Public Health England

Protecting and improving the nation's health

Health Equity in All Policies Masterclass
Executive summary

Events held on 25 February (London) and 17 March (Manchester) 2015

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

About Association of Directors of Public Health

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through DPH development, sharing good practice, and policy and advocacy programmes.
ADPH has a strong track record of collaboration with other stakeholders in public health, including those working within the NHS, local authorities, government and other sectors. Directors of Public Health (DsPH) across the UK are the frontline leaders of public health, working across health improvement, health protection, and health care service planning and commissioning.

About Local Government Association

The Local Government Association (LGA) is the national voice of local government. It works with councils to support, promote and improve local government. LGA is a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government. It aims to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems. In total, 415 authorities are members of the LGA. These members include 351 English councils, the 22 Welsh councils via the Welsh LGA, 31 fire authorities, 10 national parks via corporate membership and one town council.

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Overview and Introduction

1.1   Health in All Policies (HiAP) is defined as "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." It has been strongly advocated by the World Health Organization and European Union and adopted by a number of national and state governments around the world.

1.2   In the UK context, the public health transition to local authorities represents a clear opportunity to improve wellbeing and reduce health inequalities by harnessing the potential of diverse local authority policies and services to address the wider determinants of health.

1.3   Public Health England (PHE) has initiated a work programme on Health and Health Equity in All Policies (H&HEiAP) which is seeking to harness the potential of diverse local authority policies and services to address the wider determinants of health. Directors of Public Health play a key role in engaging across the local authority and wider local systems to achieve this objective. Therefore, PHE worked with the Association of Directors of Public Health (ADPH) and the Local Government Association (LGA) to develop a masterclass to understand what PHE could do to support Directors of Public Health and Public Health Consultants to embed health and health equity in all policies at a local level.

1.4   The Masterclass enabled Directors of Public Health and Public Health Consultants to meet with their peers and other leaders within local authorities to explore how to:

- frame public health challenges and use appropriate language within the context of overarching local authority priorities;
- effectively position health and wellbeing in the context of competing (and sometimes conflicting) policy agendas;
- engage wider service and policy areas in the pursuit of health and health equity within current economic and funding contexts.

Facilitated group discussions: summary of emerging issues

1.5   In summary, the participants felt that Health and Health Equity in All Policies is a suitable approach and should be part of everyone's responsibility in addressing the wider determinants of health, whether it is through local commissioning processes, harnessing the potential of local authority policies or better engagement across multiple policy domains.

Influencing across the whole system

1.6   The financial challenges, demand on services and size of public health budgets were recognised among some of the key drivers to strengthen the influencing and joined-up working across different parts of the system locally. Return on investment (collective impact and savings for councils) and a more pragmatic use of 'evidence informed' decision making were viewed as a key arguments within councils with savings to be generated for both local authorities (eg social care) and NHS.

1.7   Delegates stressed the need to become more systematic in mapping opportunities for tackling financial and population health issues through discussing shared priorities between public health and other policy agendas, pooling resources and applying public health approaches to inform the decision making process. The key priority for most stakeholders is to improve the quality of life for their local population. This allows for win-win and co-benefit approaches; and provides opportunity for public health priorities to be driven by other local authority functions using their 'core business' levers. Additional discussion points can be found in the main report *Health Equity in All Policies. Report of Events*.

1.8   Delegates also shared examples of positive health and planning initiatives. Some of the local examples of good work included 'Local Healthy High Street group' (bridging between public health, planning and economic development), 'Waltham Forest Growth Commission', and 'Growth Deals' across the country on health and economic development.

Public health narrative and skill-set

1.9   The delegates agreed that public health debates needs to become more engaging of and appealing to the targeted audiences, for example politicians and other professionals. The use of easy to understand terminology (eg illness or wellness is clearer and more understandable than 'prevention' in a local government setting) will help influence across the board.

1.10 The participants have also stressed an importance of understanding different audiences (councillors, other directors, clinical commissioning colleagues), their drivers and priorities and identifying opportunities for public health to connect with

them to support the delivery. The public health team 'offer' should communicate the benefits and added value of application of public health 'lens' across the board eg 'a practical guidance on what local authorities can do to embed health in all policies and the evidence behind that guidance'.

1.11 The delegates believed that it is essential to start mapping and assessing public health workforce skills, competencies and knowledge required for effective working in local authorities both for the existing and new public health staff. This would involve multi-faceted skills eg leading without authority, influencing and negotiation, understanding the political process, reconfiguring and articulating evidence using stories. They would also benefit from a wider understanding of multiple local government functions, legal underpinnings and functions.

