeting on 30 November 2009, a brief overview of the project was provided and members were invited to contact the project team if interested in further involvement.
- *Residential consultation workshop*: This event – held immediately following the Network meeting – provided an opportunity for those members of the National Network (including RSPH partner universities) interested in engaging more fully with the project to participate in an overnight workshop. Discussion papers were emailed to participants in advance of the workshop, which was structured around a number of consultation questions:
 - does the draft model capture what a ‘whole university approach means’?
 - does the draft model communicate to both higher education and public health stakeholders?
 - in developing a National Framework, what should recognition be for?
 - in developing a National Framework, who should recognition be by and how should it be operationalised?
 - in developing a National Framework, what is an appropriate entry point?
 - in developing a National Framework, should there be progression and if so how can progression be enabled and acknowledged?
 - in developing and operationalising a National Framework, does the Quality Assurance Agency for Higher Education have a role to play in relation to review?
 - in developing and operationalising a National Framework, do Primary Care Trusts have a role to play in relation to review?

In addition, workshop participants were given the opportunity to opt in to a further stage of consultation.
- *‘Developing Leadership and Governance for Healthy Universities’ Project Board*: At its meeting on 01 December 2009 – held immediately following the residential consultation event – the Project Board reflected on consultation feedback received during both the National Network meeting and the workshop, and refined plans for the next stage of consultation.
- *‘Developing Leadership and Governance for Healthy Universities’ Leadership Advisory Group*: At its meeting on 03 December 2009, the Leadership Advisory Group received a brief overview of the project and discussed the discussion paper on the National Framework (using similar prompts to those used at the residential consultation workshop). In addition, members were given the opportunity to opt in to a further stage of consultation.

The discussion papers on the model and the National Framework were subsequently revised and a further consultation process was conducted with sub-groups formed of interested individuals from the National Network, Project Board and Leadership Advisory Group.

4. HEALTHY UNIVERSITIES: A MODEL FOR APPLYING THE HEALTHY SETTINGS APPROACH WITHIN HIGHER EDUCATION

4.1 INTRODUCTION

The consultation process agreed that a Healthy University:

“aspires to create a learning environment and organisational culture that enhances the health, well-being and sustainability of its community and enables people to achieve their full potential.”

In developing a model for applying the healthy settings perspective within higher education, the emphasis was on conceptualising and articulating the theory and practice of Healthy Universities. Acknowledging the range of different stakeholders with different backgrounds and levels of knowledge and understanding, it was agreed that two discussion papers should be produced – the first designed to provide a concise

introduction to Healthy Universities with a simplified model, the second designed to provide a fuller exposition of the approach and offering an expanded model.

Figure 1 depicts the simplified model, which is structured to show underpinning principles, drivers, key focus areas, and deliverables and impacts. Central to this model is a ‘whole university’ approach. This involves not only responding to and being driven by both public health and core business agendas, but also securing high-level leadership, engaging a wide range of stakeholders, and combining high visibility health-related projects with system-level organisation development. It also requires a proactive and systematic process that designates responsibilities and accountabilities; harnesses and connects health-related activities; assesses needs and capacities; sets priorities; implements and monitors progress against a delivery plan; conducts wider evaluation; and celebrates achievements.

Figure 1: Healthy Universities: A Simplified Model for Conceptualising and Applying the Healthy Settings Approach to Higher Education

