



**NHS South of Tyne and Wear**

serving Gateshead Primary Care Trust, South Tyneside Primary Care Trust and  
Sunderland Teaching Primary Care Trust

# Health Impact Assessment ✓

*Passionate about health*

## Guidance

2<sup>nd</sup> Edition

**Clare Beard**

**Andrew Billett**

**May 2010**





## **Foreword**

I have great pleasure in writing the Foreword for these guidelines on how to conduct a Health Impact Assessment, in my role as the Director of Public Health with a lead on work related to inequalities in health for NHS South of Tyne and Wear. Assessing the impact of services, policies, or developments on health is an important way that planning can avoid widening the health inequalities gap. This is particularly so if the distribution of impact is considered: whether the proposal affects some groups of the population more than others for reasons of age, gender, ethnicity, disability, class, sexuality. Impact can be positive or negative...and if identified at an early stage negative impact may be mitigated or avoided by changing the proposed policy, service or development.

The guidelines have been prepared to support the 3 Strategic Partnerships in Gateshead, South Tyneside and Sunderland. 'Lean thinking' suggests that standardising processes helps to reduce waste, by clarifying expectations, requirements, and outcomes at each stage of a procedure.

Evidence related to Health Impact Assessment does not suggest that a single simplified method is suitable for every circumstance and situation. To some extent the approach to identifying the Health Impact, will depend on the subject or content of the policy, plan or development that is under consideration. These guidelines have been developed from local experience, drawing on methods developed nationally and internationally.

The guidelines provide a starting point, for the wide range of practitioners who might want to systematically assess the impact on health of some aspect of their work. They are intended as a resource, not a straitjacket.

They will have succeeded if they:

- encourage a wider range of people commissioning, managing, deciding about investment or providing services in thinking systematically about the impact on health of their decision
- help develop awareness across partnerships of the impact on health and inequalities of their activity
- result in discussion and debate about ways we can do this better
- provoke some practical changes in service delivery , plans, policies or investment decisions.

Alyson Learmonth  
Gateshead Director of Public Health



## **Acknowledgements**

**The authors would like to thank John Costello, Sarah Curtis, Mark Lambert, Alyson Learmonth, Mark Overton and all the members of the Gateshead Health Impact Assessment Steering Group for reviewing the draft guidelines.**

**The IMPACT International Health Impact Assessment Consortium based at the University of Liverpool, and in particular Hilary Dreeves, have contributed greatly to the development of HIA practice in Gateshead, South Tyneside and Sunderland by delivering training to practitioners from a wide range of partner organisations in 2008**

## **2<sup>nd</sup> Edition**

This guide has been revised following feedback from practitioners who have used it to support their work undertaking Health Impact Assessments within South of Tyne and Wear. The following changes have been made in this Edition:

- the quick guide “Health Impact – Step by Step” has been brought forward to the front of the guide – practitioners commented that they found this particularly helpful as a checklist to support the planning of a Health Impact Assessment
- a list of sources of health information has been added to the “Resources” section at the end of the guide
- the HIA screening tool has been slightly amended, with the addition of a single question at the start asking practitioners to sketch a brief profile of the community affected by a proposal
- a discussion has been added considering the relationship between Health Impact Assessment and Equality Impact Assessment



## Contents

Health Impact Assessment – Step By Step .....	- 5 -
<b>1 Introduction.....</b>	<b>- 7 -</b>
<b>2 Background.....</b>	<b>- 8 -</b>
<b>3 What is Health Impact Assessment? .....</b>	<b>- 11 -</b>
3.1 Steps in HIA:.....	- 12 -
3.2 Values, equity and participation:.....	- 12 -
<b>4 Timing and scale of HIAs .....</b>	<b>- 13 -</b>
4.1 Timing of HIA:.....	- 13 -
4.2 HIA levels: .....	- 14 -
<b>5 The Health Impact Assessment Process.....</b>	<b>- 16 -</b>
5.1 Stage 1: Deciding whether to undertake an HIA (screening).....	- 16 -
5.2 Stage 2: Deciding how to undertake the HIA (scoping) .....	- 19 -
5.3 Stage 3: Undertaking the HIA and making recommendations .....	- 19 -
5.4 Stage 4: Formulating and prioritising recommendations.....	- 22 -
5.5 Stage 5: Further engagement with decision-makers .....	- 23 -
5.6 Stage 6: On-going monitoring and evaluation .....	- 24 -
<b>6 Embedding HIA in local practice.....</b>	<b>- 25 -</b>
6.1 Health Impact Assessment Within the Commissioning Cycle.....	- 25 -
6.2 Health Impact Assessment Within the Planning Process .....	- 26 -
6.3 Adding value to Commissioning .....	- 26 -
6.4 Delivering better local services more efficiently .....	- 26 -
<b>7 Ensuring high quality HIAs.....</b>	<b>- 27 -</b>
<b>8 Conclusions .....</b>	<b>- 28 -</b>
References.....	- 29 -
Bibliography .....	- 29 -
Resources .....	- 29 -
Examples of Health Impact Assessments carried out within the South of Tyne and Wear area.....	- 31 -
<b>Annex A – A Screening Tool For Use within Health Impact Assessments in South of Tyne and Wear .....</b>	<b>- 33 -</b>



## Health Impact Assessment – Step By Step

	<b>Stage</b>	<b>Key Tasks</b>
<b>1</b>	<b>Screening</b>	<p>Meet with wide range of stakeholders and informants</p> <p>Provide with details of project</p> <p>Identify possible health impacts and prioritise</p> <p>Answer key questions using screening tool</p> <p>Engage key stakeholders and assess viability</p> <p>Decide whether or not to undertake HIA</p>
<b>2</b>	<b>Scoping</b>	<p>If HIA to be undertaken, decide level of HIA (rapid, intermediate or comprehensive), agree budget and resources</p> <p>Decide project management and governance arrangements – who will commission the HIA?, who will resource the HIA?, who will review and approve the final report?</p> <p>Convene Steering Group if comprehensive HIA</p> <p>Agree clear aims, objectives and milestones</p>
<b>3</b>	<b>Undertaking the HIA and making recommendations</b>	<p>Profile affected areas and communities</p> <p>Gather evidence relating to identified health impacts</p> <p>Analyse policy</p> <p>Elicit views of key stakeholders and informants</p>
<b>4</b>	<b>Formulating and prioritising recommendations</b>	<p>Review evidence</p> <p>Decide on possible recommendations</p> <p>Prioritise possible recommendations</p> <p>This will involve Steering Group if HIA is comprehensive</p>
<b>5</b>	<b>Further engagement with decision-makers</b>	<p>Re-engage with stakeholders and informants</p> <p>Agree final recommendations</p> <p>Prioritise recommendations</p> <p>Agree measures by which progress towards achievement of recommendations will be assessed</p> <p>Write report for initiators of HIA</p>
<b>6</b>	<b>On-going monitoring and evaluation</b>	<p>Assess progress of implementation of HIA recommendations against initial delivery plan and milestones</p> <p>Assess progress of implementation of HIA recommendations using agreed measures</p>





## 1 Introduction

Health Impact Assessment (HIA) is a tool that can be used to assess the health impact of a physical development, a proposed change to service delivery or a policy or strategy. In doing this, it is possible to make practical recommendations as to how negative impacts on health can be minimised and positive health gains can be optimised. It is also possible to consider whether proposed changes will narrow or widen health inequalities. Key to this process is engaging a wide range of stakeholders so that the findings of any HIA reflect a wide range of viewpoints and, thus, have the maximum possible chance of being implemented.

These guidelines are intended to support people and agencies within South of Tyne and Wear (Gateshead, South Tyneside and Sunderland) when conducting Health Impact Assessments, and provide the core of a standardised approach. The guidelines do not need to be followed to the letter, but suggest a process for general use in relation to local developments, service changes or policies which impact on health.

