

# Cheshire East Council

## Health Impact Assessment Policy

2013 – 2016

Draft V3

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## **1. Introduction**

1.1 The World Health Organisation (WHO) for the European Region has agreed a common policy framework 'Health 2020' with the aim of 'significantly improving the health and wellbeing of populations, reducing health inequalities, strengthening public health and ensuring people-centred health systems that are universal, equitable, sustainable and of high quality.

1.2 The move to localism in England, the reforms to the NHS and the emphasis on local public health as a function of local government are all well aligned with the principles of 'Health 2020'. The 2010 Public Health white paper, 'Healthy Lives, Healthy People, reiterates the Marmot Review's social determinant approach to health inequalities following the publication of 'Fair Society, Healthy Lives'. There is a strong emphasis on local public health leadership of an inter-sectoral approach to health and wellbeing, and on the integration of the NHS, social care and public health within local health and wellbeing systems. Local government has a key role to play and will provide the strong leadership needed to ensure that people's health and well-being will be at the heart of everything local councils do.

1.3 Addressing the wider determinants of health, as well as more behaviour focused interventions, will be essential if we are to narrow the gap between those with the best and worst health in Cheshire East and achieve better health outcomes. Life expectancy is 10.0 years lower for men and 6.3 years lower for women in the most deprived areas of Cheshire East than in the least deprived areas.

1.4 Local government has moved from a focus on delivering services to a much wider role of shaping local places. Having taken on the key role in promoting economic, social and environmental wellbeing at the local level, it is ideally placed to adopt a wider health and wellbeing role.

## **2. Scope**

2.1 Improving the health of the people of Cheshire East is a priority. Health Impact Assessments (HIA's) will help us achieve the outcomes of the Councils three year plan, the Health and Wellbeing Strategy, Clinical Commissioning Groups priorities and the Public Health and Social Care Outcomes Frameworks.

2.2 There is a need for collective effort with all organisations contributing to achieve better health outcomes and the need to tackle underlying factors which lead to poor health such as poor housing, poor education and unemployment. There is

also potential for the sectors to improve health and prosperity for the population and to reduce health inequalities.

2.3 HIAs will help to ensure that decisions on policies, programmes and developments take into account the health impact. A key reason for developing the use of health impact assessment is to add value to the policy and decision making processes thus resulting in better decisions in terms of their potential contribution to improving health. It will also help to identify further opportunities to address cross-cutting issues such as health and to contribute to reducing inequalities in health.

### **3. Opportunities to improve health and wellbeing**

3.1 A holistic approach is needed, joining-up action across the authority and beyond institutional boundaries to deliver cross-cutting objectives. The local authority will ensure that all policies contribute to improving health, in line with the WHO 'Ottawa Charter' and that Health Impact Assessments are used on a regular basis as part of policy and decision making processes.

## **4 Definition of HIA**

4.1 Health impact assessment has been defined in a number of ways. One such definition is:

'Any combination of procedures or methods by which a proposed policy or program may be judged as to the effects it may have on the health of a population'

A more detailed definition is:

'A methodology which enables the identification, prediction and evaluation of the likely changes in health risk, positive and negative, (single or collective), of a policy, programme, plan or development action on a defined population. These changes may be direct and immediate or indirect and delayed.'

4.2 The overall aim of health impact assessment is to provide a means of ensuring that the potential impact on health is taken into account as part of the decision making process for policies, programmes and other developments. Health impact assessment may be applied to a policy, a programme or a single project. It may be applied to an issue as large and complex as welfare policy or transport policy, or an issue as small as a local planning or licensing application.

4.3 Health impact assessment may be applied at a variety of levels; for example, at international level by bodies such as the European Commission or the World Health Organisation; at national level by national governments or national organisations and at local level by local authorities, health authorities and by non-government organisations.