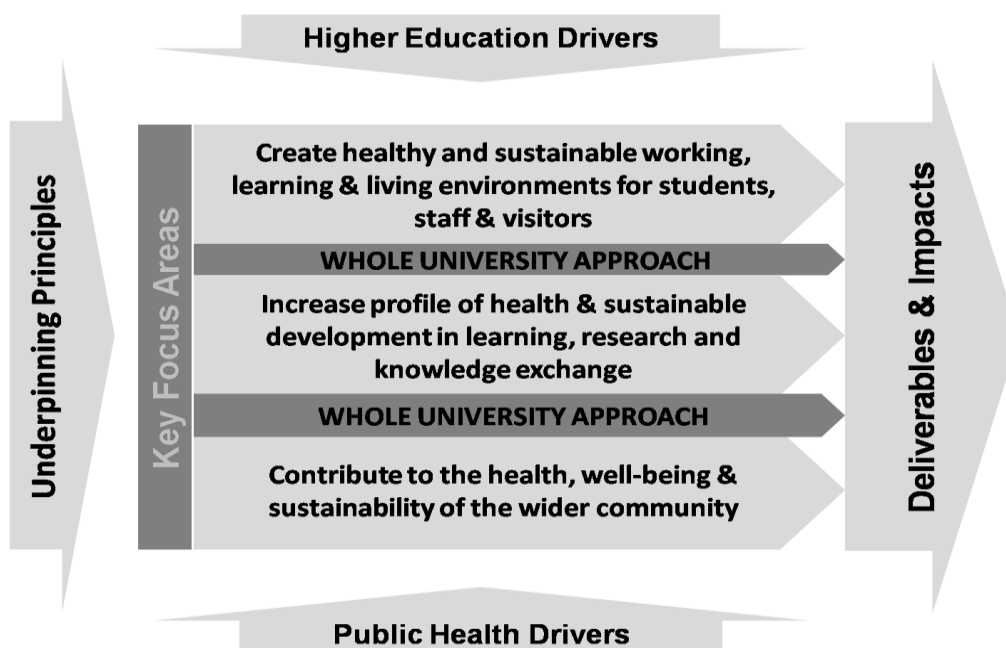


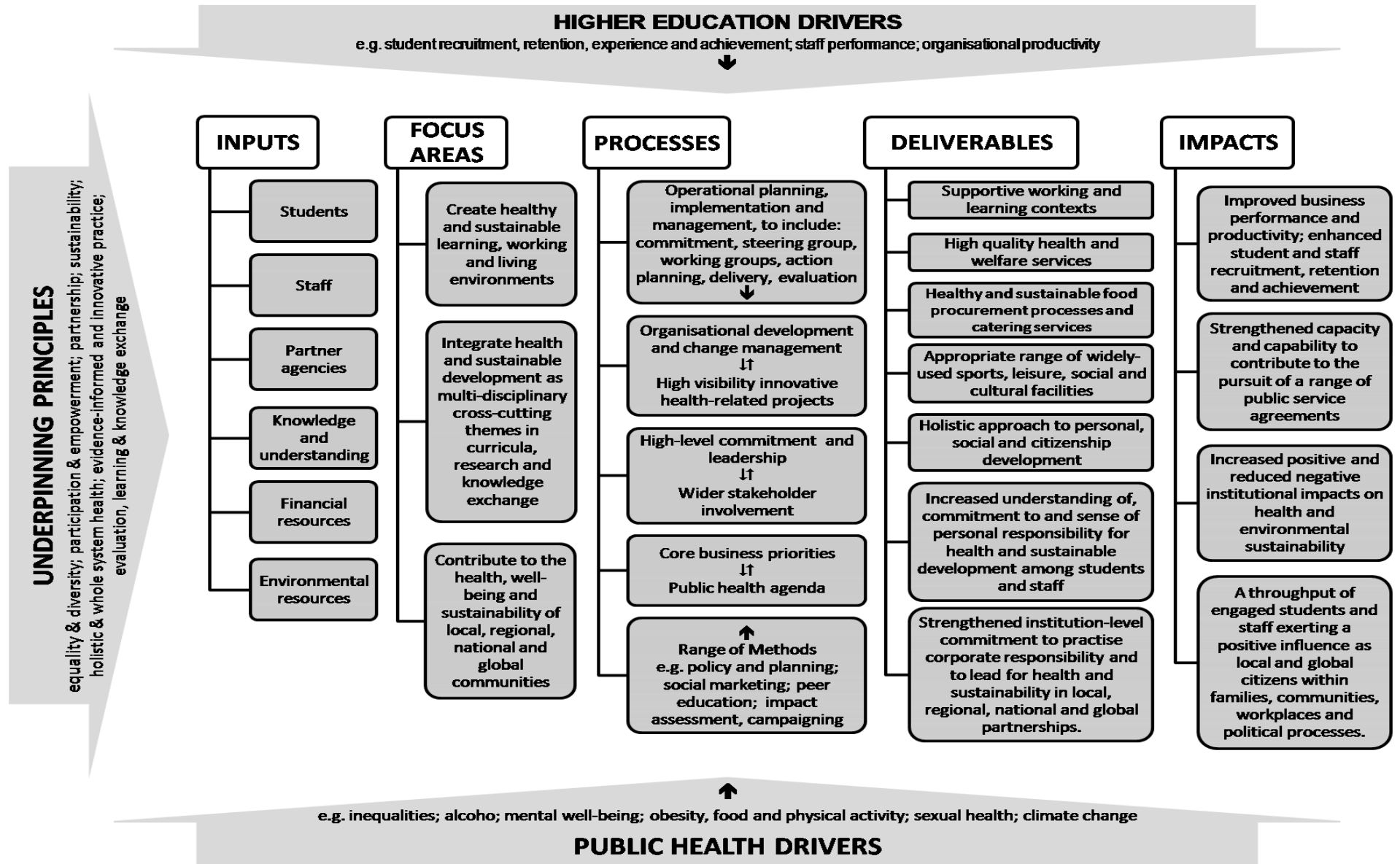
Figure 2 depicts an expanded model, which is structured to show the relationship of underpinning principles, contextual drivers, inputs, focus areas, processes, deliverables and longer-term impacts – which are discussed in detail below.

4.2 UNDERPINNING PRINCIPLES

The Healthy University approach is underpinned by a range of core principles, which derive from the values that characterise higher education and public health. The integrity of the approach will be ensured by applying the following principles:

- *Equality and diversity*: Ensuring equality of opportunity and valuing diversity among student and staff populations is integral to higher education governance within the UK. Alongside this, public health is concerned to promote social inclusion and reduce inequalities.
- *Participation and empowerment*: A commitment to widening participation is central to higher education policy. The participation and empowerment of individuals and communities are key health promotion principles that shape public health theory and practice.
- *Partnership*: A commitment to internal and external partnership working – across disciplines, services and sectors – is fundamental to the higher education mission. Furthermore, partnerships are at the heart of public health strategy and delivery.

Figure 2: Healthy Universities: An Expanded Model for Conceptualising and Applying the Healthy Settings Approach to Higher Education



- *Sustainability*: A commitment to sustainability is increasingly understood to be intrinsic to both higher education and public health. In addition to being used to highlight the importance of ensuring the durability of initiatives (often beyond a short-term funding period), the term is widely understood to imply a concern to enable all people to satisfy their basic needs and enjoy a better quality of life, without compromising the ecological integrity of the planet or the quality of life of future generations. From a public health perspective, it is this second meaning that has formed an increasing focus for research and policy development, with key public health organisations recognising that the causes and manifestations of both ecologically unsustainable development and poor health are inter-related and frequently pose further interconnected challenges and opportunities (e.g. improved land use planning can reduce carbon emissions, reduce air pollution and increase levels of physical activity).
- *Holistic and whole system health*: The settings approach reflects an understanding of health as an holistic and multi-faceted concept comprising physical, mental, emotional and social dimensions of well-being. This requires a commitment to supporting and improving health through applying a whole system approach within the university context.
- *Evidence-informed and innovative practice*: It is imperative that health promotion and public health is informed by the best available evidence of what works in which contexts – a concern that resonates with higher education goals. However, recognising that Healthy Universities is a relatively new focus and that the evidence base is comparatively under-developed, it will be important to balance this approach with a commitment to innovation.
- *Evaluation, learning and knowledge exchange*: A commitment to evaluating work in order to generate learning and facilitate knowledge exchange is not only central to higher education, but also fundamental to public health.

4.3 DRIVERS

The Healthy University approach must take account of both higher education and public health drivers. It is necessary to understand and be guided by the distinctive culture and context of universities – mapping out current priorities (e.g. student recruitment, retention, experience and achievement; widening participation; and employee performance and organisational productivity) and ensuring that a Healthy University initiative engages with and contributes to core goals. At the same time, it is also important to identify and respond to public health challenges relevant to the university setting (e.g. alcohol misuse, mental well-being, obesity, food and physical activity; sexual health; climate change; reduction of inequalities).

4.4 INPUTS

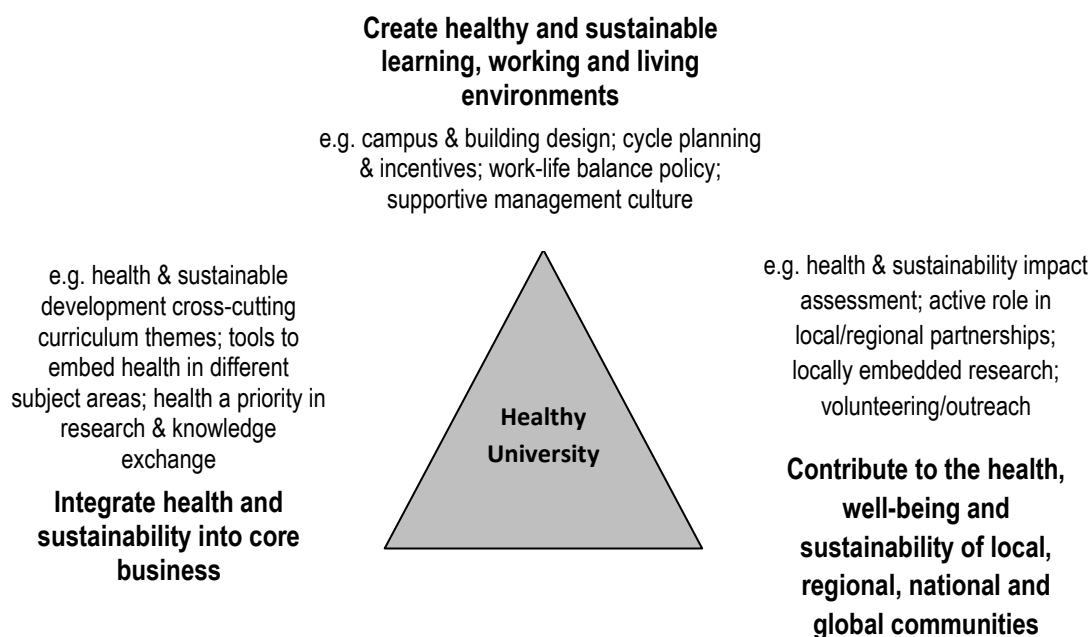
As indicated above, the healthy settings approach adopts a systems perspective. Applied to the university setting, a number of inputs can be identified, including students, staff, partner agencies, knowledge and understanding, financial resources and environmental resources.

