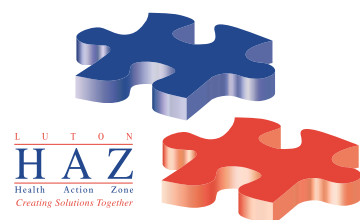


AN EASY GUIDE TO HEALTH IMPACT ASSESSMENTS FOR LOCAL AUTHORITIES

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foreword

The Health Action Zone (HAZ) was set up in 1998 to help tackle the serious problem of inequalities in health in Luton. Since then, it has enabled innovative work to take place, which in the main, has been established through a number of methods, operationally, policy and strategy. Luton Borough Council (LBC) has been pivotal to the work that has facilitated, challenged and supported many people living in Luton to create the opportunity to gain a better quality of life.

Since 2000 new posts were formed (from HAZ funding) to be located within the Food Control Group of Environment and Consumer Services of LBC. Through this network, we have been working on a number of innovative projects and initiatives aimed at raising public health awareness both outside the organisation and internally. Part of this has been to undertake Health Impact Assessments (HIA) and promote their use corporately.

The format of this report is aimed to be an easy read, giving you the option to scan through and read the parts that you are most interested in, whilst learning from our experiences here in Luton. You may just want to go straight to the Tools and Guidance Notes and start your own HIA process; hence the report is split into 3 parts to aide ease of use.

This document is simply a guide on how to conduct a HIA on non-health policies, projects and programmes and offers you a clear structure on how to start and end the process.

We wish to thank all those whose support and enthusiasm has contributed to the success of the activities described in this report. We would also like to acknowledge and thank colleagues outside of LBC who offered invaluable guidance.

We hope that you find a way to incorporate and adapt this tool into your normal project work where HIA's are appropriate, in order to strengthen and give a more holistic approach to healthy decision making.

Chimeme Egbutah and Keith Churchill
Environmental Health Facilitators

part 1 – introduction

Purpose of the Guide

The purpose of this guide is two-fold:

- To share the learning experiences gained from conducting a pilot HIA on Luton Borough Council's (LBC) Local Plan and disseminate this information to our colleagues and others within Local Authorities.
- To provide a useful and practical tool that will empower officers in Local Authorities to confidently carry out a Health Impact Assessment (HIA) on policies, projects and programmes.

The report is split into 3 parts for your general use, these are:

- Part 1 – Introduction to report and HIA
- Part 2 – The Luton Experience
- Part 3 – The Tool Kit

During this report, the term *policy* will be used. By this we mean either policy, project or programme. This definition applies when discussing HIA on policy.

What is Health Impact Assessment (HIA)?

*“Any combination of procedures or methods by which a proposed policy or programme may be judged as to the effects it **may** have on the health of a population.” (Journal of Public Health Policy, 1997).*

In general terms, there are two main perspectives to Health Impact Assessment (HIA). These are Broad perspective and the Tight perspective.

Broad Perspective.

When a broad perspective is taken it tends to be based on the social model of health and highlights the importance of qualitative evidence.

Tight Perspective.

A tight perspective tends to have been derived from Environmental Impact Assessment (EIA), and in the main, founded on the use of quantitative evidence.

Types of Health Impact Assessment

There are three types of HIA:

- **Prospective** - conducted **before** the implementation of a policy proposal, the potential health impacts.
- **Retrospective** – conducted some time **after** a policy proposal has been implemented; the actual health impacts
- **Concurrent** – conducted **during** the implementation of the policy proposal.

Types of Appraisal

The appraisal is the engine for the HIA and can be carried out in 3 ways: Rapid, Intermediate and Comprehensive. For this project, an intermediate HIA will be undertaken.

Comprehensive Appraisal. *(Parry and Stevens 2001)*

A comprehensive HIA is a more detailed and rigorous exercise than either a rapid or intermediate HIA. It involves the participation of the full range of stakeholders, an extensive literature search and analysis of already existing data and the collection of new data.

Intermediate Appraisal. *(Based on and adapted from Parry and Stevens 2001)*

An intermediate HIA combines community and/or partner workshops followed by literature research.

Rapid Appraisal. *(Based on Parry and Stevens 2001)*

A rapid HIA may be a “desk top” exercise and reliant on information which is already available, “off the shelf”.

As part of the final report, data presentation can either be quantitative or qualitative, both can be used to strengthen and support your recommendations, particularly if the issues are contentious. However, for this study only qualitative data was used as the project was considered to be a pilot study and therefore to make it manageable, quantitative data was not included during the appraisal.

Accuracy of HIA

The accuracy of predictions/proposals made during this HIA is determined by:

- The strength of the evidence available relating to the health effects or impacts associated with various health determinants.
- Environmental Health Facilitator’s (EHF’s) previous experience of HIA in similar situations and/or circumstances.

supporting HIA through legislation

Health Impact Assessments were mentioned within the white paper Our Healthier Nation. Saving Lives. It states within this document that:

4.47 *Local decision-makers must think about the effect, which their policies may have on health, and in particular how they can reduce health inequality. In most cases this will require a change in the way that health authorities, local authorities and other local agencies see their role. They will in future need to act much more as health champions at local level and ensure that health is on the agenda of all local organisations and agencies outside the health field. An important part of this role will be to encourage all local agencies to make local health impact assessments when planning investment in, for example, amenities, buildings or local communities and in the location of services.*

Health Impact Assessments can also help to ensure that the requirements of the Human Rights Act 1998 (HRA 1998) are implemented. The HRA 1998 places an obligation on Local Authorities to carry out its day-to-day duties in a way that reinforces the principles of the HRA 1998. This covers all aspects of the public authorities activities including:

- Drafting Rules and regulations
- Internal staff and personnel issues
- Administrative procedures
- Decision making
- Policy implementation
- Interaction with members of the public

The guidance 'A new era of rights and responsibilities; core guidance for public authorities Home Office 2000 states that:

"...you should be able to justify your decisions in the context of the Convention rights and show that you have considered the Convention rights and dealt with any issues arising out of such a consideration."

This can be built into the HIA assessment from an early stage to ensure that throughout the process of HIA the HRA 1998 is considered. The process of HIA can also be used to look at the impact of health on specified target groups to ensure that a particular policy, programme or project is not detrimental to the health of these communities or individuals. **A new era of rights and responsibilities; core guidance for public authorities, Home Office, 2000.**

The Race Relations Act 1976 and the Race Relations (Amendment) Act 2000 also require that assessments are carried out on the way services etc impact on the health and well-being of ethnic minorities. **DETR circular 10/99, 14th December 1999.**

The principles of Best Value are also covered by HIA makes the process of HIA a tool for helping to achieve compliance with Best Value objectives.

The process of HIA, *challenges*, there isn't just acceptance of policies. The policies are examined to improve and adapt in order to increase health gains. Following on from challenging policies programmes and projects the next element of HIA is to *consult* with the community on their opinions on how adaptations can be made to improve outputs for them. The *comparison* element, comes from the evidence base and comparing how situations have developed in other areas. These comparisons can be examined with relation to the background of the area, the details of which are taken from the consultation exercise. Once the research has been carried out recommendations can be made. These proposals if adopted can be used to adapt proposals in the planning stage, to increase the positive health impacts and reduce those negative impacts, which are perceived both by the community and from literature research of other similar projects.

Therefore it can be seen that the process of HIA can be used to feed into the wider process of Best Value.

