

# Leading Healthier Places

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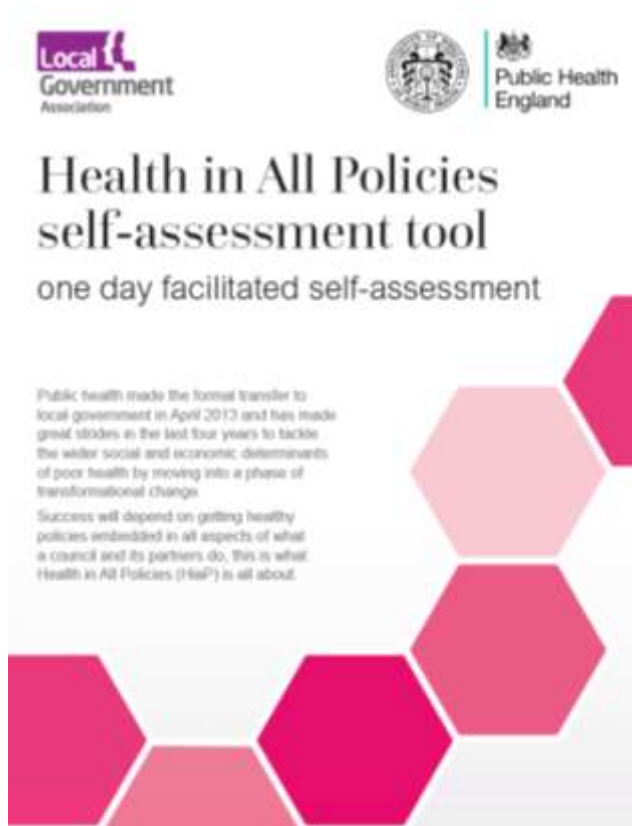
# Power of Place

- *Place Anchors*
- Health in All Policies & Health and Wellbeing Boards
- LGA Health and Wellbeing System Improvement support

# Health and Wellbeing System Improvement support

- Health in All Policies (HiAP) support
- Prevention Matters training for council elected members
- System Wide Care and Health Peer Challenge (Prevention)
- Public Health Risk Tool (piloting)
- Support for regional ADPH networks
- Leadership: Induction, Leadership Essentials, Annual Summit
- Bespoke Health and Wellbeing Board support
- When Worlds Collide
- Integrated Leadership Tool
- NHS Collaboration: peer support for local systems

