DEVELOPING HEALTH IN ALL POLICIES WITHIN PUBLIC HEALTH SCOTLAND

A contribution from the Scottish Health and Inequalities Impact Assessment Network (SHIIAN)

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INTRODUCTION

The establishment of Public Health Scotland (PHS) is an important opportunity to do things differently, to make a greater impact on health in Scotland and fulfil the PH Reform vision of 'a Scotland where everybody thrives'.

Realising this vision means creating the social, economic and physical environments that support good health for everyone. This requires PHS, and the public health system more widely, to focus on 'upstream' work to influence policies that affect determinants of health in the population at national and local levels. There is growing awareness of the potential to use a Health in All Policies (HiAP) approach, working with partners in a broad range of policy areas to achieve this.

This paper aims to identify how PHS can develop the use of HiAP in Scotland in order to maximise its potential to achieve the public health reform vision. The paper has two parts. Firstly it outlines what HiAP is, how it differs from other ways of working in public health, and what is needed to apply it in practice. Secondly it makes suggestions about the roles of PHS to apply, develop and support HiAP and how it can embed the approach in the new organisation.

PART 1: WHAT IS HEALTH IN ALL POLICIES?

WHO defines HiAP as 'an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity. A HiAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making.'   (WHO Helsinki Statement on HiAP, 2013)

It is very similar to 'Healthy Public Policy' and 'Governance for Health'. HiAP is preventative and aims to create the social, physical and economic environment in which people can have the best health outcomes. Health is understood broadly to encompass physical, mental and social wellbeing, is determined by a broad range of determinants and in turn influences many other outcomes. There is a synergy between the collective governance for health and wellbeing implied in the HiAP approach and the National Performance Framework, which places wellbeing at the centre and recognises links with all the other national outcomes.

HiAP requires engagement with colleagues in partner organisations who are developing plans or strategies that are likely to affect health, and working with them to ensure these plans and strategies are designed in the way most likely to improve health and reduce inequalities. The work involved may include: participating in partnership groups, collating and using relevant health evidence, and/or leading more formal health impact assessment or similar processes to inform strategies. This requires time to develop working relationships with partners and access to relevant evidence on the links between policy areas and health.

Does Health in All Policies differ from the partnership and policy advocacy we already do?

The HiAP approach and tools can be useful elements of a whole system approach to improving health outcomes. HiAP applies skills and evidence that public health professionals already use, but it is useful to clarify how it differs from other public health approaches. In particular, it involves close working with partners and influencing policy, but differs from most current partnership work and from other forms of policy advocacy.

Partnership with other organisations and sectors is a core part of public health practice. Most partnerships are based on shared interests or resources and concern the planning and delivery of joint projects, services or interventions. HiAP differs as it is about influencing the content of other policy areas rather than setting up plans or delivering initiatives.

Policy advocacy is an important public health function. It is usually understood to mean advocating for specific policies that are designed to improve health. This implies a focus on a specific public health issue and advocacy in favour of evidence based policy solutions to address that issue. The starting point is usually an identified public health issue, and public health professionals seek to identify and work with stakeholders and policy makers who could influence that issue. So, for example, to influence physical activity we would work with transport, planning, community, education, NHS and others.

HiAP focuses on a proposed policy and seeks to create a holistic understanding of all the ways that policy might affect health and influence accordingly. So, for example, HiAP work on transport policy would include its effects not only physical activity but also air quality, injuries, social capital, access and inclusion. These impacts may be positive or negative and intended or unintended. We would then seek to influence the policy to gain best overall health outcome, not just focus on one outcome. The starting point is the relevant policy and its opportunities for health, rather the public health issue. This approach requires us to build relationships and develop an understanding of ways of working, language, constraints and opportunities in the relevant policy area.

Both of these kinds of advocacy are important, and PHS should ensure the capacity to use both approaches in its work.

HIA and other approaches to HiAP can be good ways to meaningfully involve communities in policy development.

What is needed to adopt the Health in All Policies approach?

Adopting the HiAP approach requires the public health workforce to have relevant skills, evidence, tools and dedicated time.

HiAP is based on building strong working relationships with policy makers in each sector. It is crucial to take the time to build these and to develop understanding of each sector, their constraints, opportunities, language and assumptions. This needs both time and skill.

The skills and knowledge required include: an understanding of the HIAP approach; the ability to build relationships and credibility to engage with colleagues in other sectors; an understanding of other policy contexts, processes and opportunities; the ability to use relevant data and evidence to appraise links between policy area and health and make recommendations; and the ability to communicate, negotiate and influence. Most of these are core public health skills.

HiAP draws on a broad evidence base to enable understanding of the range of impacts from a policy area, including inequalities impacts. This includes a broader range of data sources and a wider research base than our usual health sources.

HiAP can range from using a formal approach like Health Impact Assessment (HIA) or Health Lens Analysis (see summaries below) to assess the health impacts of a policy area, to a more fluid approach that focuses on building relationships between health and other policy areas – being 'at the table' to ensure the health issues are considered. When an informal approach is used, it is important to ensure public health input and influence are based on a systematic, evidence based, understanding of the relevant health issues. Other tools include inter-departmental committees or partnerships, policy briefs, joint budgets, joint training and joint information systems.

The stages used in HIA and Health Lens Analysis are shown below. HIA is the approach most often used because it is systematic, flexible and can be reviewed or quality assured by others. For these reasons, it would be useful for PHS to develop its capacity to apply HIA to national policies that are likely to have significant health impacts. There is no experience of Health Lens Analysis in Scotland but it could be useful especially when working in the early stages of policy development.

