

Health in All Policies

a manual for local government



Preface

Professor Sir Michael Marmot

As a medical student, I learned that just because you have a medical degree it doesn't mean that you can understand health. If you want to understand why health is distributed the way it is, you have to understand society. This is because the conditions in which people are born, grow, live, work and age have profound influence on health and inequalities in health in childhood, working age and older age. That's why local government is such a central player in our struggle to improve health and reduce health inequalities among our population.

The range of functions for which local councils are responsible, the fact that these functions are designed to serve all the people in an area and their special responsibilities for the youngest, oldest and most vulnerable members of society means that more or less everything they do can make a difference to people's health. This goes far beyond their specific public health and social care responsibilities, extending to education, housing, leisure, economic development, environmental health, trading standards – I could go on to list hundreds of local government functions which cumulatively contribute, to a significant extent, to the way our social and physical environment shapes our health.

At a time of serious financial constraints when local government is struggling to fulfil even its statutory responsibilities, it would not be surprising to see councils doing only the bare minimum that they are required to do.

This would be a very short-sighted approach, as far as protecting and improving people's health is concerned. We know, for example, from work carried out by the Institute of Health Equity in the London Region that the economic recession has had an adverse impact on housing, income and employment – a warning sign that health inequalities have worsened as a result of the recession. It is pretty clear that you can't cut budgets in local government by over a third and not impact on people at economic or social disadvantage. And indeed since 2008/09, the number of people in poverty (living below the minimum income for healthy living) has risen from 20 per cent to 29 per cent, with an even greater increase to 39 per cent among families with children¹.

These stark facts emphasise the importance of what I have called the 'social gradient in health', along which the lower you are, the higher your risk of experiencing poor health. With almost 40 per cent of families in poverty, there is not a small high risk group, but a large proportion of the population towards the lower end of the gradient.

An evidence-based Health in ALL Policies (HiAP) (or even better a Health Equity in All Policies) approach would help to address the underlying causes of these statistics. I am delighted, therefore, to see the LGA promoting and councils taking on the challenge of this approach, which aligns very well with the key policy objectives identified in my review of health inequalities in this country².

1 Joseph Rowntree Foundation, Households below a minimum income standard, 2015, <http://bit.ly/1C2Xxsg>

2 See Fair society, healthy Lives (Marmot) 2010 www.instituteofhealthequity.org

It is important to emphasise that HiAP is not about public health taking over the remit of other areas, but about ensuring that there is a common understanding of health and health inequalities across the council, a common way of analysing the health impact of the range of council functions and a common commitment to maximising the positive health impact of all of these functions, exercising them in a way that will reduce inequalities. It is important that this approach is led by the most senior elected and executive council members across the whole of the council's activities.

The idea of looking at the health impact of the whole of a council's functions is not new – indeed it was one of the drivers for the development of local government in this country. But a systematic, evidence-based approach to HiAP does mean, for some councils, a review of the way they do business. I hope that this manual, and the examples of existing good practice given in it, will help councils to review their policy development and practice across the board, with the ultimate objective of improving health and wellbeing outcomes for the people they serve.



Professor Sir Michael Marmot

Director, Institute of Health Equity,
University College London

President of the World Medical
Association 2015-16

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Foreword

We in local government have known for many years that almost everything we do has an impact on people's health. Indeed, it is our proud boast that the public health movement in this country was born through the efforts of far-seeing local public authorities in the 19th century to bring sanitation and better housing to poor and deprived communities and to eradicate diseases like cholera. In a sense, local government has been practising a 'Health in All Policies' approach ever since that time. In the last decade or so, in particular, we have worked with Directors of Public Health (DsPH) and their teams, often making joint appointments and developing joint strategies and projects.

However, in the strictly legal sense, public health has not been our responsibility for many years until it 'came home' in 2013. Despite our grave concerns about the local government financial settlement, we see the return of public health as a huge opportunity to use all of our powers and functions to improve the health of our residents and reduce the inequalities that still exist. We know that we can make a real difference by working 'upstream' to help prevent people developing the long-term illnesses and chronic conditions that worsen their quality of life and increase demand on the NHS.

The best way to maximise our beneficial impact on what have come to be known as the social determinants of health is to make this a declared objective of the whole council and its local partners. This is what 'Health in All Policies (HiAP)' is about. It is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity. It is now over three years since councils took on responsibility for public health and health and wellbeing boards (HWBs) took on their statutory role. Councils have welcomed their new role. Having secured a safe transition, they are now moving into a phase of transformational change. Success will depend on getting healthy policies embedded in all aspects of what a council and its partners do or, put simply, the extent to which councils become genuine public health councils.

HWBs will play a crucial role in building constructive relationships between departments, the NHS, local government and partners, including the voluntary sector, communities and other bodies.

The HWBs' ability to bring the right people together in order to have coherent conversations which lead to decisions and action across the determinants will be crucial.

This manual brings together the arguments for a HiAP approach with practical suggestions for development at the local level. The arguments will be very familiar to public health specialists and others such as councillors who have now had health responsibilities for some time. They are included here both because it is hoped that the manual can serve as an introduction to the issues for those, such as newly-elected councillors, who are new to them and also because practitioners may find it useful to bring them together with the examples of good practice key messages and 'food for thought' sections which are also included. I hope the manual will make a positive contribution to a whole council approach to health and I look forward to seeing councils working ever more closely with local partners to tackle the 'causes of the causes' of ill health and the inequity in health that results from them.



Councillor Izzi Seccombe
Chair, Community Wellbeing Board

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1 Introduction

What is Health in All Policies?

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. HiAP is based on the recognition that our greatest health challenges – for example, non-communicable diseases, health inequities and inequalities, climate change and spiralling health care costs – are highly complex and often linked through the social determinants of health. Just one government sector will not have all the tools, knowledge, capacity, let alone the budget to address this complexity.

We are also living in a world where governance has become less authoritarian and more collaborative and where organisations and sectors implementing public policy and delivering public services recognise their interdependence (WHO 2012). The goal of HiAP is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A HiAP approach identifies the ways in which decisions in many sectors affect health, and how better health can support the achievement of goals in many sectors. It engages a range of partners from government and local government and stakeholders to work together to improve health and health equity and, at the same time, advance other goals, such as educational attainment, improved housing and green spaces, environmental sustainability, promoting job creation and

economic stability. An important principle of HiAP is that it can only take place voluntarily when all stakeholders in the process see benefits in committing to the approach (Leeuw and Peters 2014)³.

While HiAP has gained significant traction in the last few years, its origins go back 38 years to the World Health Organisation (WHO) Declaration of Alma-Ata in 1978 which expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people. The WHO defines HiAP as “An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity”.

HiAP encompasses a wide spectrum of activities, ranging from one-off collaborative efforts with a single partner to approaches involving ongoing collaboration across many agencies. Ultimately, the HiAP approach seeks to embed considerations of health, equity and sustainability as a standard part of decision-making processes across a range of sectors and national and local government functions. In summary:

HiAP ideally starts with the policy area (eg economic development policy or transport policy) not with a public health issue. This encourages thinking about the range of potential direct and indirect benefits/risks for health that can be created from that policy rather than ‘just’ addressing obesity or mental health, for example, which is what could happen if starting with a public health issue.

³ Nine questions to guide development and implementation of Health in All Policies. De Leeuw E1, Peters D2. 2014

Starting with a policy issue also demonstrates that this is about the core activities in that policy area, rather than a health 'add-on'. Nevertheless, there may also be room in discussion for looking to see how the policy area might assist in a specific public health objective, as some of the case studies below demonstrate.

HiAP is about creating places (the physical and social environment) which support and generate good health.

HiAP is about governance/policy ideas based on collaboration, partnership, structured interaction and ongoing relationships, rather than specific decisions.

HiAP needs to be integrated with other cross-cutting policy interests, such as equity, sustainability and demographic considerations.

Why we need Health in All Policies

HiAP is a response to a variety of complex and often inextricably linked problems, such as the increase in people living with chronic illness and long-term illness linked to our ageing society, growing inequality and health inequalities, climate change and the need for effective and efficient strategies for achieving society's goals with shrinking resources. These 'wicked problems' are extremely challenging. Addressing them requires innovative solutions, a new way of thinking about policy, and structures that break down the 'siloed' nature of government and local government. Collaboration across sectors – such as through a HiAP approach – can promote efficiency and effectiveness by fostering discussion of how agencies can share resources and reduce duplication, thus potentially decreasing costs and improving performance and outcomes. The Social Value Act 2012 requires public bodies to have regard to the improvement of social, economic and environmental wellbeing when making commissioning decisions and other legislation, including the Health and

Social Care Act 2012, enshrines the role of local government in improving health and reducing health inequalities. Over the last two decades, the concept of 'place' has played an increasingly important role in intersectoral approaches to social, economic and environmental wellbeing at a local level in this country and public health teams are increasingly included in place-shaping policy discussions. A HiAP approach complements and provides systematic tools to embed health as a key objective of local and regional policy-making and implementation.

Addressing the social determinants of health

At its core, HiAP represents an approach to addressing the social determinant of health which are the key drivers of health outcomes and health inequities. In recent years this issue has been given added urgency and focus beginning with the report by Professor Michael Marmot, Fair Society, Healthy Lives, commissioned and published in 2010. The report and subsequent work by academics, public health practitioners and policy experts draws attention to the accumulating evidence that the conditions in which people are born, grow, live, work and age and the inequities in power, money and resources that influence these conditions have a huge impact on their health and have led to increasing health inequalities. Therefore, action to improve health and reduce health inequalities requires action across all the social determinants of health.

'The three legs of the public health stool have always been the biological, the environmental and the social'

Sir Liam Donaldson,
Journal of the Royal Society for the Promotion of Health, 2001.

Social, physical and economic environments and conditions, collectively referred to as the 'social determinants of health' have a far greater impact than medical care on how long and how well people live. The correlation between people's wider social and economic circumstances is starkly illustrated in the statistics for life expectancy and health expectancy for England. There is a gradient in the life expectancy of upper tier local authorities which is highly correlated with the level of area deprivation as measured by the official index of multiple deprivation.

For example, life expectancy for males in Blackpool, the most deprived area based on the 2015 classification, was 74.3 while it was 81.7 in Wokingham, classified as the least deprived – a 7.4 year difference. For females the respective figures were 80.1 and 84.7 – a 4.6 year difference.

Healthy life expectancy (how long someone can expect to live 'in a healthy state') was 54.9 in Blackpool for males and 71.4 in Wokingham – a 16.5 year difference. For females the respective figures were 58.3 and 69.9 – an 11.6 year difference.⁴

The Strategic Review of Health Inequalities in England post-2010 (Marmot, 2010) reported that people living in the poorest neighbourhoods in England, will, on average, die seven years earlier than those living in the richest neighbourhoods.

'The evidence shows that health inequalities continue to be shaped by the conditions in which people are born, grow, live, work and age.'

Jeremy Hunt

Secretary of State for Health, Letter to the NHS, 23 February, 2016.

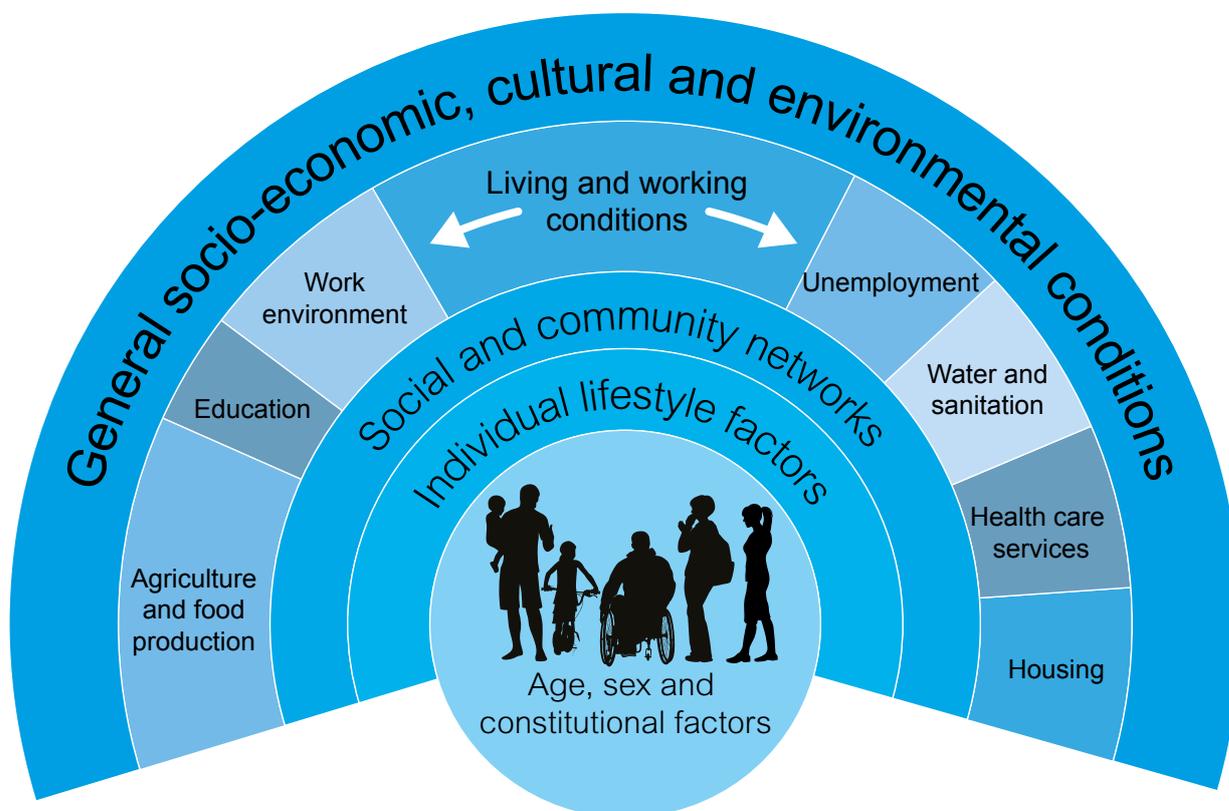


4 ONS (2014) Healthy life expectancy at birth

The determinants of health

The broad determinants of health, Dahlgren and Whitehead (1991)

The familiar diagram below was proposed by Goran Dahlgren and Margaret Whitehead in 1991 to illustrate the layers of influence of the social determinants of health.



Each of the layers in The determinants of health contains complex 'wicked issues' which need extensive collaboration between government and local government working together with many stakeholders both nationally and locally to have an impact.

More recently public health specialists have made estimates of the contribution of different factors to people's health. The relative contribution of the determinants of health, p12 is an example. Others have given slightly different estimates (for example, giving a greater weighting to the contribution of housing in the UK), but all are agreed that health services (clinical care) make a lesser contribution to health but are still important and significant.

Because of the many factors involved in the social determinants of health, a HiAP strategy sits well within a whole system approach in which individuals, organisations and communities work together to identify and pool their capacity, skills, knowledge, connections assets and resources. Such an approach requires a strategic commitment to building a working culture, shared language and network of inter-personal relationships which can help to overcome the stifling effect of hierarchies, demarcation, disputes, paternalism and silo based working.

Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

The categories on p13 are interdependent. For example, someone's income will determine to a considerable extent where they can live and therefore the quality of the built environment around them (Grant et al, 2012). Poorer people are more likely to smoke (ONS, 2016). Obesity is associated with lower educational attainment which, in turn, is linked to inequality and deprivation (Public Health England)⁵. Thus, while health behaviours have a big direct impact on health, socio-economic and other factors have a big impact on health behaviours.

