

DECISION-MAKER:	Health and Wellbeing Board
SUBJECT:	Health in All Policies: the next phase approach and framework to reduce health inequalities in Southampton
DATE OF DECISION:	13 March 2024
REPORT OF:	COUNCILLOR MARIE FINN CABINET MEMBER FOR ADULTS & HEALTH

<u>CONTACT DETAILS</u>			
Director	Title	Director of Public Health	
	Name:	Dr Debbie Chase	Tel: <input type="text"/>
	E-mail:	Debbie.Chase@southampton.gov.uk	
Author:	Title	Consultant in Public Health	
	Name:	Kate Harvey	Tel: <input type="text"/>
	E-mail:	Kate.harvey@southampton.gov.uk	

STATEMENT OF CONFIDENTIALITY
N/a

BRIEF SUMMARY
<p>In March 2023, the Health and Wellbeing Board agreed to further develop a Health In all Policies (HiAP) approach at Southampton City Council (SCC). This being subsequent to the SCC commitment for HiAP, as part of the Health and Wellbeing Strategy 2017-25 at the council meeting of 15 March 2017. This paper:</p> <ol style="list-style-type: none"> 1. Recaps the definition, approach and framework agreed by the Board, 2. Summarises the progress made during Phase One of the project and 3. Presents options for the focus of Phase Two for discussion and agreement by the Board.

RECOMMENDATIONS:	
	<p>(i) Notes the progress made to date in framing, developing toolkits and resources, collecting case studies and supporting progress in defined priority areas across the three pillars of the agreed framework for HiAP:</p> <ul style="list-style-type: none"> • Processes: development of tools and resources, advice for improvements in equality and safety impact assessment in SCC and engagement and advice in processes to maximise social value and net health gain from procurement or development activities • Programmes: the food environment, planning for health, inclusion of employee health and wellbeing in wider business support and active travel • Strategic joint action: including a HiAP approach within the tobacco alcohol and drug strategy, ongoing evidence and needs informed decision making within strategy development. This also includes Hampshire and Isle of

		Wight level leadership to improve the impact of Health Anchors on health and wellbeing, particularly as employers.
	(ii)	Commits to embedding a HiAP approach more widely within SCC and partner organisations to deliver continued focus on the 'building blocks for good health' (see 1.2). This includes ongoing monitoring and evaluation of the impact of Phase One activities
	(iii)	Follows a moderate approach for Phase Two of the programme (see report for details), with Board members providing supportive leadership to champion HiAP within their organisations and teams. Supports and guides enablers for Phase Two , including wider visibility and leadership to enact HiAP (processes, programmes and strategic joint action) across activities in the city, increased focus on evaluation and evidence of impact and supporting cross-team working to identify and realise wider opportunities in decision making. This includes overcoming barriers to embedding HiAP within Board members' teams and networks.
	(iv)	Supports and guides enablers for Phase Two , including wider visibility and leadership to enact HiAP (processes, programmes and strategic joint action) across activities in the city, increased focus on evaluation and evidence of impact and supporting cross-team working to identify and realise wider opportunities in decision making. This includes overcoming barriers to embedding HiAP within Board members' teams and networks.
	(v)	Supports opportunities arising from the alignment between HiAP and: <ul style="list-style-type: none"> • The Health Determinants Research Collaborative (HDRC) Southampton ambition to support and enable better evidence informed decision making and evaluation of impact of decisions including health considerations in Phase One and Two. • Action to embed sustainability in all policies, as reducing health inequalities requires action to create healthy and sustainable places and communities, with common policy actions supporting both (e.g. active travel, green spaces, the food environment, transport and energy efficient housing).

