





SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 9th September 2021

Paper title: Health and Wellbeing in All Policies and Health Impact Assessment approach

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1. Summary

1.1 In March 2020 the Board received a report on the development of the Health and Wellbeing Strategy and the approach to wider determinants in the strategy.

- 1.2 This report builds on the previous report and presents a structured approach to embedding Health in All. The Health in All approach is presented for discussion by the Board as a means to underpin, strengthen and sustain the delivery of the Health and Wellbeing Board priorities for the residents of Shropshire.
- 1.3 Health in All Policies (HiAP) has been defined by the World Health Organisation as an approach to public policies across sectors that systematically takes into account the health and wellbeing implications of decisions, seeks synergies between organisational policies and strategies, and avoids harmful health impacts to improve population health and reduce health inequalities.
- 1.4 Health in All Policies approach is a whole systems approach which can focus on and work with relevant departments, organisations and sectors for key policy and strategy with significant health impacts, such as transport and housing. Alternatively, it can focus on a specific public health issue, such as obesity or mental health and identify policies and strategies that impact markedly on the issue.
- 1.5 The proposed introduction of the Health in All Policies approach would align with the repositioning of Shropshire Councils Public Health team to deliver the Council's public health duties through a Hub and Spoke model. This will create greater connectivity and alignment with other Council and partner services to support the delivery of a wide range of health and wellbeing priorities and demonstrate optimal return on public health investments.
- 1.6 HiAP is built on the engagement of key-players, decision makers and stakeholders. HiAP simultaneously and positively impacts on other important priorities, such as promoting the creation of good-quality jobs, local economic stability, educational attainment, and many other priorities. Using a HiAP approach reduces uncoordinated effort and increases effectiveness.

2 Recommendations

That the Health and Wellbeing Board (HWBB) approve:

2.1. The adoption of the Health in All Policies approach by the Health and Wellbeing Board

- 2.2. That phased "roll out" approach is taken to implementing the policy.
- 2.3 That the Health and Wellbeing in All Policies approach is underpinned by a Health Impact Assessment (HIA) process and is supported with training and awareness raising

3 Report

- 3.1 Health and health inequalities are largely determined by living conditions and wider social, economic, environmental, cultural and political factors, as opposed to any health condition. These are important factors over which the Health and Wellbeing Board have significant influence.
- 3.2 The introduction of Health in All Policies is important because it supports populations in living better quality lives, and for longer; this in turn supports the delivery of Health and Wellbeing priorities, including addressing adverse childhood experiences, workforce, healthy weight and diabetes; it also supports the integration of wellbeing into partnership services.
- 3.3 The integration of the Health and Wellbeing in All Policies Approach is shown in Figure 1.



Figure 1

- 3.4 Shropshire Council has committed to Innovate to Thrive and to address 6 strategic priorities over the next 12 -24 months.
 - 1. More people with a suitable home
 - 2. Care for those in need at any age
 - 3. A good place to do business
 - 4. A healthy environment
 - 5. Sustainable places and communities
 - 6. Embrace our rurality
- 3.5 The Health and Wellbeing Board (HWBB) 2016 -2021 committed to a vision 'For Shropshire people to be the healthiest and most fulfilled in England'

With the aim to:

'improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life'.

And to focus on strategic priorities of prevention and sustainable services through:

- Health promotion and resilience
- Promoting independence at home
- Promoting easy-to-access and joined-up care
- Healthy weight and diabetes prevention
- Carers
- Mental health
- 3.6 Based on the evidence and the Health and Wellbeing Board (HWBB) workshop 2020 and 2021 outcomes, the Health and Wellbeing Board endorsed key priorities of:
 - Workforce
 - Weight and Physical Activity
 - Children and Young People'
 - Mental Health

And the Strategic priorities of Joined up working; Improving population health; Working with and building strong and vibrant communities; and Reduce inequalities.

The prioritisation process highlighted that the wider determinants of health impact on the wellbeing of residents including Road Traffic Accidents (RTA), food poverty, transport, the economy and air quality.

