

Health in all Policies in Warwickshire  
County Council: A Review of Progress,  
Impact and Best Practice.

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# 1.0 Background

Health in All Policies (HIAP) is a collaborative, evidence-based approach to improving the health of people by incorporating health considerations into all decision-making and policy areas.<sup>1</sup> HIAP builds on the premise that health outcomes are not solely determined by individual behaviours and genetics but are very closely linked with various socio-economic factors such as transportation, education, housing and employment.

These factors - known as the wider determinants of health - account for around 50% of the influences on our health: significantly more than either clinical care or traditional health improvement.<sup>2</sup>

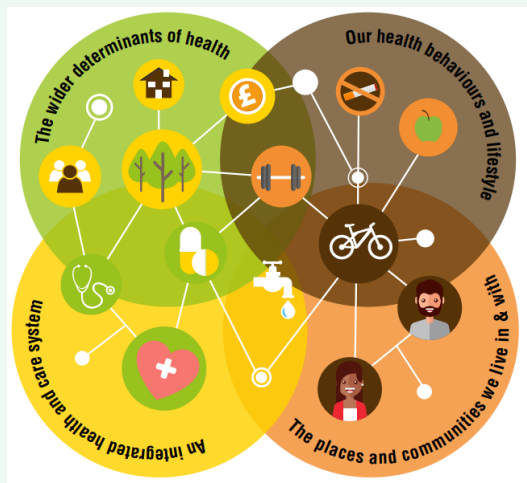


Figure 1: [The Kings Fund Model](#)

*“Health inequalities and Social Determinants of Health are not a foot note to the determinants of health, they are the main issue”. – Sir Michael Marmot*

<sup>1</sup> <https://www.cdc.gov/policy/hiap/index.html>

<sup>2</sup> [what-impacts-health](#)

The aim of Health in All Policies is to make health everyone's business, focusing on changing the conditions in the community that affect health and supporting people to understand the connections between policies and programmes, and health and wellbeing. The approach has been advocated nationally by the World Health Organisation (WHO),<sup>3</sup> European Union.<sup>4</sup>

## 1.1 Purpose of Report

Locally, in March 2021, the DPH(Director of Public Health) recommendation to adopt the HIAP approach in addressing inequalities across Warwickshire was endorsed by the Health and Wellbeing Board. Since its inception, efforts have been made to collaborate with stakeholders from different sectors to embed health in decision making. Throughout this review, we will examine the impact this approach has had to date. By analysing data and case studies, we aim to identify successful approaches and lessons learned that can inform future efforts.