4.5 FOCUS AREAS

Reflecting its whole system perspective, the healthy settings approach aims to work within and across three key areas of activity – relating to the environment of the setting, the core business of the setting, and connections to the wider community (Barić, 1993; Dooris *et al*, 1998). Applying this thinking to higher education, it is evident that the Healthy University approach aims to:

- create healthy and sustainable learning, working and living environments
- integrate health and sustainable development as multi-disciplinary cross-cutting themes in curricula, research and knowledge exchange
- contribute to the health, well-being and sustainability of local, regional, national and global communities.

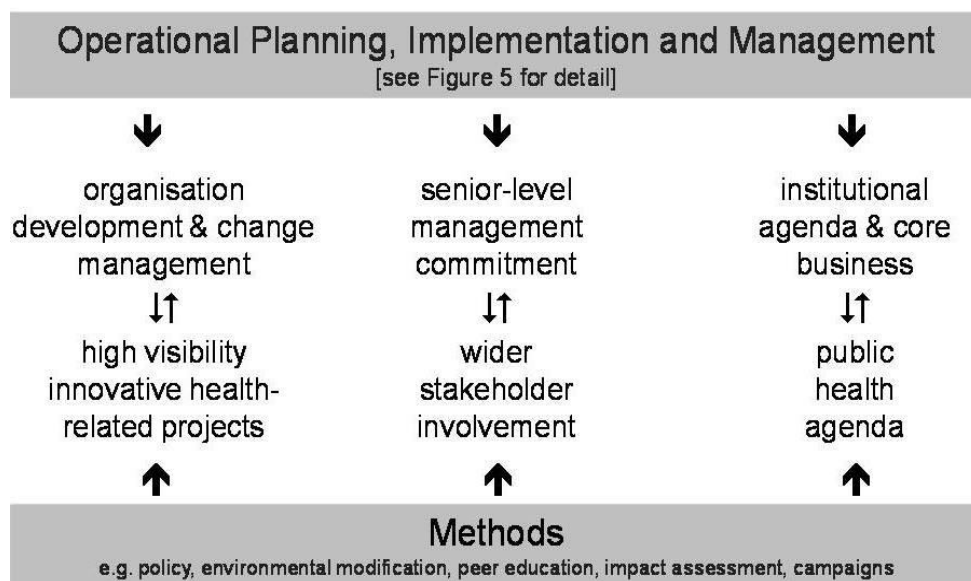
Figure 3: Healthy Universities – Three Focus Areas



4.6 PROCESSES

As well as requiring a breadth of vision and action within and across these three focus areas, the whole system approach adopted by Healthy Universities utilises a range of processes and methods, as illustrated in Figure 4.

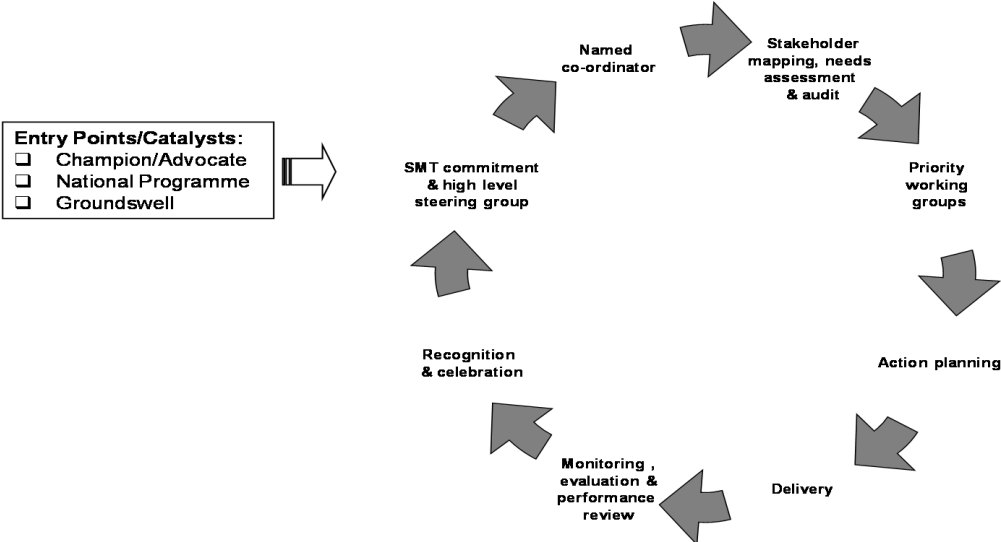
Figure 4: Healthy Universities – Processes and Methods



Adapted from Dooris (2004)

Firstly, it is necessary to put in place clear operational planning, implementation and management mechanisms to ensure effective ‘on-the ground’ delivery. One way of conceptualising these is via a cyclical model, as shown in Figure 5. This depicts the stages that an initiative may go through – including identification of entry points; securing senior-level commitment and establishing a steering group; appointing a co-ordinator; undertaking stakeholder mapping, needs assessment and audit of what is already in place; agreeing priorities and establishing working groups; formulating action plans; delivery; monitoring, evaluation and performance review; recognition and celebration.

Figure 5: Healthy Universities – Operational Planning, Implementation and Management



Adapted from Dooris and Doherty (2008)

Secondly, the Healthy University approach involves three ‘balancing acts’, which take account of the underpinning principles and drivers:

- It is necessary to combine the high visibility innovative action with a commitment to leading organisational and cultural change. This will mean:
 - Promoting health, well-being and sustainable development through high profile projects and initiatives that emphasise the interconnections between people, environments and behaviours

Examples:

- anti-stigma campaign linked to World Mental Health Day
- photography installations on climate change and health
- bike-to-work week events.
- Working to embed the principles and aims of the Healthy University into the organisational ethos, culture and policy and planning processes – and developing capacity, capability and mechanisms for change

Examples:

- integrating health into the university’s corporate strategy and core policies
- incorporating impact assessment into strategic development and planning.

- It is important to enable wide-ranging stakeholder involvement whilst securing senior-level commitment and corporate responsibility. This will mean:

- Encouraging and facilitating the active engagement and participation of students and staff in identifying and prioritising needs and planning and delivering action.

Examples:

- establishing health-focused consultation forums
- supporting peer-led outreach initiatives.
- Gaining the leadership, support and advocacy of senior decision-makers for health, well-being and sustainable development.

Examples:

- securing Directorate and Board level champions
- establishing health and sustainable development as priority ‘brands’.