# Health in All Policies support

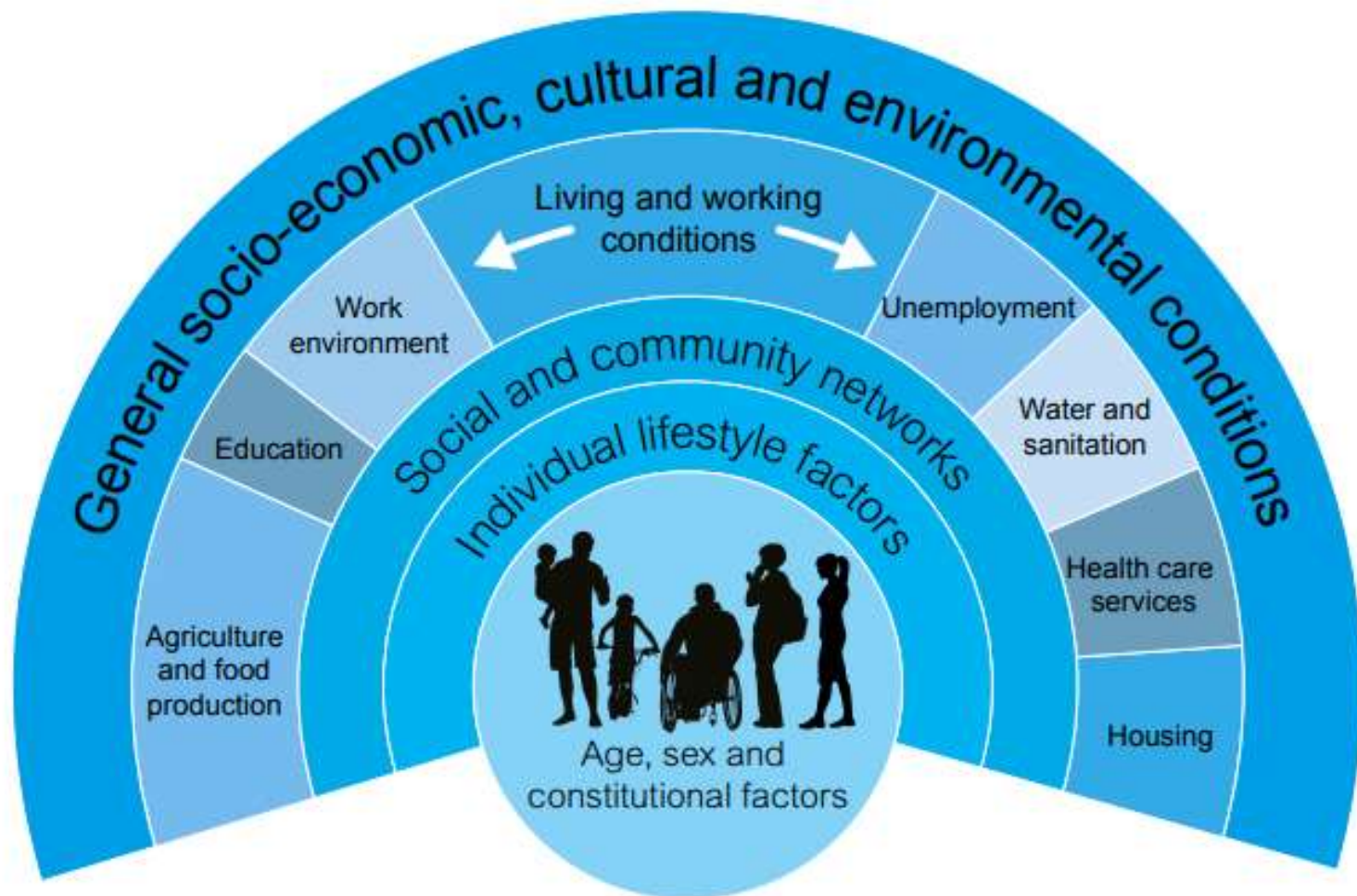


Health in All Policies (HiAP) support is a tailored diagnostic and challenge workshop, delivered on-site with a small peer team for local authorities and partners to support health improvement being considered in all policy and decision making

# The determinants of health

## The broad determinants of health, Dahlgren and Whitehead (1991)

The familiar diagram below was proposed by Goran Dahlgren and Margaret Whitehead in 1991 to illustrate the layers of influence of the social determinants of health.



# Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

**Source:** Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status



### Life expectancy

There are wide variations in life expectancy between different populations. For women, the difference between the regions with the highest and the lowest life expectancy is 2.3 years. Across local authorities that difference is 7.1 years. Within a single local authority the variation based on deprivation can be as much as 8.6 years.

TheKingsFund



## Disability-free life expectancy

According to the latest data (1999 to 2003), people living in the poorest neighbourhoods in England will, on average, die 7 years earlier than those in the richest. They also live their lives with more illness. The average difference between the poorest and richest neighbourhoods in disability-free life expectancy is 17 years.