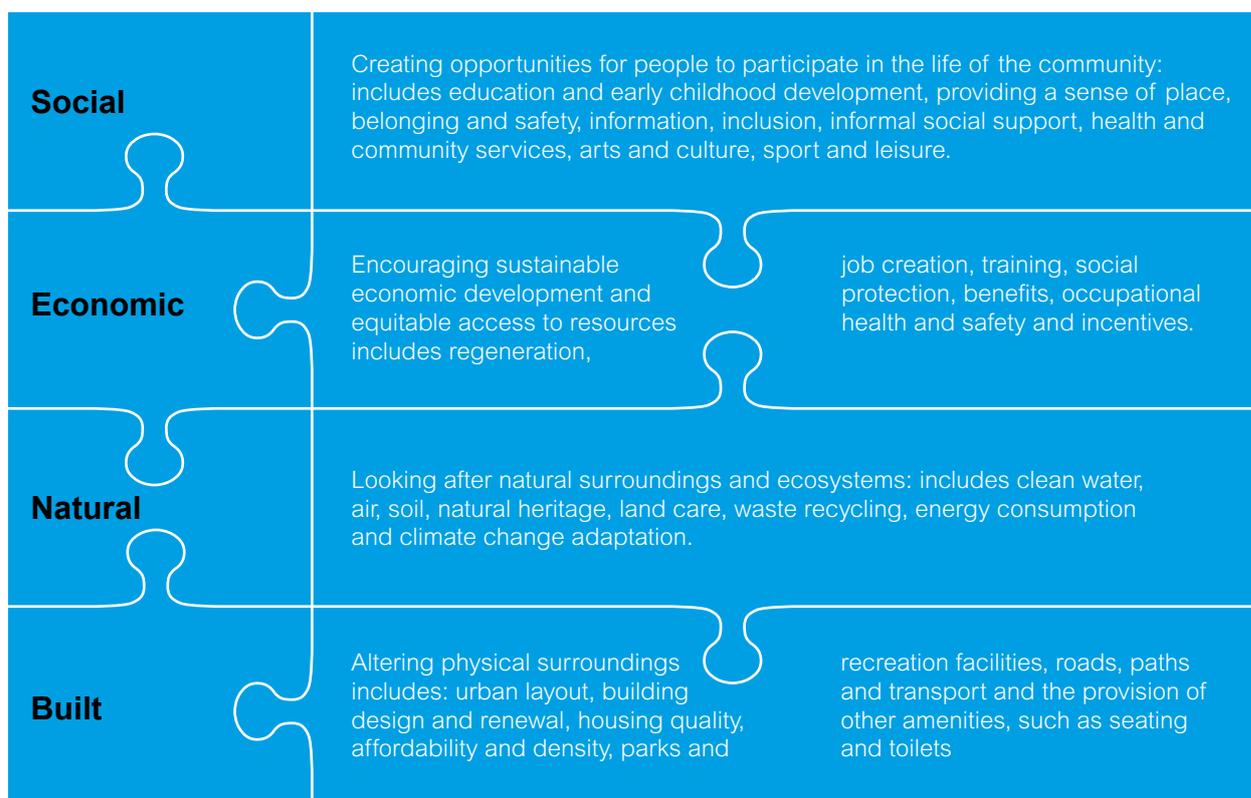
Marmot called the social determinants of health, "the causes of the causes" and said that these are what should be the main focus if we really want to improve life expectancy, health and health inequalities.

These social and economic inequalities underpin the determinants of health: the range of interacting factors that shape health and wellbeing. These include: material circumstances, the social environment, psychosocial factors, behaviours, and biological factors.

⁵ <https://www.noo.org.uk/LA/impact/education>

The causes of the causes

The causes of the causes: if the causes are social, economic and environmental then the solutions need to be too



Source: LGA (2013)

The Marmot review said that addressing the social determinants of health and reducing health inequalities will require action on six policy objectives – these objectives have been adopted widely across government, local government and public health:

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill-health prevention.

It is important to note that no one agency could implement any of these objectives on its own. They require collaboration, partnership and collective action in many different spheres of activity.

What are the barriers to Health in All Policies?

Effective coordinated action needs to be driven by political will and political priorities and sometimes this is difficult to secure, particularly in times of economic austerity and competing priorities.

Individual departments, organisations or sectors may not see any advantages to their own goals in adopting a HiAP approach, which may appear as a distraction or added burden.

HiAP requires time and energy to be put into developing mutual understanding and good relationships among people and organisations who may not have worked together in the past. At the early stages, HiAP objectives may not appear to be worth the effort required to achieve them.

The World Health Organisation (WHO, 2015) lists as some of the difficulties with implementing HiAP:

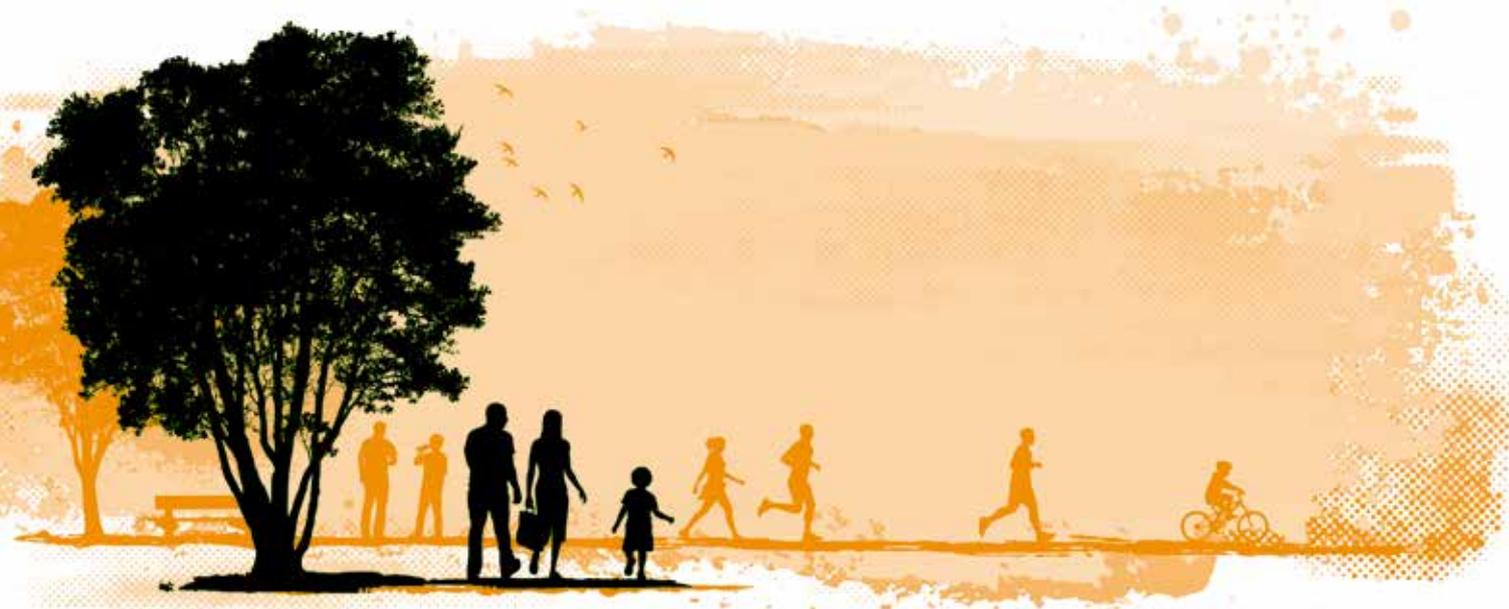
- lack of institutional support
- ineffective leadership in the bureaucracy
- poorly planned or unclear objectives and responsibilities
- impediments of hostile stakeholders
- shifting political priorities
- weak enforcement
- limited resources and capacity
- unrealistic time frames.

This is a daunting list, but councils and public health teams along with their partners on health and wellbeing boards and in the community are well used to developing partnerships and collaborative projects that manage to negotiate the difficulties on the list. It is a huge challenge to achieve collaboration across a whole organisation, let alone a range of organisations and sectors with their own objectives and priorities. Despite this, a HiAP approach has been developed in countries across the world and there are many examples of successful partnerships taking a HiAP approach in this country. And as Marmot and Allen point out, analysis has shown that health inequalities worsen under economic crisis and austerity. “Doing nothing has high costs – financially and in widespread costs to health” (Marmot and Allen, 2013).

Coventry City Council a Marmot City with a HiAP approach

In 2013, Coventry City Council and its partners across the public sector committed to becoming a ‘Marmot City’. This means that across the city all relevant organisations including the council, the clinical commissioning group (CCG), the police, fire service and voluntary and community sector, made a commitment to work together through developing innovative projects and initiatives which aim to improve health and reduce inequalities, and through embedding the six policy objectives of the Marmot Review, Fair Society Healthy Lives into their core functions to ensure that the impact on health, equality and social value is considered in policies, procedures and decision making.

In 2016, a three year Memorandum of Understanding was agreed between the council, Public Health England and the Institute of Health Equity at University College London, headed by Professor Marmot. Public Health England and the Institute of Health Equity have agreed to provide Coventry City Council with the capability and expertise to tackle health inequalities, while Coventry City Council will act as an exemplar for the Marmot City approach.



The Marmot City approach is about tackling the wider determinants of health. As there are so many factors that affect health and contribute to inequalities, tackling health inequalities cannot be done through public health alone. Instead, public health works across the council and with other partners and services which have an impact on the wider determinants of health. This means that, in effect, the council is implementing a HiAP approach.

For example, the council has made a commitment to commissioning for social value which has involved joint working with the procurement team. In another example, the Director of Place at the city council acknowledges the influence of the public health team in his new emphasis on rolling out more health and welfare services for the council's own manual workforce. Similarly, the public health team has influenced the direction of Cycle Coventry, a £6 million scheme to increase the provision of cycle lanes. The scheme has moved away from more cycling provision in areas where people were likely to use it towards areas of deprivation where people have not had access to such schemes before. The whole approach to the public realm and the city scape has been influenced by a public health approach and staff of the Place Directorate now talk about ways to design the city centre so that "we can get people exercising when they don't know they're exercising".

The council's chief executive, Martin Reeves, is clear that to achieve the vision for improved health and reduced inequalities across the city, public health has to be 'locked in' to all the rest of the council's functions.

This HiAP approach could not happen without the commitment of a huge range of local partners beyond the council. For example, the public health team has worked with the police on drugs and alcohol prevention and the fire service has decided to put Marmot priorities at the heart of its agenda, training fire-fighters on dementia, domestic violence and Making Every Contact Count (MECC).

Over the next three years, the public health team is also working with the Local Enterprise Board (LEP) and the Chamber of Commerce to bring the business sector more closely on board.

The development of asset based working has by its very nature required partnerships with the voluntary and community sector, the NHS, local universities, children's centres and others.

The council and the public health team together with their partners in the public and voluntary sectors have identified a number of areas in which they want to concentrate over the next year to tackle inequalities. These include:

- economic growth and the relationship between employment, workplace and health
- the diversity agenda, focusing on inequalities which may be hidden in city-wide statistics
- the five to 19 age group, for example trying to work with young people not in employment, education or training and addressing teenage conception.

Health in All Policies – the key elements

Bearing in mind the barriers described above, a number of elements have been identified as central to a HiAP approach. Policy makers and practitioners have emphasised that there is no ‘right way’ to incorporate HiAP, but the principles below are sufficiently general to be adaptable to a wide range of organisations and localities.

Promote health, equity and sustainability

This involves incorporating health, equity and sustainability into specific policies, programmes and processes and also embedding health, equity and sustainability issues into decision making, so that this becomes the normal way of doing business.

Support intersectoral collaboration

Partners from many local government functions and sectors need to come together recognising the links between health and other policy areas, breaking down silos and building new partnerships. Areas that are not usually considered health issues (eg housing, education, employment, spatial planning, licensing) play a major role in shaping the economic, physical and social environments in which people live and therefore have an important role in promoting health and equity.

Benefit multiple partners

HiAP is built on the idea that all the partners involved have something to gain from the partnership and a HiAP partnership will assist each partner to achieve their own goals as well as the common goals of the partnership. An example of this win-win approach would be providing healthy school breakfasts or lunches that improve concentration and promote learning as well as health.

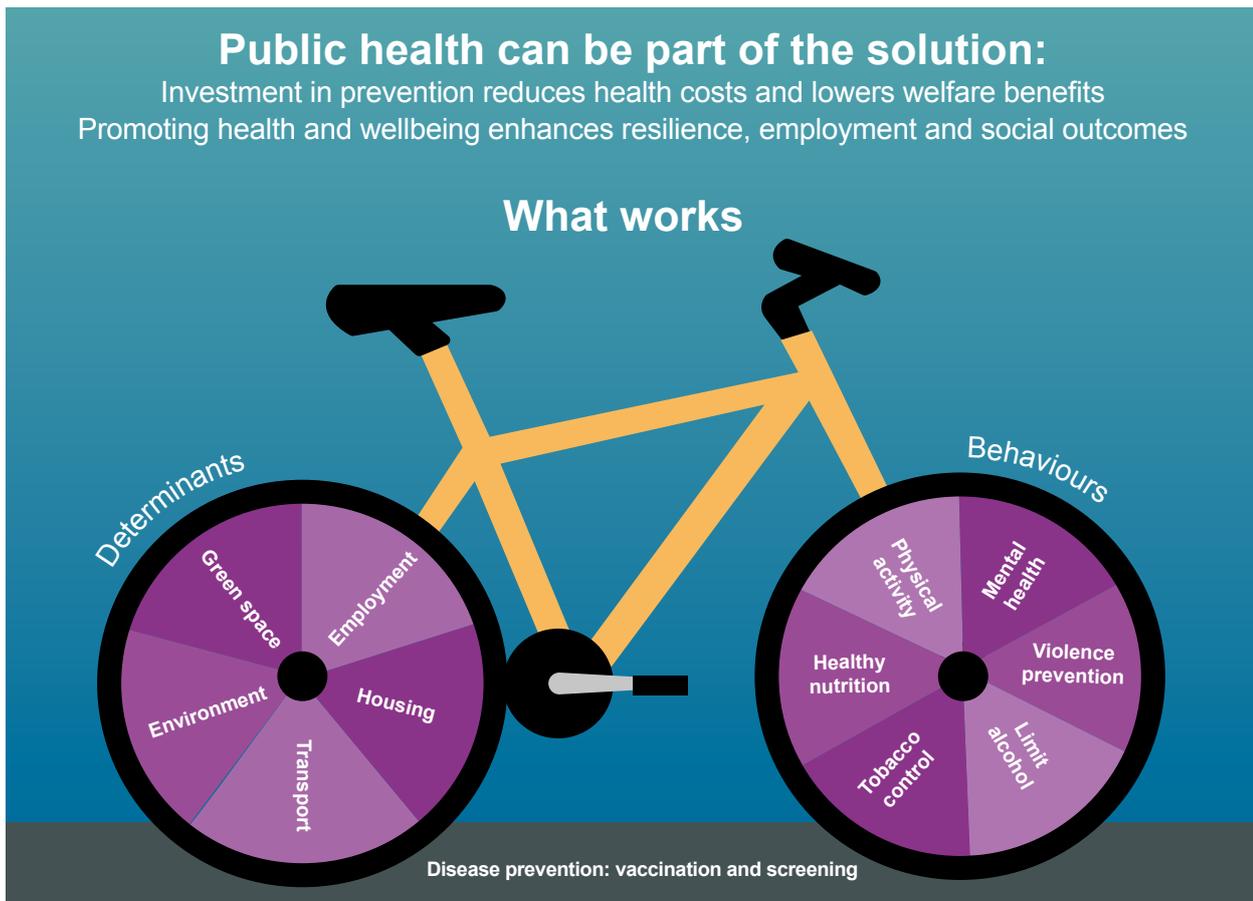


Figure 4: HiAP can benefit multiple partners and bring win-win outcomes

Source: WHO (2013)

Evidence that partnership works

There is a long history of partnership working to deliver health improvements in England, but evidence demonstrating successful partnership working is relatively weak. Partnerships therefore have to be viewed as a means to an end, not an end in themselves. Health and wellbeing boards and other partnerships, processes and planning mechanisms are not enough; there must be a clear focus on outcomes, based on evidence of what works (Buck and Gregory, 2013).