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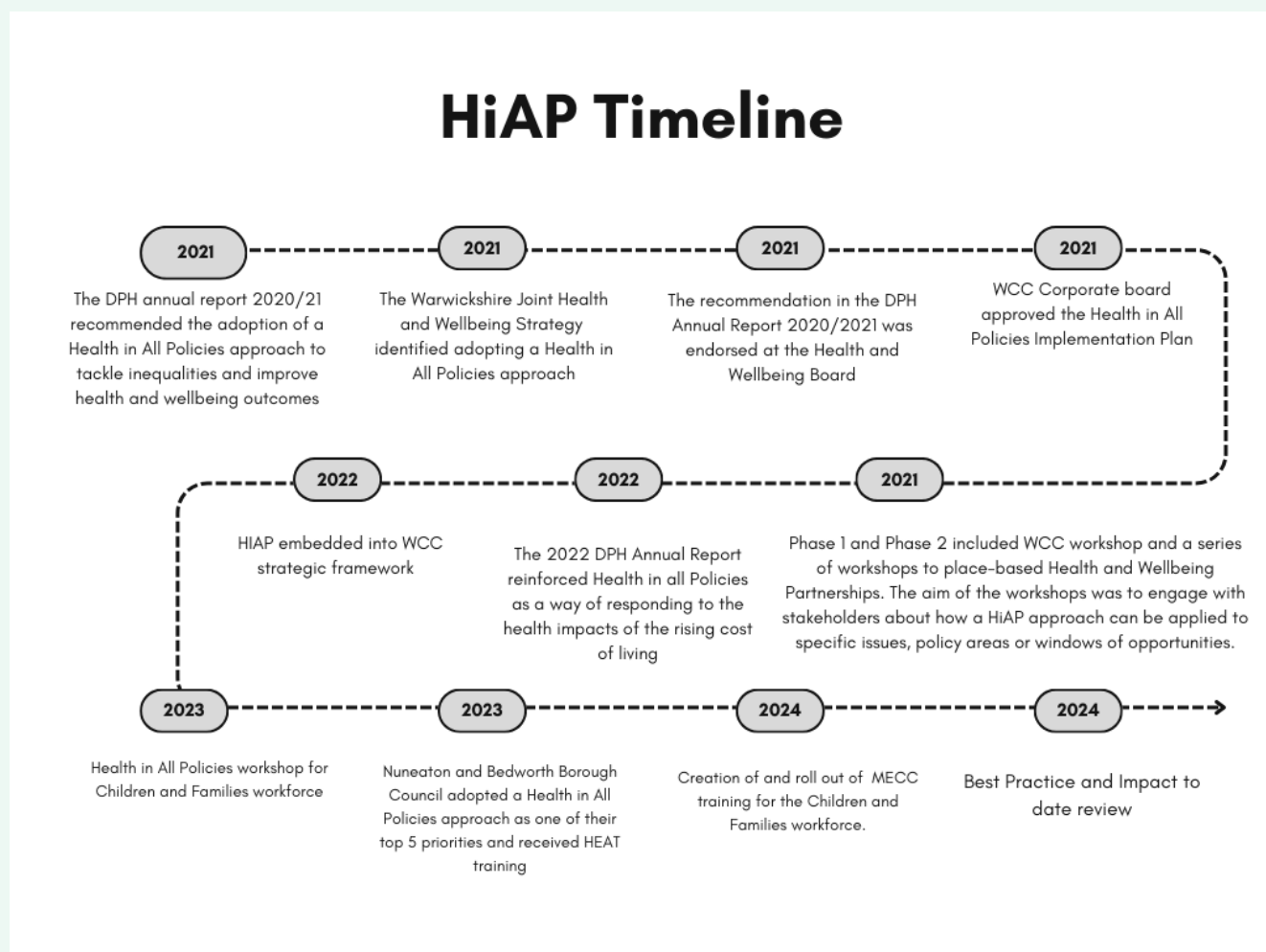
<sup>3</sup> [Promoting Health in All Policies and intersectoral action capacities](#)

<sup>4</sup> [Health in All Policies: The role for the European Union and its member states](#)

## 2.0 Timeline

In response to the DPH Annual Report 2020/2021 which recommended the adoption of a HIAP approach to tackle inequalities and improve health and wellbeing outcomes, Warwickshire County Council began adopting HIAP principles.

This chapter outlines the timeline of HIAP in Warwickshire County Council (WCC), from its recommendation to its ongoing implementation. We explore key milestones that have shaped our commitment to promoting health equity and improving health and wellbeing outcomes in Warwickshire.



## 2.1 Current Picture of HiAP in WCC

The current approach to HiAP within WCC involves collaboration with various service areas to strategically influence the HiAP agenda through the formation of an internal HiAP Partnership group. This Partnership meets monthly with an overarching ambition of embedding the HiAP methodology across all WCC services to improve health outcomes and reduce inequalities.

The core objectives of this Partnership include regularly reviewing HiAP focus areas, raising awareness and understanding of HiAP principles and integrating these principles into policies, strategies and services. There is also a focus on championing the Health Equity Assessment Tool and reviewing best practice to evaluate the approach.

For 2024/25, the Partnership focuses on key priority themes such as Children and Families, Transport, Green Spaces and Education. Efforts will support embedding a Health in All Policies approach across the Children and Families team, including with its networks and partners. The Partnership will also promote an understanding of how partners can work together to address the WCC corporate priority of childhood obesity, taking a whole systems approach. In terms of Transport, the partnership aims to support Area Sustainable Transport Strategies, connect the Active Travel work into other areas of Public Health such as Healthy Schools and Active Warwickshire, and agree opportunities for Public Health to work with transport on future funding and investment opportunities. Finally, it will identify opportunities to work together to improve and reduce inequalities to access and use of green spaces including input into the Accessible Green Space report.

Through these objectives and thematic focuses, WCC aims to foster a healthier more equitable community with a comprehensive and integrated HiAP approach.

## 3.0 Impact to date

WCC's approach to HiAP focuses on the integration of health considerations in specific policy areas. By targeting critical service areas, which significantly impact health, this approach seeks to build collaborative relationships whilst seamlessly embedding health considerations into policy development and implementation across the County. Recognising the interconnectedness of various departments with health, it identifies opportunities for collective action. Ultimately, this approach aims to systematically integrate health considerations into decision making process at all levels within WCC.