- As highlighted above (see 4.3), it is essential to anticipate and respond to health challenges whilst explicitly helping to deliver the institutional agenda. This will mean:

- Being informed by and informing the public health agenda and ensuring that the university is at the forefront of action to address key issues pertaining to its population.

Examples:

- participating in local partnerships relating to priorities such as alcohol, sexual health, obesity and mental health
- carrying out joint planning to deliver appropriate evidence-informed interventions.
- Mapping public health challenges against drivers relating to a university's core business and demonstrating clearly the contribution that the Healthy University can make.

Examples:

- securing Directorate and Board level champions
- establishing health and sustainable development as priority 'brands'.

Thirdly, as indicated in the discussion of these 'balancing acts', the Healthy University approach draws on and utilises a wide range of different methods (e.g. policy, environmental modification, peer education, impact assessment, campaigns), the choice dependent on the particular focus and context of the work.

4.7 DELIVERABLES

By adopting a whole system perspective that balances the above processes across the three focus areas, the Healthy University approach has the potential to deliver tangible changes that contribute to health, sustainability and core business priorities. These are likely to include:

- more supportive working and learning contexts
- higher quality health and welfare services
- healthy and sustainable food procurement processes and catering services
- more accessible sports, leisure, social and cultural facilities that are more widely used
- support for an holistic approach to personal, social and citizenship development
- increased understanding of, commitment to and sense of personal responsibility for health and sustainable development among students and staff
- strengthened institution-level commitment to practise corporate responsibility and to lead for health and sustainability in local, regional, national and global partnerships.

4.8 IMPACTS

The Healthy University approach also has the potential to result in longer-term impacts within, outside and beyond the university – with the above changes resulting in:

- improved business performance and productivity – thereby enhancing student and staff recruitment, retention and achievement
- strengthened capacity and capability to contribute to the pursuit of a range of public service agreements²
- increased positive and reduced negative institutional impacts on health and ecological sustainability
- a throughput of engaged students and staff exerting a positive influence as local and global citizens within families, communities, workplaces and political processes.

² http://www.hm-treasury.gov.uk/d/psa_2008-2011_200409.pdf: Public Service Agreements (PSAs) set out key priority outcomes that the Government wants to achieve in the spending period (2008-2011). The Healthy University approach has the potential to contribute across a range of PSAs: help people and businesses come through the downturn sooner and stronger, supporting long-term economic growth and prosperity; fairness and opportunity for all; a better quality of life; stronger communities; a more secure, fair and environmentally sustainable world.

5. TOWARDS A NATIONAL HEALTHY UNIVERSITIES FRAMEWORK FOR ENGLAND

5.1 CONTEXT

Informed by the above model and by the policy and practice contexts discussed in Section 2, this section focuses on the development of a National Healthy Universities Framework for England. Drawing on the experience of other healthy settings programmes, it presents a discussion of the key dimensions for consideration in formulating a framework, and briefly addresses infrastructure and resource implications.

The healthy settings approach recognises that the places and social systems in which people spend time are themselves key determinants of health and wellbeing. Since the approach was first advocated in the Ottawa Charter (WHO, 1986), it has become well-established through a range of international and national programmes. In considering the potential development of a National Healthy Universities Framework, it is valuable to learn from the experience of established settings programmes – and an overview of Healthy Cities, Health Promoting Hospitals, Healthy Schools and Healthy Further Education is provided below.

5.1.1 Healthy Cities

Programme Level:	European
Title:	WHO European Healthy Cities Network
Website:	www.euro.who.int/healthy-cities
Brief History/ Overview:	Established by the World Health Organisation Regional Office for Europe in 1987 as a small-scale European project, with the aim of putting the values and strategies of Health for All and the Ottawa Charter into practice within European cities. Within Europe, Healthy Cities is now in its fifth five-year phase and has inspired programmes across the world.
Leadership and Governance:	Led by the World Health Organisation Regional Office for Europe. Various governance structures including Advisory Group comprising elected representatives from cities.
Sign-Up and/or Accreditation Process:	The programme functions within phases of five years and at the start of each new phase, a set of criteria (goals of the Network and requirements of designated cities) are issued, and European cities and towns have the opportunity to apply to become a WHO designated city.
Criteria:	The application involves cities demonstrating competence and commitment against the range of process-focused requirements – showing that they have in place multi-sectoral support for Healthy Cities principles (equity, empowerment, partnership, solidarity and sustainable development) and goals (relating to health and health equity in all policies; caring and supportive environments; healthy living; and healthy urban environment and design), an identified co-ordinator, a high level steering group, a city health profile and integrated strategic planning mechanisms; and demonstrating commitment to partnership working, capacity-building, networking, making a financial contribution, and monitoring and evaluation.
Assessment Process:	Each application is formally assessed by WHO and/or its appointed representatives. Designated cities undertake a form of ongoing self-assessment by completing an Annual Reporting Template, in which they review progress against both the Network's goals and their own stated aims.
Progression:	There is no formal progression process in terms of levels of designation or accreditation. However, more than 20 European countries have their own National Healthy Cities Networks, which are accredited by WHO. These provide an opportunity for a wider range of cities and towns to get involved and apply Healthy Cities values and ways of working.
Benefits, Responsibilities and Support	Each designated city receives a signed designation certificate from WHO and is entitled to use the WHO Healthy Cities logo. Annual business meetings, thematic sub-networks, national networks, a website and a range

Infrastructure:	of resource materials provide opportunities for networking, training and development and capacity-building. In addition, cities are expected to network in a spirit of solidarity – and in previous phases ‘experienced’ cities have developed mechanisms for supporting ‘less experienced’ ones.
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5.1.2 Health Promoting Hospitals

Programme Level:	International
Title:	International Network of Health Promoting Hospitals and Health Services
Websites:	www.who-cc.dk; www.hph-hc.cc; www.euro.who.int/healthpromohosp
Brief History/ Overview:	Health Promoting Hospitals was initially launched in 1990, as a multi city action plan of the WHO European Healthy Cities Project. This has evolved into the International Network of Health Promoting Hospitals and Health Services. This aims to facilitate a settings approach to incorporating health promotion concepts, values, strategies and standards into the organisational structure and culture of the hospital and other health care organisations – with the goal of improving quality of health care, the relationship between hospital and community, and the conditions for/satisfaction of patients, staff and relatives.
Leadership and Governance:	The Network is now a legal entity working in partnership with WHO, through the Copenhagen-based Collaborating Centre for Evidence-Based Health Promotion in Hospitals (which provides the secretariat to the Network) and the Vienna-based Collaborating Centre for Health Promotion in Hospitals and Health Care.
Sign-Up and/or Accreditation Process:	Four Year membership of the International Network of Health Promoting Hospitals and Health Services is open at a corporate level to national and regional networks (and through these, to individual organisations making up their membership) that demonstrate commitment to stipulated criteria via a letter of intent; and – in countries where no national network exists – at an individual level to hospitals and health service organisations that similarly demonstrate commitment to stipulated criteria via a letter of intent.
Criteria:	<p>At a corporate level, the designated coordinating institution presents a written intention to develop a policy and implementation programme to undertake core functions and responsibilities of the national/regional network – demonstrating how they will pursue the mission, purpose and objectives of the International Network. The designated coordinating institution also identifies a person to act as coordinator for the national/regional network.</p> <p>At an individual level, hospitals and health service organizations must:</p> <ul style="list-style-type: none"> ▪ Endorse and demonstrate intent to implement the Health Promoting Hospitals principles, strategies and policies using WHO Health Promotion Standards and/or corresponding national standards/indicators; ▪ Develop a written policy for health promotion and develop and evaluate a Health Promoting Hospitals action plan to support the introduction of health promotion into the culture of the hospital/health service during the four year designation period. ▪ Identify a coordinator and pay an annual contribution fee ▪ Be prepared to share information and experience at national and international levels.
Assessment Process:	<p>The Governance Board of the International Network of Health Promoting Hospitals and Health Services is responsible for formally approving corporate level membership applications (and individual level applications where no national/regional network exists).</p> <p>National/regional networks are responsible for approving membership of their own networks, in accordance with the criteria set out by the International Network.</p>