Improving the health of the population is now seen as a shared responsibility across a range of partner agencies. In all three of the South of Tyne and Wear Local Authority areas – Gateshead, South Tyneside and Sunderland – health forms a key strand of Local Area Agreements. These are plans that are put together jointly by the Local Authority and the Primary Care Trust which set out priorities for action over a three year period. Health is also of high importance to commercial and third or voluntary sector organisations. This maybe due to a concern for the wellbeing of their employees, or an interest because these organisations are increasingly being commissioned to deliver health and health improvement services. For these reasons, the effective use of Health Impact Assessment is of relevance to a wide range of agencies, and not just within the traditional health sector.

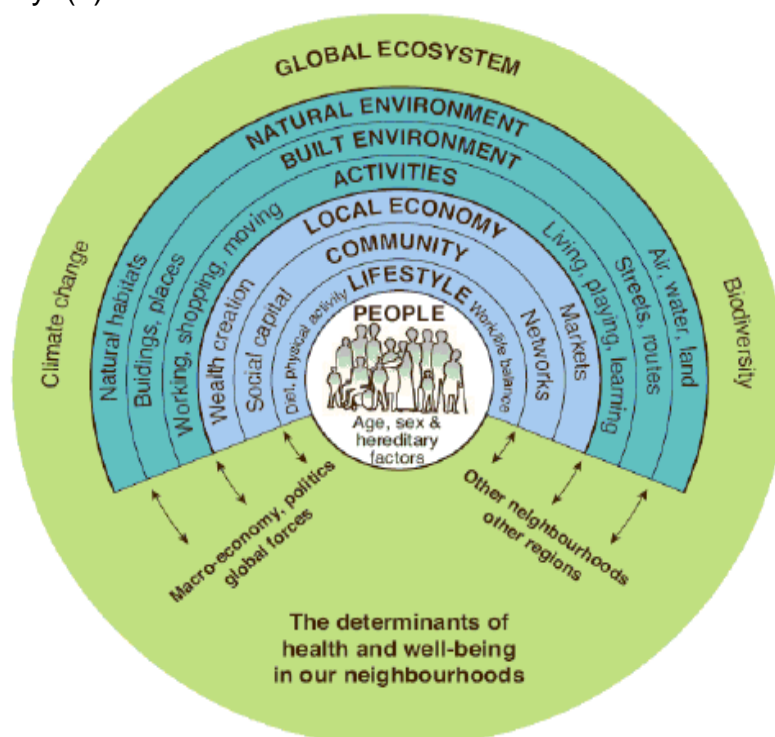
Health in Gateshead, South Tyneside and Sunderland is improving – people are living longer and fewer people are dying early due to chronic conditions such as heart disease. However, on average, life expectancy for people in local communities is two years lower than the average across England as a whole and this has changed little over the past 10 years. Health Impact Assessment can help to ensure that all proposals for new facilities or services in South of Tyne and Wear have a positive impact on health. Where this is not possible, as a minimum, the tool can help to minimise any negative impacts and ensure that health inequalities are not widened. Therefore, it is important that HIA is adopted widely across South of Tyne and Wear, and as early as possible when new developments are being considered, to have the maximum benefit for the health of local populations.

## 2 Background

The World Health Organisation defined health as:

'a state of complete physical, psychological and social well-being and not simply the absence of disease or infirmity.' (1)

Health Impact Assessment (HIA) builds on the understanding that a community's health is determined not only by its health services, but also by a wide range of economic, social, psychological, and environmental influences, illustrated in the diagram below. Consequently the focus is on the many different factors that affect health rather than on what health is. Other researchers include 'risk condition' such as poverty, stressful/dangerous work, polluted environments, discrimination and income inequality. (2)



Dahlgren & Whitehead (1991) modified to reflect environmental impacts

From Dolman M, Swift J (2007) "Health Impact Assessment Toolkit for Public Health Practitioners", Leeds City Council and Leeds PCT

Once this is accepted, it is clearly important to estimate the effects of these influences on health; this is the aim of health impact assessment.

HIA has been endorsed in European and national policies and strategies. At the European level, for example, Article 152 of the Amsterdam Treaty calls for the EU to examine the possible impact of major policies on health (European Commission, 1999). In the UK there is no statutory requirement to undertake HIA, but it is seen as a potentially useful approach to support efforts to improve health, and particularly to address health inequalities. Most recently, the public health white paper *Choosing health: making healthy choices easier* stated: 'The impact of "non-health" interventions on population health should also be more routinely considered before implementing policies (through Health Impact Assessments)' (DH, 2004a). (3)

One frequently asked question is “How does Health Impact Assessment differ from Health Needs Assessment or Health Equity Audit?” The table below, highlights similarities and differences between these and other tools.

**Table 1: Common features of HIA and other assessments**

	<b>Health Needs Assessment</b>	<b>Health Impact Assessment</b>	<b>Integrated Impact Assessment</b>	<b>Health Equity Audit</b>	<b>Equality Impact Assessment</b>	<b>Environmental Impact Assessment</b>
<b>Starting point</b>	Population	Proposal	Proposal	Services and resources	Proposed policy or organisational function	Proposal requiring planning permission
<b>Primary output</b>	Informs decisions about strategies, service priorities, commissioning and local delivery plans, and informs future HIAs and IIAs	Recommends how to maximize benefits and minimise negatives of a proposal to inform decision making and improve joined-up working	Recommends how to maximise benefits and minimise negatives of a proposal to inform decision making and improve joined-up working	Agreed and acted upon interventions that equitably distribute services and resources	Ability of organisation to demonstrate it is meeting legal requirements to promote equality in its policies and functions	Agreed and acted upon interventions that reduce any negative impact on the environment arising from a proposal
<b>Aims to take account of inequalities</b>	Describes health needs and health assets of different groups in local population. Helps improve health and reduce health inequalities	Compares impact of proposals on most vulnerable groups in the population. Helps improve health and reduce health inequalities	Compares impact of proposals on most vulnerable groups in the population. Helps improve health and reduce health inequalities	Compares health needs and outcomes in the local population with use and access to services and resources. Helps improve health and reduce inequalities	Assesses how far a policy or function may promote equality and good race relations. Helps reduce organisational and racial inequity	Describes environmental impact of a proposal and should identify groups that are particularly vulnerable to associated health issues.
<b>Involvement of stakeholders</b>	Always	Always	Always	Always	Always	Always
<b>Involvement of community</b>	Always	Ideally (dependent on resources)	Ideally (dependent on resources)	No	Always	Ideally (dependent on resources)
<b>Involvement from many sectors</b>	Sometimes	Usually	Always	Always	Sometimes	Sometimes
<b>Based on determinants of health</b>	Usually	Ideally	Always	Usually	No	No
<b>Best available evidence used</b>	Always	Always	Always	Always	Always	Always
<b>Uses data from other approaches; informs other approaches</b>	Always	Always	Always	Always	Always	Always

Table1: Taken from Health Development Agency (2004) with revisions made to the race equality impact assessment section to align with policy within South of Tyne and Wear.



## **Distinguishing between Equality Impact Assessment and Health Impact Assessment**

Equality Impact Assessments (EqIAs) help to improve services delivered to the public, ensuring that they do not discriminate against any particular groups within the community. Public bodies also now have a statutory obligation to carry out EqIAs for all services delivered to the public. Health Impact Assessment (HIA) and EqIA however, take different approaches. Within EqIA, the starting point is that all groups in the community should have equal access to a service regardless of gender, age, ethnicity, belief, disability status or sexual orientation. HIA has an underlying assumption that it may be appropriate for a service to target certain groups in the community where health need is greater. For example a Stop Smoking Service may target people in manual occupations as a higher proportion of people in these occupations smoke. Health Impact Assessment may therefore explicitly consider vulnerable groups where health is typically poorer to ensure that there is no negative impact on health arising from a new development, service or policy within these groups. As well as considering how any negative health impact can be minimised, HIA also asks whether a service, development or policy will widen or narrow existing health inequalities. It suggests ways to reduce the impact where existing health inequalities will be exacerbated.