Select examples Of Progress & Accomplishments:

### 3.1 Active Warwickshire Partnership

#### Background

Warwickshire County Council (WCC) Public Health partnered with Think Active to launch Active Warwickshire, a collaborative initiative aimed at increasing physical activity levels across the county. With representation from Public Health/Commissioning, Think Active, South Warwickshire Foundation Trust, Warwickshire County Council Children and Families, district and borough place-based teams' and the Coventry and Warwickshire Integrated Care Board, the partnership adopts a Health in All Policies (HiAP) approach to strategically influence the physical activity agenda and promote health equity through coordinated action.

#### Links to HiAP

The partnership recognises that physical activity is influenced by a wide range of socio-economic and environmental factors. Through HiAP, Active Warwickshire has promoted more holistic approaches to physical activity aligning with other health promotion initiatives and focusing on addressing the wider determinants of health. This approach fosters new working relationships and promotes cross-sector action to improve health and promote equity.

#### Impact

Active Warwickshire's adoption of a HiAP approach has already made a significant impact by fostering holistic approaches to physical activity and building new working

relationships across sectors. This collaborative effort is advocating for improved physical activity opportunities across the county.

While still emerging, the partnership has laid the groundwork for future success, with activities such as countywide workshops, priority setting, and the establishment of a steering group and delivery plan to measure its impact and drive forward efforts to increase physical activity levels and reduce inequalities.

## 3.2 Child Friendly Warwickshire

### Background

Child Friendly Warwickshire (CFW) is an initiative within Warwickshire County Council's Children & Families (C&F) Service. The programme launched in October 2021 to develop child friendly activity from internal services and external partners. CFW, initially funded by the Department for Education, forms part of a wider change and transformation programme within C&F service and is outlined as a council-wide priority for all services across WCC as stated within the refreshed Council Plan and Children and Young People Strategy 2021-2030.

### Links to HiAP

Child Friendly Warwickshire (CFW) initiatives such as the Warwickshire Youth Conference prioritise C&YP voices and health needs. Through workshops on mental health, wellbeing and access to green spaces they promote holistic health for young people. Partnerships with organisations such as MIND, LifeSpace Trust and Everyone Active underscores their commitment to integrating health considerations into key decision making. Additionally, to represent the views of C&YP, Child Friendly Warwickshire's lead sits on WCC's HiAP Partnership Group.

The MECC(Making Every Contact Count) training provides further example of Child Friendly Warwickshire's commitment to HiAP. Developed based on recommendations from the Warwickshire 0-5 Joint Strategic Needs Assessment, MECC trains professionals to have strength-based conversations supporting children and young people's health. These trainings engage senior leaders, managers and practitioners, ensuring health considerations are embedded into their daily interactions.

### Impact

Child Friendly Warwickshire has engaged children and young people across Warwickshire to gather input on overall health, including access to services, support required, physical activity and green open spaces in Warwickshire. This data is regularly



shared with Public Health partners to inform and support future initiatives, ensuring that the voice of youth helps shape the direction of health in the county.

Furthermore, Child Friendly Warwickshire has facilitated sessions on HiAP for the children and family's workforce, aligning Public Health priorities with practitioners and senior leaders understanding. This effort has strengthened collaboration and awareness of HiAP as a council wide priority.

### 3.3 Planning and the Built Environment

#### Background

The overarching goal of the wider determinants team within public health is to create and support healthy communities and environments in Warwickshire. This means that residents live in affordable and good quality homes, have access to good employment opportunities and are encouraged to use active travel options and green spaces. To achieve this, the team have taken a HiAP approach, collaborating more closely with the planning department to respond to planning applications.

#### Links to HiAP

The natural and built environment plays a key role in shaping the social and economic determinants of health. A series of initiatives have been implemented to improve health outcomes through the built environment in Warwickshire. One key initiative is the development of the "Promoting Health & Wellbeing Through Spatial Planning" document. This resource offers advice and guidance on the interconnectedness of the built environment and health, outlining planning and design principles that can promote health and wellbeing. Targeted at policy and strategy makers across various disciplines including local planning authorities, public health, regeneration, transport planners, and infrastructure providers, the document supports Warwickshire County Council's aim to create environments that promote healthy living by integrating health consideration into spatial planning.

In addition to this, WCC public health reviews consultations and provides responses to major planning applications. This focuses on highlighting health implications of proposed planning decisions and promoting health positive designs choices. Furthermore, a standard process has been established to ensure public health responds to smaller scale planning applications and efforts are underway for future engagement in strategic planning discussions at a county level to influence planning

policy locally. By establishing clear and consistent criteria, this effort aims to embed health considerations throughout the planning and decision-making process.