3.7 It is proposed to recommend the embedding of Health in All Policies as an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities is approved by the Health and Wellbeing Board. It is further proposed that this can be operationalised through formal and informal mechanisms. The process mechanism is the introduction of the Health Impact Assessment (HIA); the supporting mechanism is through identifying and analysing policy trends and shifts in all partnership sectors and taking advantage of those shifts e.g. place making, the Integrated Care Partnership. Also, through embedding health and wellbeing at the core of work practices, services and strategies.

The embedding of Health in All Policies approach would support the Health and Wellbeing Board through evidence-based practice and a synergistic whole systems approach, in achieving its Vision, aim and strategic priorities. Thus promoting, enabling and sustaining the health and wellbeing, whilst reducing health inequalities, for all Shropshire residents.

- 3.8 Process to introduce health and wellbeing in all policies:
- i. Health Impact Assessment (HIA) is the technical name for a common-sense idea. It is a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.
- ii. Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- iii. A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These

consequences may support policy and strategy or may lead to suggestions for improvements.

- iv. It is proposed that an agreed framework sets out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.
- v. It is proposed that a 5-stage approach to implementation of Health Impact Assessment is applied to all strategies that are subject to approval.
- vi. The Health Impact Assessment takes a similar framework to the existing Equality and Social Inclusion Impact Assessment.
- vii. The proposed 5 stages are:
 - **Stage 1**: Screening determining whether or not a Health Impact Assessment is necessary (Appendix 1). A HIA will not be required for every policy or programme.
 - **Stage 2**: Identifying health impacts developing a long list of impacts on the health of the population
 - **Stage 3**: Identifying impacts with important health outcomes determining whether impacts are universal: affect some community groups disproportionately; are permanent or reversible; are short, medium or long-term; could be publicly sensitive; or could have cumulative and synergistic effects.
 - **Stage 4:** Quantifying or describing important health impacts reaching a qualitative and / or quantitative judgement about the important health impacts and their potential costs and benefits.
 - **Stage 5**: Recommendations to achieve most health gains setting out how the policy or project could be amended to maximise health benefits and reduce health inequalities

Figure 2 is an overview of the process.

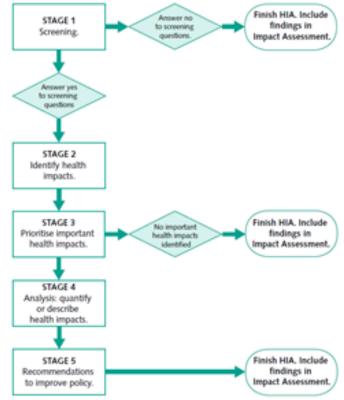


Figure 2: Health Impact Assessment Process

Source: Department of Health (2010) Health Impact Assessment of Government Policy p.7.

- viii. When policies or strategies are highlighted through screening as having an impact on prevention and wellbeing but there is no indication that a full Health Impact Assessment is needed, the responsible officer will be supported to make the necessary evidence-based changes to the policy before seeking full approval.
- ix. When policies or strategies that are highlighted through screening to have a significant negative impact on the health of certain groups of people across Shropshire or in specific locations the responsible officer will be supported to facilitate a full Health Impact Assessment
- x. The following approach is suggested:
 - a. A full suite of Health Impact Assessment supporting documents to be written and presented to the Health and Wellbeing Board (HWBB) for approval
 - b. Appropriate Health Impact Assessment E-learning for training to be identified
- 3.9 Supporting mechanism to implement health and wellbeing in all policies
 - i. It is proposed to further embed health and wellbeing into work practices, services and policies and strategies.
 - ii. It is proposed to investigate the opportunities to deliver staff training and updates through e-learning.
 - iii. It is proposed to further embed wellbeing and prevention into services by supporting and enabling staff to:
 - a. support residents and communities through other integrated health and social care programmes e.g. the social prescribing programme, neighbourhood care networks etc.
- 3.10 Improved resilience to increased risks to health and wellbeing:

The proposed action will build a health impact assessment into the development of each Council policy. The health impact assessment will include a requirement to consider the climate change risks to health and wellbeing and to address those risks. The Health in All Policies approach provides Shropshire Council with a process for future proofing policy against health and wellbeing climate change risks.

An example is health impact assessment of the Local Transport Strategy as a structured approach to identifying the risks and mitigations to children and adults of exposure to poor quality air, particularly particulates; alternatively identifying the benefits, risks and mitigations of active travel.