The government has also introduced Comprehensive Performance Assessment (CPA). This is a wide-ranging integrated performance framework designed to help Councils deliver better services and is required by Central Government. Using HIA's is a way of ensuring that the issues Councils are judged upon by the Audit Commission are met. These issues include, the quality of the Council's service and the ability of the Council to improve its local services.

The elements that make up CPA for Councils are:

- Service Assessments, which are based on a collection of performance information such as performance indicators and government assessment of plans.
- Corporate Assessment, which is based on self assessment;
- Building Partnerships, which is based upon the ability of the Council to build partnerships with other agencies that will help enhance the Quality of Life for the community.

HIA's is a process which can enable these targets to be met. An example of how HIA can achieve these targets is by having a multi-partnership Steering Group.

Background and Context

Health Impact Assessment (HIA) is based on a holistic approach to well-being and is used to reduce inequalities in health. It can also be used as a way of highlighting the effects that the wider determinants of health has on people's well-being.

The Environmental Health Facilitators (EHF's) were commissioned by the Directorate Management Team within Environment and Regeneration to begin a process that would help influence healthy decision-making by using the relatively new process of HIA's.

The Tool Kit.

The Tool Kit that has been developed is one that allows for a simple and logical process of identifying negative and positive health impacts during the policy/strategy phase. Ideally it should be done before the policy is complete or written.

The aim was to provide a highly practical process (developed in partnership with colleagues and community), accessible to officers within Luton Borough Council (LBC) to screen policies, for their potential health impacts. It also provided a structured way for evidence-based recommendations to be made by the EHF's to promote the reduction of perceived negative health impacts from selected policies in the Local Plan.

Content of the Tool Kit

The tool kit not only contains a "How to do a HIA" but also captures the learning curve that was experienced during its production. It is open for use to other District and Borough Councils primarily but also to practitioners within the public health field.

The basic content includes:

Part 1: Using Health Impact Assessment in Luton Borough Council - The Luton Experience

- What is HIA and why do a HIA in Luton?
- Developing the tools
- Appraisal, using Community Participation
- Results and Recommendations
- Conclusion

Part 2: Screening and Scoping Tools

- Screening Tool
- Scoping Tool

How to use the Guide

Use the guide as a manual to extrapolate and draw lessons for conducting a Health Impact Assessment.

It is not essential that all sections be read. However, after each section there are listed points called "Learning Points". This will give you an idea of what to do, who to talk to and how you can

avoid making similar errors as highlighted by our learning, in order to make your HIA process smoother.

Before attempting any HIA, it would be useful to observe the schematic process of HIA shown as Fig 1.1

Screening

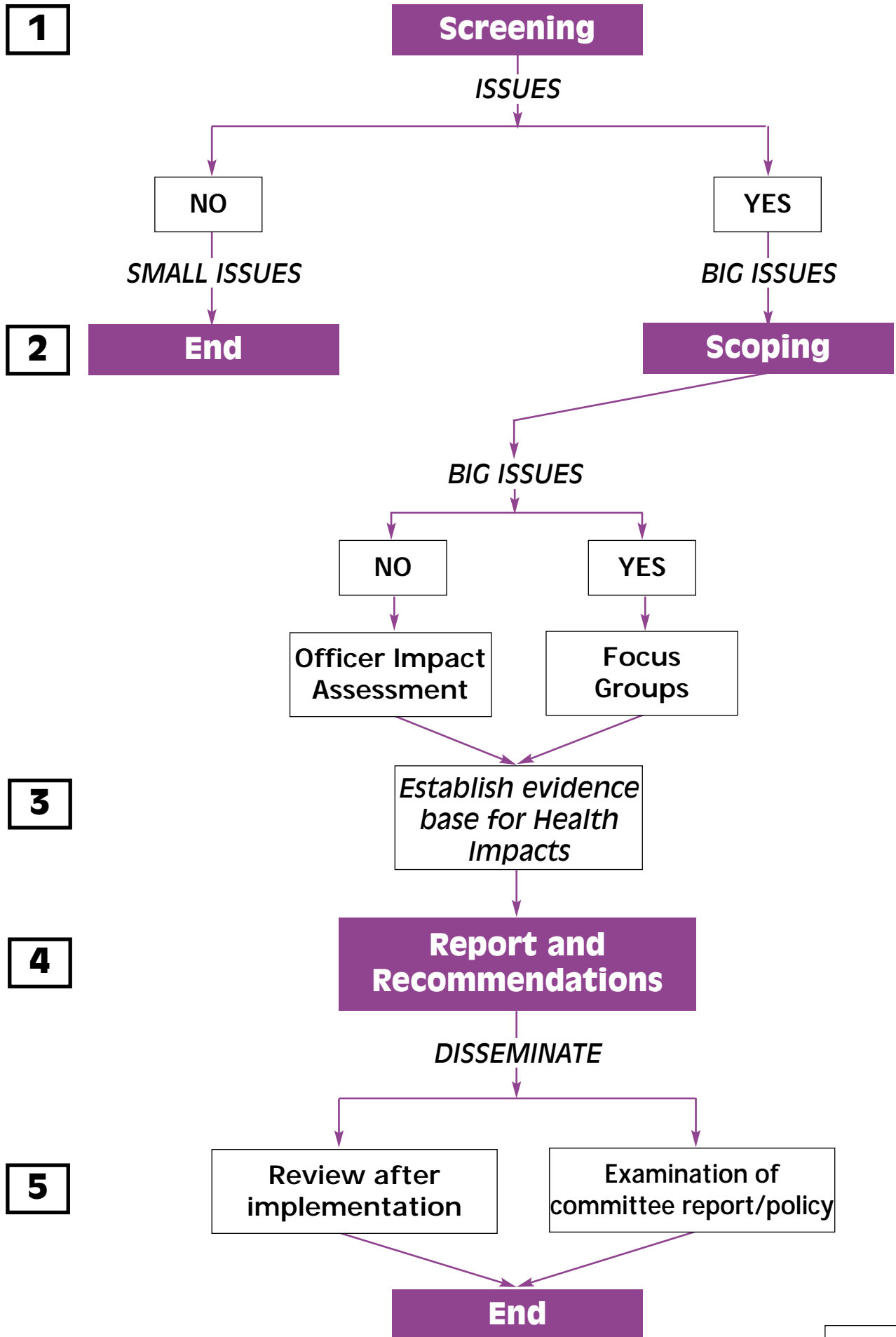
Page 34 is the Screening Tool which can be photocopied. By working through the Guidance Notes and then following the flow diagram, you should be able to Screen a policy. A worked example of Screening can be found in Appendix 1a.

Scoping

Page 42 is the Scoping Tool which can be photocopied. It is recommended that officers who have a good understanding of health, public health issues and the policies carry out the Scoping. A worked example of Scoping can be found in Appendix 1b

Fig 1.1

Schematic HIA Process



1. Screening

The Screening process highlights the issues in the policy, programme or project. These are the potential health impacts identified by the policy writer, programme and/or project manager. If there are issues that arise from screening then Scoping, by the EHF's can be carried out.

- *In essence there should never be a case where a policy has been screened and no health impacts have been identified. There may however be minimal health impacts that may justify further research when the resources are available at a later date. If this is the case the process will end here for now.*

3. Scoping

A more in depth assessment of the policy is done and if the scoring reveals a large impact then focus groups are recommended. However, if the resources cannot be obtained then an officer impact assessment can also be carried out.

Officer Health Impact Assessment.