Engage stakeholders

Stakeholder engagement is essential for ensuring that work is responsive to community needs, for gathering valuable information necessary to bring about significant change and for gaining mutual trust, understanding of and commitment to the HiAP approach from all stakeholders.

Create structural or procedural change to embed HiAP

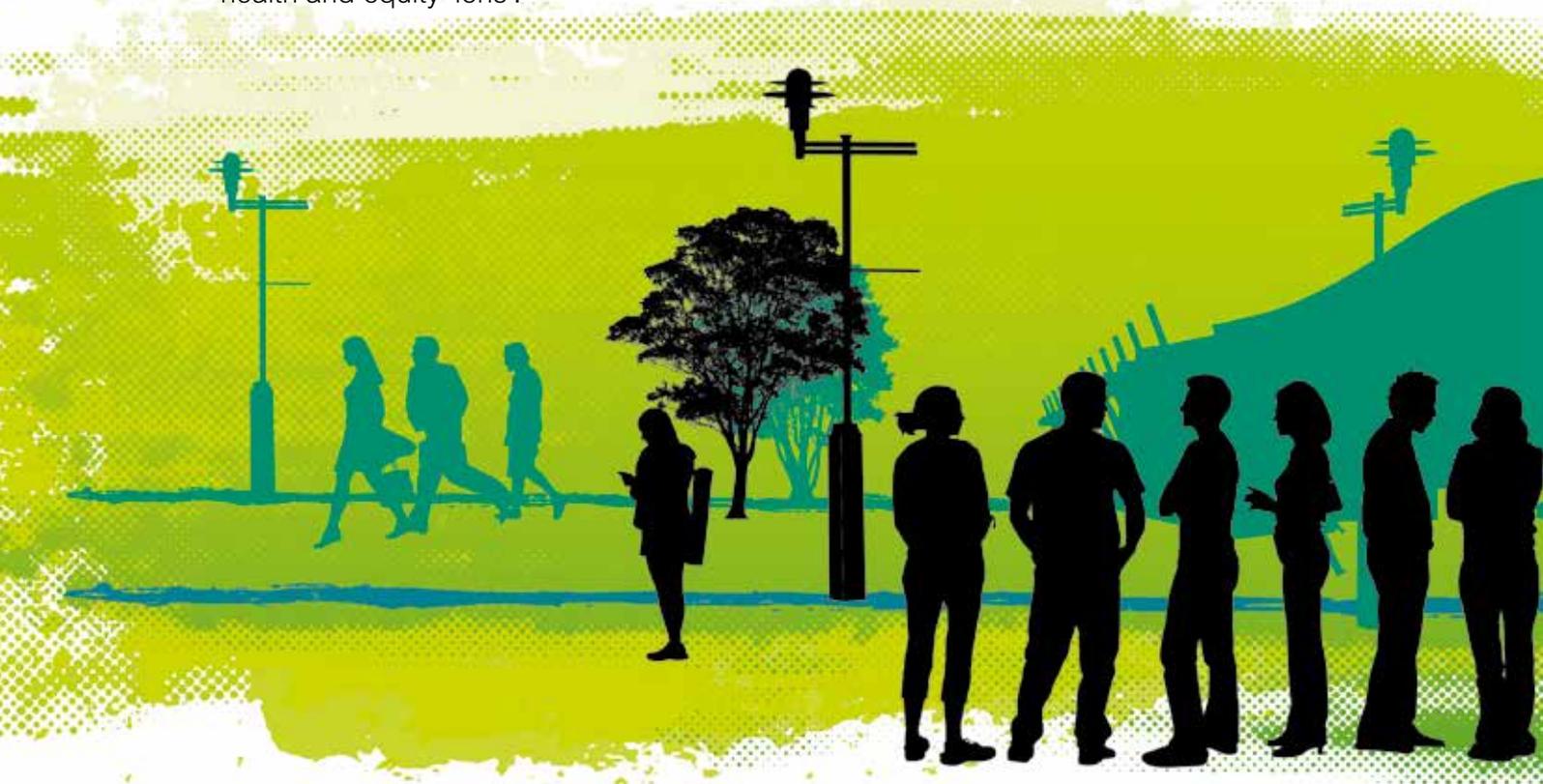
A HiAP approach needs to bring about permanent changes in how partners relate to each other and how they individually and collectively make decisions. HiAP needs to be embedded in existing and new structures which sustain intersectoral collaboration and enable policy decisions to be seen through a health and equity 'lens'.

Develop common monitoring and evaluation tools

All partners need to be agreed on what constitutes success for a HiAP approach, how they will measure the effectiveness of their approach and how this will be reported and used for further development of goals and outcomes.

'The central issue is that good conditions of daily life, the things that really count, are unequally distributed, much more so than is good for anything, whether for our children's future, for a just society, for the economy and, crucially, for health. The result of unequal distribution of life chances is that health is unequally distributed.... And the effect is graded – the greater the disadvantage the worse the health.'

Michael Marmot,
The Health Gap, 2015, p7



2. Getting started

Finding opportunities for change

Health in All Policies (HiAP) can be used across the whole organisation, partnership or sector and can also be applied to specific policies, programmes and strategies.

'We have built a culture where being healthy is not the default option for many. Only acting as a system will turn it round. And it will take phases of work across time, and work at different levels. If focusing on individuals really worked that well, why are we still in this mess?

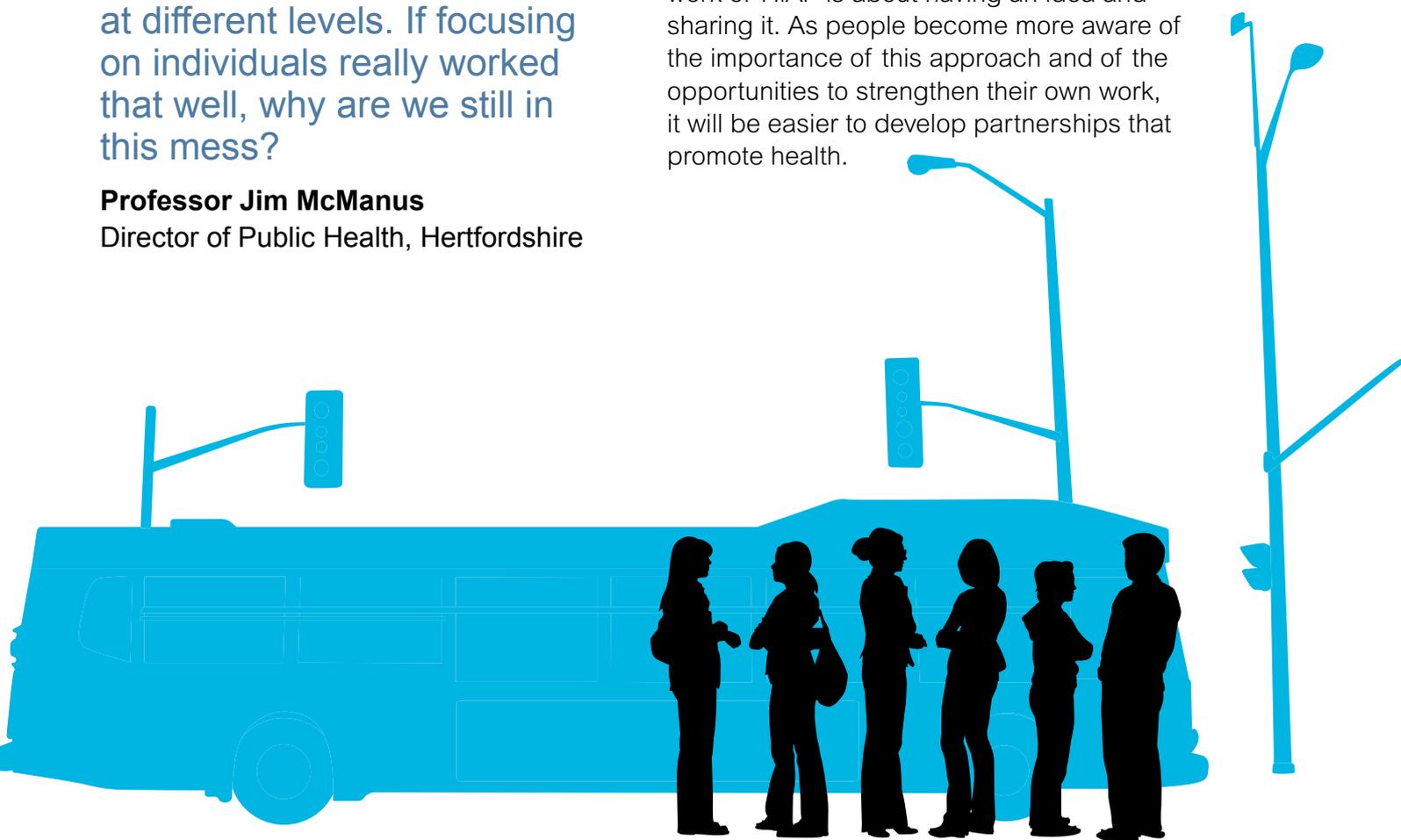
Professor Jim McManus

Director of Public Health, Hertfordshire

Any HiAP initiative will require considerable work in developing a vision, a collective decision and commitment, a strategy and an action plan. A first step may be to seek an opportunity that will enable a HiAP approach to be demonstrated, whether this involves working with a single partner outside the public health field, a mobilisation around a specific community need, or an idea about how health could be embedded into a process or programme in a department or agency not focused on public health.

Share your vision

It is important to talk about your vision in order to help others see the potential that could be achieved (see section 3 below). Much of the work of HiAP is about having an idea and sharing it. As people become more aware of the importance of this approach and of the opportunities to strengthen their own work, it will be easier to develop partnerships that promote health.



Focus on a specific public health issue

Tackling an issue like obesity needs a multi-agency, partnership approach and commitment across a number of sectors but it is now widely understood as an important health issue where improvements could have a major impact. Making progress on a significant health issue like obesity is one way of demonstrating what a HiAP approach could look like.

Focus on a key policy area

Another approach is to focus on a key local government policy area which has significant health impacts, such as transport or housing, showing how public health specialists can make a contribution (for example by providing data to support priorities in the policy area) while mutual learning takes place between public health and specialists in that area.

Look for windows of opportunity

At any given moment, most councils and other local organisations are discussing or implementing literally hundreds of issues, processes, or initiatives in all kinds of policy areas, many of which offer opportunities to promote health. These create 'policy windows' that may only be open for a short time. For example, you may find policy windows at the beginning of a strategic planning process, when a key cabinet member, chair of a CCG, director, leader of another organisation or community leader becomes interested in a topic, when there is an unexpected crisis or natural disaster, or when a community demands action on an issue. You may rarely have control over the timing or content of policy windows, but if you look for them, they can provide opportunities to engage in collaboration for health.

Food for thought

Below are a number of questions you may want to ask yourself as you begin to move forward with a particular policy, project, or strategy:

- Why is it important for health to become a part of the process or discussion, and how will you explain this to others?
- Who are the key leaders and how will you reach them?
 - How do your interests align with their concerns and priorities?
 - Who is the best person to reach out to them?
- What do you want others to do?
 - Do you want others to invite health representatives to the table?
 - Do you want to establish a new group (eg, aHiAP workgroup or task force)?
 - Do you want others to incorporate health considerations into an existing process, such as the development of data or metrics, strategy development, or the allocation of resources?
- Are there human or financial resources that can help get work started or can help sustain a project?
- What information do you need?
 - Do you need more information to enable you to articulate why collaboration might be relevant to partners from outside the public health field?
 - Do you know your potential new partners' priorities, goals, and challenges?
- Do you know who your stakeholders are and their views on the issue?



3. How do we talk about a Health in All Policies approach?

Health in All Policies (HiAP) messages should:

- trigger the environmental frame first
- state values
- state the solution clearly and give the solution as much as or more attention than the problem.

Framing the environment

HiAP is a label for a larger concept rooted in the fact that the environments in which people are born, live, study, work, play and grow old shape their health outcomes. If environments matter for health then we should consider health outcomes in making decisions that shape those environments – we need to look at health through an ‘environmental frame’.

The environmental frame can be obscured by the fact that many people still hold individuals accountable for their own health outcomes, especially in relation to ‘lifestyle choices’ such as smoking, eating and physical activity. While it is certainly true that the decisions we make as individuals do affect our health, it is also true that environments matter a lot: individual decisions are always made in the context of economic, social and physical environments that can affect nearly every decision. To make the case for Health in All Policies most effectively, it is important to provide an alternative to the default frame of ‘individual choice’.

The idea that contexts and environments affect individuals, their health and the choices they make should be communicated early and often, as it is generally not the first thing that comes to mind when people are asked what should be done about poor health. Many believe that the best ways to address poor health are through better access to healthcare and lifestyle choices; fewer people focus on creating better environments. They need to be reminded how homes, schools, employment, neighbourhoods and other settings affect our daily lives, including our health. Once that idea has been triggered, people can more easily understand the need to improve environments in order to improve health, and from there it is a simple step to understanding the value of a HiAP approach.

In a local government context, it is particularly important that councillors understand the arguments for HiAP and are convinced of its value and ready to champion it. Many councillors as representatives of communities will have an instinctive understanding about the impact of the social determinants of health on their residents. Others may be strongly influenced by the idea of individual choice. However, they need to be armed with the evidence in order to convince themselves and any sceptical colleagues and leaders in the wider community. Helping them to look through the environmental frame is a key role for public health specialists.

Building on shared values

People usually connect with issues through the emotion that is evoked with the expression of values, so including an expression of values is a critical piece of effective communication. While not everyone shares the same values – and this may be especially true of elected politicians from different parties – most people connect with commonly-held values such as fairness, efficiency, opportunity and equality. These make a good starting point for talking about HiAP. It can also be useful to think about personal and organisational values as they relate to the five key elements of HiAP (see section 1). For example, one of the key elements of HiAP is that work benefits multiple partners, which is related to values of efficiency, collaboration, and fairness. In developing messages about HiAP, it is important to identify shared values that could attract an audience to the concept.

Constructing messages to support Health in All Policies

Triggering the environmental frame is important whether communicating about the general concept of HiAP or about a specific sector, local government function or policy area.

This sample message is aimed at a Planning Department and combines an environmental trigger with the commonly held value of collaboration:

Families are healthier when they have safe, easily accessible walking routes to school and work.

After triggering the environment, it is important to identify the outcomes sought, as clearly briefly and specifically as possible.

Families are healthier when they have safe, easily-accessible walking routes to school and work, and this is something planning can influence. That's why we're asking the planners to ensure that the proposed new

housing development on the outer ring road incorporates walking routes to town so parents there can be confident that it's safe for their children to walk to school.

As discussed earlier, HiAP presents two kinds of solutions:

- 1) solutions that result in a specific policy change
- 2) solutions that change structures and practices to embed health in decision-making. Below is the same example with the addition of a solution more oriented towards the overarching goal of breaking down silos and embedding health and collaboration into local government structures.

Families are healthier when they have safe, easily accessible walking routes to school and work. We need to ensure that the new housing development has plans for routes into town so that parents feel that it's safe for their children to walk to school. To do that, planning and public health must work together to support each other's' goals and create safe routes to schools for all of our children.

Or, taking the HiAP solution one step further, we could add:

To do that, planning and public health must work together to create safe and accessible routes to schools for all of our children, and make sure that the planning process includes criteria that support consideration of the health impacts of different planning proposals.