A seminar in January 2010 within South of Tyne and Wear considered the relationship between the EqIA and HIA. It concluded that the two processes should remain independent, but that practitioners implementing both tools should share learning with each other by maintaining contact and disseminating examples of good practice e.g. by posting to organisations' websites.

### 3 What is Health Impact Assessment?

The most commonly used definition of Health Impact Assessment (HIA) is taken from the World Health Organisation's Gothenburg consensus paper on HIA:

*'a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population'. (4)*

The Health Development Agency described HIA as follows:

*'HIA is an approach that can help identify and consider the health and inequalities impacts of a proposal on a given population. The usual starting point for an HIA is a proposal (policy, programme, strategy, plan, project or other development) that has not yet been implemented. Its primary output is a set of evidence-based recommendations geared to informing the decision-making process associated with the proposal. These recommendations aim to highlight practical ways to enhance the positive aspects of a proposal, and to remove or minimise any negative impacts on health and inequalities (known as a prospective HIA).' (3)*

Scott-Samuel defined HIA as:

*'the estimation of the effects of a specified action on the health of a defined population' (5).*

The actions assessed can range from projects such as a redevelopment of a leisure centre to programmes such as an urban regeneration of a town centre or a public safety programme to policies like an integrated transport strategy or the introduction of a new workforce policy. Recent examples of Health Impact Assessments carried out locally have been assessments of the health impact of the economic downturn, the regeneration of Gateshead Town Centre and Gateshead Older People's Strategy.

HIA has a clear purpose: to minimise the likelihood of negative health outcomes, maximise positive health impacts and therefore produce better policy and decision-making. HIA requires consideration of both qualitative and quantitative evidence about the relationships between a proposal and the health of a population, including the views of communities who may be affected by it. It tries to identify all potential health impacts: intended and unintended, positive and negative. This should provide both decision makers and the public with a more complete picture of the health consequences, and lead to recommendations for change, to enhance the positive and mitigate the negative health impacts of a proposal.

### 3.1 Steps in HIA:

There are 6 stages to a full Health Impact Assessment:

- 1 Deciding whether to undertake an HIA (**screening**)
- 2 Deciding how to undertake the HIA (**scoping**)
- 3 Identifying and considering the evidence of health impact (**appraisal**)
- 4 Formulating and prioritising recommendations
- 5 Further engagement with decision-makers
- 6 Ongoing monitoring and evaluation.

### 3.2 Values, equity and participation:

Much research claims to be value-neutral, which usually means that its values are implicit rather than stated. The aims of public policy dictate that HIA should openly declare its values and that social, material and environmental equity should feature strongly among them. This is because public policy impacts disproportionately on the already disadvantaged. Consistent with the adoption of an equity-focused approach are the use of participatory methods which fully involve those affected by public policy at every stage of assessment, and openness of all stages of the HIA process to public scrutiny. (5)

The underlying principles of HIA:

- Addressing health inequalities
- Equity
- Democracy
- Transparency and openness
- Ethical use of evidence
- Sustainability

The important role of Health Impact Assessment in mitigating health inequalities is best expressed by the first recommendation of the 'Acheson' Independent Inquiry into Inequalities in Health (6):

*"We recommend that as part of health impact assessment, all policies likely to have a direct or indirect effect on health should be evaluated in terms of their impact on health inequalities, and should be formulated in such a way that by favouring the less well off they will, wherever possible, reduce such inequalities." (Acheson, 1998)*

## 4 Timing and scale of HIAs

In 2009 an evaluation of a HIA on Gateshead International Stadium (7) recommended that:

- The timing of HIA is a key consideration. Work to identify and influence key decision makers should be prioritised.
- Adequate time is required for HIA with a focus on identifying key decision makers and community engagement as well as links to other initiatives.
- The ownership of each HIA needs to be clearly established throughout the process (including implementation, monitoring and evaluation).

**Timeliness of HIAs is crucial; assessment should take place early enough in the development process to permit constructive modifications to be carried out prior to implementation, but once a clear idea has been formed and documented as to the nature and content of the project. Ideally it should precede the start of the project, programme or policy concerned, in order that any potential negative health effects can be avoided or reduced, and any positive ones enhanced.**

Timing and timescales need to be clearly defined and agreed as part of the HIA scope. These will be influenced by local decision-making infrastructure and processes such as Planning Regulations, other statutory frameworks and if the project requires an Environmental Impact Assessment. For example carrying out an HIA on a development that already has planning permission limits the ability to influence decision-making. Enough time has to be allowed to involve key decision makers, if necessary across several organizations. In relation to developments, it is preferable to undertake HIA during formulation of planning policy or strategy, at which point general principles about location of developments and land usage will be determined.

### 4.1 Timing of HIA:

**Prospective - generally regarded as the most useful and is to be recommended**

- conducted before an activity takes place to predict likely health impacts to enable adjustments that will maximise the beneficial effects of the activity and minimise any harmful effects.

**Concurrent** - conducted while the activity is being undertaken, it has the advantage of enabling prompt mitigation to counter negative effects associated with the activity. It can be used to monitor the accuracy of predictions about potential health impacts.

**Retrospective** - conducted after the activity has finished. Can be useful if the activity is to be repeated, or has implications for a subsequent initiative. (2)

**The earlier that a HIA is undertaken, the greater is its potential to influence the final development, programme or policy.**

## 4.2 HIA levels:

**Basic health impact screenings** are used for policy review, assessment of service plan, initial thoughts on outline planning application or new intervention proposal. They are, however, also useful in situations where there is little scope for altering deliverables, or where, for other reasons, a full HIA is impractical or impossible. These involve a screening exercise and a written report about the screening and the conclusions reached.

**Time** - a desk based exercise of approximately 2-3 days duration.

**Personnel** - one or more people directly involved with the 'activity' and preferably an outside critical friend who has some knowledge of HIAs.

**Detail** - evaluation of likely health impacts (see 'screening'), use of readily available information, brief review of current evidence, no new research.

**Output** – brief Health Impact Statement, that refers to any positive impacts on health and any areas of concern, particularly for disadvantaged groups. It may recommend a more detailed HIA.

**Rapid or Intermediate HIAs** may supplement the written report of the screenings with further research. They may not involve public consultation. These are used for service reviews and modifications, new interventions including those which would be recommended for a 'comprehensive' HIA but prohibited by costs, time or other reasons.

**Time** – 2-4 months.

**Personnel** – working group made up of persons from teams involved with the activity, one or two critical friends, at least one being familiar with HIAs.

**Detail** – Qualitative and quantitative evidence gathering – some original research e.g. interviews/questionnaires/workshops.

**Output** – Full report with details of health impacts, evidence and recommendations. Ideally process should be evaluated and outcomes monitored


**Detailed or comprehensive HIA** is done for major projects where a screening suggests that there may be significant health impacts or considerable uncertainty about the impacts of policies. Detailed HIAs are usually undertaken on major policies such as housing developments, regeneration proposals and necessitate substantial research and consultation.

**Time** – Several months

**Personnel** – Depends on capacity, may involve external contractor.

**Detail** – Substantial qualitative and quantitative evidence gathering, original research and formal recommendations. Managed by steering group.

**Output** - Full formal report. (2)



As a detailed HIA is the most costly alternative, it is useful to consider evidence of the total cost of undertaking such a study. The Merseyside HIA programme (5) reported mean cost of three projects which represent the comprehensive health impact assessment approach was £12650, (in 2009 equates to approximately £14200) of which £10500 (83%) represented the costs of assessor / support staff time, on the basis of actual costs of the person-hours input of assessors and of administrative / secretarial staff, notional costs of the person-hours input of academic staff, Steering Group members and key informants and notional travel expenses. Costs will vary and more work is needed to examine the cost-effectiveness of HIAs.