The assessors should conduct a desktop exercise that includes officers involved in the policy, officers related to/or with an interest to the policy and possibly an elected member. For example in the case of the local plan, considering the 3 housing policies (please see Appendix III) an officer from the Local Plan team should be involved, an officer from the housing section of the council should also be invited and an elected member with an interest in housing, planning and/or health should also be invited for discussions, along with the assessor(s).

3. Establish Evidence Base

The bulk of the research is conducted here, after views and opinions are gained from the consultation. Researching the concepts, ideas and statements relating to the health impacts of the policy provides the evidence base on which the recommendations are made.

4-5 Report and Recommendations

The report should clearly show how the process was carried out and how the researcher has arrived at the recommendations and conclusions. If there is a policy where the health impacts are judged as being large, then close monitoring should be done to ensure that the recommendations are considered and implemented.

- *Smaller impacts from the report and recommendations should also be monitored to influence changes that will reduce the negative health impacts and maximise the positive impacts.*
- *During an assessment process there is never really an end point but there is an end to the time scale allocated and the actual project work. Periodic monitoring of the proposal should be kept up as far as the resources allow.*

Part 2 – Luton’s Experience

The Local Plan

It is a statutory requirement for all Councils to produce a Local Plan. It is a written document that sets out proposals on land use and land use policies that will be applied to the area. Included within the Local Plan is a proposals map, which show where particular policies apply and identifies sites for development, green belt areas and industrial sites. As there is lack of space for development in Luton, it is important that each policy and site allocation is carefully scrutinised to ensure the plan provides the maximum benefit to the people who live and work in Luton.

Part of this process is a regular review of the document. A review of the Local Plan was started in December 2001, where the public were consulted and asked their views on issues to be covered within the Local Plan. The responses to this have since been collated and noted by the Local Plan Team and they will be taken account of in the next stage of the process, the First Deposit Draft.

Due to the broad nature of the Local Plan the EHF’s decided to screen three policies within the Housing Section of the current adopted Local Plan, see Appendix 3 for policies.

Informing Others of HIA

The aim of the project was to influence decision-making through policy. Part of this process included informing the Council’s Elected Members of the benefits of undertaking a HIA, (see Members Briefing Note, Appendix 6). It was also envisaged, that working with policy officers, such as the Local Plan Team would help raise awareness of health issues and incorporate the process within LBC.

The Health Action Zone (HAZ) Healthy Environment Strategy Group (project management group for the EHF’s) was also informed of the work that was being undertaken and so support was given from Luton HAZ. The resources to promote HIA’s within policy were the EHF’s, who were funded by the HAZ. The EHF’s also promoted HIA amongst colleagues from other organisations who were involved in policy writing and had an interest in HIA’s.

Local Application in Luton

Aim:

To ensure that selected council policies, programmes and projects have considered the health impacts of their proposals by applying a **workable** Screening Tool to the policies.

Objectives:

- To conduct a pilot intermediate HIA on Luton Borough Council's Local Plan, highlighting the negative and positive health impacts with a view of influencing decision-making by making recommendations.

The aim of assessing potential health impacts within the Local Plan, is to create an opportunity to change or modify a proposal before implementation. This ensures maximisation of the beneficial effects and minimises any harmful effects on the health of a population, and/or particular population target groups. Therefore, a prospective HIA can be a way to optimise health gain.

Setting up a Steering Group

Who Convenes the Steering Group?

In order to manage the HIA effectively, it was important that a Steering Group was set up. The Steering Group was envisaged to act as a general management group and agree boundaries, whilst providing support for the EHF's.

The steering group was at first convened by Chimeme Egbutah and Keith Churchill (Environmental Health Facilitators), as they were the main assessors and therefore had the overall responsibility of conducting the HIA and reporting back to the Directorate Management Team.

How was the group set up?

The EHF's chose people who:

- Had direct knowledge of the Local Plan and Planning issues
- Offered leadership and influence within Public Health to act as champions for HIA
- Offered leadership and influence within Health Action Zone to act as champions for HIA.
- May potentially use (or want to use) HIA as a tool in the future in their service area
- Could contribute to "know how" on policy analysis and public consultation
- Represent the Council's research and analysis forum
- Could help, guide and direct with the evaluation.

Justification for Steering Group

One of the focal points HIA's is the ability to help facilitate partnership working, in order to tackle health inequalities. By setting up a formal group, this enabled the EHF's to engage with all the partners that were potentially involved in the proposed HIA. In this case, it was the Local Plan Team.

Partnership Working

The group offered the EHF's direction, as those participating were either policy writers or champions from involved organisations or actual planning officers from LBC who had an in depth knowledge of the Local Plan.

It was important that the EHF's had a good understanding of the policies that would be Screened. Part of the effectiveness of the HIA relied upon the specialist knowledge of the steering group

Raising Awareness

members, combined with the understanding of health (in its broadest sense) provided by the EHF's. Complex judgements and difficult decisions still had to be made; but the input of others, contributed to informed and balanced recommendations made at the end of the pilot HIA.

Commitment.

The setting up of this group gave added value to the HIA. It served to promote the concept of Tackling Inequalities in Health; Partnership Working; Evidence Based Research and promotion of the concept of HIA, within the LBC and with partner agencies such as the Health Action Zone (HAZ).

The group acted as a reference group and therefore did not deem it necessary to meet more than once every 2/3 months. However, this proposal was open to amendment.

Steering Group Membership.

- Environmental Health Facilitators
- Environmental Health Manager (Food Control)
- Research & Intelligence Unit Manager
- Public Health Specialist (Luton Primary Care Trust)
- Local Plan Team Leader
- Planning Officer – Structural Plan
- Social Exclusion Policy Officer
- Research and Intelligence Unit Officer
- HAZ Evaluation Manager (University of Luton)

Most of the officers present were internal officers within LBC. Some of the officers in strategic positions within LBC were invited to be part of the Steering Group with the intent that they would disseminate the information emerging from the HIA process to other groups and partnerships externally.

Outside of LBC, representatives from University of Luton and the Primary Care Trust, as well as Public Health, attended the Steering Group.

For the Terms of Reference for Steering Group please see Appendix 2.

Experience of setting up the steering group.

The date and venue of the meeting was circulated to all the potential group members in advance but unfortunately on the day of the meeting, key players sent apologies and this left the group with only a few attendees. This severely affected the group's decision-making abilities. It also meant that the Terms of Reference could not be agreed or set. This seriously affected the timescale of the project because the attendees could not discuss which section or aspect of the Local Plan would be favourable on which to carry out an assessment.

Despite the disappointment, the group managed to get some actions agreed, which were centred on the operational approach to the project.

Learning Points:

- Send out date of the meeting well in advance in order for people to be able to put it into their diary.
- Confirm date, time and venue with the attendees just before the actual meeting.
- If all the attendees cannot make the meeting it is recommended (if possible) a substitute attends.
- Appoint chair at the first group meeting – the chair should not be those carrying out the assessment.
- At the first meeting spend time getting attendees up to the same level of understanding on HIA's, this will enable those unfamiliar with the process to make informed contributions during the discussions.

Choosing Policies for HIA

The EHF's took a pragmatic approach when choosing the policies. The deciding factors were:

- The project was running to a deadline of September 2002, so to keep the project realistic and timely only 3 policies out of the 8 within the Housing Section of the Local Plan was chosen.
- The EHF's were aware that there was adequate evidence available showing a link between housing and health.
- The policies chosen also potentially had the biggest linkages to inequalities in health and would be more appealing towards the Health Action Zone agenda, compared to the other policies.