## Impact

The initiatives aimed at improving health through the built environment have resulted in better working relationships between planning and public health departments. This collaboration has led to increased awareness of the importance of health in spatial planning.

## 4.0 Best Practice

### 4.1 Core HiAP model and principles as outlined by the LGA<sup>5</sup>

At its core, the LGA outlines HiAP as a collaborative approach to improving the health of people, holistically, by incorporating health considerations into decision-making across all sectors and policy areas. It acknowledges the interrelation of complex factors that widely determine health outcomes and that no one single area of a governing body is sufficiently equipped, both in terms of resource and subject specific speciality, to unilaterally address health inequality on such a scope.



It promotes seamless and integrated governance processes that are built upon collaboration and a fundamental acceptance of the interdependence required in order to make this system work. This is centralised around a goal of ensuring that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. It has the added benefit of advancing other goals, such as educational attainment, improved housing and green spaces, environmental sustainability, promoting job creation and economic stability. However, an important principle of this proposed model is that it may only take place when all stakeholders voluntarily choose to participate based on their 'bought in' perception of the value HiAP offers. **Promotion and continued communication of HiAP's intrinsic value is therefore key to its success.**

With regard to making an initial inroad in any HiAP collaboration, an individual service area is selected (e.g. transport or economic development), and encouragement is made to think about the range of potential direct and indirect benefits/risks for health that can be associated with a new policy initiative, rather than simply taking a reactionary approach to addressing an identified health risk. By not starting with the Public Health issue and rather focussing on the policy area at hand, this demonstrates that HiAP is about the core activities in that policy area that have the potential to be intrinsically interdependent, rather than health being an 'add-on' or exclusive consideration.

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<sup>5</sup> [LGA HiAP Manual.pdf](#)

In terms of ensuring the longevity and best possible impact of the model, the LGA have outlined a number of ways HiAP should be scrutinised in order to measure effectual outcomes:

- **Process evaluation** provides valuable information about the collaborative aspects of HiAP. It ascertains the extent to which partners and stakeholders have felt the process has met their individual and organisational needs, identified opportunities to improve the functioning of a group or worked to establish processes, or whether the application of a health equity lens has been beneficial overall.
- **Impact evaluation** aims to look at the policy and organisational outcomes that may have occurred as a result of the HiAP application to a problem area, with the view of measuring observed changes that are likely to lead to overall health improvement. From a practical perspective, this could be as simple as looking for evidence that health and equity considerations have been made when devising new policies or programmes that can be attributed to HiAP involvement.
- Finally, **health outcome evaluations** should be used to measure changes in health status that relate to HiAP-linked policy interventions. However, as there are many complex interrelations that make measuring health status and improvement difficult, intermediate health outcomes should be identified that are easier to demonstrate progress. For instance, where there may be correlational evidence to suggest lack of access to green spaces or reduced membership of fitness centres contribute to higher rates of diabetes and other diseases, monitoring these associated factors and correlating this to health improvement over a specified period of time may provide a quantifiable way to measure outcome. Direct causal impact may not be feasibly measured in a reliable manner, but from a policy and strategic perspective, this does represent a sufficient approach to demonstrating worth in a more holistic sense.

## 4.2 HiAP processes/practices adopted by other Local Authorities

### 4.2.1 Northumberland County Council<sup>6</sup>

In order to more thoroughly embed their HiAP strategic offer into practical discourse across all departments, Northumberland County Council framed its HiAP model under the auspices of a wider inequalities package that would be more recognisable and perhaps user friendly across the Council. By reframing issues pertaining to inequalities in a uniform manner, rather than explicitly requesting partners and stakeholders to report on perceived 'Health Inequalities' or 'Health Improvement' matters, this has had the effect of streamlining and promoting the understanding of Health Inequality in a more accessible way.



It was suggested that an assumption, on the part of Public Health or NHS officials, to readily consider health in policy formation across non-health related/mandated service areas amounted to 'Health Imperialism' and affected the frequency or accuracy of health-related considerations being proactively made as a result.

By employing language and a structure that was more easily understood, it promoted wider participation by internal partners to consider inequalities generally (which highlighted Health Inequalities in a more neutral way). Northumberland's HiAP agenda, therefore, has been evidenced to have been more effectual as result of seamless incorporation within a uniform Inequalities framework which has successfully removed much of the ambiguity that may exist around a more standalone entity. The framework in question is named "Northumberland Inequalities Plan: Bringing people, place and policy together".