Finally, solutions can be linked to values. While we may choose solutions based on analysis and data, it is values that move people and help them connect to issues and ideas such as HiAP. Values can appear anywhere in a message, as part of the environmental trigger, the problem, or the solution.

Families are healthier when they have safe, and easily-accessible walking routes to school and work. We need to ensure that the new housing development has

plans for routes into town so that parents feel that it's safe for their children to walk to school. Working together, the two departments can take advantage of their collective experience and find solutions that improve health outcomes.

All of this can be summed up as an equation for communicating effectively about HiAP:

ENVIRONMENTAL FRAME + SOLUTION + VALUES + EVIDENCE = HEALTH IN ALL POLICIES

Food for thought

Below are some questions you may want to ask yourself thinking about how to present HiAP:

- Do you and your HiAP champions and leaders have a simple way of describing what HiAP is and why it is important?
- In developing a HiAP approach either within the council or with external partners do you know which values will most resonate with potential partners?
- Do you have some examples for different policy areas like the one explored for planning above which draw on the equation for effective communication about HiAP?

Sample answers to common questions about Health in All Policies

Below are a number of sample answers to questions using the formula of

ENVIRONMENTAL FRAME + SOLUTION + VALUES + EVIDENCE = HEALTH IN ALL POLICIES

Question: how do we know that HiAP works?

Answer: Public health professionals have known for a long time that we need to consider the environment and circumstances in which we live to help ensure optimal health (environmental trigger). National and local

government across the world have been using a HiAP approach (even before it had that name) in order to devise creative solutions to seemingly intractable health problems. Public health began in this country with efforts to improve housing and sanitation that reduced infectious diseases like cholera. Public health also worked with government agencies to introduce seat belts, safer road designs, and other innovations that together have led to major declines in rates of vehicle crash deaths. HiAP applies the lessons learned from those experiences to today's key health challenges (solution). (Values: efficiency, effectiveness, national and local government responsibility.)

Question: we're all so stressed out – why should we in other areas get involved in health when that's the job of public health?

Answer: Of course, public health has a big role to play. But we've known for a long time that community environments have a huge impact on health – even more than the effect of medical care (environmental trigger). In public health we don't have the expertise or authority to change those environments. We can only do this with your help. Health is one of the issues that matters most to people's quality of life and it is a component of environmental, social and economic wellbeing which we all have a duty to promote. We all have a role to play in creating healthy environments to solve some of our most pressing health problems. If we work together, we can find solutions that will be win-wins and move us all toward shared goals. For example, we know that building cycle and pedestrian infrastructure creates more jobs, decreases air pollution, and increases physical activity which improves both health and academic performance of children and young people. Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years. These examples show that we need multifaceted solutions to solve complex problems, and HiAP is one strategy that will help us to do that (solution). (Values: collaboration, efficiency, effectiveness, local and national government responsibility.)

Question: won't HiAP be expensive? Why should we spend our already stretched resources on issues outside our core business?

Answer: We can't afford not to use a HiAP approach. These days, social and environmental problems are so complex that lasting solutions require everyone in local government and other sectors to work together. The consequences of spatial planning, housing, employment, transport, leisure or food systems policies can include lifelong effects on the health of whole communities (environmental trigger). In part, siloed approaches got us into this problem in the first place, and the poorest communities have borne the brunt of this inefficient approach. We can do better. By investing the time and creativity now to consider health impacts, we can prevent expensive problems from happening in the first place. It is not only in our best interest to consider how all policies affect health, but it is a key part of our job (solution). (Values: equity, local government responsibility, ingenuity or "can-do" spirit)

Question: aren't these health problems really just the result of people making bad decisions?

Answer: Some people don't have as many opportunities for health as others. It makes sense that it's easier to exercise if you have a safe park or playground nearby, or nice, well-lit pavements to walk on. And we all know it's more tempting to buy high sugar, high fat, fast food if you walk by lots of places that sell it cheaply on your way down the street (environmental trigger). Local government, other public services and employers do have a role in protecting and serving their residents and employees, especially when it's hard for people to do something by themselves. One way we can do that is by affording all people more opportunities for health, for example by building safe places to play, inviting in new food sources (like food co-ops healthier hot food takeaways, fresh fruit and vegetable markets or creating safer routes to work and school. Using a HiAP approach gives all local partners the opportunity to think about how their work will have lasting impacts, and to find the best possible solutions that serve everyone (solution). (Values: opportunity, public sector and employer responsibility)



4. Working together across sectors

Interagency collaboration requires strong relationships built on a foundation of trust, mutuality, reciprocity and collaborative decision making. Working together will play an important role in a Health in All Policies (HiAP) approach.

HiAP is rooted in the concept of partnership or collaboration. Strong relationships are essential to the success of any HiAP initiative. Working together with partners can take many forms along a spectrum ranging from simply sharing information to co-creating new projects or adopting shared goals that are integrated throughout each other's work. HiAP initiatives benefit from activities at all points on this spectrum. Sharing information, consulting and engaging partners in problem solving can be important steps to building trust and working agreements that can ultimately support more in-depth partnership over time.

The role of health and wellbeing boards

Through their health and wellbeing boards (HWBs), councils will have a well-established way of working with representatives of a number of the organisations and sectors needed to implement a HiAP approach. The HWB will also be likely to play a governance role, in being the body to which a HiAP steering group and/or specific projects report. Since a HiAP approach will be an important means of implementing the goals of Joint Health and Wellbeing Strategies, HWB members may be enlisted to act as HiAP champions, advocating for a HiAP

approach within their own organisations as well as across the HWB membership and beyond.

HWB members will be key to an intersectoral approach to HiAP, but partners in HiAP will not be confined to the statutory membership of HWBs. HiAP action plans will need the involvement of different partners at different times. However, the HWB provides a good starting point for getting sign-up from key senior people in a locality to the HiAP concept and a forum in which to promote understanding of the social determinants of health.

Leaders of HiAP programmes will need to find a way to engage champions outside the HWB, as a HiAP programme will not succeed if it is perceived as being solely 'owned' by the HWB. This means that high-level forums in addition to and complementing the work of the HWB may need to be introduced where strategic issues can be discussed and where senior politicians and leaders who are not part of the HWB have an opportunity to understand and develop their roles in HiAP. In addition, community grassroots forums may also be appropriate at different stages in the development and implementation of HiAP initiatives.

Wellbeing for Life in Newcastle upon Tyne

In establishing Newcastle's statutory HWB, partners in Newcastle were driven by:

their shared priority of tackling longstanding inequalities in social, economic and health outcomes within the city, and between the city and the UK as a whole

the strong evidence that an approach which fails to address the underlying

causes of inequity will fail to provide a sustainable long-term solution the opportunities that arise from a flourishing health economy, strong public institutions, global recognition as a centre of expertise and innovation in health and care

international best-practice and a firm belief in wellbeing and health as a human right, which informed the city's involvement in the World Health Organisation's (WHO) Healthy Cities Movement since the early 1990s.

In applying these principles, the city decided that an approach which focuses solely on health and care governance will fail to deliver the health gains that the city needs.

As a result, the Wellbeing for Life Board acts as the statutory HWB and also the steering group for the city's ongoing involvement in the WHO European Healthy Cities Network. The brand 'Wellbeing for Life' seeks to emphasise that the local definition of health is wider and more positive than the conventional "ill-health" viewpoint as well as the importance of a life course perspective.

The board's membership reflects this broader approach, going beyond the statutory membership in terms of both organisations and positions whilst being pragmatic about the number of people who can fit around a table. The inclusion of the council's chief executive reflects the council's desire to ensure Wellbeing for Life leadership flows into all parts of the council and through its various functions out to other partners not directly involved in the board, such as housing providers, police and the private sector. The inclusion of the universities emphasises the importance of Newcastle as a student city, their role in supporting innovation and research, and their status as one of the biggest employers in the city. The voluntary and community sector has always been a key player in local partnership working, not only as service providers but for their role in advocating for the interests of local people.

Retaining a focus on the conditions for good wellbeing and health has been difficult at a time when there is increasing health and care governance expectations

placed on the board.

Over time, discussions became more focused on (adult) health and social care and on system integration. As a result, less board meeting time than intended has been given to strategic leadership around determinants of wellbeing and health. Following an LGA Peer Challenge in October 2015, the board is currently reviewing how it manages the tensions between its own ambitions to lead a HiAP approach whilst still meeting the demands of health and care integration.

Focus on building trust

A HiAP approach asks individuals and agencies to move out of their comfort zones and work with new partners in new ways, to speak openly about their concerns and aspirations, and to take risks. Collaboration can also raise concerns about "turf" or autonomy as agencies' work becomes intertwined, including loss of authority, resources, or ownership of an issue. Strategies include asking about and understanding these concerns, being explicit about leadership, giving credit freely to others, and sharing the limelight by giving others ample opportunity to be visible as leaders. Additionally, you should share information as widely as possible, refrain from pursuing hidden agendas, and be honest about both your own and your agency's opinions and goals. The tips listed here can help you establish, maintain, and deepen trust over time, including through potentially difficult processes:

Practise humility

This includes being open to learning from partners, recognising their expertise and demonstrating interest in their objectives.

Respect confidentiality

While transparency and accountability are essential, partners may need opportunities to air their concerns in a confidential setting.

Honour commitments

It is important to follow through on agreements you make, or if that becomes impossible, to let partners know how and why the plan has changed.

Model reciprocity

Reciprocity represents a long-term, collaborative practice of mutual help. This involves taking risks by committing time or other resources without an assurance that the return will be equal. It requires shifting from a mindset of scarcity and competition for resources to a long-term, collaborative model of encouragement and support. Strategies to demonstrate reciprocity include the following:

Offer help

This may include sharing information, serving on a committee, offering staff time to partners' projects.

Give credit

HiAP can introduce a new level of action or an innovative solution to a problem, but it may be based on the work of others who have been working on the problem for a long time. Therefore, giving credit to others whose work have provided a basis for your initiative's success is essential.

Assume good intentions

Given the traditional silos in local government and other public sector organisations, you are likely to encounter miscommunications and misunderstandings as you broach areas in which you have limited knowledge. If you can assume good intentions (ie that your partners' intentions are based on values you support), you can ask them to help you understand why they are taking a particular approach. This will help in deepening mutual understanding of an issue.

Pursue mutuality

Mutuality is the idea that goals are aligned across agencies and policy areas. It represents a cultural shift from pursuing independent, siloed, topic-based interests to embracing shared beliefs and pursuing common goals.

As people see the benefits of having a common vision and shared goals, they are more likely to embrace mutuality.

Discover shared values

Everyone who comes to a HiAP initiative brings personal and organisational values with them. You may find it easier to identify shared goals if you have explicit conversations about values early in your process.

Identify win-wins and co-benefits

Intersectoral collaboration works best when partners from all sectors can see tangible gains for themselves. Identifying win-win opportunities can help establish buy in, allows partners to leverage resources and increase efficiency by pursuing multiple goals through one effort, and is an essential strategy for building a mutual vision and shared goals.

Examples of co-benefits and win-win strategies for health and sustainability

Community safety

Violence or fear of violence can make people unwilling to take public transport, less supportive of high-density living, less likely to allow their children to walk to school, or less likely to engage in community activities, all of which can impact on health and healthy behaviours. As a result, reductions in violence and fear of violence can lead to reduced rates of injury and stress, as well as increased social and community cohesion and opportunities for physical activity. Increased community safety has potential co-benefits for several other agencies and community stakeholders, including:

- Transport: increased use of public and non-car modes of transport and decreased traffic.
- Air quality: reduction of vehicle emissions through increased use of public transport, walking, and biking, and through greater willingness to live in dense, urban areas.
- Law enforcement: reduced crime rates.
- Businesses: increased foot traffic.
- Parks and leisure services: greater use of

parks for recreation.

- Planning: planners may want to use design features that promote safety (such as lighting) in order to increase the appeal and usability of public space.
- Schools: reduced rate of crime on children's routes to and from school.
- Housing: reduced rate of crime in residential areas and greater willingness to live in social housing and mixed residential areas.

Additional tips for HiAP relationships

Understand context

Pay attention to the political and organisational context in which your partners are working, including past interagency interactions, successes and failures, or other issues that may colour perspectives on the current effort.

For example, if you see an opportunity for HiAP in a particular area, make sure you understand potential partners' concerns and how you can get involved without inadvertently derailing their work or sacrificing any of their goals.

Share information and ideas

Good health is a commonly held value that most people want to support. But regardless of how obvious the connections to health may seem to you, people working in other fields may know very little about the health impacts of their work. Therefore, part of your role is to help highlight opportunities for staff across the council and at partner agencies to incorporate a health perspective into their work by sharing data, pertinent scientific literature, and case studies from the field.

Be flexible

HiAP requires tremendous flexibility, as it is a long-term strategy that takes place in an environment characterised by administration changes, staff turnover, continuously developing legislation, and funding that is often insecure or short-term. For example, legislation could mandate a change that your HiAP group was already trying to achieve, which may shift the focus of your work from building agreement around what that change looks like to developing a plan for implementation. These changes also create relationship-building opportunities if you are ready to respond. For example, in cases where organisations have not worked well together, changes in administration or leadership can provide new partners for collaboration.

Make introductions

As you build intersectoral relationships, you may be surprised by how many people you know who don't know each other. You can play an important role by building bridges for others and introducing potential partners to each other. Don't forget the role of councillors in developing relationships. They may be involved in all sorts of organisations outside the council and already have relationships in areas where you want to introduce HiAP initiatives.

Language matters

Every discipline, including public health, has its own jargon, language, and acronyms. A first step in building relationships is to make sure that people can understand each other. This can include avoiding abbreviations, being mindful of language that is hard to understand, and being aware of situations where differences in use of terms may cause disagreement or confusion.

Simple words can have many meanings

Even common words or phrases can have different meanings for people working in different agencies. The common definition for the word “safety” is “freedom from danger, risk, or injury,” but the meaning of the word may vary greatly depending upon who is speaking. For example, when using the word “safety”:

- criminal justice or the police may be talking about freedom from crime and violence
- environmental health colleagues may be considering whether food products are free from contamination
- transport managers may be discussing protection from injury and death for drivers, bicyclists, pedestrians, and road maintenance workers
- fire and rescue services may be referring to building features such as fire alarm and sprinkler systems
- regulatory staff may be talking about workplace precautions to prevent injury and exposure to toxins.

These are all consistent with the dictionary definition of the word, but illustrate the need to ensure understanding among a diverse group of what is meant by even commonplace words.

Collaboration takes time

A solid collaborative effort takes a lot of time, particularly if you have many partners. It is important to allow sufficient time for relationship building, learning about your partners’ goals, and developing agreements. It is helpful if you can be flexible and allow for delays when warranted, but also maintain momentum on slow-moving projects.

Get the most out of meetings

In collaborative processes such as HiAP, meetings are often where relationships are built and decisions are made about goals and strategic directions. Whether a whole-group, small sub-group, or one-to-one meeting, make sure you use meeting time effectively to keep people coming back.

When partners disagree

The policy making process, its multiple competing stakeholders, and the traditionally siloed structure of local government and public sector agencies can lead to tensions and sometimes even to discordant policies. Conflict may actually increase as trust deepens and people feel more comfortable being honest with each other.

Conflicts that arise in a HiAP forum can reflect long-standing tensions between agencies, in some cases between two or more policies that are each explicitly health-promoting. Collaboration works best if disagreements and conflicts are acknowledged and addressed, even if they cannot be fully reconciled.

In any collaborative effort there will be times when people do not agree. In some cases, people’s loyalty to their own agencies may appear to be in conflict with their loyalty to the HiAP initiative. Even within these areas of conflict, there are often “zones of collaboration,” or areas where people can work together toward a common vision. One goal of HiAP is to extend these zones as broadly as possible.