## 5 The Health Impact Assessment Process

### 5.1 Stage 1: Deciding whether to undertake an HIA (screening)

To make the most efficient use of available expert resources, it is necessary to be selective about what work is undertaken. Screening is the procedure whereby projects, programmes or policies are selected for health impact assessment. Candidate projects, programmes or policies should be rapidly assessed with regard to their likely potential to affect the population(s) health and who within the population would be affected – health inequalities. It should also be a systematic way of deciding whether to do an HIA and at what level. Benefits of screening include more efficient use of resources; more objective decision making and better quality HIAs. A group of informants combining specialist knowledge of the field in which the HIA is being undertaken and local knowledge of the proposal under consideration should be able to complete a HIA screening in 2 to 3 hours.

Some activities may be so complex that screening helps identify specific areas suitable for HIA. The decision whether or not to conduct a HIA (and of which stage(s) of an activity) will be a value judgment made by a small group of people directly involved in the activity, with input from a critical friend. The decision will be based on their own knowledge of the activity, the capacity of the organisation to resource the HIA and existing evidence about the potential health impacts. (2) At this stage you should involve several stakeholders from different agencies, who are able to represent a range of standpoints.

The first step involves providing informants with details of the proposed project which is sufficiently detailed to elicit an adequate response. Then informants should meet to identify all possible health impacts and where necessary prioritise those of greatest interest. A number of different screening tools exist. The example in Annex B of this report is adapted from the tool used by the Liverpool IMPACT group at a Health Impact Assessment of Gateshead Council's Vision 2030 strategy. It takes the form of a list of questions, answers to which will suggest the importance or otherwise of undertaking a HIA. The questions relate to the wider determinants of health:

- Biological factors e.g. age, sex, constitutional factors
- Lifestyle factors e.g. employment, income, diet, smoking, car ownership etc
- Social / economic environment e.g. culture, discrimination, community support
- Physical environment, e.g. living and working conditions
- Health and Social care systems, e.g. public services
- Wider public policy and other socioeconomic, cultural and environmental conditions e.g. capacity of health and social care systems
- Other (state) e.g. crime, transport, housing, education, social cohesion

Key considerations when deciding whether or not to undertake a HIA will include:

#### **Demographic, social and economic issues**

- Population affected
- Geographical area affected
- Level of social and economic disadvantage

- Value of project, and distribution of costs

### **Outcome issues**

- Brief description of proposed initiatives
- The likely social, economic and environmental impacts of the project
- Types of health impacts (wellbeing, physical and mental health)
- The existence of potentially cumulative impacts

### **Epidemiological issues**

- Health status of the population affected in relation to the health issues identified
- Local status in relation to the wider determinants of health
  - educational attainment
  - income
  - employment
  - crime
  - housing
  - access to services
  - environment
- Frequency of health impacts e.g. incidence / prevalence rates
- Severity of health impacts e.g. number of Quality Adjusted Life Years lost or gained
- Likelihood or certainty of health impacts
- Distribution of health impacts (are there significant inequalities within the community affected?)
- The size of any probable health service impacts

### **Practicalities and political issues**

- Stage of project
- Available capacity to undertake an HIA
- Other potential candidates for Health Impact Assessment competing for available capacity for undertaking HIA
- Number and level of stakeholders
- Is there an interest within the community


### **Strategic issues**

- Relevance to current local and national policy
- Whether there is a statutory requirement to carry out an HIA or otherwise the strength of any impetus for an HIA
- The need to give greater priority to policies than to programmes, and to programmes than to projects, all other things being equal. (This results from the broader scope and hence potential impact – of policies as compared to programmes and to projects)

The term 'project' is used for brevity to refer to projects, programmes or policies. The issues are not ranked in priority order. The above list is not exhaustive. There may be project-specific questions that are pertinent in addition to those above.

### **Quantification and valuation of health impacts**

In some cases it will prove possible to assess the size of quantifiable impacts at the time they are identified by informants; in others, this will need to be done separately, e.g. through reviews of previously published evidence. The same applies to valuation though evidence on the resource implications and opportunity costs of potential



impacts will often prove hard (or impossible) to come by. However, such data can in principle be made comparable using quality-adjusted life years (QALYs) or other such cost-utility measures. It should also be pointed out that definite, quantifiable data are in no sense superior to speculative, qualitative data. For example, a definite increase of, say, 0.5% in levels of the common cold is arguably less important than a speculative risk of a less attractive outlook from the windows of a block of houses. (5)

### **Ranking and researching the most important impacts**

In most HIAs it will be impossible to consider all potential impacts in detail; informants should prioritise or rank those identified, once all the initial evidence has been collected, via a priority-setting exercise. Due to different perceptions of risk there will rarely be complete consensus; criteria may need to be agreed to adequately reflect the views of all informants. The number of priorities to be assessed will vary with the level of the HIA, the importance of the project and the nature of the impacts identified. Once this has been done, available information and relevant evidence concerning prioritised impacts, from both published and 'grey' literature, will need to be collated. This may result in some re-evaluation of the HIA, for instance, when detailed consideration of the possible scale of an important impact suggests that the agreed geographical boundaries of the HIA need broadening. (5)

Having completed the screening exercise (which should take 2-3 hrs), a decision should have been reached about whether further HIA work should be done and at what level. At this stage a Health Impact Statement (HIS) should be produced explaining the reasoning behind the decision. If for whatever reason an actual HIA was considered inappropriate this statement should justify that decision and be kept as a reference document. In many respects the HIS will be similar to the output from a Basic HIA. As such the screening process and subsequent HIS may be considered sufficient for reviewing policies and service plans. If a Basic HIA is warranted then additional material (to the screening process) in the form of a brief literature search and collating readily available local data is all that is required. Appropriate recommendations can then be included in this H.I.S. (2)

### **Engaging with key stakeholders**

There are usually a small number of key stakeholders that it is worthwhile engaging with at the earliest possible stage. These are people such as the Project Manager for a development, the Service Lead or Group Director overseeing a service where changes to delivery are proposed, or the Group Director implementing a new policy or strategy. The engagement of senior staff from the start of the process improves their ability and willingness to follow up recommendations arising from it. In addition, a supportive manager or Director can open doors to engaging other stakeholders, accessing important sources of intelligence and implementing recommendations resulting from an HIA study.

## 5.2 Stage 2: Deciding how to undertake the HIA (scoping)

The scoping process establishes the foundation for undertaking a HIA.

### Key tasks

- Setting the boundaries: timescales, geographical boundaries, population, resources and capacity available to undertake the HIA
- Deciding whether it is appropriate to undertake a rapid, intermediate or comprehensive HIA
- Stating clear aims, objectives and milestones which the HIA can be reviewed against
- Determining how the HIA is managed and arrangements for on-going monitoring and evaluation – who will commission the HIA?; who will undertake or lead the HIA?; who will review and accept the HIA?, who will monitor progress towards implementing any recommendations?
- Allocating responsibilities
- Identifying key informants and stakeholders, and how they will be recruited
- Ensuring those responsible for the project, programme or policy are engaged in the HIA as well as key gatekeepers
- Reviewing if the available budget and resources are adequate to support the HIA, and if not deciding how to address this
- Mapping any other HIAs, assessments or initiatives that are taking place and might influence this work.

### Governance and project management

If a detailed or comprehensive HIA is being undertaken it is recommended that a steering group involving key stakeholders is convened and oversees the HIA process through to the point where recommendations are adopted. This will give key stakeholders some ownership of the final recommendations made within the HIA and will increase the likelihood of them being implemented.