7 years less life

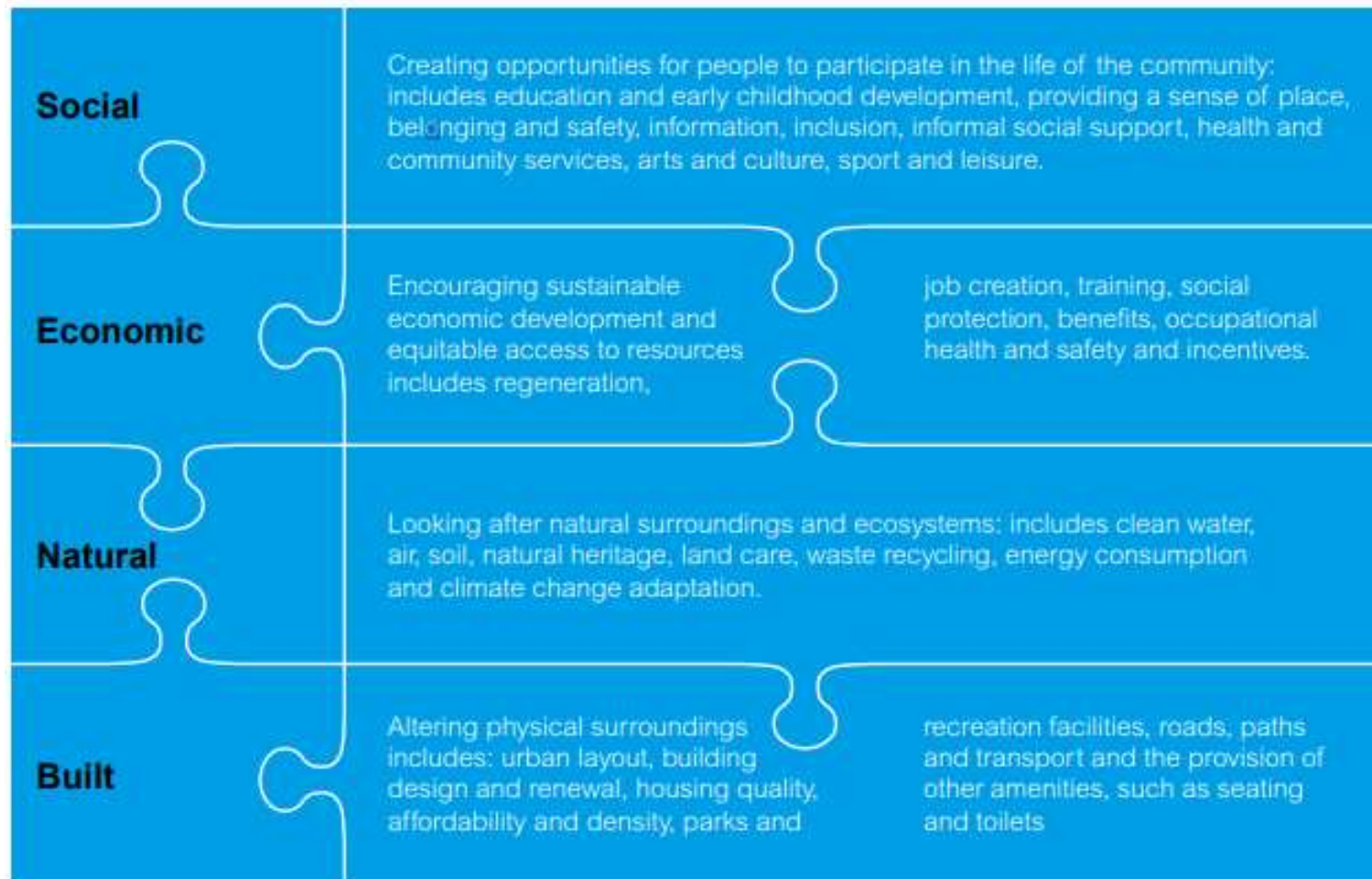
An illustration in shades of purple and white. In the foreground, a person in a white shirt and dark trousers is pushing a person in a wheelchair. The person in the wheelchair is wearing a white shirt and dark trousers. The background consists of several stylized buildings of varying heights and colors (shades of purple and white). The text '7 years less life' is positioned on the left side of the illustration, and '17 years more illness' is written inside the large front wheel of the wheelchair.

17 years  
more illness



# The causes of the causes


**The causes of the causes: if the causes are social, economic and environmental then the solutions need to be too**



Source: LGA (2013)

Figure 1





The primary aim of the Health in All Policies (HiAP) approach is to have the greatest impact on health and wellbeing. It is ideally suited to the complex environment that local authorities are operating in as it recognises that organisations and systems are dealing with a range of priorities and that health is not always the primary focus, but by building in consideration of health issues it is possible to create win-win solutions that impact on multiple policy goals e.g. active transport policy benefiting economy, air quality, obesity, community safety.

*Health in All Policies: a manual for local government (2016)*

**Table 1 Direct impacts of actions on health outcomes**

Area	Scale of problem in relation to public health	Strengths of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Longer	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

9 <http://www.kingsfund.org.uk/publications/improving-publics-health>

# Case studies

## **Southwark Council**

- Social regeneration: embedding health into planning
- Southwark Free Swim and Gym programme
- Universal free healthy school meals for primary school children

## **Newcastle City Council**

- Wellbeing for Life
- Healthy transport: Cycling City
- Tackling Obesity: NEWCASTLE CAN
- Better Health at Work

## **Making Every Contact Count: the public sector's front line**

- Cheshire and Merseyside Public Health Collaborative (ChaMPs)
- Wigan
- South Tyneside

## **Inclusive Growth: maximising the health benefits of an inclusive local economy**

- Gloucestershire 'Going the Extra Mile' project: helping those further from the labour market
- Blackburn with Darwen Council: planning for prosperity

*Health in All Policies: a manual for local government (2016)*

# What makes a difference?

- focus on people and place not services
- committed leadership
- ‘collaborative plumbing’
- making the geography work
- clear governance and accountability.
- early and ongoing engagement with the community



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## References:

- [Local Government HiAP Manual](#)
- [A Matter of Justice: understanding health inequalities](#)
- [Nobody left behind: Maximising the health benefits of an inclusive local economy](#)