Learning Points:

When deciding on which policy, programme or project should be screened it is recommended that:

- You think about the timescale of the policy you are assessing to ensure that recommendations can be taken up at the planning stage.
- You choose a manageable number of policies to screen by using a clear and defined "picking process", which each Council must decide for themselves.

colleague and peer assistance

Advice from colleagues in Luton Borough Council

Aside from the Steering Group, specific help was still required during the development of the tool kit. It was prudent for the EHF's to draw upon the expertise of colleagues and peers who have experience and knowledge of different process' and research techniques. This part of the report outlines the guidance and help the EHF's receive both from internal and external personnel.

Advice was sought from LBC's Social Exclusion and Policy Officer, to discuss some of the issues surrounding the ease of use of the Screening Tool, and to ensure it was inclusive enough in the labelling of target groups/population.

It was recognised that Service Managers were not filling in the "Quality of Life" questionnaire, (a corporate questionnaire, relating to poverty proofing) despite having corporate backing. The reasons for this were discussed. In conclusion, the EHF's thought that the Health Impact Screening Tool and the Guidance Notes to the tool should be short, simple and easy to fill out.

Use of Terminology

Use of terminology within the tool was discussed. It was important that words were "Local Authority" orientated and would be reflected in the tool. This was seen as important, as not all officers were familiar with health terms and therefore the tool needed to relate to this by it's use of language.

Finally, the EHF's discussed which target groups should be included and how best to "label" these populations in order to make it obvious who were included in these groups when filling out the Screening Tool. Some changes in terminology were suggested to be consistent with that used within Local Government.

Advice was sought from Consultation And Community Liaison Manager on running focus groups. This proved to be very informative and gave the EHF's clear guidance on the Council's working practices and how to recruit volunteers. This information was backed up with training notes on "Running Focus Groups"

Advice from members of Regional HIA Group

A meeting was held with the Principal Health Development Officer of St. Edmundsbury Borough Council, on the developments of the HIA process. As a Local Authority officer and a member of the HIA Regional Group, it was felt that the officer would have a good knowledge of HIA's and would be able to advice the EHF's on all aspects of the process.

The EHF's were advised that the Scoping Tool needed clarity and worked examples of how to Screen and Scope a policy, which

Advice and Guidance from Access to Learning on the Public Health Agenda (ALPHA)

should be added to the Guidance Notes. (See Appendix 1a and 1b for worked examples).

As part of the regional HIA group, Access to Learning on the Public Health Agenda (ALPHA) also carries out research on partnerships and the various working methods of different agencies that have a public health input.

The EHF's asked a member of ALPHA to attend a Steering Group meeting in order to enable partnership working. This enabled ALPHA to understand the boundaries, constraints and opportunities within Local Authorities in order to focus training geared towards Local Government officer's.

ALPHA's attendance to the Steering Group meeting also enabled members of the Steering Group to gain an awareness of HIA work across the region. It was stressed by ALPHA that HIA was a methodology that should be used in conjunction with other process' and knowledge. ALPHA also supported the concept of HIA assisting where difficult or conflicting decisions needed to be made.

Along with general advice, ALPHA advised the EHF's on, how to run focus groups and offered assistance in the form of a facilitator. Although there was a clear benefit of having expert facilitators, the budget could not cover the expense this would have accrued.

Learning Points

- Always seek advice from colleagues and peers who undertake assessments, research and have expertise in relevant areas to the appraisal of the HIA
- Ensure that language is compatible with readers, cut down or explain all acronyms.
- Be ready for criticism during the developmental stage of tool.

Development of the Tool Kit

The toolkit was developed systematically over a period of time and was used to Screen and Scope the policies chosen in the Local Plan. To start the process the EHF's sat down and thought of the practicalities of what the tools would have to do. It was agreed that a system of two tools would be appropriate.

- The first system would be to act as a sieve, which would be able to identify at the first stage what policies should be examined in further detail. This was referred to as the Screening Tool.
- The second tool examines those policies that have been highlighted by the screening tool to have some potential impacts on health. It looks at a policy and highlights the issues, which have the potential to create health impacts both positive and negative. This was referred to as the Scoping Tool

Developing the Screening Tool

The Screening tool uses numbers. This is a scoring system, where the policy developer gives numbers in a subjective way. The fact that this is subjective is a drawback. However with the Screening tool the numbers have no mathematical meaning the higher the number the more impact a factor may create. The higher numbers are then taken forward and examined further in the Scoping tool.

Developing the Scoping Tool

Originally the Scoping Tool was developed with a long list of target groups and potential health impact areas but upon testing it was found that the tool was confusing as well as time consuming. The Scoping Tool was then redeveloped with fewer cells to complete. It is acknowledged following further testing of the new Scoping Tool that the exercise still can appear daunting but is much simpler to complete as long as the assessor follows the guidance provided. The assessment is started and completed to a consistent standard.

Scoring

The numbers here again are allocated subjectively and still have no mathematical meaning but again act as a highlighting system with attention being drawn to the larger numbers. This tool will act as a guide to what issues need to be examined and researched further.

The tool was developed to be general in that the headings be broad enough to cover all issues. This however does mean that some notes must be made to ensure that the assessor when reviewing the process, can follow through the assessment and remember where scores were given and why, as well as what issues were considered to give a score under particular headings.

It was felt that the purpose of the tools were to identify the policies that needed to be examined for health impact and then to guide the assessor to the issues that should be examined and to the extent this examination should take place, guided by the scores within the tool.

Learning Points

- Process should be quick and easy to carry out.
- Guidance should be simple – flow diagram pattern, aids understanding
- Ensure numbers of cells are kept to a minimum
- Assessments should be carried out at one sitting to ensure consistency.
- Separate resources are required to carry out the Scoping exercise

appraisal – undertaking focus groups

As part of the HIA process it was agreed that focus groups should be the method in which the Environmental Health Facilitators, would consult with the community and ascertain what could be the perceived health impact of the three policies chosen within the Local Plan.

The three policies in the Local Plan were:

- H1: Existing Housing (please see page 16 of the Local Plan or Appendix 3)
- H4: Affordable Housing (please see page 17 of the Local Plan or Appendix 3)
- H5: Student Accommodation (please see page 18 of the Local Plan or Appendix 3)

What are focus groups and why use them?

Focus groups are a research method that allows the researcher to gain qualitative information such as, the attitudes, opinions and the feelings of a group of people. The HIA process is one that ideally should be participatory and involve the local community as part of the decision making process.

The focus groups allowed local representatives, (who received a written invitation, see Appendix 4) from within Luton's communities, to express their values and opinions on the policies in the Local Plan and how they impact upon their health.

The focus group ran for 11/2 hours and policies H1, H4 and H5 were discussed, facilitated and observed by the EHF's. Please see Responses from Discussion Group to view what was discussed, (pages 21-22).

Formulating Focus Group Questions

From the onset, the EHF's were clear that the focus groups were set up to glean opinions from residents of Luton on the impact the **three policies** have on *their* health, rather than the general impact on health due to housing conditions.

Also, the aim was to discuss both the direct effects of the policies as well as the knock on effects and try to establish links (if any) to help make recommendations to the Local Plan Team.

The EHF's arrived at the questions by thinking through each policy and drawing out what the policy aimed to do. The Scoping exercise helped to define what issues may be important and would need further exploration.

Each policy was given 15 minutes for discussion in order to allow the participants to leave after a reasonable amount of time.

Learning Points

It was the aim of the EHF's to carry out three focus groups simultaneously. The focus groups would have seven people participating from the community in each focus group. However, this was not the case and only one focus group was conducted.

