Scottish Health and Inequality Impact Assessment Network (SHIIAN)

Report

Health in All Policies in Scotland: Workshop Report

Margaret Douglas

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HEALTH IN ALL POLICIES IN SCOTLAND: WORKSHOP REPORT

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HEALTH IN ALL POLICIES IN SCOTLAND

INTRODUCTION

This is a report of a workshop held in December 2019 to share experiences of Health in All Policies (HiAP) in Scotland. The Scottish Health and Inequalities Impact Assessment (SHIIAN) had earlier identified colleagues working on HiAP through various networks including the Directors of Public Health, Health Promotion Managers, SHIIAN's email network and others. These individuals were then invited to attend the workshop. There were 18 participants, including people working at local and national levels, in the NHS, Local Authorities, Scottish Government and other organisations. The workshop was chaired by Margaret Douglas, chair of SHIIAN. Participants are listed in Appendix 1.

The programme for the workshop included a presentation, plenary discussion to share participants' experiences of HiAP then group discussion on strengths, challenges, opportunities, and what is needed to support HiAP in Scotland.

OVERVIEW OF HEALTH IN ALL POLICIES

Margaret Douglas gave a short presentation outlining what HiAP is, how it differs from other types of public health work, examples of HiAP in other countries, some of her own experience and suggested some principles to underpin HiAP. She invited colleagues to comment on these. The slides are given in Appendix 2.

In the presentation Margaret defined Health in All Policies 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' (WHO Helsinki Statement on HiAP, 2013). She suggested that it differs from other approaches by starting with a proposed policy or policy area and seeking to identify the range of health impacts it might have, and in working closely with policy makers to achieve the best overall health outcome from the policy. This differs from the more common public health approach of starting with a health issue and then seeking relevant stakeholders. It may use tools such as Health Impact Assessment (HIA) but can also use less structured approaches. Margaret proposed the following principles for HiAP:

- Accountability and Governance for health and wellbeing
- Equity
- Holistic approach to each policy
- Participation
- Evidence
- Relationship building and partnership
- Align with core priorities of policy area – 'win-wins'

In discussion, there was broad agreement with these ideas. Particular points of discussion included the following:

- There was discussion about the difference between the Whole System Approach and HiAP. It was suggested that HiAP contributes to the WSA but the WSA will also include other approaches. The principles are very similar.

- It was suggested that a Whole System Approach should include better coordination between national and local policy. An example given was the successful Healthier Wealthier Children initiative. This was funded originally as a pilot by SG, but has it taken more than 10 years for this work to filter back up to influence national policy.
- The need to ensure this work is jointly owned by the relevant partners at local and national levels. It should not be imposed on local partners by national organisations.
- There is an opportunity to build on and improve coordination at all levels and bring Boards, and CPPs, together to influence national policy. This approach should inform HSCP local delivery plans. Early Adopters provide an opportunity to identify barriers and share learning.
- The role of PHS to influence policy in SG and to support local partnerships without dictating to them. It was noted that the ambition of Public Health Reform is to avoid a top down approach in PHS and to build partnerships with local areas.

EXPERIENCE OF HIAP

Several participants shared some of their experiences of using a HiAP approach at local level.

Ayrshire

In South Ayrshire, a newly created CPP Strategic Delivery Partnership will have a greater focus on a population health. As part of this group, and following a paper to the CPP Executive, there is now agreement to establish a short life working group (SLWG) on HiAP to explore what it would look like locally. The group aims to build capacity, develop practical ways to put the emerging policy or strategy into practice and will identify governance and review of the work.

Similarly, in North Ayrshire there is an ambition to shift from 'good to great', and there is potential to develop HiAP as an approach to contribute to that. Overall, energy is high, there is strong governance and good strategic buy in. The key consideration is capacity.

Borders

There has been good engagement in Borders, with senior Public Health representation at both CPP and IJB. The HiAP approach within NHS Borders and Scottish Borders Council has been agreed in principle. A first step has been to introduce the Health Scotland Health Inequalities Impact Assessment (HIIA) process, in both organisations. In practice, this work is at the early stages, but it has enabled the establishment of routes to embed HiAP in all systems, and offer specialist Public Health support where required.