4 Risk assessment and opportunities appraisal

- 4.1 Service delivery is driven by policies and strategies, which are important means of minimising negative health impacts and maximising positive health impacts for the population of Shropshire.
- 4.2. Clear and concise guidance documents will be required to ensure that the Health Impact Assessment process is understood by all those who need to understand. The process is a similar approach to Environmental Health Impact Assessments and the time commitment to produce would be estimated to take a similar time, however, on larger programmes more resource maybe required to complete the work as outlined in this paper.
- 4.3. Skills in undertaking Health Impact Assessment will be required by Officers. It is planned to source and offer e-training in Health Impact Assessments to managers. It is also planned to

- source and offer training and e-training in Healthy Conversations, Making Every Contact Count Plus, and Mental Health First Aid; resources for this training have already been identified at no cost to the organisation.
- 4.4. Resources will be required to support the implementation of the Health Impact Assessment process. The specialist support resources will be provided by the Public Health Team.
- 4.5. Resources will be required to support the implementation of skills and knowledge development. The specialist support resources will be provided by the Public Health Team, training resources will be sought through other means including external funding.
- 4.6. In-depth full Health Impact Assessment requires specialist expertise which may need to be procured externally. The Public Health Team will provide support to any team that is required to procure a Health Impact Assessment.
- 4.7. Protected groups are at greater risk of poor health, the Health Impact Assessment process reduces health inequalities, particularly for protected groups.

5. Climate Change Appraisal

- 5.1 Energy and fuel consumption. Delivery of the proposed action will be on-line and through a low value tender by an external Health in All Policies training provider.
- 5.2 Proposed on-line action will have a neutral impact on heating and energy bills and the need to travel. The proposed low value tender will adhere to the Council's Procurement Strategy https://www.shropshire.gov.uk/media/5849/procurement-strategy.pdf which requires environmentally sustainable purchasing.
- 5.3 Renewable energy generation. Delivery of the proposed action will embed Health in All Policies through formal and informal processes to assess the impact of polices on health and wellbeing and to support the workforce to embed health and wellbeing into practice. These actions will have a neutral impact on renewable energy generation.
- 5.4 Carbon offsetting and mitigation. Delivery of the proposed action will embed Health in All Policies through formal and informal processes to assess the impact of polices on health and wellbeing and to support the workforce to embed health and wellbeing into practice. These actions will have a neutral impact on carbon offsetting and mitigation.
- 5.5 Climate Change adaptation delivery of the proposed action will embed Health in All Policies to embed health and wellbeing into policy and practice. These actions will support Shropshire to adapt to the effects of extreme weather and improve resilience to increased risks to the health and well-being of Shropshire's residents and economy.
- 5.6 Extreme weather: To deal with the impact of extreme weather conditions e.g. increases in the number of exposures to high temperature days each year. The proposed action will build health and wellbeing protection and prevention measures into Council policies. A prevention measure would be consideration of tree bough shade to protect against heatwaves in summer months. This requirement would be embedded in the Local Development Plan as a requirement of the Green Infrastructure Strategy. A measure of outcome would be excess summer deaths.

6 Financial implications

6.1 A World Health Organisation analysis of Health in All Policies found it is a cost-effective intervention¹. Health in All Policies is a transformative process that requires

¹ http://www.euro.who.int/ data/assets/pdf file/0007/188809/Health-in-All-Policies-final.pdf

- interorganisational and intersectoral working; staff with a skill set and knowledge to implement the principles of Health in All Policies.
- 6.2 The return on investment is dependent on the intervention, return on investment for return to employment is approximately £3.00 for every £1.00 spent, return on investment for social care, reduction in social isolation £3.75 for every £1.00 spent and the benefit of getting one more child walking to school could be up to £7682.
- 6.3 Resources required to implement Health in All Policies are expertise, leadership, project management, staff training, skills and knowledge, governance. The absolute costs are not currently known.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Cllr. Dean Carroll, Portfolio Holder for Adult Social Care, Public Health and Assets

Appendices

Appendix 1: Framework for Health Impact Assessment

² https://www.kingsfund.org.uk/sites/default/files/media/making-case-public-health-interventions-sep-2014.pdf