



Bristol Health & Wellbeing Board

Health in All Policies	
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Report for Information/Discussion	

1. Purpose of this Paper

The purpose of this report is to brief the Health and Wellbeing Board about the work Bristol City Council's Public Health Team is engaged with to ensure that the impact of policies and strategies on health is taken into account when they are developed across the city.

2. Executive Summary

Health in All Policies (HiAP) is a systematic approach to embed considerations about health and wellbeing in all relevant strategies and policies by targeting the factors that affect health (the wider determinants of health).

Many council policies impact on health, for instance the provision of green spaces impacts on residents' mental health. The outcome of a HiAP approach will be better health and wellbeing; this will help contribute to local priorities, such as economic growth and community cohesion, and reduce the burden on health and social care in the longer term.

HiAP is built on the engagement of key-players, decision makers and stakeholders. HiAP simultaneously and positively impacts on other important priorities, such as promoting the creation of good-quality jobs, local economic stability, educational attainment and many others priorities. Using a HiAP approach reduces uncoordinated effort and increases effectiveness.

3. Context

Nationally, Public Health England and the Local Government Association have both issued guidance on how to implement HiAP in 2016 (Ref 1, 2).

There are three recommended broad approaches to HiAP, these are:

- focus on specific public health issues (e.g. obesity) and identify policies with major impact
- focus on a key policy area with significant health impacts (e.g.

- transport, housing) and work with relevant department/sector
- focus on windows of opportunity that can potentially provide success for all partners.

There are about 60 strategies and policies across Bristol that affect people's health including:

- Mayor's manifesto 'The Bristol Plan'
- Bristol City Council's corporate plan and budget proposals
- Bristol, North Somerset and South Gloucestershire's Sustainability and Transformation Plan
- West of England devolution deal
- Bristol Development Framework Local Plan
- Joint local Transport Plan 3.

By applying the first of the three approaches we can see that there are opportunities for the council and partners to work together on specific public health issues such as reducing obesity. Given that 83% of 15 year olds in Bristol are physically inactive, and 47% do not eat 5 fruit or veg a day there is clearly a need for cross-departmental working to improve the future health prospects of this group (Ref 3).

The second approach could include a review of the Bristol Development Framework Local Plan, to check if a health lens has been applied in Planning.

The third approach, taking windows of opportunities, is being applied to the current budget cuts. The Public Health Team is looking at the proposals and assessing the health impact of relevant cuts to identify mitigating actions that could be taken to reduce any identified health issues.

Examples of the application of HiAP by other councils can be found in appendix 1.

4. Health in All Policies in Bristol

The Director of Public Health Annual Report, 2016, recommends that:

The Director of Public Health should work through Bristol Health and Wellbeing Board and other stakeholders to implement the 4:4:48 prevention model to address modifiable unhealthy lifestyle behaviours (including smoking and tobacco, alcohol misuse, poor diet and lack of physical activity) and put 'Health in All Policies'. (Ref 3)

The report, points out that if the effect of genetics is taken away, a person's health is affected by four main factors:

- Social and economic factors: **40%**
- Health behaviours: **30%**
- Clinical care: **20%**
- The physical environment: **10%**

See appendix 2 for a breakdown on the factors that influence health outcomes.

These determinants drive differences between individuals in the length of life, the length of life lived in good health and the quality of life. The accumulation of detriments to health, such as poor housing, can be seen in areas of deprivation.

Adopting a HiAP approach in Bristol would help us tackle the 10 year life expectancy gap between wards in Bristol, and the 16 year healthy life expectancy gap between the least and most deprived areas of Bristol. People in these deprived areas, not only die early, but before their death live with poor health for longer than people in the least deprived areas.

There are a variety of methods to ensure that health outcomes are considered when developing policies and strategies.

Firstly, to ensure that health impact assessments are carried out on draft policies and strategies. Public Health Team can carry out these assessments and can train others to carry them out. If the health impact assessments are embedded in the processes of the council, for instance having a section on council report templates which relate to these assessments, then the work would become business as usual.

Secondly, to ensure that all upcoming policies and strategies, produced by the council and wider partners, are made known to Public Health. Public Health could then review the drafts and ensure that any resulting health impacts have been taken into account.

Thirdly, to ensure that health equity assessments are carried out if services are commissioned or decommissioned. This would include service redesigns. This method would highlight unequal provision of services which could have specific health impacts in specific areas of the city or groups. Public Health could also encourage commissioners to include terms in the service specifications to promote health, for instance Making Every Contact Count, to ensure service providers do take responsibility for health promotion and early intervention.