Focus Groups

When organising the focus group the EHF's explored the idea of using the Citizens Panel (a panel of representatives of Luton dedicated to discussion topics relating to the council's work). However, this was not feasible as time was short.

- It is recommended that you recruit directly from the community. The EHF's used Council employees, who live in Luton. The restrictions with using Council employees are that you will be unable to pay them an incentive, as payment needs to be administered through the employee's wages.
- Provide the focus group with a brief (Appendix 5), which gives the group an outline summary of what HIAs are and why their input was needed. It is also an opportunity to inform them of what will happen with their responses.
- The number within a focus group should be no more than 12 people as advised by our Best Value Unit, this ensures that the group can be adequately managed.
- Be aware that focus groups may not represent the full view of the community and using outside agencies to take part in the focus groups may also enrich the discussions.
- It is also advisable that a person directly related to the policy is present in the focus group. This will enable any technical and/or difficult questions to be answered.
- There should be a facilitator and an observer in each focus group. The facilitator will chair and manage the group discussions and offer a summary of the points discussed, whilst the observer will take notes.
- Ideally, there should also be a tape-recorder present, as advised by Access to Learning for the Public Health Agenda (ALPHA). This will enable the observer to double check any ambiguous statements made by participants.
- Ideally, an external facilitator should facilitate the discussion group, but payment is required to do this. A good facilitator will ensure that all members contribute to the discussion and that, the subjects are covered without bias during interpretation.
- Do not hold too many focus groups as this will prove time consuming.

Facilitators

Page 9, 10, and 11, show that from the experience of the EHF's, if issues are deemed to be large, then focus groups are highly recommended and the need to have a facilitator becomes essential. However, if the impact is low, then, an officer level impact

assessment could be undertaken. This would be a small group of officers, including the policy team, councillor/elected member (or a representative from the community) and interested parties from different departments within the council.

Asking the Questions

- Give examples where possible to aid understanding and make questions more relevant to the participants.

The EHF's gave specific examples, however, at this particular focus group this only served to fuel comments on unrelated issues. Again, it is important to have a facilitator that can keep the discussion on track.

- Be realistic and give adequate time to discuss points.

Housing and health in its broadest sense can be an emotive issue and the participants had a lot to talk about on the issues surrounding the policy.

Focus Group Members

It is worth remembering that focus/discussion groups should be recruited from a broad range of people. This will enable the discussions to be balanced.

responses from the Discussion Group

H1: Existing Housing

Focus Group held Tuesday 23rd July at 5.30pm in Committee Room 3

What is the biggest health impact housing or employment?

The general consensus was that employment has the bigger impact. It was felt by the group that illness is tied to money.... "if an individual does not have money their lifestyle can be stressed and this adds to a lot of illness..." The group agreed that there needed to be a balance between the two.

"Housing has lots of negative health effects but money leads to better housing..."

We need more houses but there is no space what should be done?

It was suggested that housing should be built on open spaces, such as Stockwood Park. It was felt that houses are more important than green areas, where only a few people go. The group discussed and recognised that there are no spaces to build in Luton and spoke of the flooding of people from outside (particularly London) who are buying houses in Luton that local people cannot afford. Affordable housing, if built should be for locals. It was asked if there is any policy around this issue. The Planning Officer, replied that this is a grey area of planning.

Is replacement of housing in different form sometimes the better option e.g. Marsh Farm?

The group commented that people are afraid of marsh farm and do not want to buy housing in the area. "Community spirit is decreasing and people are scared, [you know], the fear of crime..." It was difficult for the group to perceive any other type of building works other than flats in the Marsh Farm area.

The group still felt that there are areas within Luton that were not being utilised to the fullest, such as Sundon Park and Lewsey Farm, where there appears to be land that is not in use but no housing development seems to be on the immediate agenda. These areas were thought to have poor access to the Town Centre at times. Other sites discussed were Vauxhall, a local industrial site and the possibility of building on this land. However, the Planning Officer explained that this would be contravening the public safety zone, as the noise from the airport and industry would be inappropriate for housing land use. The group felt that housing is much more a

priority than the noise of aeroplanes. However despite this the group acknowledged how noise could negatively effect peoples health.

The Planning Officer explained about windfall sites and opportunities to build housing within these areas.

There are a lot of poor quality housing – would demolition and rebuild be a better option than maintenance?

It was suggested that the planners should look at different types of housing for different needs. This would mean building small units for singles and small families, which would also maintain the school structure system and maintain and/or improve transport infrastructure

There was a conflict of ideas regarding maintenance versus demolition of old homes. It was felt by some that maintenance would be the best option of dealing with the problem of old housing, which are used by many families in Luton. Due to the structural age of the house, it can sometimes be dangerous for children to play in. Overcrowding of current houses was seen as a problem and although grants are given to repair the old house, there remained the problem of over crowding which was not being addressed and therefore recognised as being unhealthy.

It was suggested that houses should be built on disused garages or places where there is low density housing such as 'Tin Town' (an area of immediate post-war utility housing stock). If 'Tin Town' was re-developed this would create space for more housing. The group discussed that there are a lot of elderly people who are under using housing as they may live in three bed homes, which are, in the main unsuitable for them yet there is a desperate need for sheltered accommodation. It was also stressed that there needs to be more facilities that are accessible to older people when new developments are built. This means increased transport, local shops, community centres and general facilities that aide comfort and pride in the local area.

The group felt that mixed housing with other types of residents such as students would not be beneficial, as this would cause too many problems. Issues around students dumping rubbish and disturbing other residents with noise were identified. One person mentioned that there was difficulty with some areas as there is a fear of crime and violence and this often prevented people, (especially older people) feeling free within the area in which they lived.

How can existing built up areas be improved to enhance quality of life for you?

It was strongly suggested that some areas such as Sundon Park needed more facilities and this would enhance the area greatly but this would need negotiation with the Council. Improved security

H4: AFFORDABLE HOUSING

especially for children, was something that the group felt would enhance areas and improve quality of life.

In conclusion, it was felt by the group that each member of a community needed to subscribe to having and improving their environment. One person commented that community projects were needed with the full backing from the Council with active co-ordination and consistency "...There is no point planning without looking at the projects in the community first because it's not sustainable..."

Due to the time constraints, the facilitators were not able to cover all the issues prepared, so a general statement was made.

The group felt that not all houses in Luton were affordable and are probably more affordable to Londoners than to Lutonians. The general thoughts were, that new housing, which is currently being built are not affordable and offer smaller rooms. The new homes with small rooms were also seen in Sheltered Accommodation and compounded the over-crowding problem in Luton. There was a debate on what was meant by "affordable" and where these houses should be built. It was suggested that affordable housing could be built on disused garages, dis-used shopping blocks. The building of affordable housing should be a holistic approach, planners should think more holistically and hence plan with the bigger picture in mind. Possibly by looking at Luton as a whole rather than from ward to ward, which only creates bigger disparities with other wards.

Finally, the group felt that they were not always as informed as they could be and the council's planners should ensure that their public meetings are well advertised.

H5: STUDENT ACCOMODATION

Although the facilitators did not have the time to explore the issues surrounding Student accommodation, during the discussion, the issue of students did arise. Here are the main observations:

- Students are noisy and often leave litter around – their accommodation should not be placed with other Lutonians
- Student accommodation is not productive to Luton as a whole but only to the University.

Interpreting the Discussion.

