

<b>Staffordshire Health &amp; Wellbeing Board</b>	
<b>Report Title:</b>	District Council Health and Wellbeing Board Update
<b>Date:</b>	6 June 2019
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## **Recommendations**

1. The Board is asked to:

- a. Note the content of the report and the presentation to be given at the Board Meeting concerning the work that district councils are doing with a range of partners to promote health in everything that we do;
- b. To discuss how the Health and Wellbeing Board can show leadership to engage key partners to work beyond organisational, sectoral, geographic and professional boundaries to work with communities to address the wider determinants of health.

## **Background**

2. The most significant positive impact on the health of the population was achieved by local government through the provision of clean water, sanitation, universal education, parks and open spaces, decent public housing, food inspection and the detection and treatment of infectious diseases in the 19<sup>th</sup> century. In recent decades local government has seen both its role and its resources reduced by central government; however, authorities can still make a significant contribution to creating the conditions for the improvements to the health and wellbeing of their communities by actively seeking to promote health in everything that we do.
3. District councils are not formally responsible for public health as detailed in the Health and Social Care Act 2012, but can still make a significant contribution. They are providers of key services which have a direct impact on the wider determinants of health, such as housing, planning, leisure, recreation and environmental health. This impact is greatly enhanced when local authorities are successful in working in partnership with other organisations to transform how we work together to achieve co-production, resource sharing, new forms of organisational governance and where we succeed in working in direct partnership with local people in the communities that we serve.

## **Health in All Policies**

4. District councils in Staffordshire are taking a Health in All Policies approach to promoting health and wellbeing. This is defined as:
5. "An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impact to improve population health and health equity." (WHO, 2013).
6. Health in All Policies seeks to move away from an approach where health is seen as being mainly health service led and the NHS as being the major custodian of health

(termed governance in health); to an approach where health and well-being is everybody's business and takes a much more holistic, creative and preventative approach (termed governance for health). Health in All Policies is an asset based approach and is a way to co-produce positive initiatives between as many organisations as possible in partnership with the individuals and communities they serve.

7. The Health in all Policies approach encourages district councils to:

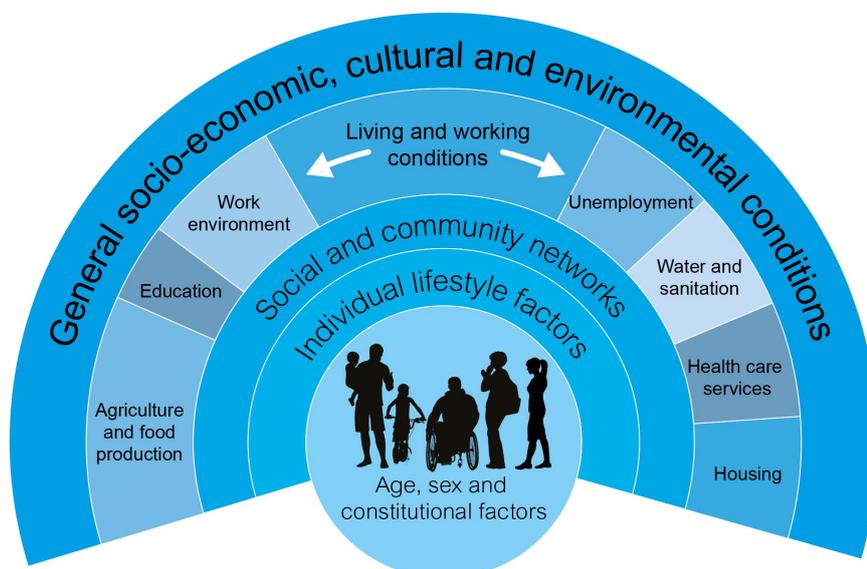
- a. Promote health, equity and sustainability
- b. Support intersectoral collaboration
- c. Benefit multiple partners
- d. Evidence that partnerships work
- e. Engage stakeholders
- f. Create structural or procedural change to embed HiAP
- g. Develop common monitoring and evaluation tools

8. HiAP addresses the wider determinants of health which are the key drivers of health outcomes and health inequalities. Professor Michael Marmot in his report "Fair Society, Healthy Lives" (2010) discussed the growing 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 wellbeing and have led to increasing health inequalities. There is a well-evidenced social gradient between the health experiences of the richest and poorest in society. Therefore, action to improve health and reduce inequalities requires action across all the wider determinants of health.