## 5. Screening or Rapid Impact Assessment (RIA)

5.1 Screening involves a quick review of possible health impact of a policy or proposal. Screening should include:

- Who may be affected by the proposal
- What determinants of health may be affected
- What further evidence is needed to inform the recommendations

Screening will assist the decision to undertake a full HIA.

## 6. Different types of Health Impact Assessment

6.1 There are three types of health impact assessment; each depends on when the assessment is undertaken:

- prospective
- retrospective
- concurrent

6.2 **Prospective** health impact assessment looks at some policy; programme or project not yet implemented and attempts to predict the consequences. These predictions are based on theory and on experience of similar decisions in the past. If sufficient knowledge has been gained of the size of health effects associated with different levels of health determinants, it may be possible to make quantified predictions. Prospective health impact assessment can be partially validated by seeing if predictions of consequences in the near future turn out to be correct.

6.3 **Retrospective** health impact assessment looks at the consequences of some policy, programme or project already implemented or of some unplanned event that has occurred. It asks what have been the consequences. Understanding of the nature and magnitude of effects on health for use in prospective health impact assessment may be derived from such studies.

6.4 In **concurrent** health impact assessment, the consequences of the policy, programme or project are monitored as they are implemented. It may allow activity to mitigate any negative effects to be undertaken promptly. Its main use is where consequences are expected but where their nature is uncertain.

6.5 Frequently, single proposals may be too small to generate significant effects on their own but the total effect of many such small proposals may create a major impact.

6.6 Health impact assessment needs to be developed as an approach which can be adopted and used by individuals who are involved in decision making processes at a variety of levels. All those involved will need to develop their knowledge and skills. One of the early contributions it can make is to change the culture among

policy and decision makers so that they become more aware of health as an issue which is relevant across policy areas. Other ways in which it could assist decision making include:

- Identifying factors - harmful or beneficial - that would not otherwise have been identified;
- Quantifying the magnitude of harmful and beneficial impacts more precisely than could otherwise have been done;
- Clarifying the elements of trade-offs in policy making by better identification and description of the elements involved, and their interrelationships;
- Allowing better mitigation of harmful impacts or enhancement of beneficial impacts;
- Making the decision making process more transparent and helping to inform it -particularly in policy areas where the relevance of health is not immediately apparent -leading to increased participation by stakeholders.

6.7 The need to reduce health inequalities has been clearly demonstrated in the Marmot Review (2010) (*Fair Society, Healthy Lives*). Social determinants are one of the main mechanisms driving health inequalities.

6.8 Local authorities have ample experience of the reality of health inequalities in their communities. Many of the social determinants fall within their ambit, so they can take strategic action to prevent inequalities across a number of functions, such as housing, economic and environmental regeneration, strategic planning, education, children and young people's services, fire and road safety.

## **7. Links to other impact assessments**

7.1 There are a number of impact assessments carried out as part of policy making and planning. These include economic assessment, environmental impact assessment, sustainability appraisal, equality impact assessment, assessment of effect on families, assessment of effect on law and order and many more. There is a clear need to reconcile and combine these various assessment processes to reduce the burden on policy makers and make any trade-offs between different development areas explicit. This has led to growing interest in integrated assessments, or at least integrated assessment screening, which includes environment, health, equality, economic and other impacts as appropriate. Including health within integrated assessment can ensure it is considered as part of a wider framework and reduce duplication of assessment. The Rapid Impact Assessment or HIA screening checklist can be used to screen for impacts on both health and equality and diversity.

## 8. Policy Statement

**8.1 The Cheshire East Health Impact Assessment Policy requires all new and revised strategies, policies and business decisions\* to undergo Rapid Impact Assessment. If significant issues are identified, a more detailed Health Impact Assessment will be carried out, the nature of which depends on the impacts identified.**

\* Business decisions include for example:

- Major planning developments (more than 12 houses)
- Change of use of premises
- Commissioning or decommissioning of services
- Licensing applications
- Capital developments
- Regeneration proposals
- Submission of external funding bids

but this list is not exclusive.