REASONS FOR REPORT RECOMMENDATIONS

	The specific proposals have been developed with increasingly limited capacity in mind, following last year's agreement to review the scale of activity at the end of the first phase of work.
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

	Alternative approaches considered and rejected include: <ul style="list-style-type: none"> • No longer considering health within processes, strategy and programme activities (missing the opportunity to harness additional positive impact for Southampton residents from scheduled work and failing to deliver Health and Wellbeing Strategy principles and commitments). • Taking a more intensive approach towards implementing HiAP in the City, such as becoming a Marmot or WHO Healthy City, at this stage (presenting significant resource implications).
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DETAIL (Including consultation carried out)	
1.	Background
1.1	As agreed by the Board in March 2023, the SCC Public Health team has been leading the first phase of a programme of work to develop and implement a Health in All Policies (HiAP) approach, with focussed delivery in Phase One. A HiAP approach aims to “ systematically take into account the health implications of decisions, seek synergies and avoid harmful health impacts in order to improve population health and health equity ” ¹ . The approach is a key principle for implementation of the Health and Wellbeing Strategy and has also been echoed in commitments of the SCC Corporate Plan and Southampton’s Health and Care Strategy.
1.2	There can be a tendency to think of people’s health as only individual (for example caused only by their genes or their ‘innate healthiness’, what they eat, how much they exercise, how easy it is to access the healthcare they need) but a large part of what makes us healthy is related to the options presented by our circumstances such as our jobs, homes, education and surroundings. These are the building blocks of health ² and the drive behind our HiAP work. When some of the building blocks are not in place or are in bad shape, for example through poor housing, social isolation or financial worry, it puts a strain on our bodies. This can result in increased stress, high blood pressure, and a weaker immune system for example ³ . This framing has been used to engage with SCC teams and colleagues on the importance of considering health in their policies, programmes and strategic joint action.
1.3	Local authorities make a significant impact on health and wellbeing, health inequalities, and ill-health prevention, just by virtue of the type of work that they do (Figure 1). They have the power to design, deliver and invest in the things that keep people healthy – the building blocks of health. A HiAP approach focuses and amplifies this impact by making collaboration and consideration of health the default way of working.

¹ World Health Organisation ‘Health in all policies: training manual’ June 2015

<https://www.who.int/publications/i/item/9789241507981>

² <https://www.health.org.uk/publications/how-to-talk-about-the-building-blocks-of-health>

³ E.g. Guidi et al (2021), ‘Allostatic load and its impact on health: a systematic review’, *Psychotherapy and Psychosomatics*. 2021; 90(1), <https://karger.com/pps/article/90/1/11/294736/Allostatic-Load-and-Its-Impact-on-Health-A>

or The Health Foundation (2019), ‘Allostatic load: how stress in childhood affects life-course health outcomes’, <https://www.health.org.uk/publications/allostatic-load>



Figure 1: How local government impacts health and wellbeing, Local Government Association, 2020⁴

1.4	As set out in the March 2023 paper to the Health and Wellbeing Board ⁵ , good health and health equity support realisation of aspirations for economic prosperity and opportunity for all. In a virtuous circle, this economic growth and opportunity in turn can improve population health and reduce inequality, hence the importance that is placed on considering health within wider policies across the City.
2.	Progress towards Health in All Policies
2.1	Activity to implement HiAP launched in April 2023. This included project planning, stakeholder mapping, engagement with teams working on the priorities agreed by the Health and Wellbeing Board (paragraphs 20-24 of the March 2023 HWBB paper) and development of a Logic Model to show how the project’s resources and activities would translate into deliverables and outcomes (see Appendix 1).
2.2	As proposed in March 2023, the overall framework for embedding a HiAP approach at SCC comprised of focussed action in three areas: <ul style="list-style-type: none"> • Processes: developing new mechanisms to improve collaborative working towards better health; • Programmes: developing a particular service or programme by focusing on collaborative working to address health impacts; • Strategic joint action: influencing over-arching strategic factors or initiatives that also impact on health.
2.3	Case studies have been collected and form part of the wider resources to illustrate what HiAP looks like and support wider action. Partners across SCC were engaged to understand the extent to which they already considered and

⁴ [Social determinants of health and the role of local government](#)