Public Health colleagues are exploring how to further develop engagement with planning partners. There is currently a very good relationship, and planning partners consult public health on planning policy documents such as the Main Issues Report, as well as review of individual planning applications. We are working toward a system whereby we can have discussions about specific projects earlier.

Elected members have been encouraged to promote and discuss the approach and there is opportunity to formalise the process for early identification of and engagement with policies likely to affect health. In general, there is agreement on governance, now there is a need to develop the mechanisms.

Inverclyde

Around 2015, the Inverclyde Health Inequalities Delivery Group sought to inform partnership understanding of health inequalities and worked with NHS Health Scotland who delivered presentations on the fundamental causes of health inequalities to the CPP Programme Board and the main CPP Board.

Taking on the key messages from these presentations, the Health Inequalities group agreed to change its name and focus, becoming the Inequalities Outcome Delivery Group. This reflected that the group would focus on the wider causes of inequality which, in turn, create health inequalities, rather than specific health issues or activity.

Health Scotland's 'Undo, Prevent, Mitigate' framework and the Triple I tool was used to illustrate how wider inequality had a greater impact on health - for example, increasing income may really be better for health than a smoking cessation programme. This recognises that some aspects of fundamental causes cannot be addressed at local level, but allowed for a focus on what could be addressed locally. The group used this to work with all the partners and with elected members to embed and mainstream thinking about health inequalities and recognise that all partners affect health inequalities.

The group worked with the other outcome delivery groups to scrutinise their plans through an 'inequalities lens'.

Lothian

Lothian has several years of experience of HIA and HiAP, working at various levels across projects, policy and the system. There are lead public health staff identified to work with each of the four Lothian HSCPs and CPPs. However it is acknowledged that in practice HiAP work is often opportunistic at the level of project and policy rather than system. This can be disparate, lack accountability and governance and not really add up to more than the sum of the parts. One challenge identified is that health is often seen as about 'ill health'.

West Dunbartonshire

There is recognition that all of Community Planning is about health. But given the absence of a defined delivery mechanism to ensure this understanding leads to better outcomes, there is a risk of things getting lost. Public health colleagues are aiming to contribute to every delivery and improvement group. The first aim is to build good working relationships. Colocation has helped this, as have conversations, being present, using the Public Health Skills Framework and working jointly as an Early Adopter site. It can be hard to identify specifically what has made the difference or been the catalyst that has driven the change. But it is clear that health is on the agenda now, just from the team being at the table.

Aberdeen

There is recognition that health is everyone's business, not just the preserve of the NHS. But the structures we work in may have created unnecessary complexity. In Aberdeen the LOIP is identified as the central plan for health that considers key local health determinants. LOIP alignment is a good approach to defining outcomes and then filtering these down to build policies with a range of partners, including Police, Fire, Local Government. Planning is recognised as the most significant determinant of health in a community, and in Aberdeen the Head of Planning reports directly to Chief Executive, which is a significant factor in considering the HiAP approach. It is not enough to undertake Health Impact Assessment of planning applications, we need consideration of health at an

earlier stage when Local Development Plans are drafted. The Whole Systems Approach should include synchronisation of the Local Development Plan with the LOIPs. There has been early and positive engagement with the Director of Public Health to jointly consider health outcomes that planning, and other sectors, can address. An example is a partnership with Scottish Fire and Rescue Service (SFRS) colleagues in the planning and design of buildings to reduce and remove the fire risk for vulnerable people.

Dumfries and Galloway

The experience in D&G could be described as 'crossing the river on stepping stones.' We are at the stage of raising awareness about HiAP, strategies and opportunities. A 2016 presentation to the CPP on the Inequalities Framework Toolkit included showcasing a range of tools. Colleagues now have experience of using tools including the Place Standard and Health Equity Audit. There is now consideration of how to use HiAP more consistently and strategically.

Greater Glasgow and Clyde

There are many examples to note from Greater Glasgow and Clyde. A particular challenge for the NHS Board is working in partnership across six different Local Authority areas. We are interested in making the Public Health contribution to the LOIPS clearer. There is also a Public Health Strategy for the whole region, with planning being led by the Local authority committee for the Glasgow Public Health summit in partnership with GCPH & Public Health. GCPH have done interesting work to synthesise 10 years of their research, which will inform this.