Progression:	There is no formal progression route, although the Health Promoting Hospital model is one that advocates continuous improvement through total quality management and the use of a self-assessment processes.
Benefits, Responsibilities and Support Infrastructure:	In addition to support provided through the Secretariat's website (which currently has unrestricted access and includes an on-line library and discussion forums), benefits of membership include reduced rates to the annual international conference and other events and support from their national/regional network and the International Network.

5.1.3 Healthy Schools

Programme Level:	National (England)
Title:	National Healthy Schools Programme
Website:	www.healthyschools.gov.uk
Brief History/ Overview:	The programme builds on work developed through the European Network of Health Promoting Schools, which was established in 1992 (now known as Schools for Health in Europe www.schoolsforhealth.eu). The Government launched the English National Healthy Schools Standard in 1999 and the more recent National Healthy School Status Guide in 2005.
Leadership and Governance:	The Healthy Schools Programme promotes a whole school / whole child approach to health, and is a joint initiative between the Department of Health and the Department for Children Schools and Families. It is recognised as a key delivery mechanism in Government plans and strategies with schools being supported at a local level by Health and Education partnerships that follow Local Education Authority boundaries.
Sign-Up and/or Accreditation Process:	Schools can engage with the Healthy Schools process by completing an audit tool and then developing an action plan. Once a school feels that its activity (and evidence of that activity) meets national criteria, it can complete an on-line assessment and submit an application. Taking part in this process is free and there is local support available.
Criteria:	All schools achieving National Healthy School Status must meet national criteria, using a whole school approach across the four themes of personal, social, health and economic education, healthy eating, physical activity and emotional health and well-being.
Assessment Process:	An on-line self-assessment system for schools to indicate evidence demonstrating how they have met the national criteria. National Healthy School Status is achieved within a quality assurance framework, whereby a sample of applications is externally monitored.
Progression:	The Healthy Schools enhancement model enables schools to move beyond Healthy School Status and supports them in developing further targeted activities to bring about healthier behaviours among children and young people – with a particular emphasis on addressing local needs and priorities. Schools complete an annual review to confirm that they have established a foundation for health and well-being and also complete the health and well-being improvement tool as a means of self-validating against intended outcomes.
Benefits, Responsibilities and Support Infrastructure:	There are a range of support structures. There are national, regional and local websites, resources and events. Schools can engage with local network groups, healthy school programme networks, a range of local specialist healthy school teams and regional networks. Healthy School Co-ordinators supporting schools also have the support of networks, training and resources.

5.1.4 Healthy Further Education

Programme Level:	National (England)
Title:	National Healthy Further Education (FE) Programme
Website:	www.excellencegateway.org.uk/hfep
Brief History/ Overview:	Established by the Department of Health, a sector-led programme aiming to improve health and wellbeing of those who study and work in the FE sector.
Leadership and Governance:	The programme is sector-led, but co-ordinated and funded by the Department of Health with further support from the Department for Business, Innovation and Skills and the Department for Children, Schools and Families. It is delivered in partnership with the Learning and Skills Improvement Service (LSIS) and the National Healthy FE Steering Group meets quarterly to provide sector expertise and guidance.
Sign-Up and/or Accreditation Process:	There is currently no accreditation system attached the Healthy FE Programme. Its nature is one of continuous development and meeting the needs of changing cohorts on an annual basis. The outputs of the programme should support the evidence base for Every Child Matters and the Common Inspection frameworks into which all colleges are tied as part of their annual assessment process. However, many colleges have stated that they would like some form of recognition for their progress on developing the Healthy FE process. This is currently being considered by the Healthy FE Steering Group.
Criteria:	As the programme does not include an accreditation process, there are no criteria against which FE institutions have to demonstrate commitment or attainment. However, a self-review tool has been developed (see below) – with questions across six key areas – governance, participation, health service provision, facilities, communication and information, and personal and social development.
Assessment Process:	A Self-Review Tool, developed through the national Healthy FE programme by members of the FE sector, is available. It provides a mechanism for colleges to review progress in embedding whole-organisation health and wellbeing practices – and is intended to assist them in further action planning.
Progression:	There is currently no form of accreditation or recognition and therefore no process of progression.
Benefits, Responsibilities and Support Infrastructure:	Benefits to colleges include: improved Ofsted scores; demonstrated improved learner recruitment, retention and attendance rates; healthier workforce (e.g. demonstrated using measures such as low absence rates); enhanced perceptions and experiences of staff and students; facilitated stronger relationships with community partners. Nationally funded support infrastructure includes national coordination team, national website providing dissemination of case studies and funded regional networks.

5.2 A NATIONAL HEALTHY UNIVERSITIES FRAMEWORK: KEY ISSUES FOR CONSIDERATION

5.2.1 Background

The National Research and Development Project found strong support for the introduction of a National Healthy Universities Framework that could bring coherence to a range of disparate initiatives and endorse a more standardised approach – thereby adding legitimacy and encouraging mainstreaming. Noting that accreditation-based kite-marking and league tables are attractive to many universities seeking to position themselves within a competitive market, it was generally agreed that a ‘recognition’ mechanism should be built into any Healthy Universities Framework that is introduced. However, stakeholders also acknowledged that external assessment may prove impractical and feared that an overly prescriptive approach (particularly if perceived to be imposed from outside of higher

education) could generate resistance and result in minimal compliance. This was understood to be a particularly important factor to take into account given that the higher education sector is characterised by autonomy and independence. It was therefore suggested that a lighter-touch process-focused framework may be more effective in securing meaningful organisational change – securing early buy-in and early adoption and encouraging universities to go beyond a ‘tick-box’ approach.

5.2.2 Leadership and Governance

As illustrated in 5.1 in relation to other healthy settings, a National Healthy Universities Framework will need to be championed and/or led by an identified organisation or group of organisations – and this leadership will influence its shape and ethos.

Neither the National Research and Development Project nor the more recent consultation resulted in a clear consensus as to which organisation(s) would be best placed to offer leadership or act as key champions. However, both processes highlighted the key importance of a programme being sector-led and there was strong support from both universities and national stakeholder bodies (including the Department of Health) for a visible ‘championing’ partnership across education and health sectors – with possible involvement being proposed from the Department of Health, the Department for Business, Innovation and Skills, Universities UK/Guild HE, HEFCE, the Leadership Foundation for Higher Education and the National Union of Students (NUS).