⁵ <https://www.southampton.gov.uk/modernGov/documents/s60500/Health%20in%20All%20Policies%20the%20next%20phase%20approach%20and%20framework%20to%20reduce%20health%20inequalities%20in%20South.pdf>

	acted on the effect of projects or policies on health in the three framework areas. This highlighted areas of good practice and case studies, for example many aspects of transport policy and its programmes were already well-informed by the mutual benefits of good travel systems for health and vice versa. Other case studies include collaboration towards health inclusion in the Local Plan, planning applications, the biodiversity and climate change strategies, the whole systems approach to childhood obesity and the Tobacco Alcohol and Drug Strategy.
2.4	During 2022-23, the SCC Sustainability team made good progress in influencing staff across the council to think about the impact of their work and policies on the environment, climate change and sustainability. Aiming to learn from their approach, collaborate and make efficiencies, workstreams were combined where appropriate.
2.5	<p>Progress has been made in developing PROCESSES that support HiAP including:</p> <ul style="list-style-type: none"> • Development of a suite of resources for SCC staff (a Sharepoint hub) with next steps to include external web resources to <ul style="list-style-type: none"> - Explain HiAP, including narrative on the importance of the ‘building blocks of health’ and aims of HiAP. - Provide a practical guide to implementing a HiAP approach within teams and/or projects. - Inspire through case studies describing where HiAP has already been implemented at SCC. - Guide on how to collect and use data/evidence to inform decision-making. • Provide further detail, tools and resources for staff with an interest and/or opportunity to embed health in their work. A review of best practice and advice to strengthen how health and wellbeing are considered as part of the SCC Equality and Safety Impact Assessment (ESIA) including <ul style="list-style-type: none"> - Review of other local authorities’ impact assessment processes and consideration of best practice. - Review of SCC ESIA and proposal of associated health impact guidance. • Provision of support advice in work to maximise social value and net health gain from procurement or development activities, including preparation for Health Impact Assessments following the new Local Plan and SCC processes to maximise social value.
2.6	<p>Progress has been made through PROGRAMMES that support HiAP including:</p> <ul style="list-style-type: none"> • Enhancing the consideration of health in planning and development, in particular incorporation of health considerations into the draft Local Plan. This work has been led by the jointly appointed Spatial Planning for Health Specialist. • Progressing a programme of work to improve the food environment to <ul style="list-style-type: none"> - Launch a programme of work to create a healthier, sustainable food environment with the aim of reducing the prevalence of overweight or obesity (in collaboration with colleagues across the council, the University of Southampton and the wider city system).

	<ul style="list-style-type: none"> - Assess the availability and affordability of healthy food by sampling food retail stores in district and local centres across the city to better understand our local food environment. - Complete whole system research and progress in strategic engagement towards adopting a Whole Systems Approach to address the drivers of childhood obesity. - Launch a Food Insecurity Task and Finish group to support partners working with communities at risk of food insecurity (aligned to the Council's wider Cost of Living work). • Activities to improve health through work and employment with <ul style="list-style-type: none"> - The Director of Public Health Annual Report for 2022-23 focusing on workplace health and wellbeing and the importance of good work for health. Drawing on economic development evidence, it included challenges to local employers and was disseminated widely through promotional communications across the city. - Delivery of health and inclusion activities within SCC, including input of health intelligence and evidence-based resources to support scaled impact for SCC employees. - Development of new resources and support for employers in the city with the SCC business support team, including the creation of workplace health content for the new Solent Business and Skills Solution training platform. • Identification of good practice and input to social value opportunities with transport teams.
2.7	<p>Progress has been made through STRATEGIC JOINT ACTION that supports HiAP including:</p> <ul style="list-style-type: none"> • Continued application of a HiAP approach in implementation of the tobacco, alcohol and drugs strategy, with engagement across all Directorates of the council. • Wider engagement across SCC Directorates and partner agencies to increase understanding of the building blocks for good health, opportunities to influence these through core business and therefore the strengths of considering health within their work. • Ongoing evidence and needs informed decision making within strategy development to benefit health and health inequalities in Southampton, including the Homelessness and Rough Sleeping Strategy 2024-29, Mental Health and Wellbeing Strategy, Domestic Abuse and Violence Against Women and Girls Strategy 2023-28, Climate Change Strategy and Biodiversity Strategy. • Hampshire and Isle of Wight Integrated Care Board (ICB) leadership to improve the impact of Health Anchors on health and wellbeing, particularly as employers. At present, this is exploring opportunities for a local Health Anchors Network and mobilising work to focus on Anchors as employers, with the ICB strategy team coordinating action across the NHS to widen participation in health and care apprenticeships, alongside development of a work and health partnership.
3.	<p>Where could Health in All Policies go next?</p>