STRENGTHS, CHALLENGES AND OPPORTUNITIES

Participants then moved into small groups to discuss the challenges, strengths and opportunities of developing HiAP in Scotland. These are summarised below.

Challenges

- Identifying capacity for the work, particularly as taking time to build relationships is essential but often not included in PH professionals' work plans. There is a challenge to move resources to allow this to happen.
- The complex policy and partnership environment, including CPPs, and HSCPs. There are multiple local authority partnerships with varying structures (32 LAs and 31 HSCPs). This also means there could be varying, and complex, governance arrangements for HiAP. Need to consider partnership hierarchies and equity between partners.
- Impact of politics, need to be able to inform difficult decisions
- The will and understanding of private sector partners may also be an issue. There is a need to understand their impacts and work with them, as well as public and third sector who are more usually involved in this area of work.
- Using the name 'health' can lead to health outcomes being owned only by the health sector. There was discussion about whether it should be renamed Wellbeing in All Policies. As HiAP is the term used by WHO and other countries, the consensus was we should use this term but work to develop broader understanding of its meaning and breadth.
- Potential for 'lifestyle drift' that could prevent time and resources being devoted to this more upstream work.
- Data & evidence may be lacking to support HiAP. We may need different kinds of evidence to work with other sectors.

- Leadership. There is a need for leaders at all levels to support this work.
- Knowledge and skills gaps. A particular skill to develop is understanding power, relationships and stakeholder dynamics.

Strengths

- There is a broad consensus that HiAP is a good thing to do
- Impact assessments are already required for a number of statutory duties, we can build on these to consider health impacts systematically.
- Good availability of an existing range of tools
- The opportunity to learn from others
- Good evidence and learning from where approaches have been used e.g. the Violence Reduction Unit and 16-17yrs in custody
- Public Health as community development. Many colleagues take a community development, bottom up approach. This can include removing or changing labels, which dissolves barriers and takes the focus away from process and structures towards people.
- National frameworks, priorities and structures – including the National Planning Framework with a particular focus on wellbeing, the Public Health Priorities, the requirement for LOIPS and LDPs.
- Increasing understanding of power dynamics
- Strong principles of participation and equity in policy making in Scotland

Opportunities

- Collective learning and sharing. There is a good opportunity to learn from each other's experiences through a network of learning. This can include acknowledging uncertainty and encouraging others to adapt to the situation.
- Potential to embed and/or rebrand in alignment with National Planning Framework
- Opportunity to influence local systems while accepting that they are all different
- Learning from 'small p' partnerships can be valuable ' not everything is about LOIP'
- Development of different roles such as Communicators like the West Dunbartonshire example of 'messengers' to share insights with different partnerships. Giving consideration to who the person/function is and not just the job description.
- Developing skills such as pre-systems thinking, influencing skills, use of both quantitative and qualitative evidence
- Public Health Scotland has potential to lead on a paradigm shift, change current thinking, place emphasis on all of our work (not just Public Health in a silo), and shift culture as required to enable the skills, learning, support and time required. It can provide license for HiAP. It can also produce 'once for Scotland' evidence resources, such as generation of generic evidence resources at national level with local case study examples.
- Guidance is available on HIAs and HIIAs, and there is an opportunity to gain a central legal opinion about whether these cover legal duties, which could support wider use.
- The ScotPHN document detailing Local Authority powers was identified as a useful resource.
- The cost pressures on public services could help focus minds on creating the best outcomes with limited resources.

HOW TO SUPPORT HIAP IN SCOTLAND

Participants discussed how to support HiAP, in groups and then as a plenary discussion.

Participants agreed that sharing of experience would be valuable to support HiAP. Ways to do this included:

- Coming together in events like this one
- Other networking arrangements, potentially building on/rebranding the current SHIIAN network
- Developing 'top tips'
- Blogs and other communications outputs

Participants discussed the role of networks to support this kind of work where there are 'wicked problems'. It was noted that networks need to have tight common purpose, equity of members. The role could include knowledge sharing, communication, influence and advocacy.

It would be useful to discuss HiAP with existing groups like Community Planning, Heads of Planning, SoLACE, CoSLA, SLAED, SCOTS, PHN.

