



Local wellbeing, local growth



A resource to support local authorities in adopting a Health in All Policies (HiAP) approach

About this resource

This resource has been produced by Public Health England to support the introduction of a Health in All Policies approach at a local level

This slide set is part of a resource comprising an overview paper, practical examples of HiAP implementation, background information about Health and Health equity in All Policies and a glossary of terms

Audiences for this resource include local authority leaders, chief executives and other senior officers and councillors as well as directors of Public Health

“Many local authorities are taking a whole-council approach to public health, based on an understanding of the interconnectedness of the social determinants of health.”

Councillor Izzi Seccombe
Chair, Community Wellbeing Board (LGA)

“Place-based leadership can orchestrate a process of social discovery and promote innovative approaches to regeneration.”

Professor Robin Hambleton
University of the West of England

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Introducing the Health in All Policies approach

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The WHO definition

A Health in All Policies (HiAP) approach is strongly advocated by WHO and is being adopted worldwide.

“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.”



WHO, 2013

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Social determinants of health

Health and health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors

Many of our 21st century challenges such as obesity, mental wellbeing and climate change involve multiple interacting causal factors and lack a clear linear solution



Dahlgren and Whitehead (1991)

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A 'win-win' approach

With statutory responsibility for local health passing to local authorities in 2013, local government offers the opportunity to:

- support economic, social and environmental wellbeing
- across multiple services, programmes and policy areas
- in collaboration with partner agencies and sectors.

A Health in All Policies approach:

- supports populations in living better, for longer
- contributes to the achievement of local priorities
- helps overcome local challenges
- allows more efficient outcome-driven commissioning
- helps manage reduced budgets as pressures on local government increase
- supports the integration of local services
- adds value to cross-departmental and cross-sectoral working

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How Health in All Policies works



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Health in All Policies in action

Infographics on six topics are presented to illustrate how Health in All Policies approach can be implemented in practice, articulating the scale of the issue, why it matters and what local government can do to contribute to local wellbeing and growth.

- **insecure employment**
- **mental health**
- **obesity**
- **appropriate housing**
- **giving every child the best start in life**
- **public spaces and green areas**

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Insecure employment

THE ISSUE


In 2015, there were

1.5 million

zero hour contracts




In 2014, just under **1 in 10** people employed in UK (30m people) were underemployed




744,000 people on zero hour contracts in their main job




over **1 in 5** among people in elementary jobs like labourers, refuse collectors and bar staff, were underemployed



WHY IT MATTERS



Workers reporting insecurity in their jobs have higher self-reported ill health relative to workers in secure employment.




Workers reporting insecurity in their jobs see greater numbers of musculoskeletal disorders, physical health problems generally, psychological distress and occupational injuries.

TACKLING INSECURE EMPLOYMENT

Public bodies and local partners can play an important role in improving employment conditions and job security in their communities:

Require their suppliers to **offer fair terms and conditions** of employment to people who work for them



Change their procurement policy making use of the Social Value Act and writing a social value policy with partners




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Mental health

THE ISSUE

Suicide

is the **biggest cause of death** in men age 15-49 in the UK



Every year


one in four

of us in the UK experiences at least one diagnosable mental health problem



WHY IT MATTERS

People of all ages (including children) who have experienced **traumatic events, poor housing or homelessness, or unemployment** are at higher risk of mental health problems.



Poor mental health carries a cost of about

£105 billion

in England each year



People with mental health problems are more likely to be on **low pay** or in **part-time work**.

People with severe mental illness are at risk of dying **15-20 years** earlier than other people

TACKLING POOR MENTAL HEALTH

Public bodies and local partners can:

- Promote employment and management practices that support mental health
- Appoint mental health champions and a lead officer to act as advocates
- Ensure that all frontline staff are confident and competent in communicating with people about mental health, recognizing signs of mental distress and helping different people appropriately.
- Put in place a local suicide prevention action plan
- Consult with service users to improve services to support good mental health



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Obesity

THE ISSUE

one in five children in England are overweight or obese when they **begin primary school**

one in three children in England are overweight or obese when they **leave primary school**

Obesity **disproportionately affects** families who are more deprived, older age groups, some black and minority ethnic groups and disabled people.

WHY IT MATTERS

£27 billion
estimated cost of obesity to the UK economy

£6 billion
estimated costs of obesity and related conditions to the NHS in the UK

Obesity in adults increases the risk of **many health conditions including** cardiovascular disease, type 2 diabetes, certain cancers and musculoskeletal conditions and poor mental health.