## 5.3 Stage 3: Undertaking the HIA and making recommendations

**Methods** for identifying and considering the evidence of health impact (appraisal):

A range of different data will usually be required for a HIA. The data can be grouped into three specific types:

### a. Profiling of affected areas / communities


The area(s) and population(s) whose health is being assessed need to be clearly defined and its health status, health problems and capacity should be profiled. This provides baseline information on the community(ies) involved that can be used to predict impacts and subsequently to assess any future changes that result from the activity. Depending on the nature of the project being assessed, affected communities may be defined by geography, age, sex, income, or other social, economic or environmental characteristics; they may also be communities of interest, e.g. cyclists, people who use wheelchairs. Relevant information contributing to profiling is outlined in the following table:

**Table 2: Health profiling**

<b>Relevant categories</b>	<b>Examples of specific influences (health determinants)</b>
<b>Biological factors</b>	Age, gender, ethnicity, genetic factors
<b>Personal / family circumstances and lifestyle</b>	Family structure and functioning, educational attainment, aspiration, employment, benefits uptake, risk taking behaviour, diet, smoking, alcohol, substance use, physical activity, transport
<b>Current health status</b>	Morbidity, mortality, mental and physical health indicators, lifestyle choices, long-term conditions, disability.
<b>Population demographics</b>	Population size, age structure and trends, birth and death rates, life expectancy, socio-economic status, groups at risk, asylum seekers/refugee status, faith and religion, gypsies and travellers
<b>Social environment</b>	Culture, peer pressures, discrimination, social support (neighbourliness, social networks / isolation), community / cultural / spiritual participation, faith communities, crime, aspiration, community champions, community cohesiveness
<b>Physical environment</b>	Topography, air, water, housing types and conditions, working conditions, noise, smell, view, public safety, civic design, shops (location/range/ quality), communications (road/rail), land use, waste disposal, energy, local environmental features, pollution levels, environmental degradation, urban/rural/historic landscape characterization, open spaces and their accessibility, streetscape and pedestrian and cycle accessibility, fuel poverty, local infrastructure such as community centres, youth centres
<b>Public services</b>	Access to (location/ disabled access/ costs) and quality of health care, child care, social services, housing, leisure, employment, social services, public transport, policing, other public services and 3 <sup>rd</sup> sector
<b>Public policy</b>	Economic/ social/ environmental/ health trends/ local and national priorities, policies, programmes, projects

**Data sources:**

Evidence to support profiling is usually obtained from existing publications e.g. local Indices of Deprivation data, reports of Directors of Public Health, Joint Strategic Needs Assessment and supporting evidence, Health Improvement Monitor



(published annually alongside the Directors of Public Health Annual Reports), Public Health Observatory Community Health Profiles, and Local Authority committee reports.

Gateshead and South Tyneside Councils have online Geographic Information Systems (GIS) and information analyst support is available within all the South of Tyne and Wear Local Authorities and Primary Care Trusts.

Evidence to determine health impacts may come from existing intelligence and/or new research depending on the scope of the HIA. The use of existing evidence, both qualitative and quantitative, is likely to involve some form of literature review. Systematic reviews of available research may be particularly helpful.

### **b. Policy analysis**

Initial policy analysis will be necessary for all HIAs of policies, and some projects or programmes, to determine the aspects that the HIA needs to focus on. Key aspects include policy content and dimensions; the socio-political and policy context in which it will be implemented; policy objectives, priorities, and intended outputs; tradeoffs and critical socio-cultural impacts which may determine the effectiveness with which it is implemented.

### **c. Views of key informants and stakeholders**

The principles of HIA mean broad participation is essential if a comprehensive and accurate picture of potential health impacts is to be established. The expertise and experience of a wide range of stakeholders (people involved in the project or those who will be directly affected by it) and key informants (those whose roles result in them having knowledge or information of relevance to the project and its outcomes) will be needed. Their insight into how an activity might affect their community, their well-being and their behaviour may suggest changes which can maximise the health gains.

While the exact identity of stakeholders and key informants is clearly project-specific, they are likely to include:

- representative(s) of affected communities such as elected council members, school governors
- proponents of the project
- experts whose knowledge is relevant to the project (or particular aspects of it) and who may or may not be from the locality concerned
- relevant professionals, e.g. general practitioners, housing officers, police officers, health visitors, social or community workers
- relevant voluntary organisations
- key decision makers

You will need to consider:

- How stakeholders and key informants will be recruited (word of mouth, local media, communities of interest e.g. faith communities, older peoples groups, skilled recruiters, direct marketing.)

- There may be particular groups that you need to specifically target, especially those who are 'seldom seen, seldom heard'. Developing recruitment/ sampling strategy can be useful.
- Which venues will be used (local and familiar can have advantages, but may be favoured by some local people more than others)
- Costs such as venue hire, travel costs, refreshments, translator, child care, carers cover, payment for participation.


#### Data collection:

- You need to ensure that your approaches address requirements regarding consent, confidentiality and anonymity. You may need to obtain ethical approval.
- Consider facilitation skills needed. These may be available within the group involved or you may need to employ facilitators. Some projects have successfully actively involved local people in data collection such as school children interviewing their parents and other family members.
- Interviews and focus group discussions should centre on a pre-agreed written topic guide. This may develop over time as some areas that were not included initially are of more interest whilst others are fully addressed.
- You may want to record discussions to improve data capture, but consider costs of transcription and storage requirements.
- Questionnaires or surveys will need to be collated and may require data entry support and/ or analysis, using specialised IT programmes.
- Some participants may prefer telephone or email interviews rather than face to face interviews or focus groups.
- Innovative approaches using actors in scenarios, text or social networking websites may appeal to some stakeholders.

#### **5.4 Stage 4: Formulating and prioritising recommendations**

Once data collection and analysis has been completed, the next stage is to evaluate the importance, scale and likelihood of predicted impacts, considering alternative options and making recommendations for action to enhance or mitigate impacts. The consideration of alternative options (or the undertaking of a formal option appraisal) does not conclude the process. Even when there appear to be clear messages regarding the best way forward, it cannot be assumed that these will automatically be adopted. Political imperatives, either beyond or within the group managing the HIA may ultimately determine the outcome. Disagreements or power inequalities between different stakeholder factions may be similarly important. Achieving agreement on options for mitigating or enhancing predicted health impacts may require skilful negotiation on the part of those involved. (5)

Sometimes it will be possible to identify a clear action that will provide the optimum health impact for the activity under consideration. However in most situations a variety of possible actions will present themselves. The best recommendations are those which can be implemented by the originator of the activity. Where numerous recommendations have been made or the activity is to be carried on over an extended period of time it may be appropriate to prioritise the recommendations



made and perhaps identify clear actions to be taken to implement the recommendations. (2)

As a guide, priorities could be based on:

- The population affected (type and size) and the nature of the effect.
- The prospect of health and well-being enhancement and reduction of inequalities.
- The perception of risk.
- The possibilities of a win-win situation.
- The probable resource constraints.
- The priorities for health already set locally or nationally

You need to consider how you will feedback to participants about how they contributed to the recommendations, and what will happen next. This might be via the final report, a summary or newsletter and/ or a meeting.


## **5.5 Stage 5: Further engagement with decision-makers**

It may also be useful to engage with appropriate managers/policy makers and decision makers who will be involved in implementation to agree a final set of recommendations. For example rather than recommending establishing a new crèche, you might suggest links to existing childcare facilities within a local community.

A report should now be produced for the initiators of the HIA, who may well be different from the originators of the activity. Whilst the format of the report can vary it should:

- Set the scene and explain the relationship between the activity and health determinants using existing literature and evidence base.
- Put the intended outcomes of the activity into context having regard to local and national policies and priorities.
- Create a population profile using facts and figures to put the scale of the activity into context.
- Describe the appraisal method(s).
- Explain and discuss the appraisal findings.
- Identify the recommendations and priorities and specify who should be responsible for implementing each of these.
- Outline performance management arrangements with clear outcomes and also consider how progress will be monitored and evaluated.
- Outline plans for dissemination of learning.

The final agreed report needs to be recognised/ tabled for adoption by all relevant organisations. Where a steering group has been convened then much of this engagement should take place as a matter of course. However, where a brief or intermediate HIA with no Steering Group involved has been carried out it may be necessary to pull together the wider group of stakeholders. Potential avenues to consider will include the Local Authority Cabinet, PCT Executive Board or possibly



only Executive Management Teams, as well as cross-organisational infrastructures such as the Local Strategic Partnership and Area Forums.