The following results (Fig 2.1, 2.2 and 2.3) show how the discussions connect, lead from and into issues affecting health.

It was clear from the discussions that took place that there are links and associations relating to health but it was the responsibility of the EHF's to interpret what was said at the discussions and point out the potential connections and health impacts.

Connecting Topics

Each policy was discussed and from the meeting, key words and phrases were noted in order to produce the diagrams. For each point, issue or subject, there is a connection and arrows highlight these. However, it is worth noting that some of these points were not raised directly but open to the interpretation of the EHF's.

Learning Points

You do not have to use focus groups to appraise the project. You can use innovative and different ways of getting information from your respondents such as workshops, case studies and the use of scenarios.

Fig 2.1

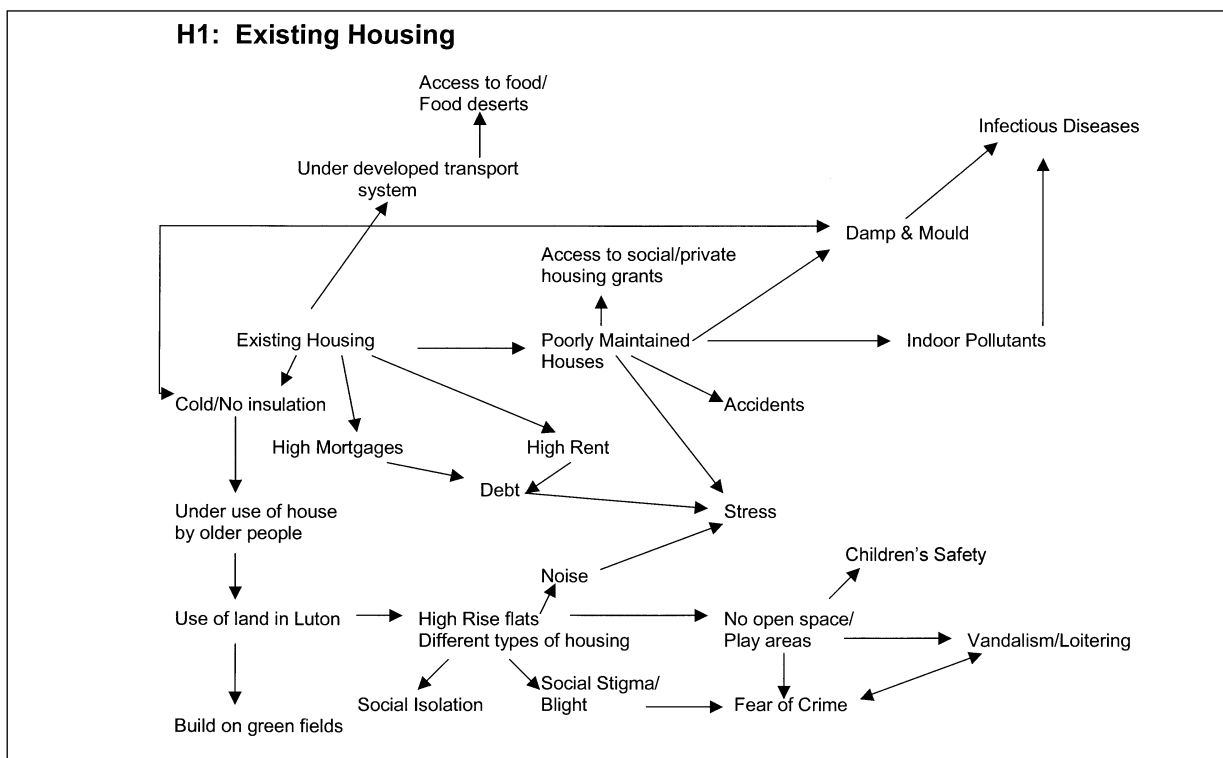


Fig 2.2

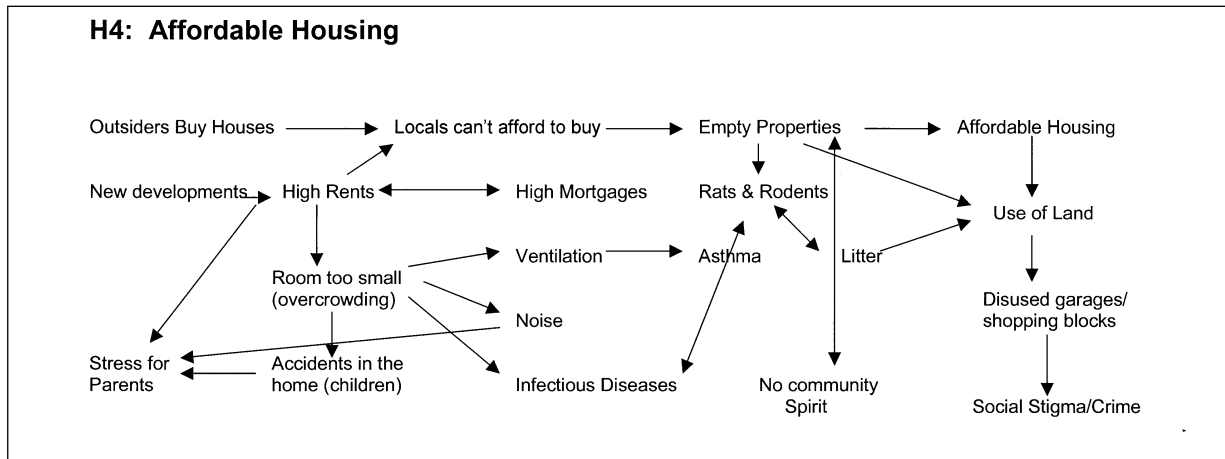
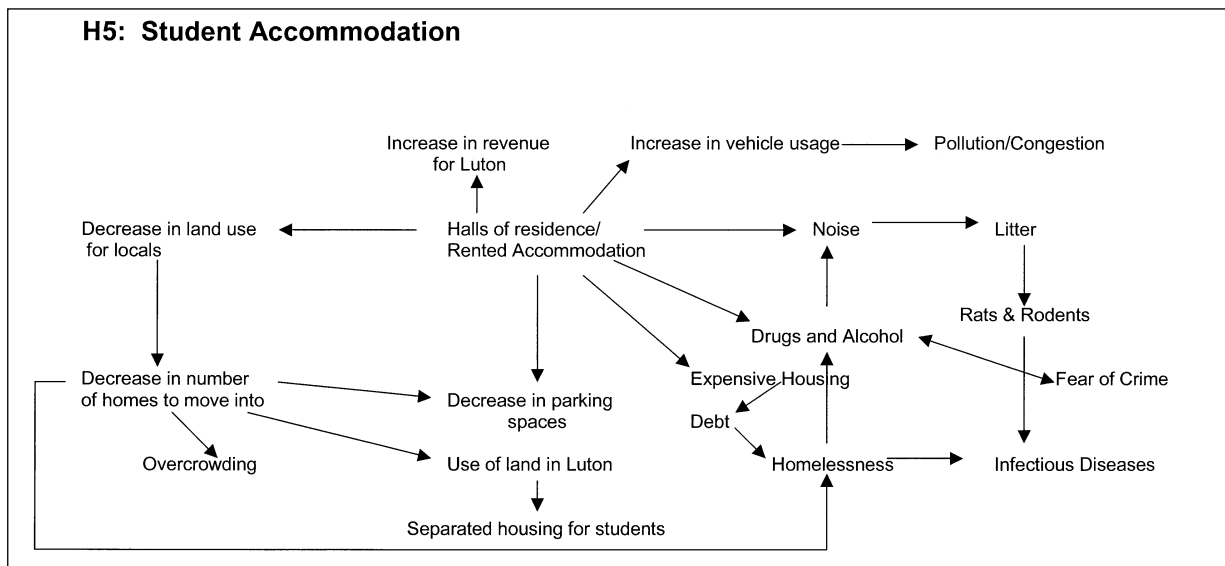


Fig 2.3



Making Recommendations

From the consultation a recommendation can be made by:

- Looking for a health impact and observing which issue has the most arrows originating from it.
- Once you have picked the issue, remove it and this will theoretically remove the domino effect. That is, where one impact may contribute to or leads onto other issues.
- If it is positive leave the point and suggest (if possible) how the point can be strengthened or highlight the positive issue, as this is one of the strengths of the proposal.