HiAP staff can help partners find common ground and mutually agreeable solutions by listening carefully to the concerns of all, encouraging respectful listening and dialogue, and pointing out areas of agreement or creative solutions. It is important to remember that actions taken with even the best collaborative intentions can result in stepping on someone else’s toes. In navigating conflicts, you will need to rely and build upon the trust that you have already established.

However, all partners may at some point feel that they cannot agree to a proposed goal or action. Agreeing to respectfully disagree (and to continue dialogue) is an important strategy to prevent conflicts over specific issues from subverting the larger collaborative process.

Healthy Cities – working across sectors

The WHO Healthy Cities project is a good example of successful implementation of intersectoral HiAP working at the local level. Healthy Cities is a global movement that engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects.

A healthy city is one that is “continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential” (WHO, 1998). The WHO European region initiated its Healthy Cities network in 1986, inspired by applying the five key areas of health promotion identified in the Ottawa Charter for Health Promotion⁶ to the city as a setting for health. One of these five areas of action was “build healthy public policy” aiming to put health on the agenda of policy-makers in all sectors and at all levels. Cities involved in this 30 year old movement have been undertaking work to build the necessary governance, infrastructure and systems as the HiAP approach developed and then gained momentum through the Finnish Presidency of the EU in 2006.

A number of English authorities are part of this movement. The current Phase VI of the network which runs from 2014 to 2018 includes the overarching goal of promoting city leadership and participatory governance for health – with health and

health equity in all policies a main area of emphasis. A HiAP approach is not just an add-on to current ways of working but its emphasis on participatory governance and adaptive policy making requires a shift in thinking about the policy process itself. The networking between members has helped to identify the importance of political leadership within all portfolios and the need to develop new understandings and culture change across the local authority and the wider system.

6 http://www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf

5. Partners and roles

Partners

Health in All Policies (HiAP) initiatives depend on champions who use their relationships, visibility and organisational power to enlist the support of other key players, but they also need 'backbone' staff to help plan, manage and support initiatives.

By definition, a HiAP approach involves a wide variety of people, departments, organisations and sectors. It is good to keep an open mind about who should be involved, no matter what the issue – there may be important connections to health that have not yet occurred to you, as even the early stages of the root cause mapping above illustrate. While larger groups may require more work to manage, having more agencies at the table can allow for a more in-depth and nuanced understanding of complex issues, generate a fuller complement of policy alternatives, engage more partners in discussions about health and create momentum for HiAP. Some of the more obvious examples of potential partners in a HiAP approach are outlined below.

Local government internal partners

A corporate cross-council HiAP approach requires the involvement and commitment of the leader, the chief executive, other executive members and all of the council's directorates. Getting sign-up to such a corporate approach may involve a considerable amount of preparatory work, both for health specialists in understanding the objectives, priorities and technical expertise of different council functions and then in supporting councillors and council staff to understand the health impact of their area of work.

In working towards a corporate policy, it may be helpful to develop some demonstration projects that illustrate a HiAP approach to a single health issue or a key policy area, as suggested above. One advantage of demonstration projects is not only that they can show the links between health and other policy areas, but also that they can show how public health can bring its specialist knowledge and skills to support colleagues' diverse objectives, for example by gathering and presenting demographic and other data.

In gaining the commitment of the council's cabinet or lead members it is important to be aware of the turnover of councillors both at election time and between elections, as they change roles or portfolios. You may want to develop a short, flexible induction programme for new council members and new directors/heads of services to ensure that they can develop the same level of understanding of a HiAP approach as their more established colleagues.

Working with district councils

In the 27 two-tier areas of England, district councils are essential partners in the HiAP approach, since almost all of their functions are part of the social determinants of health and vital to a comprehensive HiAP strategy. Discussions on devolution potentially offer greater local collaboration on service design and delivery between county and district councils, as well as potential risks of fragmentation. District councils have no statutory role on HWBs, so their impact on health can sometimes be overlooked when strategic policies are under development. However, many district councils already have their own health improvement strategies and are well aware of their impact on the social determinants of health.

In most, if not all areas, they are already working with public health teams. If possible, they should be involved as founding partners in the development of a HiAP initiative.

Among the core functions of district councils that have an obviously direct impact on health are spatial planning, housing, leisure and green spaces and environmental health. But other less obviously health-impacting functions put district councils in a key position to collaborate in a HiAP approach. These functions include their regulatory powers – for example in relation to influencing the proliferation of fast food outlets and in licensing clubs and pubs. District councils have done innovative work in all these areas, for example in working with public health teams on inspection visits to clubs frequented by young people, to hand out condoms and carry out testing for sexually transmitted diseases. District councils come into contact with their residents on many, many occasions and in a myriad of settings. They are very well placed to ‘make every contact count’ as part of an inclusive health improvement strategy (see the section below on making every contact count).

District councils also have an important health role to play in supporting employment through their economic development work and in supporting social networks and community-centred approaches to health. These and other district council roles have an impact on mental and emotional wellbeing as well as people’s physical health and resilience. In addition to their core statutory functions they have a strong enabling role as potential partners in a HiAP approach. (For more on the current and potential health role of district councils see Buck and Dunn, 2015.)

Public sector partners

You will already have many relationships with the local NHS commissioners and providers, some through the statutory health and wellbeing board, but others more informal and at different levels in the different organisations. One important role is to ensure that NHS colleagues themselves understand the role of local government and its impact on health and how they can make use of local government services to support their work.

Other potential public sector partners include the Police whose community safety role brings them into contact with a surprisingly wide range of local initiatives, the Fire and Rescue service, universities, colleges and schools.

Making Every Contact Count the public sector’s front line

Making Every Contact Count (MECC) is a concept which aims to improve lifestyles and reduce health inequalities. Frontline staff in a wide range of organisations are trained to encourage conversations based on behaviour change methodologies. These methodologies range from brief advice to more advanced behaviour change techniques, with a few empowering healthier lifestyle choices and exploring the wider social determinants of health. MECC is a very personal version of HiAP that builds on the simple fact that, every day, there are literally millions of encounters between public service workers and individual members of the public.

The MECC concept has been taken up and used in a variety of different partnerships and settings across the country, including the following:

The Cheshire and Merseyside Public Health Collaborative (ChaMPs)

CHaMPs supports the work of public health teams in councils across the region. ChaMPs carried out a training programme for front line workers in local authorities leisure services, the police and fire services to use their contact with the public to undertake the process known as ‘Identification and Brief Advice’ (IBA). In Cheshire and Merseyside the focus was on alcohol harm, which is a priority across the region. Evidence shows that one in eight people will go on to change behaviour after receiving IBA.

Nearly 100 staff were trained in IBA and a ‘train the trainer’ approach was taken to enable IBA training to be cascaded within partner organisations.

Partnership working across the organisations involved was key to the success of the programme which depends on mutual support among those involved.

In addition, ChaMPs led an award winning initiative that resulted in training for IBAs included in every student nurse training curriculum, equipping nurses to give advice on public health issues such as alcohol, smoking and healthy weight in their day to day work, once qualified. This latter initiative illustrates the fact that even NHS partners can benefit from a HiAP approach, since the focus on treating illness may obscure the need to promote health and wellbeing.

Wigan public health

Wigan's approach to improving the health of people in the area is called Making Health Everyone's Business – and that is just what it has done. Since the scheme was launched in 2008, a whole range of people have been trained to become health champions, from public sector staff and amateur sports clubs to local residents. In total, more than 1,000 people have been trained. About two thirds have been public sector employees from council workers and fire crews to NHS staff. The role of health champions varies across settings. It can involve initiating health chats, distributing leaflets and posters, instigating activity programmes and supporting environment changes, such as having bike racks installed.

Kate Ardern, Wigan's director of public health says, "the best outcomes are when other people champion public health and it's seen as mainstream core business not just something the public health team do. My conversations with colleagues always start with me asking them what are the issues they're dealing with which keep them awake at night and actively listening for what the connection might be – and there always is one – to a health and wellbeing priority."

The scheme is coordinated by a team of five health improvement practitioners who train participants in the Royal Society of Public Health level two award in understanding health improvement. The training takes a day and there is a website which details support available locally.

South Tyneside

The council is tackling health inequalities by tapping into the potential of its 3,500-strong workforce. From social workers to refuse collectors, staff from across the organisation are being trained to offer brief health advice and support to local residents.

Private sector partners

Partnerships involving local businesses offer numerous opportunities for a HiAP approach. A HiAP approach involving local business could encompass:

- Local Enterprise Partnerships (LEPs) have a remit which requires understanding of their local labour markets and are well placed to work collaboratively with employers, local authorities and other stakeholders to improve employment opportunities and health for local people
- big strategic initiatives working with council's economic development teams to develop economic regeneration strategies
- a commitment from employers, including the council, to a living wage over and above the minimum wage
- individual healthy workplace initiatives led by employers (eg healthy travel to work schemes, healthy eating policies, opportunities for physical activity at the workplace)
- health 'MOTs' offered by public health teams at workplaces
- Business in the Community (BITC) can offer help and advice to any businesses who wish to develop in any area of employee wellbeing and engagement.

Voluntary and community sector partners

A HiAP approach needs to involve voluntary and community sector partners in engaging the public in new ways of designing and delivering the full range of council services to maximise their health impact. Individual voluntary, community and faith organisations may also be involved in specific initiatives and projects which may make them think differently about how they work with their service users, even where there is not an explicit or direct health focus to their work.

It will be important for public health to bring the voluntary and community sector along with it from the beginning so that there is a common understanding of concepts such as health improvement, wellbeing, health inequalities and the social determinants of health. As with other partners, this may involve a considerable period of mutual education and reflection along with small demonstration projects as an area-wide HiAP approach is developed. The assets within communities, such as skills and knowledge, social networks and community organisations, are building blocks for good health.

The National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering.

Government partners

At both a national and a local level, government agencies are potential partners for a HiAP approach. An obvious example is local government's work in supporting employment and employers, as employment or the lack of it is one of the major social determinants of health. Local partnerships with the government departments with responsibility for employment, industry and business issues and local employers have the potential to take a really proactive approach to health. A number of councils have developed policy on a living wage and sought commitments from local employers. Councils have also committed themselves to being 'healthy employers' and

encouraged others in their areas to do the same. Government departments are potentially key players in a HiAP approach, both in developing local economic strategies through the local services they provide, such as employment and welfare benefits support as well as in their role as employers. In addition to employment, government agencies concerned with housing, education, infrastructure and the built environment among others all have a role to play in HiAP partnerships.

A local partnership for Health in All Places

As one strand of its approach to HiAP, the Hertfordshire public health team has developed a 'Health in All Places' strategy, bringing together a range of partners both within and outside the council with the aim of ensuring that health and well-being and health infrastructure are considered in planning and decision making about the public realm.

The strategy involves the planning, environment, housing and public health teams within the council and the ten district councils, with the police and crime commissioner as external partners. A health and place post has been created in the public health team to coordinate the partnership.

Partner organisations and sectors each have their own culture and this can have an impact on membership and participation. For example, some organisations delegate significant authority to their staff, and others keep much tighter controls. Some organisations oversee or have links into other agencies. It will be useful for you to understand lines of reporting and accountability, and to know who is represented by the partners at your table and their scope of authority. The simplest way to understand these issues is to acknowledge when you don't know how another organisation works and ask your initial contacts for information and guidance.

You will inevitably lose individual and organisational partners on an ongoing basis because of elections, administration changes, people leaving jobs and gaining new partners by identifying other organisations or sectors with potentially valuable information, viewpoints or roles. For example, local elections in any given year can result in hundreds of councillors losing their seats and being replaced by hundreds of new elected Members, many of whom may not have served in local government before.

Adding new members or organisations to an existing group requires orientation to the group process, understanding of shared goal, and attentiveness to group dynamics. It also requires openness to new ideas the perspectives that could alter a prior consensus or provide the creative spark for progress in a previously challenging area.

Food for thought

Below are a number of questions you may ask yourself as you consider which partners to include and about reporting and authority:

- With which organisations/sectors do you have existing partnerships?
- Whose work has strong links to health outcomes?
- How receptive to working on health issues is a potential partner likely to be?
- Who has the authority to make the changes you want to see?
- Are there other strategic reasons to include a partner?
- What materials or information would help them keep the most senior people informed and engaged in HiAP activities?

Roles

Each of the roles described below is important for the success of a HiAP approach. It is important to have a clear sense of who, at any given point, is fulfilling each of these roles.

Some of the key roles that must be filled to facilitate a successful Health in All Policies approach are described in this section. Individuals or organisational representatives are likely to fill multiple roles, and roles will shift over time as the work evolves.

Champions and leaders. A champion is someone with key relationships, high visibility, or organisational influence (such as a mayor, cabinet member, chief executive, or well-known community or faith leader), who uses their power to promote a Health in All Policies approach and enlist the support of other important players. Champions need not be involved in the day-to-day operations of the effort, but should be kept informed and engaged as advisors and navigators. An example of this kind of championship is the mental health champion, an elected member in each council which has signed up to the Mental Health Challenge⁷ run by a number of professional and campaigning mental health organisations. Mental health champions are expected to provide a vocal presence on mental health issues within their council, seeking the views of people with lived experience of mental ill health and working with them to identify priorities and influence the full range of the council's activities.

A leader guides the development of a shared vision, helps build and negotiate consensus, identifies opportunities and priorities, and builds support among higher-level decision-makers. Leaders require a combination of visionary ideas, authority, and pragmatic skills as well as an ability to manage risk. Unlike champions, leaders need to be involved in day-to-day operations. HiAP requires the following:

⁷ <http://www.mentalhealthchallenge.org.uk/the-challenge/>

Administrative leadership

This includes an understanding of how partner agencies work, their particular sensitivities, how to build consensus, and planning tools.

Scientific leadership

This includes an ability to make the case for addressing particular problems or issues, an understanding of the evidence and what policies are likely to have the best health outcomes

Political leadership

This includes authority, credibility, and decision-making capacity. DsPH are likely to need political leadership with a small ‘p’ while the cabinet member to whom they report or the leader of the council or district councils in their area provides Political leadership with a large ‘P’.

The importance of backbone staff

Collaboration requires significant time and resources, possibly beyond what your partner agencies will be able to contribute. To be successful, a collaborative process requires a supporting team of staff, who may take on any or all of the following functions:

- meeting facilitation and consensus building
- technology and communications support
- data collection and reporting
- synthesising research
- drafting and management of documents
- overseeing implementation of projects
- seeking funding
- organising and summarising expert and public input
- building and maintaining relationships with stakeholders
- handling logistical and administrative details.

Facilitation

All HiAP groups bring together people with diverse perspectives, and depend on strong facilitation that keeps discussions focused, inclusive, honest, and moving toward achievement of the group’s objectives.

A good facilitator can help the whole group generate ideas, identify areas of agreement and disagreement, and mediate conflicts.

Facilitation skills are also important for individual meetings with agencies and stakeholders, small meetings with just a few partners, and public engagement opportunities. If the public health team provides the facilitator, it is important for that person to convey a sense of neutrality and, when neutrality cannot be maintained, acknowledge biases or pre-determined positions, such as council policies. In some cases, it may be useful to bring in an outside facilitator – such as for a discussion on a particularly sensitive issue where all the participating partners have a strong opinion or stake, or for a meeting with stakeholders who have expressed distrust of the participating partners.

Don’t forget about your public health colleagues

Staffing an intersectoral collaboration can become the assignment of a small group within a public health team, and it is easy for that group to become the “voice” of public health. Public health, however, is a very broad field, with many areas of specialised expertise and skills. In addition, public health has a long history of multi-agency collaboration, and it is highly likely that your public health colleagues already have formal or informal relationships with other agencies.

Make sure you are aware of your colleagues’ inter-agency relationships early in the HiAP process, so that you:

- 1) build on colleagues’ existing work and benefit from their knowledge of partners’ interests and concerns
- 2) avoid confusing other agencies who may not understand why you are reaching out to them when they already work with someone in public health
- 3) ensure coordinated outreach to external agencies, eliminate duplication of projects, and identify areas of synergy.