It will be necessary to acknowledge any local conventions and protocols on how the report is to be submitted to local groups, need to notify key parties such as the relevant portfolio holder on Cabinet, or Director, if not already engaged in HIA process. It is worth being mindful of these conventions for each organisation in writing the report, for example Gateshead Council has a protocol for report formats and preparing reports.

## **5.6 Stage 6: On-going monitoring and evaluation**

On-going monitoring and evaluation are the final stage of HIA and as such any resource implications need to be considered from the outset. Again the timing of monitoring and evaluation should be clearly established.

The indicators and methods proposed for monitoring will depend not only on the nature and content of the project, but also on the perceived importance of this stage of the assessment. If significant resources can be made available, monitoring may include not only the collection and interpretation of appropriate indicators but also the phased replication of parts of the actual health impact assessment. Multi-method assessments of specified outcomes (triangulation) should be undertaken where feasible, in order to increase validity.

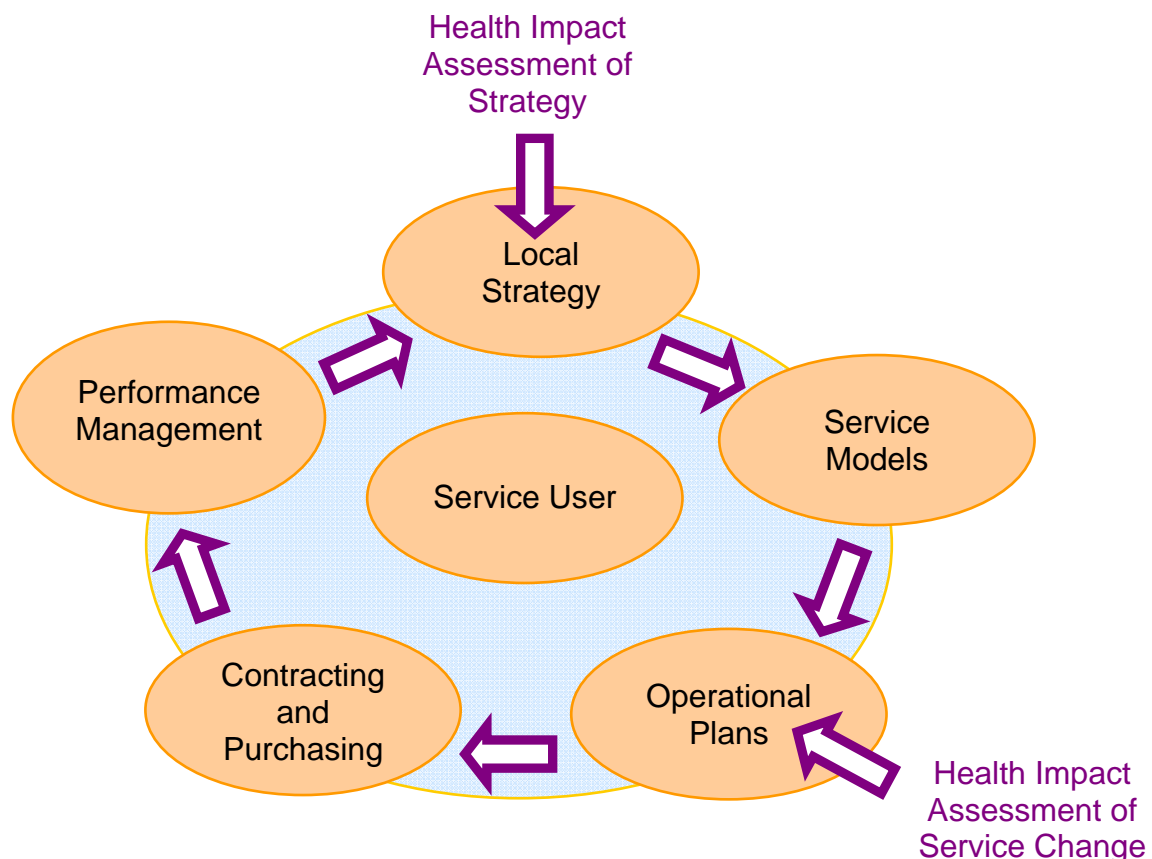
Process evaluation involves the assessment of the HIA progress against the initial milestones and delivery plan, and the assessment of the extent to which agreed recommendations of the HIA were actually implemented. Performance management arrangements, responsibilities and outcome measures should be reviewed.

## 6 Embedding HIA in local practice

There is currently no statutory obligation for agencies to carry out Health Impact Assessments. One way to maximise the likelihood of HIA being undertaken for appropriate policies, programmes or developments is to embed the tool in local ways of working. This may be formally, within local policies, or informally, within accepted processes used to progress policy change, service change or proposed developments. The appropriate place for undertaking HIA within the commissioning cycle (for policies and service changes) and the planning process (for developments) is shown below.

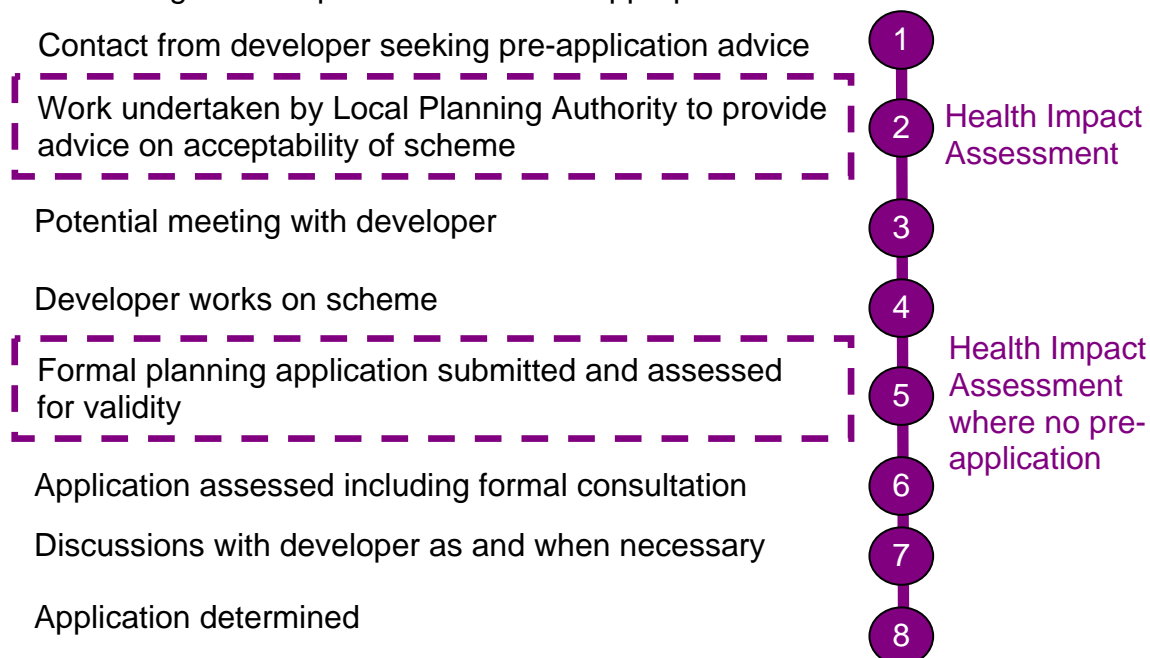
There remains a key question as to who will ultimately decide which projects, programmes, policies or strategies will be subject to a Health Impact Assessment screening and who will convene a group of stakeholders and key informants to undertake the screening. This will vary depending on local governance structures but should be specified in the formulation of local policy or practice, which will then maximise the chance of Health Impact Assessments being undertaken.

### 6.1 Health Impact Assessment Within the Commissioning Cycle



## 6.2 Health Impact Assessment Within the Planning Process

It is most beneficial if HIA is undertaken during the formulation of planning policy or strategy. Where HIA is undertaken for individual developments the diagram below indicates the stages in the process where it is appropriate to initiate HIA.



