

Staffordshire Health and Wellbeing Board	
Title	Health in All Policies – Update on Progress
Date	7 th December 2017
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Report type	For Information and Endorsement

Summary

1. 'Health in All Policies' (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and policy areas. Following previous HWBB agreement to endorse and champion a HiAP approach across Staffordshire, this report updates the Board on the work undertaken to date and seeks future endorsement and support necessary for taking this agenda forward.

Recommendations to the Board

The Board is recommended to:

- Note the updates within the HiAP agenda since the previous HWBB discussions
- Continue to endorse and support the HiAP approach within Staffordshire County Council and district council partners
- Engage with and provide a steer in the developing HiAP programme of work

Background / Introduction

1. 'Health in All Policies' (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and policy areas.
2. HiAP is an approach to local policy making that takes into account that health, wellbeing and health inequalities (and associated behavioural risk factors) are largely determined by living conditions and wider social, economic, environmental, cultural and political factors. These in turn are controlled by policies and actions outside the health sector, relating to the wider determinants of health and wellbeing, such as (but not limited to) housing, planning, transport and licensing policy.
3. Many of the challenges facing local government, such as managing increasing demand on our health and care systems in the face of stretched resources are 'wicked' problems that involve multiple interacting causal factors, lack a clear linear solution and are not the sole responsibility of, and cannot be solved by, any single local government department or partner organisation alone.

4. Effective solutions to such challenging and entrenched problems require a new policy paradigm that connects disparate silos, exposes conflicts, find solutions and prioritises synergies and co-benefits across diverse policy areas in their contribution to enhancing the health and wellbeing of our population. This creates incentives for an inter-sectoral and cross-government Health in All Policies approach.
5. At the March Health and Wellbeing Board (HWB) it was agreed that we would embrace a Staffordshire approach to champion HiAP. Board members have agreed to act as HiAP Champions to advocate the HiAP approach within their own organisations, as well as across the Health and Wellbeing Board membership and beyond.
6. As part of this process HiAP is being incorporated into the new Health and Wellbeing Strategy and Action Plan for 2018 onwards as part of a wider 'Healthy Environments' programme of work to be undertaken by the Public Health and Prevention team.. To develop a coordinated and consistent approach to HiAP across Staffordshire it was agreed that the HWB would host a workshop for HWB members and partners on the HiAP approach in Staffordshire (LGA).

Current Activity

7. A Health in All Policies all-day workshop, organised by SCC Public Health, took place on the 29th September. The workshop was facilitated by the Local Government Association and hosted by Stafford Borough Council, and was well attended by Chief Executives, senior officers and elected members across all eight districts, and from the County Council.
8. This interactive workshop explored examples of good practice in adopting a HiAP approach nationally and internationally, and generated engaging discussions around areas of common focus within Staffordshire at county and district level and the opportunities and challenges in taking a HiAP approach forward within the county and district councils, identifying local priorities and possible actions.
9. Evaluation of the workshop indicated that it met its objectives of generating support of District Council Chief Executives, Cabinet Members and the relevant leadership teams in taking action towards adopting a HiAP approach going forward and identifying common areas of action.
10. The learning from the workshop has been shared with attendees (appendix) which indicates local priorities identified at county and district level. The SCC public health lead for HiAP is continuing to work with identified district council HiAP leads in shaping local HiAP action plans and developing a core set of HiAP outcomes measures, together with local indicators to address locally identified priorities within each district.

11. The core levers of influence for a successful HiAP programme of work within Staffordshire will happen at district level since this is the arena where much HiAP-relevant local placed based policy is created. In addition to developing its own HiAP action plan at County level, SCC public health will continue to work collaboratively with district HiAP leads, offering advice and expertise in driving this approach forward.
12. Additionally, as a component of work within SCC contributing to the HiAP agenda at County level, Public Health has been leading a programme of learning and development workshops across other council directorates to promote the HiAP approach, identify shared outcomes and explore opportunities for future collaboration that enhances population health and wellbeing.

Options & Issues

13. HiAP contributes to creating the optimum policy environment that promotes, encourages and incentivises health and wellness. It represents the reciprocal efforts of local government to the populations they serve in ensuring that the local policy environment is conducive to discharging personal responsibility for health and wellness.
14. For HiAP approaches to realise their full potential requires HWBB partners, council leaders and elected members to champion the approach and ethos within their organisations and beyond.

What do you want the Health and Wellbeing Board to do about it?