Learning Points:

- Read through your notes and/or listen to your tape recording (if you have made a recording) of the discussions several times, this should help formulate ideas of connecting topics.
- You should try to distinguish between positives and negatives when formulating the diagram.
- You may want to concentrate on reducing the negative impact only, by just noting down the negative issues and identifying the connecting topics by including them in your diagram.

recommendations

H1: Existing Housing

1. *It is recommended that whilst the policy is supported, work should be done with the Housing Grants department of Luton Borough Council to ensure that access to repairs and maintenance grants is made possible and maximised.*
2. *Existing empty space above retail premises should be utilised by converting them into accommodation.*

The Planners Response

From recommendation 1 the EHF's were informed (at the Steering Group Meeting) by the Planning Officer that this was not an issue that they could directly influence and change. However, it was agreed by the group that the recommendation should be fed back to the relevant officer within LBC as this information would positively influence the grants scheme in obtaining further funds. The Planning Officer optimistically received recommendation 2 during the Steering Group meeting and the planners will be investigating how they can develop this proposal.

Through consultation, it was suggested that spaces above disused shops and garages be converted into liveable spaces for residents of Luton. This would be in accordance with government guidance in promoting mixed-use development.

From Fig 6, if poorly maintained houses were removed from the spider gram, the domino effect would result in:

- A decrease or alleviation of damp and mould
- Decrease or alleviation in indoor pollutants
- Decrease or alleviation of accidents and stress

H4: Affordable Housing

3. *It is recommended that a definition of affordable housing be made clear and is added to the policy statement.*
4. *It is recommended that a policy should be written and/ or made explicit and that locals have priority over purchasing or renting affordable housing, before tender is made to people who are not Luton residents.*

There was strong debate surrounding the issue of affordable housing. Many were unsure of what the definition of affordable housing was. Whilst consultation supported non-specialist affordable housing, the overwhelming consensus was that due to the current housing climate, too many people who are not residents of Luton were coming in and buying houses.

The Planners Response

The planning officer positively received recommendation 3 during the Steering Group meeting. It was agreed that the term Affordable Housing would be more plainly stated and text surrounding the policy would be more rigorous in clearly defining what affordable housing is, within Luton’s updated Local Plan. Regarding recommendation 4, the Planning Officer agreed to develop a policy, which promotes and supports housing priority to people who have connections to Luton, such as key workers.

H5: Student Accommodation

5. *Support is given to building student accommodation on the Brache and Butterfield Green sites. However it is recommended that care should be taken that student accommodation should not impact on the amenities of adjoining residents. E.g. lifestyle and health.*

The Planners Response

The Planning Officer informed the EHF’s that at the time of writing the policy the Brache was considered a good site to develop student accommodation. However, since then the site is no longer needed for student accommodation. Building student accommodation on the Butterfield Green site will be promoting the Government’s scheme of mixed – use developments. The Planning Officer informed the EHF’s that this site would be used for post-graduate accommodation and high-tech industry.

From the consultation it was felt that students impacted upon the health of Lutonians negatively, in particularly, those that live in Houses in Multiple Occupation (HMO’s). Fig 8 shows the links associated and perceived with student accommodation and it is these perceptions that give rise to poor health and negative perceptions.

By removing student accommodation from residential areas the impact may be:

- Decrease in vehicle usage
- Decrease in noise
- Decrease in drugs and alcohol related behaviour
- Decrease in expensive housing
- Increase in parking spaces
- Decrease in fear and crime

conclusion

From the work that was carried out in Luton Borough Council we identified several outcomes to the project of developing HIA. These outcomes are applicable to what happened in Luton but they can be adapted to give an indication as to what would happen in other organisations that have similar settings.

Building for the Future

The process of HIA was seen as a useful tool to highlighting health and raising the importance of health on the political agenda within the Council. It was found from discussions, that the work was seen as very important in starting developmental work on Integrated Impact Assessment. The tool was developed with a very wide scope so that with minor adaptations the tool can be used to include the other elements that make up the Integrated Impact Assessment such as equality impacts and economic impact assessments.

Constraints

It should be recognised at the close of this report that the HIA process is time consuming and is also very specific to the organisation that carries out the HIA. The definitions that were used within this study and the associated tools were formed with Luton in mind. The definitions can be used by other organisations but the authors of this study strongly recommend that definitions be clarified with the Steering Group of the HIA practitioners before any work is carried out. This ensures that the HIA is taken on and personalised within an area giving increased ownership of the HIA process.

It is also important to note that due to the time consuming nature of HIA not all policies can be subjected to the Screening, Scoping and Appraisal elements. Not every policy should be subjected to the HIA process in full. What should/ shouldn't be subjected to HIA is up to every organisation to decide on an individual basis.

The process of HIA is still only a tool and it must be remembered, as all HIA practitioners are aware that it is not a "magic bullet" to making perfect healthy policies. The recommendations are put forward and these are weighed up together with all of the other considerations, such as the inevitable economic and sustainability factors each policy will have associated with it.

Process Evaluation

The system of evaluating the process of HIA was carried out by the EHF's acting as evaluators and guided by an external evaluator from the University of Luton. The external evaluator was unbiased

and was therefore able to give the EHF's clear guidance on how to carry out the evaluation. This allowed for a continuous process appraisal, which proved to be the most efficient way of undertaking evaluation and including the learning points as work progressed. The Steering Group was also an essential part of this process in giving steer on progressing the work.

Outcomes

Here is a bullet point summary of the outcomes of the project.

- Recommendations were made to the Local Plan Team on three policies from the Housing Section of the Local Plan. As a consequence, three out of the five recommendations made were positively received and incorporated within the review of the policy planning process.
- The HIA process helped raise health issues amongst planners.
- The HIA process initiated the first steps of the formation of an integrated impact assessment corporately across the council. The integrated approach initially comprised of equalities impact assessment and poverty proofing.

The recommendations that were made helped support other work being carried out in LBC within Private Sector Housing, i.e. the Living Over The Shops (LOTS) Scheme and the Housing Maintenance Grant Scheme.

part 3 – formation of steering group

When setting up a steering group to guide the work of the HIA it may be of some use to include some of the following points within the considerations:

Membership of the Steering Group

The steering group should ideally comprise of a variety of members from different organisations. Some of the main organisations you may wish to include would perhaps be:

- Local Primary Care Trust
- Public Health
- Creator of Policy
- Environmental Health
- Evaluation personnel
- Research/Community Development Officer
- HIA assessors
- Members of other relevant Council departments

Other members that could be included as part of the group:

- Members of pressure groups
- Community groups
- Councillors

Contents of 1st Steering Group Meeting

The first steering group will need to consider the following points:

- Terms of reference
- Definitions for HIA
- Membership of the group
- Purpose of convening the steering group
- Appointment of a chair for the group
- Dates of next meetings

guidance notes to screening tool

These notes are in reference to the Screening Tool and will give some indication of whether a policy, programme or project proposal may have potential (positive/negative) health impacts on a given population group.