Resources and support for Directors of Public Health

1.12 Evidence based action is required at all levels of the public health system, and the participants felt that PHE as a systems leader could support this need in a more systematic way. Local public health teams would particularly welcome examples of good practice of what works across councils in addressing health inequalities, data and information which supports or argues against budget cuts with clear impact on public's health. The delegates highlighted the interest of sharing different Public Health delivery agreements that are in place across local authority directorates and supportive information which would assist in informing reviews of commissioned contracts to have greater impact on the wider effects by Directors of Public Health or others in local authorities. Additional discussion points can be found in the main report *Health Equity in All Policies. Report of Events.*

Reflections from the delegates

1.13 Quotes from the audience illustrate some of the actions delegates said they will take after the masterclass:

"Look at getting H&HEIAP into my council through restructure of department"

"Put more into developing relationships with individual members, officers etc and rethink ways of working with the Public Health Team"

"Take the argument to the Senior Management Team and Public Health Board and widen the scope or influence in own portfolio. Develop a clear Public Health strategy easily understood by senior officers and councillors"

"Introduce economic development into Health & Wellbeing Board agenda (LEP)/ use of public health grant to maximise contribution in other areas – use the Dominic Harrison model. Consultants to link into economy, planning and profile the elected members"

"I will map the opportunities for influencing more systematically to influence what I do and how. I will use the info I learned in the conversation to influence the design of my team and the work programme of the team"

"Find out more about the opportunities around the LEP in my local context. Take a closer look at the economic policy of the council and how I can influence this and others more effectively eg transport"

"PHE priorities document is framed using traditional lifestyle/behaviour language rather than focusing on wider determinants and how local authority functions relate to these"

Recommendations

1.14 A number of ways were suggested in which PHE, ADPH and LGA could support Directors of Public Health and their teams in achieving the health in all policies agenda at a local level. The key themes are provided below.

National and cross-sectoral influencing

1.15 Cross-sectoral working and influencing at all levels are key in achieving system-wide change. PHE was seen as a key player in influencing upwards through other Government Departments to include health in all policies. Therefore, Directors of Public Health would welcome support with identifying national 'windows of opportunities' locally and assistance in maximising those opportunities.

1.16 Participants also felt that PHE can widen the scope of masterclass debates to include Local Government Association (LGA), Confederation of British Industry (CBI), SOLACE, third sector and other key decision makers so that Directors of Public Health can hear from top-level representatives with varied insights.

1.17 To be effective influencers, the public health workforce (both the existing one eg public health teams and public health trainees) would benefit from a wider set of skills especially on working in a political environment, and building effective relationships in multidisciplinary teams. Training on soft-skills to negotiate and influence and finding synergies in competitive agendas would be equally valuable.

1.18 ADPH and PHE could support national conversations to reflect conversations in local authorities – for example with national organisations for Housing, Economic Development, Transport, Planning, District and County Council Networks. Similarly, bringing together colleagues working across sectors to discuss health in all policies would be valuable.

Resources and support for DsPH

1.19 Directors of Public Health and their teams would welcome practical guides on how to improve the health and wellbeing outcomes for local population. Those may include:

- A practical brief guidance on what a Director of Public Health can do to involve health in all policies and the practical evidence behind it
- Narratives for elected members to better connect with the evidence base – eg one page of information or infographics
- Guidance on de-commissioning of services inclusive of the impact of stopping a service would have on a population's public health
- Guidance for influencing local regulatory functions such as local supplementary planning guidance to add health into planning decisions or a 'gold standard' to support health as an element in local licensing decisions

Shared learning through innovative and effective approaches

1.20 Directors of Public Health acknowledged the importance of sharing local examples of best practise and pragmatic evidence of what is working well (and has not worked well) in including health in other policy areas – eg sharing learning from Place and Health Leads, sharing public health delivery agreements or examples of Joint Perfomance Frameworks across directorates in local authority setting.

1.21 The delegates would also benefit from support with quantifying the evidenced 'business case' for activity both to help to influence wider decision making process and enable them to support other Local Authority Directors faced with budget cuts by flagging wider impact on health/unintended consequences. This would both help to 'health proof' local government decision making and increase DsPH engagement and influence throughout local authority.

Next steps

1.22 A number of ways were suggested in which PHE, ADPH and LGA could support Directors of Public Health and their teams in achieving the health in all policies agenda at a local level. Public Health England will build on the feedback of the delegates and engage with key stakeholders in order to develop the second phase of the programme.