## 6.3 Adding value to Commissioning

Within the NHS, Commissioners are currently being asked to demonstrate the quality of the local commissioning process against a number of key competencies under the title of “World Class Commissioning”. Appropriate use of HIA can help to demonstrate:

- Competency 3 – engage with public and patients – an intermediate or comprehensive HIA should involve representatives of the community affected by a proposal and will, therefore, demonstrate that the views of public and patients are being considered in the planning or commissioning process
- Competency 5 – manage knowledge and assess needs – HIA demonstrates that needs assessment work and epidemiological evidence is actively being used to inform commissioning or planning.

## 6.4 Delivering better local services more efficiently

Within the “Total Place” initiative, both Local Authorities and Primary Care Trusts are looking in detail at a number of areas of service delivery. The aim is to identify how services can be delivered differently, both to improve the lives of local residents and also deliver better value for money. If this work results in proposals to change the way in which services are delivered, HIA can be used to ensure that these changes maximise health and well-being gain, and reduce existing health inequalities. A parallel initiative within the NHS, “Quality, Innovation, Productivity and Prevention” may also propose significant changes to the ways in which health services are delivered. Here too, HIA can be a valuable tool to ensure that any proposed changes to service delivery have the maximum benefit to health in the local community.



## 7 Ensuring high quality HIAs

A report by the National Audit Office (8) which considers Impact Assessments generally but is relevant to HIAs, highlighted quality issues. The report suggests key features that high quality HIAs will include:

- a statement of the policy problem;
- description of the use of consultation;
- an outline of the range of options considered
- clear recommendations
- clear costs and benefits associated with each of its recommendations
- implementation and planning considerations.



## 8 Conclusions

Undertaking a health impact assessment on a proposed development project, programme or policy, where appropriate, is a valuable process. It will recommend how positive health impacts can be optimised and negative health impacts minimised. It can also ensure that the project doesn't widen any existing health inequalities. By following the stages recommended in these guidelines, an HIA will only be undertaken on projects where there are benefits to be gained which can offset the costs of the assessment. These benefits might be in specifying and quantifying the health impacts of a project and then recommending how these can be minimised if negative or optimised if beneficial. An HIA may also address concerns about perceived negative health impacts within a local community and source evidence which will quantify these impacts and recommend how they can be minimised. The guidelines recommend gathering evidence in a structured way, from a range of perspectives, including both public or service user views and expert opinion. This ensures a rigorous and balanced HIA.

The populations of Gateshead, South Tyneside and Sunderland experience large health inequalities. Average life expectancy here is two years less than life expectancy for England as a whole. There are smaller communities within these populations between which life expectancy varies by up to ten years. Health impact assessments, if undertaken consistently, will help to improve the health of the entire population of South of Tyne and Wear, but also to reduce unacceptable health inequalities.

## References

1. World Health Organisation (1947) "Preamble to the Constitution of the World Health Organization" as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1947 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100); and entered into force on 7 April 1948.
2. Dolman M, Swift J (2007) "Health Impact Assessment Toolkit for Public Health Practitioners." Leeds City Council and PCT
3. Health Development Agency (2004) "Clarifying approaches to: health needs assessment, health impact assessment, health equity audit, and race equality impact assessment" available at [www.nice.nhs.uk](http://www.nice.nhs.uk).
4. World Health Organisation European Centre for Health Policy (1999) "Health Impact Assessment: main concepts and suggested approach. Gothenburg Consensus Paper" European Centre for Health Policy, Brussels, available at [www.who.dk/document/PAE/Gothenburgpaper.pdf](http://www.who.dk/document/PAE/Gothenburgpaper.pdf)
5. Scott-Samuel A, Birley M, Ardern K (2001) "The Merseyside Guidelines for Health Impact Assessment. Second Edition, May 2001" ISBN 1 874038 56 2, International Health Impact Assessment Consortium  
[http://www.liv.ac.uk/ihia/IMPACT%20Reports/2001\\_merseyside\\_guidelines\\_31.pdf](http://www.liv.ac.uk/ihia/IMPACT%20Reports/2001_merseyside_guidelines_31.pdf)
6. Acheson D (1998) "Independent Inquiry into Inequalities in Health", The Stationery Office, London
7. Beard, C on behalf of Gateshead Strategic Partnership (2009) "Evaluation of the Health Impact Assessment (HIA) on Gateshead International Stadium", Gateshead PCT
8. National Audit Office (2009) "Delivering High Quality Impact Assessments" available at [http://www.nao.org.uk/publications/0809/high\\_quality\\_impact\\_assessment.aspx](http://www.nao.org.uk/publications/0809/high_quality_impact_assessment.aspx)

## Bibliography

1. Cave B, Curtis S (2001) "Health Impact Assessments for Regeneration Projects: Volume I, A Practical Guide" University of London, London
2. Mindell J, Biddulph JP, Boaz A, Boltong A, Curtis S, Joffe M, Lock K, Taylor L (2005) "A Guide to Reviewing Evidence for use in Health Impact Assessment" London Health Observatory, London

## Resources

### Useful websites:

IMPACT, Liverpool University: HIA information and reports  
<http://www.liv.ac.uk/ihia/reports.htm>

Association of Public Health Observatories (APHO)  
<http://www.apho.org.uk/>



## Resources (cont.)

### **Sources of information on health, lifestyle and service uptake among local populations**

Each Local Authority and Primary Care Trust carries out a Joint Strategic Needs Assessment for its population which assesses the current and future need for health and social care.

Gateshead JSNA

[www.gateshead.gov.uk/jsna](http://www.gateshead.gov.uk/jsna)

[www.gatesheadpct.nhs.uk/JSNAGateshead.aspx](http://www.gatesheadpct.nhs.uk/JSNAGateshead.aspx)

South Tyneside JSNA

[www.stpct.nhs.uk/jsnasouthtyneside.aspx](http://www.stpct.nhs.uk/jsnasouthtyneside.aspx)

Sunderland JSNA

[www.sunderlandtpct.nhs.uk/content.aspx?id=2528](http://www.sunderlandtpct.nhs.uk/content.aspx?id=2528)

The Director of Public Health within each Primary Care Trust also produces an Annual Report. This provides a commentary highlighting key current public health issues for the local population. It is accompanied by a Health Improvement Monitor which reviews trends in health outcomes, lifestyle behaviours and service uptake for some preventative services such as screening.

Gateshead Director of Public Health Annual Report

[www.gateheadpct.nhs.uk/content.aspx?id=4718](http://www.gateheadpct.nhs.uk/content.aspx?id=4718)

South Tyneside Director of Public Health Annual Report

[www.stpct.nhs.uk/content.aspx?id=4672](http://www.stpct.nhs.uk/content.aspx?id=4672)

Sunderland Director of Public Health Annual Report

[www.sunderlandtpct.nhs.uk/content.aspx?id=4698](http://www.sunderlandtpct.nhs.uk/content.aspx?id=4698)

Community Health Profiles – published annually for each Local Authority population

[www.apho.org.uk/default.aspx?RID=49802](http://www.apho.org.uk/default.aspx?RID=49802)



## Resources (cont.)

### **Sources of information on health, lifestyle and service uptake among local populations (cont.)**

NHS Information Centre

This website contains a wealth of information relating to health and social care, including:

- information on prevalence of disease in primary care from the Quality and Outcomes Framework (QOF)
- results from national lifestyle surveys such as the Health Survey for England
- statistics relating to adult social care within the National Adult Social Care Information Service or NASCIS
- NHS Comparators, which provides detailed information on health and health care down to GP Practice level

[www.ic.nhs.uk](http://www.ic.nhs.uk)

Clinical Health Outcomes Knowledge Base

This website contains a large range of health indicators such as death rates and birth rates for all Local Authority and Primary Care Trust populations. There is a public version of the site at [www.nchod.nhs.uk](http://www.nchod.nhs.uk) or a version only accessible to those working within the NHS at [www.nchod.nhs.uk](http://www.nchod.nhs.uk).