Internal partnerships within your council can lead to shared funding across programmes, additional staff time to support HiAP projects, and contributions from public health experts on HiAP projects that require specific technical expertise, eg on regulatory functions, housing or economic development.

Food for thought

Below are some questions you may want to ask as you allocate roles in the HiAP approach.

- What role will the health and wellbeing board play? How will you keep them informed of progress?
- Who at the political level will act as a champion for HiAP (eg a council leader, chair of the health and wellbeing board or cabinet member)? How will you motivate and energise that person and keep them committed to giving a strong public face to HiAP?
- Do you need champions in partner organisations as well as leaders?
- Can you get agreement in advance as to which backbone staff will be available with time allocated to support your HiAP processes? Can partner organisations sign up to contributing staff time?
- Who will act as facilitators for important meetings/events, especially at the beginning of the process? Will you need an external facilitator for certain events? Is there a local organisation that can provide a neutral, experienced facilitator?
- What roles are your public health team already playing in partnerships and collaborative work? Do you want to carry out a mapping exercise of roles and relationships while establishing your HiAP approach?

6. Engaging stakeholders

Engaging stakeholders for a Health in All Policies (HiAP) initiative will include those whose interests are not explicitly health-focused – for example, housing associations or charities, police and fire services, local business people, school headteachers, community organisations.

Soliciting input from stakeholders is a key strategy for ensuring that your HiAP work is responsive and accountable to community needs. Stakeholders can help garner support for the concept of HiAP and for more recognition of the social determinants of health in the policies of other sectors. While there may already be considerable expertise on community and stakeholder engagement within the council and partner organisations, this section highlights information that is particularly relevant for engaging stakeholders in HiAP efforts.

Who are your stakeholders?

Stakeholders are those who are impacted by your work but are not already partners in your process, particularly those who are outside of statutory organisations or who represent local interests, including community organisations. Joint strategic needs assessments (JSNAs) have been a statutory requirement since April 2008. Local councils and CCGs are expected to work together to identify the current and future health and wellbeing needs of a local population through the JSNA process.

Stakeholders contribute local intelligence on needs, gaps and quality of service and helped provide access to local people. and residents.

In each of the sectors with which you are working, there are likely to be stakeholders in the categories below who have interest and information relevant to your efforts:

Policy and issue experts

Experts in academia, other parts of the public sector and the private sector can help identify emerging and innovative solutions, may be aware of others who are also working on the problem, are often familiar with prior efforts to address the issues you may be tackling, and can help research areas where new information is needed. For example, most councils have one or more universities in their area with which they already have links and DsPH often hold university positions as well as their council post. Universities may be willing to contribute with research and other activities, for example where this could form the basis of a post-graduate research project.

Community members and voluntary and community sector organisations.

Community residents and community-based organisations can share important information about assets and needs in their communities, the history of prior efforts to address problems, resources and challenges that may have an impact on the effectiveness of proposed strategies, and specific ideas for ways in which public health and the council at all levels can support and facilitate community efforts to promote health.

Private sector

Companies in the private sector may be able to contribute resources to your efforts, particularly if they can see that this will enhance their standing in the community. They also perform many of the same functions as local government (eg procurement, employment and training) and may be willing to practise some of the principles of HiAP.

National government

Additional resources may be available from government agencies such as Public Health England where a HiAP approach or specific initiatives are seen to further national policies or support the work of another part of the public sector.

Ways to engage stakeholders

Regardless of the formal makeup of a HiAP group, it is important to design a stakeholder engagement process that helps you get the information you need, secure buy-in and build credibility in the community where you hope to improve health outcomes.

Formal meetings can be intimidating or inaccessible to some of the stakeholders you want to engage, so you may want to identify additional means to engage stakeholders in robust dialogue and collaborative problem-solving that go beyond the traditional meeting format and the minimum legal requirements. Drawing on the community engagement expertise of councils, public health teams and partners, HiAP may provide an opportunity to model effective, imaginative and innovative stakeholder engagement strategies and help support public sector accountability to the public.

Approaches to stakeholder engagement

HiAP stakeholders can provide input in many different ways and the approach will vary depending upon the decisions you are trying to inform, the timing of the decisions, the availability of resources, and whether you are seeking one-time or ongoing input. Outreach is critical so that interested parties are aware of opportunities for input and engagement. It is important to work with colleagues and organisations in sectors outside the public health field to reach out to diverse stakeholders that address the broad array of issues your HiAP collaboration may touch. Targeted outreach may be necessary to involve those who work with and represent vulnerable and disenfranchised populations, such as low-income residents, ethnic minority groups and people in rural communities. Think about language accessibility and creative approaches such as social media or online tools. Think about how you can increase accessibility for youth, people with disabilities, older people, and people in geographically distant areas.

Stakeholder engagement may include:

- one-to-one discussions
- community workshops, meetings, forums, listening sessions, or focus groups
- webinars with a discussion feature
- teleconferences
- formal or informal advisory groups
- task and finish groups
- engagement through scrutiny exercises and reviews
- public input sessions at formal meetings
- invitations for written input
- social media or other uses of online communications.

Frameworks for engagement

Two of the many different perspectives on the spectrum of community engagement and participation are illustrated below and on p35.

The Ladder of Community Participation

This conceptual framework from America is often used by public, community and voluntary sector organisations to guide planning around stakeholder engagement. The version shown below (Figure 1) is often used by health organisations in the United States of America. Because the Ladder of Community Participation describes a range of strategies, organised by degree

of community and government involvement, decision-making, and control, it can catalyse discussions and decisions around strategies, roles, and responsibilities of all participants. The framework shows seven strategies arranged according to level of involvement and control by the health agency or community. At all levels of the ladder, communication between the health department and the community is critical in order to foster the trust and information-sharing necessary to develop solutions that address everyone's needs. Communities can use this framework to identify where their engagement efforts currently fall and develop goals for future input and engagement processes.

The Ladder of Community Participation



Figure 1

Source: (PHI and AAPH 2013)

The Wheel of Participation

This framework was developed to support participatory planning processes and allows practitioners to choose from a menu of approaches based on the constraints and opportunities faced by their community. The wheel (shown in Figure 2 below) is centred around four objectives – information, consultation, participation and empowerment – which direct community partners and practitioners to relevant guidance and techniques.

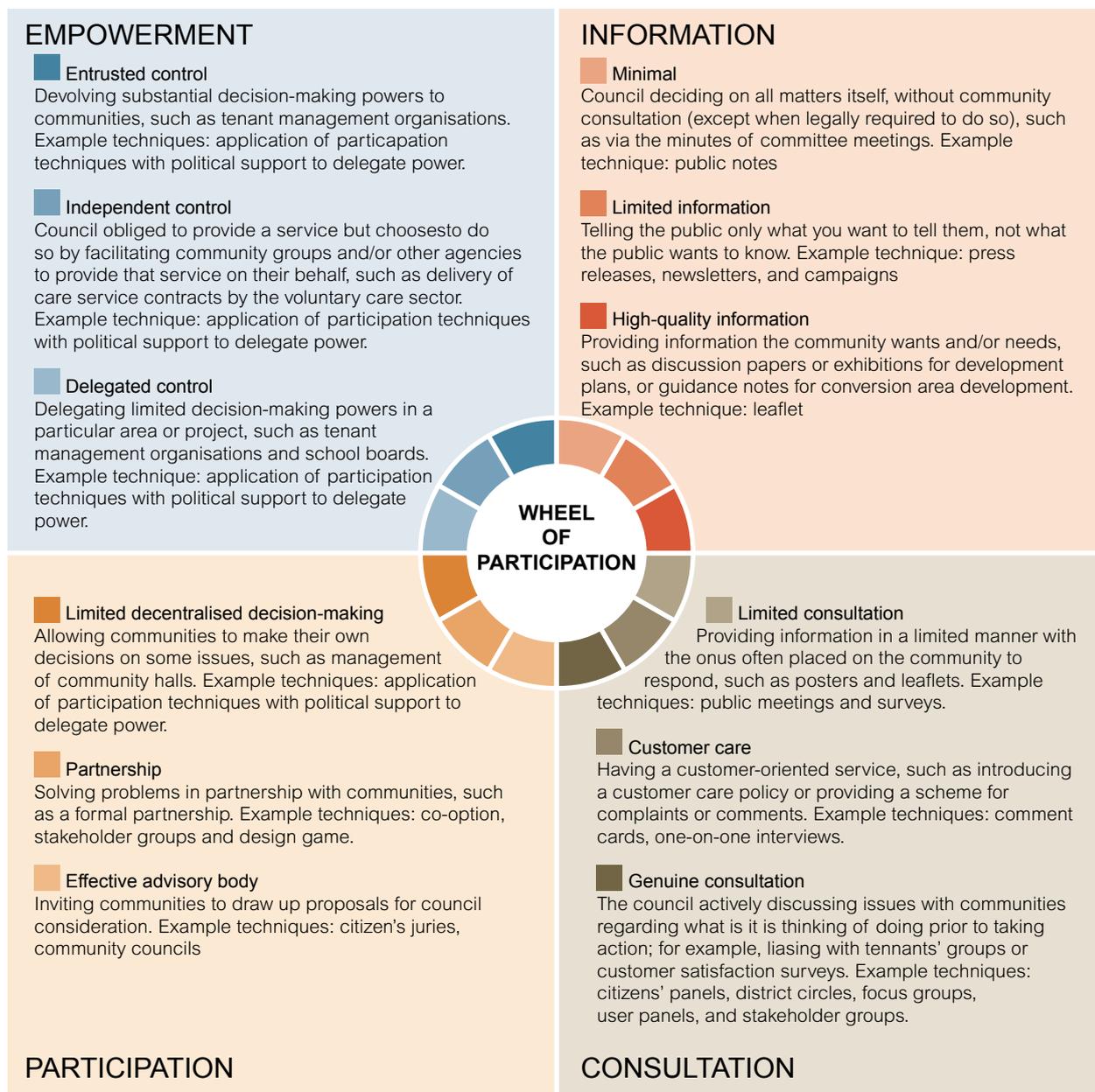


Figure 2: Wheel of Participation

Source: PHI and AAPH (2013)

Food for thought

Constructive stakeholder engagement requires preparation. Below are some questions you may want to ask yourself as you consider your goals, structure, resources and support network.

What do you want to achieve?

- What information are you seeking? Do you want to collect feedback on existing council or public health programmes, identify opportunities and barriers in the community to promote health or create healthy environments, or identify best or promising practices?
- What connections do you want to make or strengthen? Are you hoping to form partnerships to address specific issues, or to catalyse new collaborations or community action?

How can you ensure that the process is meaningful for your work and for your stakeholders?

- How will you use the information gathered?
- How will you provide optimal opportunities for stakeholder input?
- How will you ensure that stakeholders understand the value of their input, including how their input will affect your initiative's direction?
- Can you use emerging technologies and social media to engage groups that cannot easily get to meetings, eg young people, disabled or older people?

Who can help you achieve your goals?

- Who can best provide the input and information you desire?
 - How can you reach and engage the right people and organisations?
 - Are these people part of your current networks, or will they be new to your work?
- Who will coordinate the process?
 - What (if any) roles will your HiAP partners have?
- How can you encourage stakeholders to attend?

7. Structures to support Health in All Policies

While Health in All Policies (HiAP) can have formal or informal structures, in the long run the goal of embedding health in local decision-making is better supported by formal structures and resources that are stable and foster long-term change.

Embedding health across the council

A key element of HiAP is creating structural or procedural changes that support the consideration of health and health equity in decision-making processes across policy areas and over the long term. With this approach, rather than considering health impacts after decisions have been made, health considerations would be embedded into decision-making processes so that they are considered in the early stages of programme development, planning and policy making. Having the right structures and processes is important for long-term and sustainable impact, because even in places with strong support for inclusion of health and health equity, champions and leaders can leave, funding and policy priorities can shift and circumstances can change.

Creating a public health council

Councillors and senior officers at Luton Borough Council have made a commitment to transforming the organisation into a 'Public Health Council'.

In 2014/15 and 2015/16, the public health team used accountability agreements with

other directorates to co-fund initiatives to improve public health outcomes and reduce health inequalities. The primary aim was to influence decisions and practice across the council to improve health and wellbeing. Funded programmes need to demonstrate their impact to Public Health Outcomes Framework (PHOF) and JSNA Health and Wellbeing Strategy priorities. Additionally they need to show how they are linked to broader programmes across the borough/directorate and that the co-funding is not replacing existing funding.

A range of different initiatives have been funded across all directorates from parenting support to social prescription and health and wellbeing clubs for older people. The funding has enabled other funding streams to be aligned, increasing the reach of such schemes.

The initial focus has been on initiatives that both parties wish to pursue and achieve mutual benefits. The agreements are usually between senior officers or topic leads who work together to refine and develop the initiatives, based on clear evidence, tailored locally and linked to outcomes. Process and delivery measures are agreed where there is certainty that they will have an impact on the agreed outcome and are monitored quarterly.

The scheme is still in development and is seen as a stepping stone in greater alignment of budgets across the council to focus on outcomes.

In a further move towards a corporate approach to public health, in 2016 the public health team became a Public Health Commissioning and Procurement

Directorate. This puts public health at the heart of the council and means that it can put its stamp on the whole of the council's purchasing strategy. Early projects for the new directorate will include developing a strategy for the health and wellbeing of the council's workforce, with the aim of benefitting not only the 2,500 council staff living and working in Luton, but also their families – up to 10,000 people in all. Issues to be considered include how to add health components to the refurbishment of the council's offices and leisure facilities and to its food purchasing strategy.

Embedding or institutionalising health will require councillors and staff across the council to understand the relationship between policy-making and health. Achieving this may include capacity-building activities such as training councillors, chief and senior officers as well as frontline staff on the health impacts of various policies and on the use of health analysis techniques, seconding or permanently locating public health staff in different departments, or, as many public health teams are already doing, allocating public health specialists as link people or relationship managers with specified council departments.

Health is everyone's business in Greenwich

In 2006, as part of its Healthier Communities Strategy, Greenwich Council, working with public health colleagues in the Greenwich NHS, developed a course for council staff called Health: Everyone's Business (HEB). The thinking behind the course was that decision-making staff in every council department are ideally placed to ensure that maximum positive impacts on health are considered in every policy decision. HEB is an introductory health improvement course that provides participants with the knowledge, skills and language to promote health within their council roles. HEB graduates then become a core group of 'health improvement champions' working in decision-making roles across council functions.

Since it was first developed by Greenwich, the course has gone on to be successfully delivered in a number of other councils around the country and its legacy in the Royal Borough of Greenwich is continuing.

The council's commitment to making health improvement everyone's business has continued to grow and develop over the past ten years through HEB training. The HEB and the champions it helped to create in senior officers across the council supported strong partnerships for health improvement in Greenwich. It also provided a positive corporate environment for public health to thrive in when it transferred to the council from the NHS in 2013.

Elected members and officers, supported by a corporate, specialist public health team are embedding the WHO concept of 'health in all policies' across the breadth of council activity. This is reflected in a wide range of areas of policy development and practice where health improvement goals are integral and visible. These include Greenwich's work on: trading standards and tobacco control; alcohol licensing; community safety and domestic violence and abuse; planning, transport and sustainability; children's centre commissioning; support for schools; and the Troubled Families programme.