3.1	<p>Phase One has made progress in discrete areas of work and in development of tools and resources to support wider HiAP activities. Progress in Phase One suggests that scaling and embedding this in Southampton requires wider visibility and leadership to enact HiAP (processes, programmes and strategic joint action) and high-level support to guide further cross-team working in order to identify and realise wider opportunities in decision making. The importance of an increased focus on evaluation and evidence of the impact of decisions has also been identified, with clear link into Southampton’s Health Determinants Research Collaboration (HDRC) focus on evidence informed decision making.</p>
3.2	<p>Now that HiAP is entering its second year, it is useful to take stock and review collective ambition and scope. As an approach that aims to “<i>systematically take into account the health implications of decisions, seek synergies and avoid harmful health impacts in order to improve population health and health equity</i>”, better, more evidence-informed decision making is the ultimate aim of the programme but the scale of ambition for this can vary considerably when working alongside multiple competing priorities. This paper outlines three potential scenarios for the next phase of work, with detail informed by known models in operation in other Local Authorities, applicability to the Southampton context and capacity for delivery:</p> <p>A Light-touch B Moderate C Fully engaged</p>
3.3	<p>Option A: Light-touch</p> <p>In this scenario, the instances where a HiAP approach can be implemented are opportunistic. Using the resources and promotional material delivered in Phase One, individuals, teams and directorates are aware of the HiAP rationale, the corporate commitment and the support that is available. There are few structural components or mechanisms to require consideration of health (limited to equality and safety impact assessment and other standard tools). Opportunities to highlight and address health and sustainability impacts are identified and supported ad hoc.</p> <p>Benefits and opportunities:</p> <ul style="list-style-type: none"> • Ready for immediate implementation (tools and resources in place). • Offers potential to impact on health and health inequalities through existing projects and strategic joint action. • Limited capacity required from wider teams and project support. • Can be kept under review informally or through a regular update on progress to the Board. <p>Limitations and risks:</p> <ul style="list-style-type: none"> • With focus on opportunistic instances and less emphasis on co-ordination of agendas and collaborative working across teams, may have limited impact on many of the building blocks for good health. <p>Requirements:</p>

	<ul style="list-style-type: none"> • Ongoing support from public health to keep tools and resources up to date. • Alignment with HDRC to evidence impact of decisions considering health.
3.6	<p>Option B: Moderate approach</p> <p>A moderate approach to HiAP builds on Option A but within directorates and organisations there is leadership and strategic alignment to secure commitment to HiAP principles. Agreed processes and/or management tools across teams scale consideration of health in decision making (be it processes, programmes or strategic joint action), including collaboration across teams. Decision making includes explicit consideration of health impacts when developing new policies or services.</p> <p>Outside SCC, partners are actively engaged in strategic joint action to improve health and reduce inequalities and adapt their own ways of working (as anchor institutions) in the key five areas in order to:</p> <ol style="list-style-type: none"> 1. Widen access to good work 2. Work closely with partners across a place 3. Purchase locally and for social benefit 4. Use buildings and spaces to support communities 5. Reduce environmental impact <p>Benefits and opportunities:</p> <ul style="list-style-type: none"> • Leadership, commitment and processes across Directorates reduces the need for project work and central coordination. • Can be implemented in the short to medium-term. • More effective and evidenced collaboration and consideration of health impacts, supporting elected members and other decision makers to identify where HiAP has been considered to inform decision making. <p>Limitations and risks:</p> <ul style="list-style-type: none"> • Requires leadership across directorates and organisations. <p>Requirements:</p> <ul style="list-style-type: none"> • Ongoing support from public health to keep tools and resources up to date. • Leadership across directorates and partner organisations. • Clear processes to support rapid and efficient collaboration. • Alignment with HDRC Southampton to evidence impact of decisions considering health.
3.7	<p>Option C: Fully engaged</p> <p>With a fully engaged scenario, Southampton embarks on a systematic programme of work aligned to a national or international programme. It is a high-profile and profound collaborative movement with population health and sustainability goals as the focal point of all council action. Depending on the Board's preference it may invoke adoption of national or international</p>