### **Training – how to access local training?**

Both [IMPACT](#) at the University of Liverpool and the [London Health Observatory](#) offer training courses in Health Impact Assessment.

### **Examples of Health Impact Assessments carried out within the South of Tyne and Wear area**

A Health Impact Assessment of Development of the Gateshead International Stadium (Healy A, 2006)

Bunnyhill Wellness Centre - Health Impact Assessment Report (Evans M, 2006)

Health Impact Assessment for Blaydon Leisure Centre and Primary Care Centre (Billett A, Murphy A, Steadman H, 2009)

A Health Impact Assessment of Gateshead Older People's Strategy (McKeown R., 2008)



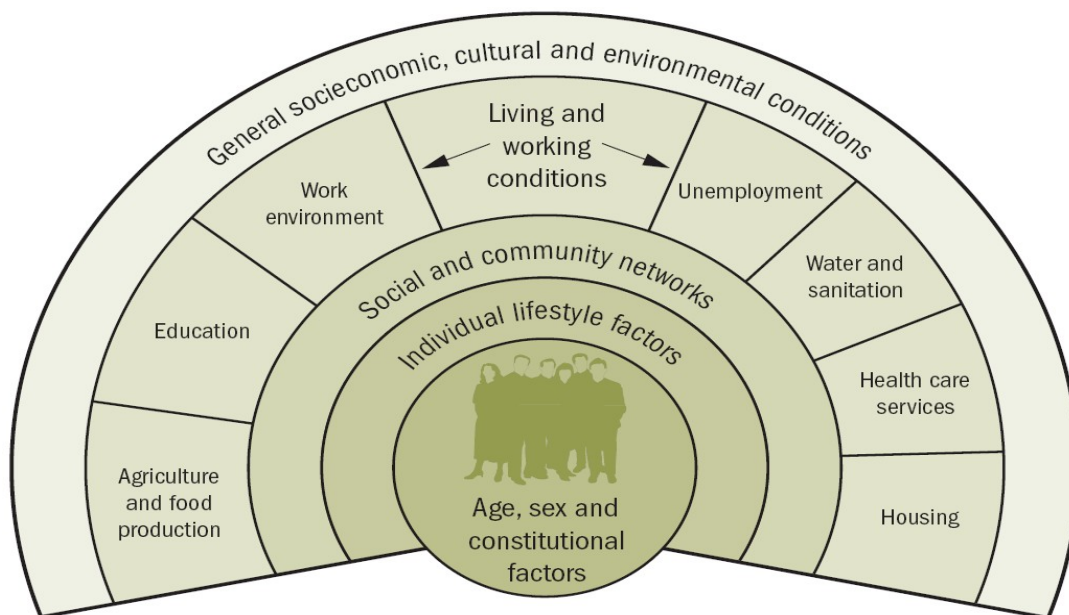
## Annex A – A Screening Tool For Use within Health Impact Assessments in South of Tyne and Wear

Screening Tool adapted from that used by IMPACT at the HIA Workshop on Gateshead Council's Vision 2030 Strategy in 2008.

There are many HIA Screening Tools available (approx 36 at last count), many of which are local adaptations of validated tools tried and tested in the field. There is no one single best generic screening tool. This tool is adapted from one developed by Stapleton and Cheney in 2004 for the Mid West Area Health Service of New South Wales, found on the University of New South Wales (UNSW) Research Centre for Primary Health Care and Equity. [http://www.hiaconnect.edu.au/files/MWAHS\\_Screening\\_Tool.pdf](http://www.hiaconnect.edu.au/files/MWAHS_Screening_Tool.pdf)

Answer the following questions:

1. Define the population affected by the proposal and, briefly, describe its key characteristics. These might include:
  - Size of the population and number and % of children, people of working age and older people
  - Geographical spread of the population
  - Size and characteristics of groups such as the BME population, lone parents, older people, people with a disability or carers who may experience poorer health or find it particularly difficult to access services
2. What is the proposal about (this may be a strategy, a change in the way services are to be delivered or a physical development)?
3. What is the historical background to this proposal? What is the national and local policy context?
4. Does the proposal concern any of the following determinants of health?  
(Italics reflect Dahlgren and Whitehead,1991)



## Annex A (cont.)

### **A Generic Screening Tool For Use within Health Impact Assessments in South of Tyne and Wear (cont.)**

#### **4. cont.**

- a. *Biological* factors e.g. age, sex, constitutional factors
  - b. *Lifestyle* factors e.g. employment, income, diet, smoking, car ownership etc
  - c. *Social / economic* environment e.g. culture, discrimination, *community* support
  - d. Physical environment, e.g. *living and working conditions* (d+e)
  - e. Health and Social care systems, e.g. public services
  - f. Wider public policy and other *socioeconomic, cultural and environmental conditions* e.g. capacity of health and social care systems (f+g)
  - g. Other (state) e.g. crime, transport, housing, education, social cohesion
5. What are the assumptions embedded in or underpinning the proposal?
  6. Why does the proposal have potential to impact on health and well-being?  
What are the:
    - Potential positive impacts
    - Potential negative impacts
    - Intended consequences
    - Possible unintended consequences
  7. Describe any information which identifies the nature and extent of the impacts on health for this type of proposal.
  8. List the groups most likely to be affected by the proposal, eg population subgroups (age groups, vulnerable groups), geographical areas etc
  9. What are some of the potential equity issues? Desirable and Undesirable.
  10. Checklist to summarise

Answers favouring doing a HIA	To your knowledge:	Answers favouring not doing a HIA
	<b>Health Impacts</b>	
Yes / not sure	Does the proposal affect health directly?	No
Yes / not sure	Does the proposal affect health indirectly?	No
Yes / not sure	Are there any potentially serious negative health impacts that you currently know of?	No
Yes / not sure	Is further investigation necessary because more information is required on the potential health impacts?	No
No	Are the potential health impacts well known and is it straightforward to suggest effective ways in which beneficial effects are maximised and harmful effects minimised?	Yes
No	Are the potential health impacts identified judged to be minor?	Yes
	<b>Community</b>	
Yes / not sure	Is the population affected by the proposal large?	No

## Annex A (cont.)

### ***A Generic Screening Tool For Use within Health Impact Assessments in South of Tyne and Wear (cont.)***

Answers favouring doing a HIA	To your knowledge:	Answers favouring not doing a HIA
<i>Yes / not sure</i>	Are there any socially excluded, vulnerable, disadvantaged groups likely to be affected?	<i>No</i>
<i>Yes / not sure</i>	Are there community concerns about any potential health impacts?	<i>No</i>
	<b>Initiative</b>	
<i>Yes / not sure</i>	Is the size of proposal large?	<i>No</i>
<i>Yes / not sure</i>	Is the cost of the proposal high?	<i>No</i>
<i>Yes / not sure</i>	Is the nature and extent of disruption to the affected population likely to be major?	<i>No</i>
	<b>Organisation</b>	
<i>Yes</i>	Is the proposal a high priority/ important for the organisation/ partnership?	<i>No</i>
<i>For =</i>	<b>TOTAL</b>	<i>Against =</i>

Rapid	Type of HIA	Comprehensive
<i>Yes</i>	Is there only limited time in which to conduct the HIA?	<i>No</i>
<i>Yes</i>	Is there only limited opportunity to influence the decision about the proposal?	<i>No</i>
<i>Yes</i>	Is the timeframe for the decision-making process set by external factors beyond your control?	<i>No</i>
<i>Yes</i>	Are there only very limited resources available to conduct HIA?	<i>No</i>
External	Assessors	Internal
<i>No</i>	Do personnel in the organisation or partnership have the necessary skills and expertise to conduct the HIA?	<i>Yes</i>
<i>No</i>	Do personnel in the organisation or partnership have the time to conduct the HIA?	<i>Yes</i>

11. Is a Health Impact Assessment appropriate? *Yes / No*

Why or why not?

If yes, what type and how?

Recommendations/comments