Through the Greenwich HWB, chaired by the leader of the council, Greenwich is leading cross agency actions to improve the health and wellbeing of the people of the borough and reducing health inequalities; working with its strategic partners in the NHS, third sector, local business as well as residents. In the borough's most recent strategy for health improvement, Healthy Greenwich, Healthy People, 2015-18, Greenwich is championing a 'whole system' approach, focusing on creating positive physical and social environments to tackle its current twin strategic priorities of improving mental wellbeing and preventing obesity. Implementation of this strategy is underpinned by a number of new programmes including: large scale, cross

agency roll out of 'Make Every Opportunity Count' training to enable staff to build health improvement into their daily roles whether as front line staff, managers or policy officers; a vibrant Healthy Workplace programme supporting employers of all sizes and types across the borough to implement the London Healthy Workplace Charter (Greenwich Council itself achieved excellence in this award in 2016); and a major whole system approach to changing food environments under the umbrella of the Good Food in Greenwich partnership, led jointly by GCDA (a local third sector organisation) and the council.

While healthy decision-making can take place at many levels, ultimately, HiAP is about creating permanent change in local government decision-making processes so that over time accounting for health considerations becomes part of the normal way of doing business across the whole council. Consider this hypothetical example related to healthy planning for a housing development, showing three potential levels of change that could come from a HiAP approach:

Improving one project or programme at a time

Working with a developer on a planning application for a new housing development to identify ways to make it a healthier environment may improve conditions for the hundreds of people who live there and use the space around it.

Changing policy

Changing a Local Plan to require healthy design in the construction of all new housing developments would have an impact on even more people.

Changing systems

Incorporating a 'health lens' into the whole process for developing, consulting and adopting the Local Plan might have an even larger impact across a much broader range of decisions that include but go far beyond housing.

All of these levels of change can promote health and may require many council departments to work together. The level of change you decide to try to enact will be based on consideration of many factors, including feasibility. In fact, a council may take on all three levels of change over time. Think about what the council has the power to change and who you need to engage to make changes at a systems and corporate level.

Embedding HiAP is a long-term goal with many steps along the way. While you may find opportunities early on to embed health into decision-making processes, you are likely to find it easier to get started with programmatic or policy changes that are shorter-term or more limited in scope. These are important and often necessary steps for building awareness, understanding, and the relationships that are essential for building long-term, permanent, and transformative change.

HiAP – East Riding case study

The key concept at the heart of East Riding of Yorkshire Council's public health programme is effectively building preventative health and wellbeing services around the changing real life needs of residents. Tim Allison, the Director of Public Health, emphasises that his team is developing a HiAP approach 'from the bottom up' by demonstrating that individual initiatives can work to improve health and then building on these to take the approach further. For example, through collaboration between East Riding Council public health specialists, local GPs and leisure centre staff, the 'Live Well' programme was developed and offered to local residents. This programme goes well beyond other recent 'exercise on prescription' programmes, offering highly personalised one-to-one support to individuals. A training environment has been created for leisure staff which has developed into a monthly forum of practitioners where case studies and techniques used are discussed. The continuous learning developed in this environment is then applied to practice.

The highly successful, popular programme has reduced bariatric surgery rates by 75 per cent, saving over £1 million, whilst improving individuals' health and increasing membership at leisure centres, thus returning them to financial balance – a real win-win enterprise. The Institute of Customer Service independently rated customer satisfaction (customer service index) with East Riding Leisure Services as the highest of any organisation, public sector or private in the UK.

In light of these remarkable results, the council commissioned the University of Hull to carry out an independent verification of outcomes and investigate if there were key aspects of the 'Live Well' programme that could be repeated in other services and programmes. What they found has led to a dynamic academic partnership between the council and the university that is producing sector leading insights and products of national importance. Learning taken from the 'Live Well' programme is applied across relevant customer-facing services. This process has been fundamental to achieving ICS accreditation and is seen as the backbone of good customer/service-user retention and to revolutionising customer service within the council.

We were initially approached by East Riding Leisure (ERL) to undertake a scoping exercise of current 'Live Well' provision. What we found stunned us. On the surface, 'Live Well' is a successful weight management programme for clinically obese individuals. However, when we started to explore the programme we realised that this was addressing more than just weight loss for those taking part, it was changing lives on a multitude of levels."

Dr Caroline Douglas
University of Hull

It is now recognised that we live in an 'obesogenic environment' which makes it difficult for people to make healthy choices about what they eat and the level of physical activity they undertake. What the Live Well programme appears to have done is to protect each individual participant from the obesogenic environment to a critical extent and surround them with the support they need so that 'the healthier choice becomes the easier choice'.

The lessons learned from current services are being applied in both directly-provided council services and other services commissioned from external providers. One example is the Fitmums and Friends group. Initially established as a partnership between public health and a small community group focusing on post-natal depression and exercise, it has now grown into a thriving social enterprise, working with a children's centre and a breast feeding peers initiative and has expanded to include a choir, a cycling group and early years sessions. It has grown from four women to over 400 members in four years and has become a highly visible dynamic community asset.

The council's latest objective is to work with local small and medium sized employers (SMEs) to improve the health of the workforce. The initial approach was a partnership between public health and the council's Economic Development Team. A 'double health check' was offered to local SMEs (checking blood pressure, weight etc of employees while looking at the financial health of the business). This provided an opportunity to talk more generally about healthy workplaces. A survey has now been distributed to find out more about SMEs to inform a council-wide health improvement strategy.

East Riding Council now widely publicises that two of its top five corporate priorities are to:

- promote health, wellbeing and independence
- support vulnerable people and reduce inequalities.

Food for thought

The following are questions you may want to think about as you consider the embedding of HiAP across the council.

- What mechanisms are you going to use to develop a corporate approach to HiAP?
- Is there a sustainable budget allocated for staff for your HiAP initiative?
- How will you build staff capacity?
- Have staff coming from outside the public health field been trained in health and health equity issues?
- Have public health staff received training on relevant local authority areas outside public health?
- What opportunities exist for shared staffing?
- What overall strategies, goals, and targets can be enhanced by the inclusion of health and health equity (eg strategic plans)?
- What corporate planning processes are in place, and how might health and equity be incorporated into those moving forward?
- Can funding streams be combined or aligned to promote multiple goals, including health and health equity?
- Are there mechanisms for assessing or evaluating whether and how council functions outside public health impact on health and health equity?
- Can health and equity be integrated into requirements for policy development, proposals to the council's executive, and data collection?

Formal and informal approaches

HiAP initiatives fall along a broad spectrum of structure and formality. As you build relationships with partners, the type of structure used will depend on the availability of staff resources to undertake and sustain the effort, current levels of involvement in collaborative and inter-sectoral work, the level

of support and commitment by leadership (within the council and other agencies), and the scope of the effort. While informal approaches may be a good first step in embedding a culture of collaboration into government processes, in the long run the goal of transforming government by embedding health in decision-making is best supported by stable formal structures, capable of withstanding changes in leadership and funding.

Formal approach

Formalising a corporate approach or partnership can lend authority and accountability, bring previously uninvolved partners to the table and provide justification for spending time and resources on collaboration. Formalising a process usually involves a written document – such as terms of reference, a strategic plan, a resolution, an interagency agreement or memorandum of understanding – that explicitly lays out membership, goals, objectives and deliverables for the group, and may identify key partners, leaders or processes for decision making and reporting lines.

Because a HiAP approach is potentially so far reaching, authorising documents should allow for flexibility. Documents that outline a formal structure can inadvertently limit options regarding adding new partners or addressing new programmatic areas not included in the original language. Again, there is no “right way” to approach the structure of your initiative, and HiAP configurations vary significantly and can change over time.

Informal approach

Council departments and different agencies can come together informally to share information and pursue joint projects to promote health and health equity, and can develop their own guidelines and expectations. Groups created on an ad hoc basis to address a specific issue or concern may have the flexibility to be able to respond to shifting needs, interests, or opportunities. Partner agencies that are wary of making long-term commitments may feel more comfortable with an informal process, and an

informal approach may be necessary when it is not possible to get the political support to create a formal group.

Accountability and oversight

Whether a HiAP group uses a formal or informal structure, accountability and placement are essential when working with multiple partners. Placing HiAP outside of a public health team promotes a whole council sensibility and can send the message from the council's leadership that "health is everybody's business."

Links with the health and wellbeing board

At the level of multi-agency partnership, there will undoubtedly be a role for the Health and Wellbeing Board to play in the development a HiAP approach and brokering relationships. HiAP work programmes and outcomes will need to be strongly linked to the Joint Health and Wellbeing Strategy. However, the statutory HWB membership will not encompass all those partners who are needed for a place-based approach to HiAP (for example, links are likely to be needed with local employers, other parts of the public sector (such as the police) and the voluntary, community and faith sectors who may not be represented on HWBs. Furthermore, at the beginning of developing a joint HiAP vision, the subject matter of discussions will be different from the issues discussed at HWBs. Nonetheless, it will be important to establish a reporting relationship with the HWB, since the Joint Health and Wellbeing Strategy and the HiAP strategy should be mutually reinforcing and responsive to each other.

It will also be important for a HiAP initiative to make itself accountable to wider stakeholders, any scrutiny bodies and the community.

Food for thought

The following are questions you may want to think about as you consider accountability and oversight:

- To whom will the HiAP project be accountable within the council and how?

- To whom will a HiAP interagency partnership be accountable and how?
- What will the reporting and accountability relationship be between the HWB and HiAP and how will this be formalised?
- How will HiAP partners be accountable to their own agencies and how much authority will they have to participate in collective decisions?
- How will your initiative be accountable to wider stakeholders?
- What are your reporting mechanisms and who is responsible for the reporting?

Collaborative leadership and staffing

While significant work may be delegated to a HiAP backbone team, senior leaders and partners will still need to play a major role in shaping and leading the initiative by sharing their expertise, explaining departmental and agency priorities and making decisions and implementing recommendations. Engaging partners from outside the public health field in leading HiAP policies can build their capacity to do collaborative and health-promoting work. Supporting senior members and officers across the council and partner agencies to take leadership is key to promoting health as a priority outside of the public health team. At the same time, the backbone team can make sure that the process continues to be collaborative, help to facilitate continued connections between various colleagues and agencies and step in if difficulties arise.

Shared staffing can be a useful and innovative strategy to support collaborative efforts and increase corporate and inter-sectoral leadership. This can involve posts jointly funded from different council budgets or by two or more agencies (for example by pooling NHS and council budgets and/or county and district council budgets, or by funding some parts of a programme through sponsorship by local employers). Secondments between council departments or between agencies could either be used to make up the backbone team or on a temporary basis for particular pieces of work.

East Riding – walkabout for health

Nothing brings the social determinants of health alive more than seeing their impact by walking about local communities. This was the thinking behind East Riding Council's senior management team's (SMT) away day in Goole, one of the most deprived areas of Yorkshire. The team started off at a local community centre talking about a variety of health and deprivation indicators for the area. The aim of the day was to move away from a deficit model, to considering using community assets to address the wider determinants of health.

The team then looked at the activities taking place in the centre and visited a local primary school, Goole town centre to look at the type of shops available, the streetscape and general atmosphere, an adult learning centre and Goole Community Hospital. Walking around the area with a heightened awareness of the social determinants began to give members of the SMT ideas and they started to talk about the connections between their work and health. For example, the sight of a row of scooters parked at the primary school sparked a discussion about the kind of planning and other services that would enable more exercise among younger children. As a result, a bike and scooter recycling scheme was introduced by the school and the council to help local children from families who could not afford a new bike/scooter. This allowed children from more disadvantaged families, such as recent refugees, the same opportunities for active travel as children from more affluent families.

A discussion about how council staff come into contact with the community during their work gave rise to some thinking about 'making every contact count' (MECC – see the discussion of MECC in section 3 above). The welfare advice team is now being trained in a MECC approach.

The Family Nurse Partnership, an intensive home visiting programme for first-time young mothers, has also now been encouraged to take a MECC approach to breaking the cycle of poverty and is being integrated into a wider social model, rather than a narrow medical model of wellbeing based on a limited set of health outcomes.

The public health team has had to challenge the perception of public health as being "all about the NHS and things like flu jabs". There is now an understanding that a HiAP approach can bring many returns that go beyond physical health – in safer communities (fewer people needing care), reductions in the need for welfare benefits (fewer people living with long-term conditions) and can even help people pay their bills (eg by cycling to work instead of paying for transport).

Resources

Staffing is most likely to be the largest expense, but there will be additional administrative and project costs, for example for demonstration projects involving a number of council functions and/or partner agencies. To be successful, you will need to be creative about identifying funding sources. There may also be ways to embed a HiAP approach into existing processes that are already funded or, as discussed above, share the costs across the council and/or with partners.



Food for thought

The following are questions you may want to think about as you consider staffing and resources:

- What potential sources of funding are interested in HiAP, transformative governance, intersectoral collaboration, healthy communities, or other related concepts, and might provide operations support? (For example, are there opportunities arising from the devolution and regional agenda or from the prevention and integration agenda?)
 - What other organisations are interested in policy areas that align with your interests (eg healthy eating, education or housing) and might provide support for specific projects?
 - If a funder is only interested in one aspect of your work, how will you address that one aspect sufficiently while maintaining focus on your core work and other priorities?
- Are directors of other council department or partners in other agencies willing to lend staff time or second staff to work on developing HiAP or work on implementing HiAP policies?
 - Can you reduce costs by sharing resources or tools between departments or other organisations? (For example, if the council is already conducting a survey of residents' views, can you add some questions to the existing survey?)
 - Can you work with local universities to develop intern programmes or research opportunities around HiAP development that will be mutually beneficial?



8. Looking through a health and equity lens

Health lens analysis and health impact assessment can be used very flexibly before, during and after policy development, planning, and implementation to take a systematic look at the potential and actual health impact of policies and interventions.

Using a 'health lens' is a systematic way of finding opportunities to improve health and health equity and embed these principles in decision making. Ideally a health lens will be incorporated across the whole council and its partners to ensure that key decisions are informed by their potential health impacts. South Australia's Health Lens Analysis (HLA) is a core component of its Health in All Policies (HiAP) model and has been influential in promoting the concept of a health lens (WCSDH, 2011). HLA has much in common with Health Impact Assessment (HIA), a tool for assessing the health impact of a policy or intervention either before, during or after it is implemented. While HLA uses similar methods to HIA, the goal of HLA is to inform policy development at the conceptual phase. HLA and HIA can be carried out at a high level to identify broad connections with health, or can address the potential adverse or beneficial health consequences of a policy, programme or project at a more detailed level.

In some cases HLA and HIA can provide a way to express and address community concerns that may seem outside the purview of any one agency. This process can serve as a tool to educate policy makers, which in turn can build support for embedding consideration of health and health equity in decision making.

Applying a health and equity lens can take a wide variety of forms, including informal discussions between council departments or between the council and another agency, formal public health input on the relationships between various policy areas and health, or a formal and structured review of relevant impacts. For example:

- A HIA report was prepared as part of an environmental impact assessment of the proposed development of London Luton Airport. This generated a considerable amount of work for the public health team looking at the distributional impact of the development and how to mitigate potential negative health impacts, for example in relation to access to land.
- An HIA considered the potential and anticipated impacts of the proposed redevelopment of a former college site on the inhabitants of south Bristol.

Health Impact Assessment across the council

Luton Borough Council initially trained officers to do rapid health impact assessments. Officers from across the council and the local NHS were assigned to a group, each group focusing on a real local project as a focus for learning. The training programme was part of a broader framework explicitly linking the built environment and health. Work under the framework included:

- supporting Luton's play strategy
- influencing planning decisions that may inadvertently help to create obesogenic environments

- exploring how derelict land can be used to improve health (growing food, more play space)
- reviewing transport policies to see how they could be amended to improve health.

The council has now incorporated HIA into its broader integrated impact assessment policy under which a rapid HIA must be carried out by the department initiating a new project or policy proposal. This must be reviewed and signed off by the public health team before going to the council's executive for approval. Stephen Gunther, Service Director, Health Services, emphasises that the requirement for sign-off by 'Public Health' means that the HIA is not simply reduced to a 'tick box' exercise. "It also gives us in Public Health an overview of what is happening across the council. This helps us keep an overview of policy and projects, as well as ensuring that the initiating department considers the potential impact on health at an early stage in thinking."