Obese children have poor emotional health outcomes and are more likely to get a **chronic disease later in life.**

TACKLING LACK OF ACCESS

Public bodies and local partners can:

- Promote and maximise opportunities for **cross-departmental working** in councils to deliver joined up action to tackle obesity
- Councils and CCGs can support local population to achieve healthier weight. They can **co-commission** evidence based and effective weight management and healthier catering services that are easily accessible
- Promote the provision of healthier food and drink across a range of settings using various tools e.g. Government Buying Standards for Food and Catering Services, Healthier and More Sustainable Catering guidance, Eatwell Guide and 5 A Day

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Appropriate housing

THE ISSUE

One in three homes in the private rented sector are not a decent standard

This is equivalent to **1.3 million**

95% of housing stock is not suitable by disabled people, including wheelchair users.

WHY IT MATTERS

The availability and affordability of high quality, appropriate housing can **reduce the demands on social care and health services**

Poor housing lowers educational attainment – and increases the likelihood of **unemployment and poverty** in later life.

Conditions like **TB, meningitis, respiratory illness and psychological distress** are more common in overcrowded homes

Overcrowded homes are associated with exposure to tobacco smoke, accidents, disturbed sleep, slow growth. They all increase risk of coronary heart disease in later life

WHAT CAN BE DONE?

Public bodies and local partners can:

- Put in place formal arrangements between partner organisations (e.g. NHS, fire, social care) to ensure health impacts of housing stock are considered
- Prevent issues from occurring by ensuring the housing market is sustainable and appropriate for the needs of the population
- Include housing professionals as part of the wider Public Health workforce so that opportunities to improve health through the provision of housing services can be exploited.

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Giving every child the best start in life

THE ISSUE



2014/15
66% of all children reached a good level of development at age five



ONLY 51% of disadvantaged children reached a good level of development at age five

Child poverty has long lasting effects. By GCSE, there is a 27 percentage points gap between children leaving the school with and their peers in terms of the number achieving at least 5 A*-C GCSE grades

WHY IT MATTERS

What happens to a child during pregnancy and the early years will affect future life chances and outcomes.

Poverty can affect home-based learning and parent-child interactions, which in turn affect young children's development

WHAT CAN BE DONE

Public bodies and local partners can:

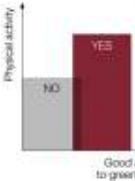
- Put in place good universal child services including primary prevention, risk assessment, early identification and early intervention
- Maximise the contribution of local professionals and services assessing the needs of families at risk routinely, signposting them to further support and take them to specialist services
- Undertake a Joint Strategic Needs Assessment (JSNA) inclusive of the needs assessment for 0-5s
- Commission evidence-based and outcome-focused parenting programmes
- Use integrated working and shared plans to support links and services with complex needs at transition points between primary and secondary education, and between secondary and further or higher education, and the transition to adulthood and independent living

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Public spaces and green areas

THE ISSUE

People in England living in a deprived community are **six times more likely** to have had no previous experience of outdoors activity



People with good perceived or actual access to green space are more likely to be active

WHY IT MATTERS

There is a strong evidence linking access to green spaces with health outcomes; it also supports economic objectives

Estimates suggest that an inactive person is likely to spend 37% more time in hospital and visit the doctor 5.5% more often than an active person

Public realm improvements, like pedestrianisation or adding seating and greenery, can increase retail footfall by about 30% and retail turnover by an average of 17%

TACKLING LACK OF ACCESS

Public bodies and local partners can:

- Follow the National Planning Practice Guidance on health and green spaces to promote healthy and more active communities through local green and open space networks
- Provide a strategic assessment of green space needs for the community and identify where new provision is needed and where existing spaces can be improved
- Work with developers to provide new green, safe, accessible and pedestrian only spaces and improve the quality of existing green spaces

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Questions to consider

1. How can a Health in All Policies approach help deliver your strategic priorities?
2. How can you incorporate health, health equity and sustainability into services, programmes, policies and processes?
3. What evidence do you need to determine where to focus your resources for the most effective impact?
4. Which stakeholders can you collaborate with to tackle them?
5. How can you maximise common themes and balance conflicting interests to achieve both your and others' goals?
6. How can you embed health, health equity and sustainability considerations into decision making processes for the long term?

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Summary

'Local wellbeing, local growth' resource introduces why Health in All Policies (HiAP) approach matters and how it can be translated into different areas of work, supplemented with a suite of practical examples from local areas. The approach can be applied to existing processes, decision making structures and managed through relationship building and collaborative 'win-win' working.

The HiAP framework is a helpful way to contribute to wellbeing locally because it systematically addresses health and wellbeing in strategies, programmes by targeting broad health determinants. In return, better wellbeing helps contribute to local priorities, such as economic growth and community cohesion.

For more information, please contact Public Health England, Health Equity Unit, Lina.Toleikyte@phe.gov.uk

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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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