CPPs are an important platform and should be seen as Public Health partnerships. There is an opportunity to add some resource and commitment to CPPs, for example to provide and interpret data and evidence for HiAP. Participants discussed the need for staff to be identified at local level, to work with CPPs, to take time to build relationships needed to underpin HiAP work. It would be useful to learn from the previous model of Health Improvement Officer posts in councils.

Participants recognised a need for distributive leadership and advocacy for HiAP across the system, from DsPH and others. HiAP is relevant to all of the Public Health domains. It was noted that leadership for HiAP should not be limited to formal leadership roles but be understood and developed more broadly. We can all play a role to advocate for HiAP using our existing networks and build this way of working into the partnerships we engage with.

A very practical approach suggested to build cross departmental partnerships was to collaborate on shared consultation responses.

It was also noted that there are already powers and levers in place that can support public health. it would be useful to promote understanding of these.

Participants discussed forms of national level support for HiAP including a 'Health in All Policies Support Unit' which could be in government, in the third sector or PHS. This could share guidance, case studies, tools and also develop evidence resources for HiAP. It was also suggested that CoSLA could play a role to advocate for and encourage oversight of HiAP.

The importance of national policy was also noted. Work to address this could include considering the Programme for Government from a public health perspective and influencing primary legislation.

Workforce development was needed to build and share knowledge and skills. The PH Skills & Knowledge Framework describes many of the relevant skills and it provides a common language to understand and develop these. More broadly, participants discussed the potential for input to university training for planners and other professionals to build their understanding of HiAP.

Participants agreed that underpinning this was a need to create a new identity for Public Health that goes beyond traditional boundaries, broadening interest in and responsibility for health.

Participants noted the difficulty of identifying key indicators of success for this kind of work, but agreed that one key indicator is being able to show that health is now on the agenda in a context in which it was previously not considered.

ACTIONS AND FOLLOW UP

Group actions

The group agreed the following short term actions to develop a network and share the learning more widely. These are now being taken forward.

- Draft and share this report of the meeting
- Set up an informal email network
- Set up a KHub group
- Arrange a further meeting of this group in about six months' time

Participants' actions

Participants were asked to share on post-its one action they intended to take following the workshop. These are listed below.

- Ensure LDP takes a HiAP approach and circulate draft to this network for peer review
- Take this knowledge and learning from today back to our HiAP group in SA (and other CPPs?)
- I will try to get HiAP on the agendas of SLAED (economic development), HOPs (Planning), SCOTS (Transport) meetings. Also Community Planning Network.
- Work more closely with PH colleagues re involvement in HiAP work
- Share information and updates from today's session with PH colleagues and HSCP colleagues locally
- Share my learning from today with Social Work Scotland colleagues. Continue to promote PH/HiAP approaches in my work. Connect with the PH agenda by joining the Khub.
- Think about how PH colleagues locally can be supported re HiAP – link to PH workforce development
- Advocating and contributing to cross-departmental consultations
- I will frame my report on work with Planning in context of HiAP to reach wider audience
- Arrange to meet with CPP Manager and discuss outputs from today's session with view to presenting an update to the CPP.
- HiAP as a way of working – what skills and knowledge do PH practitioners need to be able to do this.
- Explore with Local Authority how best to provide meaningful input in a way useful to them. Find useful common language.
- Re-read the new Planning Act and PH local authority powers document and consider how to translate them for local CPPs.

Appendix 1: Participants

Keith Allan	Consultant in Public Health, NHS Borders
Alison Bavidge	Social Work Scotland
Jane Bray	Consultant in Public Health, NHS Tayside
Moyra Burns	Health Promotion Service Manager, NHS Lothian
Georgina Cairns	Independent Consultant
Elaine Caldow	Public Health Programme Lead, NHS Ayrshire & Arran
Diane Clayton	Learning and Development Manager, NHS Health Scotland
Jackie Erdman	Head of Equality and Human Rights, NHS GGC
Martin Higgins	Senior Health Policy Officer, NHS Lothian
Tamasin Knight	Consultant in Public Health Medicine, NHS Tayside
Dionne Mackison	Head of Public Health Policy, Scottish Government
Miriam McKenna	Programme Manager, Improvement Service
Phil Myers	Health & Wellbeing Specialist, NHS Dumfries & Galloway
Matthias Rohe	Public Health Registrar, NHS GGGC
Angela Scott	Chief Executive, Aberdeen City Council
Carole Stewart	Public Health Manager, NHS Orkney (AM only)
Jo Winterbottom	Health Improvement Lead, West Dunbartonshire HSCP
Ashleigh Jenkins	Network Manager, ScotPHN (notes)
Ryan Frize	Medical Student, University of Glasgow (notes)
Margaret Douglas	Chair of Scottish Health and Inequalities Impact Assessment Network (Chair)