There is much good work already existing in Bristol that fits with HiAP. This solid foundation includes for instance; the SHINE (Supporting Healthy Inclusive Neighbourhood Environments) health integration team which is active in policy and advising on the direction of investment in walking provision, transport and producing neighbourhood place-based checklists for healthy urban development, and formerly, the Healthy Urban Team that used a health 'lens' and health impact appraisals, and provided the health evidence for 20 miles per hour areas.

The Council Public Health resource supports the Health and Wellbeing Board and other city partnerships to develop strategies and action plans to improve health and reduce inequalities. They also produce evidence of local health needs and 'what works' for effective interventions. The team have skills in carrying out health impact assessments and in training others to use health impact assessments. They also support, train and encourage others to make health everybody's business.

In October 2016, as part of the Healthy Cities Week, the Public Health Team ran a HiAP event where the national Public Health England team launched their new HiAP resources. The event was well attended, amongst others by seven councillors and about 15 BCC service managers. The learning from that event is being used to inform our Bristol approach to HiAP. See appendix 3 for the workshop outcomes.

The council's Public Health Department has looked at a number of council proposals to implement budget cuts through a health lens, has identified the health impact to identified mitigating actions that can be taken to reduce the impact on health.

5. Key risks and Opportunities

Health in all Policies presents an opportunity to make better use of shrinking resources.

6. Implications (Financial and Legal if appropriate).

None.

7. Evidence informing this report.

The Local Government Association and Public Health England have both issued guidance on implementing Health in All Policies in councils (Ref 1, 2).

The World Health Organisation's Helsinki statement calls on all governments, at all levels, to implement health in all polices. They cite many examples of successful policy initiatives to improve health (Ref 4).

8. Conclusions

Many factors have an impact on people's health and wellbeing; these factors include social and economic factors, lifestyles and the physical environment. Policies that are designed to address these factors can be crafted so that they optimise the impact of these policies on health. Ensuring that health outcomes are considered when policies are developed will lead to better health in the population and a resulting reduction in the use of public services.

9. Recommendations

The board is asked to support the implementation of the HiAP approach in Bristol.

9. Appendices

Appendix 1: Examples from other council (Ref 5)

1. **Kirklees:** Economic, health & wellbeing strategy working as one in local government: Healthy people, healthy economy.

Aim

To address health inequalities and support the local economy through transformational system change at a time of decreasing budgets.

Summary

A Health in All Policies approach has enabled a discussion of the role of public health with councillors and of how it could support their portfolio of work. The Kirklees Joint Health & Wellbeing Strategy (JHWS) and Kirklees Economic Strategy (KES) were aligned to take advantage of joint opportunities. The two groups also identified links and areas of congruency – with the principles of health and economy being mutually supportive. Councillors have signed up to the joint vision and outcomes.

This collaborative working ensures that relevant health and economic issues are considered and the joint goals of both strategies are embedded across policy and delivery. It also enables early identification of interdependencies, reduces duplication and provides a focus on identified priorities. Areas of duplication and work that can be linked have been identified through the Q1/Q2 reports for each directorate.

Through joint governance arrangements, input from key leaders and influencers is guaranteed and both organisations are accountable.

The council is being redesigned and restructured to put delivery of economic prosperity and better wellbeing and health at its core. This refocus includes organisational and performance structures, from service delivery plans through to individual appraisals.

Early signs of success

- the Kirklees Local Plan vision and objectives have been jointly developed to reflect how ambitions for personal prosperity and health, together with ambitions for jobs and business growth effect planning for new development
- CCGs are now routinely consulted regarding significant planning applications and how this may impact on health services
- in areas being considered for land development, a methodology has been developed to prioritise for health impact assessment review according to greatest health need.
- guidance for procuring for social value has been produced
- The Health and Wellbeing Board and the Economy & Skills Board are meeting every six months

2. **Wakefield Council:** Developing wellbeing: creating health action plans for services responsible for the wider determinants

Aim

To create a health-promoting council by maximising the health improvement and protecting potential of non-health based council services. To develop public health skills in the wider public health workforce.

Summary

Council services, such as Transport, Housing, Environmental Health, Culture and Economic Development, have an influence on the wider determinants of health. Wakefield's Health Improvement team has a dedicated small team based in the Regeneration Directorate who support these council services in order to protect and promote health and wellbeing.