Whereas the earlier research raised the question of whether the Quality Assurance Agency for Higher Education (QAA) should be centrally involved as a means of integrating the Healthy Universities agenda within core business, the more recent consultation discussions were unanimous in suggesting that this would be inappropriate. In this context, an important distinction was identified between universities, which work within a narrowly-focused quality assurance framework, and other education settings such as schools and further education institutions, which work within the more holistic strategic and inspection frameworks offered by Every Child Matters and the Office for Standards in Education, Children’s Services and Skills (OFSTED).

A further discussion initiated during the research and developed more extensively during the consultation concerned the feasibility of the English National Healthy Universities Network itself being the lead body, perhaps in collaboration with one or more endorsing organisations. Those in favour of this suggested that it would be a natural development for the Network and that, by assuming programme leadership, its profile and autonomy would be strengthened. Others, however, felt that the Network does not yet have the gravitas or legitimacy required for such leadership, an observation that reflects its relative youth and is perhaps supported by the experience of other settings programmes as profiled in 5.1.

5.2.3 Criteria, Nature of Framework, Level of Commitment and Type of Assessment

In exploring what such a framework should look like, it is necessary to consider a number of interconnected issues: the type of criteria to be incorporated; the overall nature of the framework; the level of commitment required from universities; and the type of assessment. Taking account of how these issues converge, Table 1 provides an illustration of how a framework could be structured.

a) Criteria

As indicated in 5.2.1, there was a strong feeling from both the earlier research and the subsequent consultation that a National Healthy Universities Framework should be based on a set of process-focused criteria. These criteria should move beyond a ‘tick-box’ approach to capture genuine commitment, recognise distance travelled and encourage and support continued improvement. Drawing on the research and consultation discussions,

and informed by the model set out in Section 4, it is suggested that appropriate criteria are likely to include:

- Vision, Principles and Practice:
 - ✓ Is there explicit commitment to Healthy University vision and principles?
 - ✓ Is there explicit commitment to developing and applying a 'whole university' approach to improving health and well-being?
- Leadership, Governance and Support:
 - ✓ Is there a high-level steering group or other appropriate governance structure able to support and implement a 'whole university' approach?
 - ✓ Is there an identified co-ordinator (or equivalent)?
 - ✓ Have sufficient resources been identified and committed to support the initiative?
- Strategic and Operational Planning and Audit
 - ✓ Is there an overarching strategic commitment to being a Healthy University?
 - ✓ Have mechanisms been established to integrate the initiative into organisation development and corporate/strategic planning processes and demonstrate connectedness to core drivers (e.g. recruitment, retention, experience, performance, sustainable development)?
 - ✓ Is there a commitment to undertaking appropriate operational planning (likely to involve stakeholder mapping/needs assessment; prioritisation; action planning; delivery; evaluation/performance review; recognition/celebration)?
 - ✓ Is there a commitment to use a national self-audit tool as a means of assessing and reviewing progress?
 - ✓ Is there a willingness to develop appropriate infrastructures to support planning and delivery?
- Working Within and Across Key Focus Areas and Themes:
 - ✓ Is there evidence of the Healthy University initiative working to create or strengthen healthy and sustainable learning, working and living environments?
 - ✓ Is there evidence of the Healthy University initiative working to integrate health and sustainable development as multi-disciplinary cross-cutting themes in curricula, research and knowledge exchange?
 - ✓ Is there evidence of the Healthy University initiative working to contribute to the health, well-being and sustainability of local, regional, national and global communities?
 - ✓ Is there evidence of the Healthy University initiative demonstrating a 'whole university' approach to theme-based work?
- Partnership and Networking:
 - ✓ Is there a demonstrable commitment to multi-sectoral partnership working in relation to the Healthy University initiative?
 - ✓ Is there commitment to participating actively in the National Healthy Universities Network through attending meetings, working in partnership with other HEIs and providing case-studies for wider dissemination?
 - ✓ Is there commitment to sharing knowledge and experience, to supporting other HEIs at an earlier stage in their development of the Healthy University approach and/or to participating in peer review?

b) Nature of Framework

Having discussed criteria, a second consideration relates to the overall shape of the programme and concerns how these criteria are to be used – and in particular, whether they operate as basis for accreditation or designation (as in Healthy Cities) and/or form the basis for a self-review tool (as in the National Healthy Further Education Programme). If used as the basis for accreditation, a university would be required to demonstrate that it

meets the criteria and would receive recognition for so doing. If used only to form the basis for a self-review tool, then the programme would essentially be open to any university – the role of the criteria therefore being more to enable institutions to review ‘where they are at’ and use this as a basis for further strategic and operational planning. However, it is also salient to draw learning from the experience of the National Healthy Further Education Programme, which – although established without an accreditation component, is now being urged by participating institutions to introduce a ‘recognition’ mechanism.

Exploring this further, it will be important to decide the fundamental nature of the framework – agreeing whether it should operate as a guidance template, offer a single level of accreditation/membership, or incorporate multiple levels of accreditation/membership that allow for progression. All three options offer different choices and outcomes, and it is envisaged that:

- A *guidance template framework* would involve universities being able to complete a self-review questionnaire based on the agreed criteria, in order to guide the future development of their Healthy University initiative.
- A *single level framework* would involve universities completing a simple application form in which they would be required to express formal Vice Chancellor level commitment to and/or demonstrate how they are meeting a number of the above criteria.
- A *multiple level framework* would comprise three incremental stages – entry, established and champion. Universities would review ‘where they were at’ and decide which stage best reflected their current commitment, activity and experience. They would then complete the relevant application form in which they would be required to express an appropriate level of commitment to and/or demonstrate how they are meeting some or all of the above criteria. The three stages are summarised below:
 - *Entry*: Appropriate for a university at an early stage in its journey, this would require: a commitment of interest to adopting a Healthy University approach (potentially by an individual, service or department rather than the Vice Chancellor); evidence that ideas are being developed and tested out and that committed individuals and/or services and departments are thinking through processes that need to be put into place; and a willingness to use a self-audit tool and participate in the National Network.
 - *Established*: Appropriate for a university that has secured senior-level commitment and has an established Healthy University initiative in place, this would require: Vice Chancellor level sign-up; a high-level steering group, a co-ordinator and allocated resources; evidence of limited ‘whole university’ work on key focus areas and themes supported by some infrastructure development; commitment to strategic and operational planning and internal partnership working; and a willingness to use a self-audit tool and participate actively in the National Network.
 - *Champion*: Appropriate for a university that has secured senior-level commitment and is at a well-developed or advanced stage of development and implementation, this would require: partnership sign-up by the Vice Chancellor and Students’ Union; a high-level steering group, a co-ordinator and allocated resources; a Healthy University strategy and implementation plan; mechanisms for integrating the initiative within wider planning processes and demonstrating connectedness to core drivers such as recruitment, retention, experience, performance, sustainable development; evidence of well-developed ‘whole university’ work on key focus areas and themes supported by extensive infrastructure development; clear commitment to internal and external partnership working; and a willingness to use a self-audit tool, participate actively in the National Network and support other universities through mentoring and peer review.