The public health team is now planning to 'refresh' health impact assessment training and understanding among the wider workforce at a time when the council moves into its new structure.

The HIA Gateway

Public Health England's website has a [Health Impact Assessment Gateway](#)⁸ with a wide range of guides, evidence, tools, training materials and case studies. It is possible to register with the HIA Gateway to receive a monthly email listing recent resources.

Food for thought

Before you decide whether and how to proceed with a health lens analysis or health impact assessment, you may want to ask:

- Are resources (eg, staff, funding, expertise) available to complete a structured analysis?
- What is the decision-making timeline?
- How much is known about the likely health impacts of a proposed policy and how convincing is the evidence?
- Is the decision likely to have very significant health consequences?
- Is an issue politically sensitive? How much scrutiny will it receive?
- Is the decision-making department or agency open to input on health and equity impacts, and in what form?
- Are stakeholders demanding formal analysis?
- Is the analysis likely to provide information that is not already available?
- Could analysis be incorporated into an existing, formal process?

And, more generally:

- Can staff working outside Public Health be trained to carry out rapid health impact assessments?
- How can you ensure that a general policy on health impact assessment does not become a mechanistic routine tick box exercise?

8 http://www.apho.org.uk/default.aspx?QN=P_HIA

9. Evidence and data

Using data and presenting evidence provides the justification for Health in All Policies (HiAP) and enables public health specialists to increase their understanding of evidence-based practice and demonstrate how public health analytical skills can be useful across the board.

One important role for public health practitioners in a HiAP approach is to provide evidence of the links between health, health equity and local government policy areas outside public health, and to identify multi-agency, intersectoral policy approaches that have been shown to work. For example, a map overlaying excess winter deaths with housing with significant heat loss can both show the importance of adequate housing to improving morbidity and mortality and help the council's housing officers and other partners to make a stronger case for their home improvement programmes.

Data versus evidence

In the field of public health, data is simply 'a collection of items of information' or the factual information, including measurements or statistics, that is used as a basis for reasoning or calculation. For public health interventions, data can provide evidence of how effective a policy or intervention has been or could be in achieving its intended outcomes. For example, councils, through their public health teams are required to carry out the Child Measurement Programme which measures the height and weight of children in reception class (aged four to five years) and year 6 (aged 10 to 11 years) to assess

overweight and obesity levels in children within primary schools. Analysing changes in that data after the introduction of a school-based physical activity programme can provide evidence of the programme's effectiveness.

It is important that practitioners of HiAP provide evidence to meet the external needs for justification and accountability, by showing how investing in a particular project could improve the health of a certain group in the population. Drawing on evidence from the work of other local authorities or agencies is one way of persuading councillors and colleagues in other departments or partners in other agencies to use budgets for health goals. For this reason, it is important to think about the audience and what kind of evidence will resonate with them.

For example, if you plan to highlight how a particular policy change could reduce obesity rates, it might be useful also to show how it could benefit both health and other kinds of goals, such as reducing food insecurity, strengthening rural economies, reducing greenhouse gas emissions or improve children's concentration. Data collection is also vital in providing evidence for evaluating interventions, as in the example above (and see the section on evaluation below).

Public Health Outcomes Framework (PHOF)

The Public Health Outcomes Framework 'Healthy lives, healthy people: improving outcomes and supporting transparency' sets out a vision for public health, desired outcomes and the indicators that will help

us understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

This data tool presents data for the indicators in the framework for the most recent period available and accompanying trend data where possible. Inequalities data is provided where available.

Non-specialists need help understanding and interpreting statistics, so it is important to make data meaningful through easy-to-follow presentations. This is also a way of demonstrating public health skills which may be useful in other policy areas. Because of these data collecting and analysis skills, a number of directors of public health in councils have been given responsibility for the whole of the council's data and intelligence gathering function. Having a broad understanding of the council's work across the board in this area can help a HiAP initiative to make policy or programme changes that improve data collections, sharing or analysis. This includes the important work of incorporating health indicators into existing data sets, and incorporating indicators of the social determinants of health into existing health analysis. HiAP provides new opportunities to collaborate around data collection and analysis, helping to break down silos.

It is also important to be honest about the limitations of existing data or evidence, and seek ways to build the body of knowledge about the effectiveness of Health in All Policies approaches. HiAP initiatives do not necessarily require data collection or new analysis, as they can often rely upon pre-existing data. At the same time, innovation is a key feature of HiAP, and this means being willing to try approaches that have not yet been tested, or for which very

little evidence of promise currently exists. These approaches are often referred to as 'emerging' or 'untested'. They may be described as 'evidence-informed' if they were developed based on evidence in a related field or in a different context, but have not been tested themselves. It is important to consider the context in which evidence-based policies are implemented, so that issues such as cultural relevance and community interests are taken into consideration as evidence is weighed.

HiAP requires a new approach to data and information-gathering. For example, data on non-health outcomes are essential for measuring changes in the social determinants of health. While quantitative data is important for measuring needs and impacts, qualitative data also play an important role in HiAP work.

To measure health equity or the impact of the social determinants of health in a meaningful way in a local authority area, it is important to gather and analyse data across very small geographic areas such as 'output' areas or even postcodes, or differences across subsets of populations, including by age, ethnicity or income. Increasing the 'granularity' of an analysis can reveal geographic pockets or populations experiencing inequities, such as higher burdens of disease.

Revealing hidden disparities between subgroups can help target resources to address the disparities more effectively. When finer-grained data is not available, it is important to communicate the limitations of large-scale data in understanding health inequities and work across the council and with other agencies toward collecting data at a sufficiently detailed scale to capture all population groups within a particular community.

Food for thought

Below are some questions you may want to ask yourself as you think about the scale of the data you are collecting or using:

- What is the question you are trying to answer? What level of data is needed to answer it? Is data available or can it be gathered at that level?
- Are there sub-populations where inequities have existed in the past? Are there new population groups or existing groups that have not been accounted for? What data is necessary to tease out those inequities?
- How will you define “community” (ie, ethnic group, output area, etc)?
- How can community members help you interpret data?
- Are there other partners who have data at a finer geographic scale?

10. Evaluation

Evaluation is an important component of any public service initiative because it can demonstrate effectiveness, promote continuous learning and improvement, help to guide programme evolution, the allocation of resources and promote stakeholder engagement.

An effective evaluation of a Health in All Policies (HiAP) initiative is likely to involve partners and stakeholders and may consider a number of different impacts, including improving health, how well health considerations are embedded into the council and across partner organisations and how well a HiAP approach is fostering more integrated, collaborative and synergistic working.

Process evaluation

Process evaluation can provide important information about the collaborative aspects of a HiAP initiative, the extent to which partners and stakeholders feel that the process meets their individual and organisational needs and opportunities to improve the functioning of a group or process. It can also be used to explore the success of applying a health or health equity lens.

Impact evaluation

HiAP initiatives are likely to have multiple outcomes, ranging from creating a more collaborative and health-oriented organisational culture, to promoting healthy public policy and decision-making processes, and ultimately to improving population health

and equity. Impact evaluation will look at those policy and organisational outcomes that may have occurred as a result of a HiAP approach or a specific policy. An impact evaluation should aim to measure the changes that are likely to lead to health improvements and whether, and how well, a health or equity analysis has worked. The evaluation could include looking for other evidence that health and equity considerations have been incorporated into policies or programmes as a result of the analysis.

Health outcome evaluation

Because HiAP is a strategy for improving population health, it is important to use outcome evaluations to measure changes in health status that relate to policy changes and improve your initiatives accordingly. However, changes in population health status are difficult to measure, influenced by many factors that may be difficult to disentangle, and can take a long time to change. Because of these difficulties it is important to identify intermediate health outcomes that can help demonstrate progress. Measuring changes in the social determinants of health can support collaborative work by showing improvements that are relevant to partners both inside and outside the public health field. Health outcome evaluation can also use proxy measures to indicate medium- to long-term change, such as whether partner agencies' policy priorities have shifted to consider health.

For example, you may have evidence that a lack of access to green spaces or membership of fitness centres contribute to rates of diabetes and other diseases by having a negative impact on people's participation in physical activity. But it would be difficult

to measure the direct causal impact of a specific change in land use or leisure services policy on those disease rates. Instead, you could focus your evaluation efforts on intermediate outcomes, such as projects to provide structured exercise facilities in parks or 'exercise on prescription'. You could look at the correlation between those changes and the rates of participation in physical activity of certain groups, even if those changes are too new to be reflected in rates of chronic disease.

Prioritising HiAP within local authorities: where to put your efforts?

The King's Fund reviewed a lot of the evidence to help local authorities prioritise evidence-based actions that improve public health across their functions.⁹ This covered nine themes:

- the best start in life
- healthy schools and pupils
- helping people find good jobs and stay in work
- active and safe travel
- warmer and safer homes
- access to green and open spaces and the role of leisure services

- strong communities, wellbeing and resilience
- public protection and regulatory services
- health and spatial planning.

They distilled the relative impact of interventions in each of these areas in a 'ready reckoner' tool that can help local authority decision-makers prioritise interventions, given their own specific needs and challenges.

The ready reckoner sets out the impact of taking action in each of the nine areas according to:

- the scale of the problem in relation to the public's health
- how strong the evidence is in terms of actions
- how big the impact of interventions is on health
- how quickly any action is likely to have an effect on health
- how large the contribution to reducing inequalities in health is likely to be.

It also sets out the key interdependencies between the nine areas. This framework is set out below with permission. These two tables could be useful starting points for discussion and debate within each local authority, with the support of the public health team.

Table 1 Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strengths of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Longer	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

⁹ <http://www.kingsfund.org.uk/publications/improving-publics-health>

Table 2 Indirect impact of actions

Impact from...	Impact on...							
	Best start in life	Health schools and pupils	Jobs and work	Active and safe travel	Warmer and safer homes	Access to green spaces and leisure services	Strong communities, wellbeing and resilience	Public protection
Best start in life		Highest	Highest	Lower	Lower	Lower	Higher	Lower
Health schools and pupils	Lower		Highest	Lower	Lower	Lower	Higher	Lower
Jobs and work	Higher	Higher		Lower	Higher	Lower	Higher	Lower
Active and safe travel	Lower	Lower	Lower		Lower	Higher	Lower	Higher
Warmer and safer homes	Higher	Lower	Higher	Lower		Lower	Higher	Lower
Access to green spaces and leisure services	Lower	Lower	Lower	Highest	Lower		Higher	Higher
Strong communities, wellbeing and resilience	Lower	Lower	Higher	Lower	Lower	Lower		Lower
Public protection	Lower	Lower	Higher	Lower	Higher	Lower	Lower	
Health and spatial planning*	Lower	Lower	Higher	Highest	Highest	Highest	Highest	Highest

*** NB: Spatial planning is not represented as an area that is affected by the others, since it ‘sits outside’ those areas; its crucial impact in terms of how objectives of activities in the other areas are planned and delivered through spatial planning.**

These tables can be used in various ways.

First, as a quick guide to which areas are likely to deliver in specific ways (see Table 1). For instance, taking action on helping people find good jobs, stay in work, active and safe travel, and public protection and regulatory services could deliver quick wins for improving health; whereas for reducing inequalities, the focus might best be on the best start in life, healthy schools and pupils, helping people find jobs and stay in work and access to green spaces and leisure services – all supported by strong spatial planning.

Second, as a check on which impacts are likely to be clearer to track, or that may have potentially greater impact in the long run (see Table 2). For example, spatial planning has strong impacts on most of the other areas. Green space, on the other hand, is

primarily influenced by spatial planning, and has less impact on other areas, though it contributes to active travel and public protection through its impact on air pollution.

Finally, as a crude way to sum up the overall impact of interventions in each area. Taking early years as an example, the evidence highlighted here suggests that interventions can have significant impacts in improving public health and reducing inequalities; but they will require specific investment and may take time to deliver results. Such interventions could make an important contribution to reducing inequalities in health (see Table 1 above); much of the impact will come through longer-term impacts on health through improving people’s access to education and employment (see Table 2 above).

The National Institute for Health Research has used The King’s Fund framework to summarise updated evidence on health in all policies across local authorities.¹⁰ An overview of the framework is also available for local authority leaders.¹¹

¹⁰ http://www.kingsfund.org.uk/sites/files/kf/field/field_related_document/improving-publics-health-overview-dec2013.pdf

¹¹ <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-015-0068-x>

Food for thought

The following are some questions you may want to ask yourself as in designing an evaluation for a HiAP initiative:

- What are the questions of primary interest to you, your partners, and your stakeholders?
- What relevant quantitative and qualitative data is available and accessible?
- Is there evaluation expertise in your team, or will outside expertise be required?
- What resources are available to you?
- How will evaluation findings be used and disseminated?
- How will you evaluate process?
For example:
 - whether partners and stakeholders feel their input was heard and incorporated
 - whether partners feel their own priorities and goals were considered
 - whether deliverables were produced on time
 - how the process could be made more effective.
- How will you evaluate impact? For example:
 - whether participation has led to increased trust and collaboration between partners
 - whether participation has increased understanding of partners and their staff of the relationship between health and health equity and their own objectives
 - whether public health specialists have been able to demonstrate and contribute their skills and knowledge in presenting intelligence and evidence?
 - to what extent a health lens has been embedded into the policy, planning and funding decision-making of partners.

- How will you evaluate outcomes?
For example:
 - what intermediate or proxy indicators you will use to determine whether policy changes or interventions are leading to healthier communities
 - whether inequities between population groups have widened or narrowed
 - whether structural issues have been addressed that particularly impact on disadvantaged populations.

References and further information

Marmot, M. (2010), Fair Society Healthy Lives, The Marmot Review: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Buck, D. and Dunn, P. (2015), The district council contribution to public health: a time of challenge and opportunity, King's Fund.

Dahlgren, G. and Whitehead, M. (1991), Policies and Strategies to Promote Social Equity in Health, Stockholm, Sweden: Institute for Futures Studies.

Grant, M., Bird, C and Marno, P. (2012), Health inequalities and determinants in the physical urban environment: Evidence briefing, Bristol, WHO Collaborating Centre for Healthy Urban Environments, University of the West of England.

LGA (2011), Communities for Health: How health and wellbeing became everyone's business, Shared Intelligence.

de Leeuw, E. and Peters, D. (2014), 'Nine questions to guide development and implementation of Health in All Policies' in Health Promotion International, published June 10 2014: <http://heapro.oxfordjournals.org/content/early/2014/06/10/heapro.dau034.full.pdf+html>

Office for National Statistics (ONS, 2016), Adult smoking habits in Great Britain 2014 <http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2014>

Marmot, M. and Allen J. (2013), 'Prioritizing health equity', in Health in All Policies: Seizing opportunities, implementing policies, Ministry of Social Affairs and Health, Finland: http://www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

Public Health England, Health Impact Assessment Gateway: http://www.apho.org.uk/default.aspx?QN=P_HIA

Public Health Institute and American Public Health Association (2013), Health in All Policies: a Guide for State and Local Governments: <http://www.phi.org/resources/?resource=hiapguide>

UCL Institute for Health Equity (2014), Understanding the economics of investments in the social determinants of health, Public Health England.

World Conference on Social Determinants of Health (2011), Health in All Policies: South Australia's country case study on action on the social determinants of health: http://www.who.int/sdhconference/resources/draft_background_paper5_australia.pdf

WHO (2012) Governance for Health in the 21st Century: http://www.euro.who.int/__data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf

WHO (2014). The case for investing in public health: http://www.euro.who.int/__data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf

World Health Organisation (2015), Health in All Policies training manual: http://who.int/social_determinants/publications/health-policies-manual/en/



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