The team has held workshops with their colleagues in the respective services to develop a shared understanding of how the services impact on health and wellbeing – and identify areas of good practice and opportunities for future development. They have worked together to produce Health Improvement Action Plans for each service detailing current activity and future priorities.

These have been signed off by the management teams.

Common features of the plans include using evidence to inform the development of policies/projects, partnerships and information sharing, evaluating impacts of an intervention and training and development. Progress on the plans is monitored and reported back to management teams on a regular basis.

Early outcomes

- Public Health approaches are being used to inform the planning and delivery of policies and plans
- plans developed by the staff have clear lines of accountability – with health and wellbeing at their core

3. Derbyshire County Council: Embedding health impact assessment in an equality impact assessment process.

Aim

To advance equality of opportunity, eradicate unlawful discrimination and harassment, and promote good community by embedding the systematic consideration of health into Council decision-making.

Summary

As part of its equality impact assessment (EqIA) process, Derbyshire County Council has worked to advance equality of opportunity, eradicate unlawful discrimination and harassment, and promote good community. The transfer of Public Health to local authorities presented an opportunity to extend the process to include the systematic consideration of health. The proposal was led by the Director in Public Health and supported by senior officers and members. The Council has developed and piloted a health impact assessment (HIA) screening tool, which included a consideration of mitigations.

During the pilot (March-June 2015), six Cabinet reports requiring an EIA were submitted. Of these, four had the HIA screening tool completed, including potential reductions to children’s centres and the revised specification of the Council’s domestic abuse services contract. One further checklist will be completed for the residential provision for older people. A further rapid, prospective, participatory health impact assessment of a major infrastructure development in Chesterfield (value: £21m) has begun. The Council intends to embed HIA screening into all Council EIAs and evaluate the impact of HIA screening.

Early learnings

- embedding HIA screening into Council EIQAs has been welcomed by members and officers and it has been a low-cost process (public health staff time + minimal officer time)
- it has led to full HIAs, which have resulted in recommendations likely to improve health and to mitigate harms to health and increased engagement of affected communities and partner agencies into the decision-making process.

Appendix 2: % contribution of the modifiable determinants of health. *Source: Robert Wood Foundation (2012). (Ref 6)*

Determinant	%	Consisting of	%
Social and economic factors	40	Education	10
		Employment	10
		Income	10
		Family and social support	5
		Community safety	5
Health behaviours	30	Tobacco use	10
		Diet and exercise	10
		Drug & Alcohol use	5
		Sexual health	5
Clinical Care	20	Access to care	10
		Quality of care	10
Physical built environment	10	Environmental quality	5
		Housing & travel	5

Appendix 3: Findings of the Table discussions at the HiAP event

Q1: What opportunities does HiAP offer the city over and above what we are already doing?

- 15 : it offers a better strategic approach to achieve common goals
- 7: it is a better use of public finances
- 3: health is everyone's business
- 3: it leads to better use of the evidence base to inform decisions
- 2: it will help us to evaluate the effect of policies
- 2: it is a way to approach the wider determinants of health
- 1: it is a way to tackle inequalities
- 1: it will help communications between different interest groups.

Q2: How do we take forward Health in All Policies?

Within our own organisations and within the wider partnership?

- 4: provide leadership
- 4: think strategically
- 9: use partnership working
- 12: better communications
- 11: identify shared priorities or themed topics
- 7: make the case for savings
- 5: research your evidence arguments so they are ready to use
- 4: develop communities
- 4: provide training
- 1: use health impact assessments
- 1: Audit of current policies and then prioritise which ones to work on.
- 1: take a whole person approach
- 1: work with commissioners
- 1: top-slice the PH ring-fenced budget to help wider determinants work
- 1: Created a badge award for policies that are health impact checked

Q3: What needs to be in place to do this, for instance structures, resources, information?

- 2: Strategic leadership and buy in
- 1: cross-department outcome measures (these are difficult to write)
- 2: take a HiAP strategic approach to transport and housing
- 1: an evidence base for HiAP
- 2: evidence of cost savings
- 3: audit BCC policies to see where you could make a difference
- 2: a shared digital platform
- 4: communication
- 3: more resources and finance
- 1: Integrate HiAP into Equality impact assessments
- 3: use work placements /secondments/buddying
- 1: put health into job descriptions

- 1: work with commissioning teams
- 2: use front-line workers to influence health

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