The HWBB is asked to

- Note these updates and progress to date within the Health in All Policies programme occurring within SCC and district councils
- Continue to endorse and champion the HiAP approach within their respective organisations.
- Consider, in view of this update, how the Board can continue to facilitate and develop a HiAP approach that is embedded within all partner organisations, including how best to engage the support of elected members in driving the HiAP agenda within their district authorities.

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Feedback from tables on HIAP focus

1. Cannock:

- Focus on turning strategy into action - creating one plan. Move fast to make things happen and see what works.
- Need to build on and access expertise across the system
- Dedicated resources at the district level
- Offer to be a test bed for prototype initiatives (eg. try out different ways of doing things to break out of our silos. Move on quickly if it doesn't work.
- Clear simple messages rather than massive strategies

2. Staffordshire Moorlands/Newcastle:

- Focus on inequalities in health. Review good practice that works e.g. Early Intervention through Sure Start
- How useful are new initiatives constantly coming up?
- Share local information on what works. case studies are more powerful to look at issues rather than facts and figures.
- Develop the narrative
- Need to work together across Staffordshire to identify what works locally. Strengthen partnerships with a collaborative approach across D&Bs and CC
- District commissioners helped the local join up
- Commitment to deliver and share good practice with other areas; Have resource of committed staff
- We need to be more rigorous about what works - evidence based.
- Important to build resilience in families.

3. Stafford:

- Focus on action - go for the highest impact as quickly as possible
- Make best use of council's success across new homes and schools
- Focus on place facilitate the new communities of the future. need partners to support building new communities
- Use frontline staff to deliver health conversations with the public. Upskill them and increase the understanding of their wider roles
- Increase our capacity to have broad/ holistic conversations with the public
- Celebrate success - transformational journey
- Need to change silo working
- Identify community connectors

4. County Council

- Focus on personal responsibility for health and wellbeing
- Sharpen up what we mean by this
- Target key groups within the community
- More honest with residents in articulating the vision; Clear about what will happen
- Need support from D&B when having honest conversation
- SCC will use HIAP approach to achieve that joint narrative across Staffordshire
- Need clarity about what is happening across the system

5. South Staffs/Tamworth/East Staffs/Lichfield

- Need to sell the message of the benefits of HIAP to improving health of communities
- Articulate the benefits to politicians - spend to save
- To have an impact we need sustained commitment - e.g. locality commissioning
- Need to tackle the resource issue
- Good to have some interventions with quick impacts

How we need to work differently

- Sustained commitment
- Agreement on the message and the conversation with the public
- Move fast/make things happen/see what happens
- Resolve the investment and resources issues
- Take action on our strategies
- Articulate the benefits of HIAP to members
- Embed the HIAP process in our procedures and systems

What we need to focus on across Staffordshire

Place/Communities

- Building communities - especially new communities
- Focus on inequalities
- Personal responsibility - clarity of what we expect of the public and need to develop the concept

Capacity/resources

- All frontline staff having holistic health and wellbeing conversations

Staffordshire - Potential components for progressing HiaP: Outputs from workshop

A focus on inequalities (an element based on a theme)

- Which aspect of inequalities?
- What are the underlying causes?
- What are the causes of the causes?
- Which of the causes are being addressed by other work e.g. regeneration, employment, housing initiatives?
- Which of the causes require action from us?
- What sort of impact could we aim to make and over what period (King's Fund matrix)?
- What spatial level will we work on?

'Building' new towns (the Stafford offer)(an element based on place)

- In which places is there an existing investment and focus on growth, employment and housing that would be magnified by complementary approaches for other physical and community infrastructure?
- Could these places/towns be the models/vanguards for creating the 'Living Well' culture that Staffordshire aspires to (Staffordshire's own version of Healthy Towns).

Levering the impact of front line staff (an element based on capacity)

- Which cohorts of front line staff?
- Where might the impact be greatest?
- What might they be able to do differently that would add value?
- What are the mechanisms required to make this happen?
- What would make this attractive to staff?

Testing new approaches (the Cannock Chase offer) (an element based on prototyping and real time experimentation)

- Agree some things quickly to start trying out and establish some momentum.

Empowering the population of Staffordshire (an element based on culture change)

- Research and establish what works in terms of behaviour change.
- Seek to develop simple, impactful messaging derived from the deployment of sophisticated communications approaches.
- Professionalise this (vital) element of the strategy.

Working together effectively (an element based on leadership development)

- Can you develop a collective plan that can (if only in part) sustain financial, political and electoral cycles?
- Ensure that everyone has 'skin in the game' (ideally money) and a consequential interest in delivering a successful plan.
- Commit to using evidential approaches, acting on evidence, and sharing successes and failures.
- Explicitly recognise where expected impact is significant but long-term.

Martin Smith
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October 2017