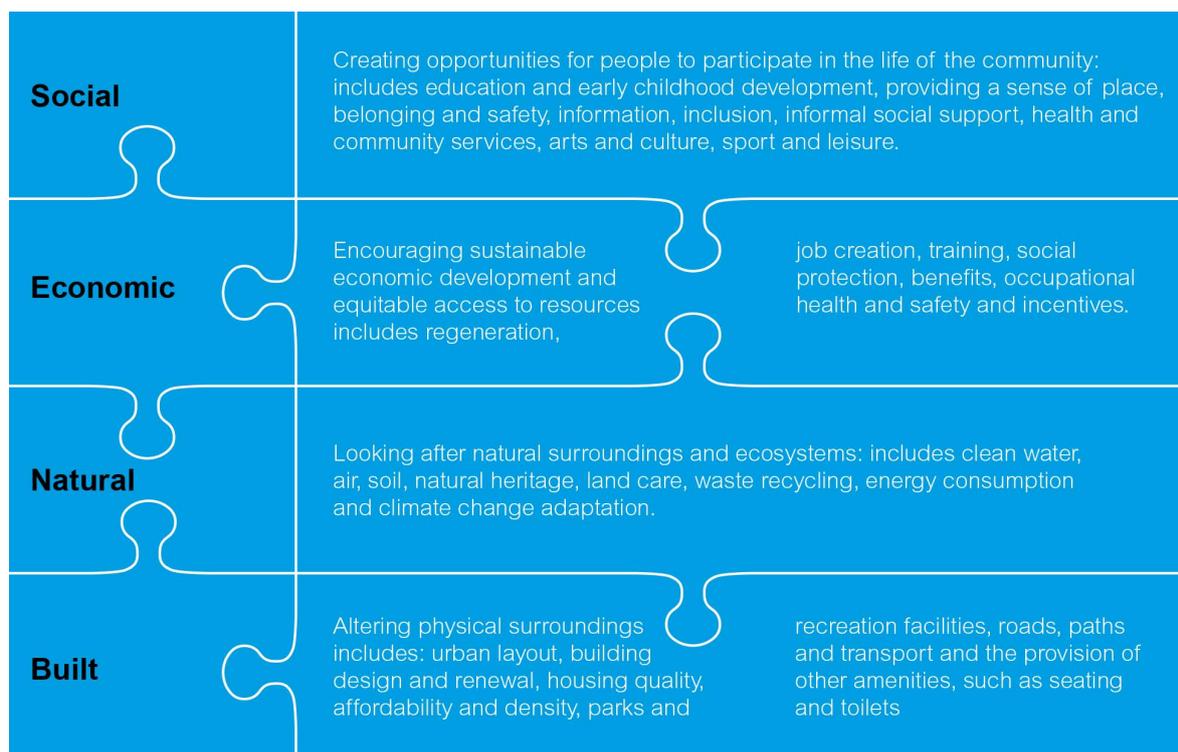
9. "The central issue is that good conditions of daily life, the things that really count, are unequally distributed, much more so than is good for anything whether for our children's future, for a just society, for the economy and crucially for health. The result of unequal distribution of life chances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

### The determinants of health

10. Health and Wellbeing Board members will be familiar with the diagram (below) proposed by Goran Dahlgren and Margaret Whitehead in 1991 to illustrate the layers of influence of the wider determinants of health.



11. Each of the layers in the determinants of health contains complex “wicked issues” which require extensive collaboration between government and local government working together with our partners to have an impact. The presentation at the Board Meeting will provide examples of what actions the district councils are involved in either leading or working with other organisations to address these determinants of health. They are working to have an impact on what Professor Marmot refers to as ‘The Causes of the Causes’ of ill health (2015). The graphic below shows the inter-relationships between the natural and man-made factors that have an impact upon health and well-being and highlights the positive role that action on those factors can have.



Source: LGA (2013)

### Personal responsibility for health – individual lifestyle factors

12. Much of the discussion of how to promote the health of the population and reduce the burden on an overstretched health and social care system has understandably focused on the responsibility of individuals for their own health and wellbeing. A concern over an increase in obesity in children and adults has been widely discussed in the press, together with concerns regarding levels of inactivity in many of our communities. The ban on smoking in public places has helped to combat what is the single most important change that people can make to improve their health, however, there is still a significant number of people who, despite the clear public health advice, continue to smoke. It is important that people make positive decisions concerning their health and wellbeing and that they can access clear information to help them to make choices and the support that they need to achieve the changes in their lives that will lead to good health and improved well being
13. Health behaviours such as smoking, diet and exercise, alcohol use and sexual health have a big direct impact on health, however, socio-economic and other factors have a big impact on those health behaviours. Health behaviours make a relative contribution to the determinants of health of around 30% whilst socio-economic factors such as

education, employment, income, family and social support and community safety contribute some 40% and the built environment 10%. Access to and quality of care contributes the remaining 20%.

(Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute)

14. In addition to the health behaviours set out above there is also evidence to suggest that individuals can take actions to enhance their personal wellbeing and in particular their mental health that are more social and community based. Aked et al in their report for the new economics foundation: Five Ways to Wellbeing (2011) identified five key actions around the themes of social relationships, physical activity, awareness, learning and giving help to enhance wellbeing and may have the potential to reduce the total number of people who develop mental health issues for the longer term.

## **How district councils influence health**

### **Housing**

15. Housing is widely recognised as a key determinant of health; access to good quality, suitable housing is critical to both physical and mental health. The Government's recently published Prevention Vision cites that poor housing provision is estimated to cost the NHS £1.4b every year.
16. Homelessness has a profound human cost through the impact on mental and physical health, social isolation, barriers to education and training and paid work. District councils actively prevent or relieve cases of homelessness and can also help manage demand for social housing and ensure that suitable accommodation is sourced for those in need.

### **Planning, leisure and green spaces**

17. The spatial environment in which people live affects both their mental and physical health. Leisure facilities and cultural activities encourage people to become physically and socially active addressing several of the Five Ways to Wellbeing listed above. The way that where people live physically links to the services that they access such as GP surgeries, shops, community centres and places of worship, greatly influences their ability to use these important services and connect to other people.

### **Community outreach and advice services**

18. District councils and the parish councils, with which they work, are the closest level of local government to their communities, which helps them to understand their needs. Encouraging local people to support their neighbours and vulnerable people in their communities through community connectors and other initiatives such as social prescription and advice services can help people to live safe and well connected lives without needing to access formal health or social services. The Five Ways to Wellbeing evidenced that the act of giving support as well as receiving such support brings health and well-being benefits for all the people involved.

## **Economic development**

19. District councils, working closely with the County Council facilitate the conditions for sustainable for economic growth and work with communities to ensure that local people from disadvantaged communities are given the help to be able to access jobs. This is critical because a strong local economy is associated with a wide range of better health outcomes.

## **Environmental Health**

20. District councils are responsible for many aspects of environmental health, including monitoring and managing local air quality, refuse and recycling collection, noise control, food safety, ensuring compliance with occupational health and safety regulations, pest control and dealing with contaminated land.

## **Enabling and collaborating**

21. District councils have a wider enabling role through engaging with communities and collaborating with local health partners and businesses. This is important where a joined up approach can deliver access to jobs, services and social engagement that all contribute to health and wellbeing.

## **The role of Health and Wellbeing Boards**

22. Health and Wellbeing Boards provide an important way for district councils to work with representatives from a wide range of organisations and sectors to identify and achieve shared health and wellbeing outcomes. The work of district councils and the Health in All Policies approach are an important means of implementing the goals of the Health and Wellbeing Strategy and ensuring that it is grounded in the needs of local communities and an understanding of the lives of real people and the context in which they live and make decisions about their behaviours that impact on their health.

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## **List of Background Papers:**

- CHAMPS (2010) Living Well Across Local Communities in the NHS North West. CHAMPS:East Cheshire
- Dhalgren., G. & Whitehead, M. (1991) Policies and Strategies to Promote Social Equity in Health. Institute for Future Studies:Stockholm.
- LGA (2016) Health in All Policies – a manual for local government  
Local Government Association LGA:London
- LGA (2019) Shaping Healthy Places – exploring the district council role in health  
Local Government Association LGA:London

- Aked et al. (2011). Five Ways to Wellbeing New Economics Foundation:London
- Marmot, M. (2010) Fair Society:Healthy Lives. The Marmot Review. Institute of health Equity:London
- Marmot,M. (2015)The Health Gap: The Challenge of an Unequal World. Bloomsbury:London Michael Marmort, The Health Gap, 2015).
- World Health Organisation Regional Office for Europe, (2013). Health 2020 A European Policy Framework and Strategy for the 21<sup>st</sup> Century. WHO:Geneva