Appendix 2: Presentation Slides

Health in All Policies

Margaret Douglas, Chair, Scottish Health and Inequalities Impact Assessment Network (SHIIAN)

Scottish Health and Inequalities Impact Assessment Network

'Health in All Policies is 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 Helsinki Statement on HiAP, 2013

Scottish Health and Inequalities Impact Assessment Network

Tools and instruments for HiAP

- Partnerships and governance structures
- Joint information, evidence, training
- Health Lens Analysis
- (Health) Impact Assessments
- Legislation

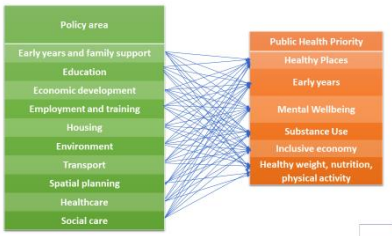
Scottish Health and Inequalities Impact Assessment Network

Does HiAP differ from public health advocacy?

'Inside' policy making
Starting point is a proposed policy
Consider range of health impacts of a policy
Collaboration with policy makers

'Outside' policy making
Starting point is a PH issue
Focus on single issue or solution
Alliances with other interests

Scottish Health and Inequalities Impact Assessment Network



Scottish Health and Inequalities Impact Assessment Network

HiAP levels of change

• Project	• Work on a planning application to ensure the development promotes good health
• Policy	• Include healthy design principles in the local planning policy for a local authority area
• System	• Require consideration of health in all policies in the local authority

Source: adapted from Local Government Association (2016) Health in All Policies: a manual for local government

Scottish Health and Inequalities Impact Assessment Network

Finland

- Long history of Inter-sectoral action
- 2006 Presidency of EU focus on HiAP
- Ministerial Advisory Board
- HIA of national legislation (but low compliance)
- Health objectives in Municipal Strategies
- Requirement for Human Impact Assessment of municipal decisions

Scottish Health and Inequalities Impact Assessment Network

California HiAP Task Force

- 22 departments, agencies and offices across State Government
- Cross departmental team
  - Promotes culture to prioritise healthy, equitable, and sustainable communities
  - Health and equity approaches, tools, data
  - Forum for shared goals and collaboration
- Sectoral Action plans: Housing, Food, Transport, Greenspace, Community safety, Healthy Public Policy

Scottish Health and Inequalities Impact Assessment Network

South Australia

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Wales

WHIASU

- Long history of support for Health Impact Assessment and dedicated Wales Health Impact Assessment Support Unit
- Wellbeing of the Future Generations (Wales) Act 2015 - Sustainable Development focus
- Public Health (Wales) Act 2017 requires Health Impact Assessment in *'specific circumstances for public bodies'* in Wales
- Public Health Wales *'must provide assistance to those carrying out a HIA'*

Scottish Health and Inequalities Impact Assessment Network

Scotland - West Lothian Council

- Based in council headquarters part time
- Planning – Planning Guidance to require Health Impact Assessment of planning proposals
- Housing – Evaluability Assessment of new build council homes – aim to inform future developments
- Economic Development – Sat on committees leading Economic Development Strategy and Employability

www.nationalperformance.gov.scot
https://sustainabledevelopment.un.org/

Scottish Government
Riaghaltas na h-Alba
gov.scot

HiAP principles

- Accountability and Governance for health and wellbeing
- Equity
- Holistic approach to each policy
- Participation
- Evidence
- Relationship building and partnership
- Align with core priorities of policy area – 'win-wins'

For further information contact:

ScotPHN
c/o NHS Health Scotland
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

Email: nhs.healthscotland-scotphn@nhs.net
Web: www.scotphn.net
Twitter: @NHS_ScotPHN

www.scotphn.net
www.healthscotland.com