The clear message from the consultation discussions was that a progressive multiple level framework was preferable to a single level or guidance template framework. There was also consensus that in order to attain champion level status within such a framework, a university should have to demonstrate not only significant progress in relation to its own Healthy University initiative, but also genuine commitment to supporting and nurturing universities at earlier stages of development.

c) Level of Commitment

Drawing on the experience of the settings programmes detailed in 5.1 and the criteria outlined above, it is evident that one important means of assessment is likely to be in terms of explicit commitment to applying a 'whole university' approach to improving health and to putting in place the necessary infrastructures and processes to support this. During the consultation discussions, there was extensive debate about the level of commitment that should be required of a university before it is able to gain membership of or accreditation in a National Healthy Universities Framework.

Many of those working at an operational level within HEIs (both as academics and within health and wellbeing related services) felt strongly that, in a multiple level framework, there should be an initial entry level of membership that could be attained without Vice Chancellor commitment. This would recognise the fact that the settings approach is 'bottom-up' as well as 'top-down' and that there may be individuals, teams, services or departments that are trying to develop the Healthy Universities approach and may be helped by the recognition and leverage that involvement in a National Programme offers.

By way of contrast, those working at a more senior level in universities (e.g. as deputy vice chancellor, pro vice chancellor or executive director) and national stakeholder organisations (e.g. as chief executive, director or vice-president) felt equally strongly that Vice Chancellor commitment should be required at all levels. They also suggested that, at certain levels within a multiple level framework, it may be appropriate and valuable to require a partnership commitment by the university (Vice Chancellor) and the students' union.

d) Type of assessment

Another important dimension – closely linked to the nature of the framework – is the assessment or review process. Three forms of assessment/review were discussed during the research and subsequent consultation processes:

- *Self Assessment/Review*: This process would rely on individual universities reviewing 'where they were at' and assessing their own performance against the agreed criteria.
- *Peer Assessment/Review*: This process would involve selected universities (most likely those at a well-developed stage in the development of their Healthy University initiative) reviewing other universities. Such a peer review process would need to combine rigour with constructive support and guidance.
- *External Assessment/Review*: This process would involve the lead/host body (or their representatives) conducting a review of applications and assessing whether a university has demonstrated the necessary commitment and provided adequate evidence against agreed criteria.

The consultation process indicated a general enthusiasm for incorporating a combination of these approaches within a framework. It was also recognised that the types of assessment selected would clearly be influenced by the resources and infrastructure available to support a National Healthy Universities Programme (see 5.3). Further related issues include the length of time for which accreditation would last and whether a fee should be levied to support the cost of administering the framework.

5.2.4 Benefits for Universities of Involvement or Accreditation/Membership

The vast majority of those engaged in the earlier research and the more recent consultation discussions agreed that engaging with the Healthy University process offers universities the opportunity to enhance their performance and increase their contribution to core societal agendas, as discussed in 4.7 and 4.8 above.

More specifically, it is envisaged that a National Healthy Universities Programme would offer a number of tangible benefits to universities that become actively involved. If such a programme incorporates a National Framework with an accreditation process, it is envisaged that accredited universities would:

- receive formal recognition and be entitled to use a Healthy Universities logo and branding materials (potentially with tailored strap-lines for entry/established/champion stage universities if operating within a multiple level framework)
- be supported by the National Healthy Universities Network (and potentially regional and/or thematic sub-networks) offering access to meetings, training and capacity-building events, a website, guidance tools, case studies, and partnership opportunities
- have access to a self-review tool that would enable them to take stock of 'where they are at' and to audit progress, as well as supporting them in further strategic and operational planning
- be part of a high profile programme endorsed by government departments and key national stakeholder bodies.

5.3 A NATIONAL HEALTHY UNIVERSITIES FRAMEWORK: INFRASTRUCTURE AND RESOURCE IMPLICATIONS

As illustrated by the experience of other national and international healthy settings programmes (see 5.1), an appropriate and resourced infrastructure will be required in order for a National Healthy Universities Framework to operate effectively. The consultation process suggested that such an infrastructure would have key roles in the following areas:

- *Capacity- and Capability-Building:*
 - maintaining and further developing a website to provide a virtual networking and development hub
 - developing and commissioning guidance tools, case studies and other resources
 - enabling universities to exchange knowledge, experience and challenges through national, regional and thematic networking
 - undertaking needs assessment and offering appropriate training and development opportunities
 - providing a brokerage role to identify and support partnership working and collaborative funding bids, thereby facilitating joint research, development and knowledge transfer
 - developing and maintaining a comprehensive self-review tool.
- *Assessment/Review and Accreditation*
 - co-ordinating of assessment/review process in support of accreditation (using an appropriate combination of self, peer and external processes)
 - monitoring the appropriate use of the logo and branding materials.
- *Leadership, Communications and Marketing*
 - maintaining high profile leadership and championing to ensure continued buy-in of key stakeholder bodies
 - developing and implementing an effective communications strategy aimed at internal and external stakeholders
 - developing and maintaining links with other settings programmes as appropriate, to enable shared learning and ensure a joined-up approach across the spectrum of education.

Table 1: A Multiple Level Healthy Universities Framework – Criteria Mapped Against Levels

LEVEL	1. Entry	2. Established	3. Champion
CRITERIA			
Vision, Principles and Practice:			
Commitment to Healthy University vision and principles?	Interested individual, service or department sign-up	Vice Chancellor sign-up	Vice Chancellor / Students' Union sign-up
Commitment to 'whole university' approach to improving health and well-being?	n/a	Vice Chancellor sign-up	Vice Chancellor / Students' Union sign-up
Leadership, Governance and Support:			
High-level steering group?	n/a	Yes	Yes
Identified co-ordinator?	n/a	Yes	Yes
Resource commitment?	n/a	Yes	Yes
Strategic and Operational Planning and Audit:			
Overarching strategic commitment?	n/a	Commitment to developing a Healthy University policy/strategy	Healthy University policy/strategy in place
Integration into organisation development and corporate/strategic planning processes and connectedness to core drivers?	n/a	Commitment to developing appropriate mechanisms	Clear mechanisms for integrating the initiative within wider planning processes and connecting to core drivers
Clear operational planning and evaluation process?	n/a	Commitment to developing a Healthy University implementation plan (including evaluation)	Healthy University implementation plan in place (including evaluation)
Willingness to use national self-audit tool?	Yes	Yes	Yes
Appropriate planning and delivery infrastructures?	Evidence of early-stage development through establishment of task group	Evidence of limited infrastructure development	Evidence of well-developed infrastructures (e.g. working groups, task groups)
Working Within and Across Key Focus Areas and Themes:			
Developing healthy and sustainable learning, working and living environments?	n/a	Minimum of 2 projects or developments	Clear strategic vision supported by implementation of minimum of 3 tangible projects/developments
Integrating health and sustainable development as cross-cutting themes in curricula, research and knowledge exchange?	n/a	Minimum of 1 projects or developments	Clear strategic vision supported by implementation of minimum of 2 tangible projects/developments
Contributing to the health, well-being and sustainability of local, regional, national and global communities?	n/a	Commitment to developing externally-focused corporate responsibility	Clear strategic vision supported by implementation of minimum of 1 tangible project/development
Demonstrating a 'whole university' approach to theme-based work?	n/a	Comprehensive approach being developed to minimum of 1 theme	Comprehensive approach being taken to minimum of 2 themes
Partnership and Networking:			
Partnership working?	Evidence of internal partnership working across departments and/or services	Evidence of partnership working between university and students' union	Evidence of partnership working between university and students' union Evidence of partnership working with PCTs and other external organisations
Commitment to Network participation?	Commitment to attending National Network meetings	Commitment to attending National Network meetings	Commitment to attending National Network meetings and providing case-studies for wider dissemination
Commitment to supporting other HEIs?	n/a	Commitment to sharing knowledge and experience	Commitment to sharing knowledge and experience through mentoring universities at an earlier stage of development and participating in peer review