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<sup>6</sup> [NCC\\_InequalitiesPlan.pdf](#)

## 4.2.2 Leicestershire County Council<sup>7</sup>

Leicestershire's successful adoption of HiAP hinged largely on strengthening and solidifying its governance and oversight processes to make its



HiAP offer as effectual and seamlessly enacted as possible. This was most notably achieved by embedding HiAP within the framework that requires regular Health and Wellbeing Board scrutiny (thus corporately recording all HiAP related activity), as well as Cabinet scrutiny when papers reach their final stage. Additionally, there exists a separate board, corporately mandated, named the 'Growth Advisory Steering Group' (akin to the cross-cutting strategic board currently being planned at WCC) which also regularly monitors HiAP related activity. Unlike Northumberland, however, Leicestershire has not incorporated Health Inequalities into a wider Inequalities framework due to fears that wider Health considerations would become diluted. Instead, Health has been specifically articulated in different areas (such as within Environment) in which it remains a standalone lens that requires explicit attention.

In order to ensure Health remains a relevant and attentive consideration, however, a 'Health Impact Eform' has been created, acting as a rapid Health Impact Assessment, and requiring colleagues to consider wider Health-related themes before submitting proposals. Although the form is populated automatically (which is purposefully intended for ease and convenience), if a department has submitted a proposal that may have missed certain areas, Public Health receive a preliminary copy before final scrutiny. This then allows them to follow up with that team directly and offer additional training or personalised support to promote understanding in the future and therefore strengthen competence going forward (PH involvement at this stage is not intended to be a continual final intervention in all cases of missed considerations). This approach has received buy-in of senior leadership who have encouraged uptake across all departments. The Eform is also distributed across the seven District and Borough Councils across Leicestershire in the same way that it is internally. It is operated in much the same way, and in doing so, uniformalises HiAP in an accessible and efficient manner. As not to overreach, however, threshold limits have been agreed upon by District and Borough colleagues that state at what level of policy scope a Health Impact Eform is required, therefore not forcing the issue at every juncture which could otherwise have the effect of dissuading colleagues from working with the wider model altogether.

Finally, and in order to be conscious and realistic of the realities of operating in a political environment, an e-learning package that focusses heavily on the foundational

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<sup>7</sup> [Leicestershire County Council HiAP approach.pdf](#)

building blocks of Health was created and designed in tandem with the strategic leads of all Council service areas to agree upon content and accessibility when distributed more widely. This has had the effect of helping to identify areas of potential corporate pushback, particularly those where there may be frequent shifts in policy direction or the likelihood of financial cutback. Resultantly, this has had the benefit of appealing to particularly fiscally minded service areas and colleagues and encouraged as wide an uptake and participation as possible.

### 4.2.3 Basildon Borough Council<sup>8</sup>

In contrast to the above two examples, Basildon, as a Borough Council operating as a lower tier authority within Essex County, has



operationalised its own HiAP offer despite the absence of a standalone or mandated Public Health department. Enacting the basic principles of HiAP, as set by the LGA in 2016, Basildon sought to address social determinants of ill health and population health improvement in line with the following three priorities; reducing the prevalence of adult and child obesity; improving mental health and wellbeing (following evidence outlined in a 2016 JSNA published by Essex County Council) and; reducing health inequalities by tackling poverty.

This somewhat streamlined adoption of HiAP along more defined parameters, whilst being reflective of the context of Basildon being a lower tier authority, nevertheless demonstrates the perceived value and versatility of HiAP. This has allowed the Borough Council to be more proactive in addressing inequalities and disparities given its unique position in directly addressing areas such as housing, leisure, and public spaces (as is the Council's remit). As part of the Council's Health and Wellbeing Strategy published shortly thereafter, this shifted the perspectives of core functional areas (such as litter collection, facility management, leisure, or green space development), to be seen as Public Health roles, thus foundationally embedding a Health Inequalities mindset.

The approach proved to be a success both by creating a (now permanent) Public Health Improvement Practitioner role jointly with Brentwood Borough Council, which is partly funded by Essex County Council, and also by establishing a number of partnerships with key service areas and external stakeholders to bring together an overarching operational mandate. Basildon's approach provides a good illustrative example of how it could help guide WCC in imparting the importance and value of HiAP to our own District and Borough authorities should there ever be a desire to do so in the future. This has already been the case with Nuneaton and Bedworth Borough Council, though there may be appetite and scope for our other lower tier authorities to follow suit.