	<p>programmes of work such as ‘Marmot city’⁶ or WHO European Healthy Cities⁷, or model other regions’ or countries’ approaches towards improving health equity and better decision-making (e.g. Wales’ independent Commissioner for Future Generations⁸, or Lancashire and Cumbria Health Equity Commission⁹).</p> <p>Benefits and opportunities:</p> <ul style="list-style-type: none"> • Significant opportunity to drive improvement in health and wellbeing outcomes and reduce health inequalities through high profile collaboration. • Moves beyond HiAP to an externally supported framework of action. <p>Limitations and risks:</p> <ul style="list-style-type: none"> • Lack of sustainable capacity to deliver change on this scale at the present time undermines longer term progress in delivering wider health outcomes and reducing inequalities. • May have a longer lead-in time to deliver change and embed new ways of working if opportunistic work ceases. <p>Requirements:</p> <ul style="list-style-type: none"> • Potential investment in adoption of national or international programmes. • Leadership across directorates and partner organisations.
4.	Recommendations and decisions
(i)	<p>That the Board notes the progress made to date in framing, developing toolkits and resources, collecting case studies and supporting progress in defined priority areas across the three pillars of the agreed framework for HiAP:</p> <ul style="list-style-type: none"> • Processes: development of tools and resources, advise for improvements in equality and safety impact assessment in SCC and engagement and advice in processes to maximise social value and net health gain from procurement or development activities. • Programmes:the food environment, planning for health, inclusion of employee health and wellbeing in wider business support and active travel. • Strategic joint action: including a HiAP approach within the tobacco alcohol and drug strategy, ongoing evidence and needs informed decision making within strategy development. This also includes Hampshire and Isle of Wight level leadership to improve the impact of Health Anchors on health and wellbeing, particularly as employers.
(ii)	<p>That the Board commits to embedding a HiAP approach more widely within SCC and partner organisations to deliver continued focus on the ‘building blocks for good health’ (see 1.2). This includes ongoing monitoring and evaluation of the impact of Phase One activities.</p>

⁶ E.g [Coventry Marmot City Evaluation 2020 - IHE \(instituteofhealthequity.org\)](https://www.coventry.gov.uk/health-equity)

⁷ [Become a member \(who.int\)](https://www.who.int/healthy-cities)

⁸ <https://www.futuregenerations.wales/work/health-and-well-being/>

⁹ [Lancashire and South Cumbria Health Equity Commission \(HEC\) - IHE \(instituteofhealthequity.org\)](https://www.lancashireandcumbriahealthequitycommission.org/)

(iii)	That the Board follows a moderate approach for Phase Two of the programme, with Board members providing supportive leadership to champion HiAP within their organisations and teams.
(iv)	Supports and guides enablers for Phase Two , including wider visibility and leadership to enact HiAP (processes, programmes and strategic joint action) across activities in the city, increased focus on evaluation and evidence of impact and supporting cross-team working to identify and realise wider opportunities in decision making. This includes overcoming barriers to embedding HiAP within Board members' teams and networks.
(v)	That the Board supports opportunities arising from the alignment between HiAP and: <ul style="list-style-type: none"> • The HDRC Southampton ambition to support and enable better evidence informed decision making and evaluation of impact of decisions including health considerations in Phase One and Two. • Action to embed sustainability in all policies, as reducing health inequalities requires action to create healthy and sustainable places and communities, with common policy actions supporting both (e.g. active travel, green spaces, the food environment, transport and energy efficient housing).

RESOURCE IMPLICATIONS

Capital/Revenue

None – recommendations would be delivered within existing resource and aligned to existing public health team portfolios.

Property/Other

None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

Health and Social Care Act 2012 (Health and Wellbeing Boards: functions, para 195 Duty to encourage integrated working).

Other Legal Implications:

None

RISK MANAGEMENT IMPLICATIONS

None

POLICY FRAMEWORK IMPLICATIONS

None, proposal aligns with Health and Wellbeing Strategy.

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	

1.	Implementing Health in All Policies at Southampton City Council: Logic Model (updated February 2023)
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
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Data Protection Impact Assessment

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
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Other Background Documents

Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None