HiAP is relevant at all stages of policy development, though different tools may be used at different stages. HIA is relevant during policy development, but evaluation of the policy's impacts on health after implementation is important to inform future policy development.

Finally, the development of HiAP requires political will. It requires willingness among policy makers to work with public health colleagues and change policies in order to enhance opportunities for health. It also needs the willingness of the public health community to dedicate some capacity to this work.

Health Impact Assessment	Health Lens Analysis
• **Screening**: decide if an HIA is appropriate • **Scoping**: identify potential impacts and set terms of reference for the HIA • **Appraisal**: gather evidence on potential impacts and possible recommendations • **Recommendations**: make recommendations to mitigate adverse and enhance positive impacts • **Reporting**: report to decision makers • **Monitoring and Evaluation**: monitor recommendations and outcome of HIA Assess a specific policy proposal once it has been defined but not finalised. Make recommendations to improve impacts.	• **Engage**: establish collaborative relationships with other sectors • **Gather evidence**: establish impacts between health and the policy area • **Generate**: produce policy recommendations - jointly owned by all partner agencies. • **Navigate**: help steer recommendations through the decision-making process. • **Evaluate**: determine the effectiveness of the health lens. Engage with a policy area at all stages of policy formulation. Focus on synergies.

PART 2: DEVELOPING HEALTH IN ALL POLICIES IN PUBLIC HEALTH SCOTLAND

This section will consider the specific roles that PHS can play in applying, developing and supporting HiAP, and highlight the need to develop a shared understanding and build capacity among relevant staff at national and local levels.

It is difficult to define precisely the roles of PHS and locally based public health staff until relevant decisions have been made about these in the Public Health Reform process. Regardless of future structures, it is important that HiAP is not seen as just a set of tools or technical products but is part of the culture, is embedded into PHS and considered a core function of public health. It needs leadership and support but responsibility for HiAP should not only sit with one team or individual – there should be shared understanding and shared responsibility for the development and adoption of approaches to HiAP in PHS and more widely across the public health system.

What roles should PHS take to support and develop Health in All Policies?

There are several roles PHS can take to support and develop HiAP in Scotland.

Applying HiAP at national level - Perhaps the most obvious role is working directly with policy colleagues in SG and other national organisations to apply the HiAP approach in national policy areas likely to have significant impacts on health. In doing so, not only will PHS directly influence the relevant policies and health determinants, it will build experience of effective HiAP and demonstrate the organisation's commitment to social, economic and environmental (SEE) determinants and HiAP. National policies impact on the whole population, set the context for local delivery and it is appropriate that the national organisation should focus most on this role in its HiAP work.

Creating a culture for health - PHS can also work at national level to build the expectation that all policies should impact positively on health, creating a demand from policy makers to support them to ensure this. It can advocate for the Right to Health in a way that reinforces the shared responsibility to ensure that everyone in Scotland lives and works in social, economic and physical environments that support good health, in order to realise their right to health.

Workforce Development – PHS may be involved in development and delivery of training and capacity building related to HiAP for PHS staff, locally based public health colleagues and partner organisations.

Support for local colleagues - PHS will have an important role to support public health colleagues working at local levels. This will include support for colleagues to use HiAP at local level, share experiences and ensure links between HiAP work on similar policies at national and local levels. For this to be helpful, it will be important for PHS staff to avoid being seen to 'parachute in' with advice for locally based colleagues, but take time to develop relationships based on mutual respect.

Resources - PHS will be able to support HiAP through the development of 'once for Scotland' resources, guidance, and evidence briefings. These could include resources similar to the SHIIAN guides that outline evidence on the links between health and particular policy areas. These could be in a range of formats for different audiences and serve a more general awareness raising function as well as being used to support HiAP work in practice.

Support and commitment - All of this needs support and commitment from senior management in PHS, and a shared understanding of what HiAP is and why PHS is supporting and promoting it. Some of the work may generate challenging recommendations for changes to policy and it is important that senior management is able to support and justify these when appropriate.

Developing understanding and sharing experiences of Health in All Policies

Many of the staff who will join PHS already take a HiAP approach to at least some of their work. But there are different understandings about it is and how to use it in practice.

HiAP has been adopted in different ways in different countries and it could be useful to consider international case studies. Colleagues in Edinburgh University are currently doing a systematic review and have a funded research project developing a quantitative modelling approach to HiAP. It would be useful to collaborate with them and others to explore this and other innovative methods, as well as learning from more established approaches.

To bring this to life in Scotland it would also be useful to draw on existing examples as case studies, and work with colleagues who are developing HiAP, at local and national levels. The Place Standard is one example of a national case study. SHIIAN is also exploring the potential to develop work with a local NHS Board on HiAP using a test of change approach.

CONCLUSION

This paper has suggested ways in which Public Health Scotland can develop Health in All Policies as a core approach to its work and support partners to do so. Adopting this approach brings an opportunity for PHS to influence the social, economic and environmental policies that affect health in Scotland, before policy implementation. This is a preventative approach with potential to achieve significant improvements in the 'upstream' determinants of health and health inequalities in the country. Realising this potential will require public health capacity to develop the approach and the PHS leadership team, and local leadership, to support it.

Key sources

WHO (2013) Helsinki Statement on Health in All Policies
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