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<sup>8</sup> [Basildon Borough Council HiAP approach \(pg 20\).pdf](#)



## 5.0 Lessons Learned

In an effort to ensure that wider health considerations do not become too subsumed and distort the strategic framework HiAP serves to be, measures should exist to ensure that HiAP represents a universal and user-friendly system that does not confound non-Public Health officers, and which caters to the varying levels of awareness of the nuances of Public Health. Original talks and workshops with wider service area representatives did indicate a good, general knowledge and understanding of health and health inequalities, though the extent to which this amounted to an assumed knowledge should be considered. To that end, perhaps a Council-wide forum, e-Learning programme or drop-in workshops could be created and run in order to refresh or update colleagues on wider health practices. HiAP, by its very nature, represents a good, uniform approach to ensuring health is considered in all policy areas, but maintaining its salience and relevance, particularly because it represents a comparatively new strategic model, is paramount. **Ultimately, therefore, it should be ensured that HiAP remains a core strategic function that operated as a forefront initiative across the organisation and that accessibility is monitored closely.**

Another way HiAP can be seen to maintain its institutional importance is to devise a more publicised system of mapping successes and impacts made through work completed in relation to HiAP. There is a danger that whilst workshops may generate a lot of enthusiasm, follow-through may suffer if the HiAP framework does not remain a primary or forefront consideration in policy formation in other Council areas in practice. Therefore, ensuring HiAP remains a relevant and publicised tool is important to achieving this end. Creating a demonstrable case study list that celebrates the impacts HiAP has made in various service areas, devising a tracking system approach that looks at priorities identified, and recording the actions and time taken to address workstreams (as is done with the IDP), or periodically checking in with core, strategy area contacts in order to monitor progress, all represent measures that could be taken to this end. **To summarise, the relevance and importance of HiAP needs to be maintained and metrics designed to more readily monitor its progress and associated actions.**

Additionally, the governance mechanisms that standardise the operationalisation and monitoring functions for HiAP should represent a uniform model that both measures progress, but also ensures an easy-to-view external perspective in wider Public Health activities occurring under the auspices of HiAP. The original articulation of governance processes for HiAP were such that progress would regularly be reported to Corporate Board or that HiAP would align, as much as possible, with the IDP reporting processes to measure impact. Though as a standalone strategic framework, affecting this in practice has not always been a straightforward process. The recent announcement of a new cross-cutting strategic panel and overarching strategic umbrella framework that would both incorporate and consolidate all strategic frameworks currently in use across

the organisation would, in principle, provide an excellent means by which HiAP can be effectively and efficiently governed, and its impact measured in a more standardised manner. **Robust oversight that receives frequent and holistic monitoring would therefore achieve this aim (this is true of all strategic practices).**

There is also an overarching strategic consideration concerning WCC's Health and Wellbeing Strategy. As the strategy was published for the remitted period 2021-2026, and HiAP was introduced to the organisation in 2022, naturally, the model is not included as a core operational principle that promotes this mode of health integration. As the Health and Wellbeing Strategy will be due a refresh in the near future, **attention should be given to HiAP that seeks to ingrain the practice fundamentally within the Council's overarching health agenda, ultimately providing greater credence.**

## 6.0 Conclusion

In summary, this review has sought to reaffirm the role and importance of HiAP, highlight areas where it has been applied and affected change within the organisation to date, reference guidance provided by the LGA, provide examples of some of the different ways other organisations have sought to operationalise HiAP and provide recommendations for strengthening our approach.

Based on the available evidence and observations made around WCCs HiAP activities to date, it is clear that the model provides significant practical merit which, when successfully applied, will have the effect of proactively reducing the burden on Public Health by not having to unilaterally search for and address identified health inequalities after they have worsened or not been detected sooner. Generally, scope to further strengthen HiAP, on a practical level, is largely centred around sustained interest generation and continued engagement from wider organisational partners, streamlined accessibility which would significantly increase the effectiveness of stakeholder participation (likely to increase the attractiveness of HiAP as an added benefit) and tighten monitoring and governance processes.

These recommendations are entirely constructive, and by no means a reflection on the fundamental approach adopted nor the perceived value of HiAP from an organisational standpoint. With the Health and Wellbeing Strategy soon to be refreshed and scope for the upcoming Cross-Cutting Strategy Group soon to take shape and provide greater general strategic scrutiny across the entirety of WCC, this presents a well-timed opportunity for HiAP to be reasserted and its operational processes, going forward, to be reinforced.