6. RECOMMENDATIONS

Higher education represents an important sector in (and through) which to invest for public health. Not only is it a key setting for many young people who undergo a time of transition at university, it also has an increasingly diverse profile, has a large workforce, is a key 'future shaper' and is an important engine for wider economic, social and cultural change.

Within the current economic climate, with the sector facing serious challenges and institutions under pressure to position themselves within the higher education market place, it will be increasingly important to highlight and evidence the benefits to core business of engaging with Healthy Universities. However, it remains that health is not the *raison d'être* of higher education. Therefore, a serious commitment to improving health through universities and to harnessing the potential of the sector to contribute to public health capacity- and capability-building will require effective leadership and partnership development.

Drawing on the findings of both the earlier National Research and Development Project and the more recent consultation process, it is recommended that:

- The Department of Health works with the Department for Business, Innovation and Skills and relevant sectoral and public health bodies to advocate for cross-government policy commitment to Healthy Universities that explicitly endorses a 'whole university' model – thereby building on the success of Healthy Schools and Healthy Further Education to ensure a seamless and consistent whole system approach across the spectrum of English education settings.
- The Department of Health champions a National Healthy Universities Programme (incorporating a National Framework) with a view to building on the strengths and experience of the existing National Network and 'Developing Leadership and Governance for Healthy Universities' Project, and securing joint leadership from the Department for Business, Innovation and Skills, Universities UK, Guild HE, HEFCE, the Leadership Foundation for Higher Education, the National Union of Students, and the Royal Society for Public Health.
- A sector-led multiple level framework be developed, using a set of mainly process-based criteria and a combination of assessment mechanisms (see Table 1 for an example of how such a framework could be structured).
- The Department of Health and partner stakeholder organisations explore how resources can be secured to enable a National Healthy Universities Programme and Framework to be effectively developed and operationalised – thereby enabling its potential to be maximised and sustained over time.

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APPENDIX 1: CONSULTATION – MECHANISMS AND STAKEHOLDER INVOLVEMENT

English National Healthy Universities Network

Currently has a circulation list of 107 network members, 89 of whom are based in 54 universities and 18 of whom are from other organisations such as Primary Care Trusts.

Residential Consultation Workshop with Members of the National Network

Following the Network meeting held in Sheffield on 30 November 2009, an overnight residential consultation workshop was attended by 19 Network members, from the following organisations:

- Bishop Grosseteste University College
- Brunel University
- City University London
- Department of Health
- Higher Education Academy Health Sciences and Practice Subject Centre
- Leeds Metropolitan University
- Leeds Trinity University College
- Manchester Metropolitan University
- Nottingham Trent University
- Open University
- Royal Society for Public Health
- Sheffield Hallam University
- Teesside University
- University of Brighton
- University of Central Lancashire
- University of Plymouth
- University of the West of England

Leadership Advisory Group

This is the high level governance group established to oversee the HEFCE-funded project 'Developing Leadership and Governance for Healthy Universities', with the following members:

- Prof. Richard Parish, Chief Executive, Royal Society for Public Health [Co-Chair]
- Ewart Wooldridge CBE, Chief Executive, Leadership Foundation for Higher Education [Co-Chair]
- Fiona Aitken, Association of Heads of Universities Administration
- Mark Ames, Association of Managers of Heads of Student Services in Higher Education
- Juliet Amos, Universities Human Resources
- Dame Carol Black, National Director for Health and Work, DWP/Department of Health
- Prof. Freda Bridge, Principal, Leeds Trinity University / GuildHE
- Tim Briggs, Institute of Occupational Safety & Health
- Jennie Cawood, Co-ordinator of the English National Healthy Universities Network, Healthy Settings Development Unit, University of Central Lancashire / Teaching Public Health Networks
- Peter Chell, Further Education Adviser, National Healthy Further Education Programme, Department of Health
- Paul Clark, Director of Policy, Universities UK (UUK)
- Dr Heather Davison, Development Director, Royal Society for Public Health
- Dr Mark Dooris, Director, Healthy Settings Development Unit, University of Central Lancashire
- Jim Foulds, Chair, Committee of University Chairs
- Michael MacNeil, National Head of Higher Education, University and College Union
- Eileen Martin, Pro-Vice-Chancellor, University of Central Lancashire
- Alan Oliver, Executive Director, Teesside University

- Dr Sue Powell, Manager of the Academy for Health and Wellbeing at Manchester Metropolitan University / Teaching Public Health Networks
- Anne Priest, Pro-Vice-Chancellor, Nottingham Trent University
- Prof. Vince Ramprogus, Pro-Vice-Chancellor, Manchester Metropolitan University
- Karen Rothery, Chief Executive, British Universities & Colleges Sport
- John Rushforth, Deputy Vice-Chancellor, University of the West of England
- David Sadler, Director of Networks, Higher Education Academy
- Allison Thorpe, Workforce Development and Leadership, Department of Health
- Ben Whittaker, Vice President (Welfare), National Union of Students

Project Board

This is the operational-level governance group established to oversee the HEFCE-funded project 'Developing Leadership and Governance for Healthy Universities', with the following members:

- Dr Mark Dooris, Director, Healthy Settings Development Unit, University of Central Lancashire [Co-Chair]
- Dr Sue Powell, Manager of the Academy for Health and Wellbeing at Manchester Metropolitan University / Project Lead [Co-Chair]
- Jennie Cawood, Co-ordinator of the English National Healthy Universities Network, Healthy Settings Development Unit, University of Central Lancashire
- Sarah Bustard, Health Promoting University Co-ordinator / Project Lead, Nottingham Trent University
- Sharon Doherty, Healthy University Co-ordinator / Project Lead, University of Central Lancashire
- Dr Ian Kenvyn, Associate Principal Lecturer / Project Lead, Leeds Trinity University
- Judy Orme, Reader in Public Health / Project Lead, University of the West of England
- Hazel Wright, Sport Development Officer - Health & Well-being / Project Lead, Teesside University