Policy = project, programme or policy proposal.

1. Purpose of Screening Tool

To highlight the potential health impacts your policy may have on identified target groups.

2. Who should carry out screening?

- Service Managers
- Policy Writers
- Anybody who is developing or implementing a policy
- Service Providers

3. How Screening is carried out

Please see Fig 3

4. Target Groups

These are groups that you feel personally as policy writer (or as defined in point ii) will experience a health impact(s) from the proposal.

5. Well-being Criteria

These are the general areas that affect people's health. The headings are not exhaustive but attempt to cover types of issues that should be considered.

- **Environmental:** This should incorporate anything that affects the individuals surroundings. E.g. Air pollution and contaminated land.
- **Economic:** This is anything that affects the individuals ability to obtain finances. E.g.: Availability of employment and/or training.
- **Social:** This should incorporate anything that individual's need to maximise peace of mind and interaction with others. E.g.: Attending luncheon clubs.
- **Access:** This incorporates anything that ensures th't individuals have reasonable provision and the right to use public services and food. E.g.: Appropriate public transport facilities.

6. Scoring System

This is an arbitrary number assigned to target groups against well-being criteria. The target group not applicable to your policy should be scored with a zero (0) or N/A.

7. What Happens Next?

1. Once the health matrix is completed, photocopy it and keep in a file.
2. Send the original to the Environmental Health Facilitators, Environment & Consumer Services.
3. The next stage will be scoping, where the Environmental Health Facilitators will look at the health matrix and scope the policy concentrating on the areas you scored 2 or 3.

Fig 3

how screening is carried out

Guidance Notes

Step 1

See Guidance Notes

■ Identify target group policy may impact on.

(The impact includes both negative and positive health impacts).

Step 2

See definitions of Well Being Criteria on Guidance Notes

Work down **Well Being Criteria**, thinking on how the policy may impact on the target groups you have chosen.

Step 3

Ask yourself the hypothetical question: **"How do the well being criteria impact upon the target group?"**

Step 4

Score the impact of the policy in the box under the target group you have identified.
(Remember you are looking at both the negative and positive impacts).

Step 5

- Make **copy** and file the completed Health Matrix.
- Send the original to the **Environmental Health Facilitators***

Scoring System

0 = **No** impact at all

1 = Very **Little** positive and/or negative health impacts

2 = **Some** positive and/or negative health impacts

3 = **Many clear & obvious** positive and/or negative health impacts

To help, read through Appendix 1a for an example of a completed Health Matrix.

Part 3

Fig 3.1

Policy Title: _____
 Service Area: _____

Screening Tool – Health Matrix

How so the well-being criteria impact upon the relevant target groups?

WELL-BEING CRITERIA		TARGET GROUPS										
		Children & Young People (0 yr – 18yrs)	Older People (65+ years)	Minority Ethnic people	Low Income Households	People with Disabilities	Refugees & Asylum Seekers	Travellers	General Population (18yrs – 64 yrs)			
Environmental Land, water, air pollution, transport, housing conditions, land use												
Economic Employment, access to training and education, benefits												
Social Community networks, culture, lifestyles, fear of crime												
Access To public services, transport, recreation and leisure.												

Scoring system

Allocate a score in each box for potential negative/positive health impacts. (See Guidance Notes (iii) – Scoring System)

- 0 = Not applicable
- 1 = Low impact
- 2 = Medium impact
- 3 = High impact

Contact name: _____

Telephone No: _____

guidance notes to the scoping tool

These notes refer to the Scoping Tool and should be used whilst filling in the scoping score sheet.

Purpose of the Scoping Tool

- To give a clearer picture on issues highlighted from the Screening Tool that scored 2 or 3 and give defined boundaries to the HIA.
- To guide on what type of appraisal should be carried out.

Who should carry out Scoping?

- Environmental Health Facilitators
- Policy Officers who have a good awareness of the wider determinants of health and how they impact on a population/groups health.

Well-Being Criteria

These are the wider determinants of health and attempt to be much more holistic in approach compared to the Screening Tool.

- **Human:** This should incorporate anything that affects the individual's aspirations, their religion (or place of worship) and their desires. E.g.: A support or religious group that has been disbanded.
- **Geographical:** This should incorporate anything that affects the location, area/ward of the target groups. E.g.: The demolition of a fixed site for travellers.
- **Biological:** This should incorporate anything that affects the genetics or the physical health of the target group. E.g.: Cancer causing agents in the atmosphere.
- **Use of Transport:** This should incorporate anything that affects the individual's ability to use alternative transport including public transport. E.g.: Availability of cycle ways.
- **Access to Food:** This incorporates issues surrounding getting foods such as fresh vegetables at reasonable prices. E.g.: Availability of areas where the nearest affordable food shop is too far to walk to.
- **Access to Public Services:** This incorporates the ability, ease and convenience of getting right of use to public services. E.g.: Freedom to approach and find out about an issue with relative ease for the individual.

How Scoping is carried out

Scoring System

Please see Fig 3.3

To help you score, you may want to ask yourself the question, **“How does the ‘well-being criteria’ (e.g. land pollution) caused by the policy (e.g. the provision of affordable housing) impact on the target group (e.g. Older people)”?**

Note: The score does not have any mathematical value – it is merely an arbitrary indicative score to highlight issues, which need to be examined in more detail.

- *Multiply* the scores together to make one score.
 - (a) = Number of People Affected by policy/decision
 - (b) = Length of Time people maybe affected
 - (c) = Likelihood of Impact
- Allocate a negative or positive sign to the final score.
- Put this score against the well-being criteria you are working on.

DEFINITIONS

Number of People.

This is an approximation and guide rather than an accurate assumption, depending on the scale of the proposal. This does not mean that there is no significance in the lowest number of people but rather the opposite and therefore a score is allocated and considered as part of the potential impact to health.

- **Few People:**
This can range from 1 person to 500 people.
- **Medium Numbers of People:**
This can range from 501 people to 1000 people.
- **Large Numbers of People:**
Anything that encompasses 1001+ can be deemed as a large number of people.

Length of Time

This score signifies the length of time a health impact will continue to affect a community/population after the implementation of the proposal.

- **Short Term:**
Up to 1 year
- **Medium Term:**
Between 1 -3 years
- **Long Term:**
3 years and above

Scoping scoring

Likelihood of Impact

A subjective estimate of the probability of a health impact occurring as a result of a proposal being implemented.

- **Speculative:** Some chance of an impact, no official evidence (although there may be some grey literature supporting the impact). However, the impact is still worth noting.
- **Probable:** Likely or plausibly could impact upon the population’s health, some evidence to back this up.
- **Definitive:** Clearly defined research and evidence showing the impact to be true or indisputable

	Few People	1
a) Approx. No. Of People Affected	Medium Numbers of People ..	2
	Many People	3
	Short Term	1
b) Approx. Length of Time	Medium Term	2
	Long Term	3
	Speculative	1
c) Likelihood of Health Impact	Probable	2
	Definite	3

Score Dial

Range of possible Scoping Scores

-27, -18, -12, -9, -6, -4, -1, 0, +1, +4, +6, +9, +12, +18, +27

Fig 3.2

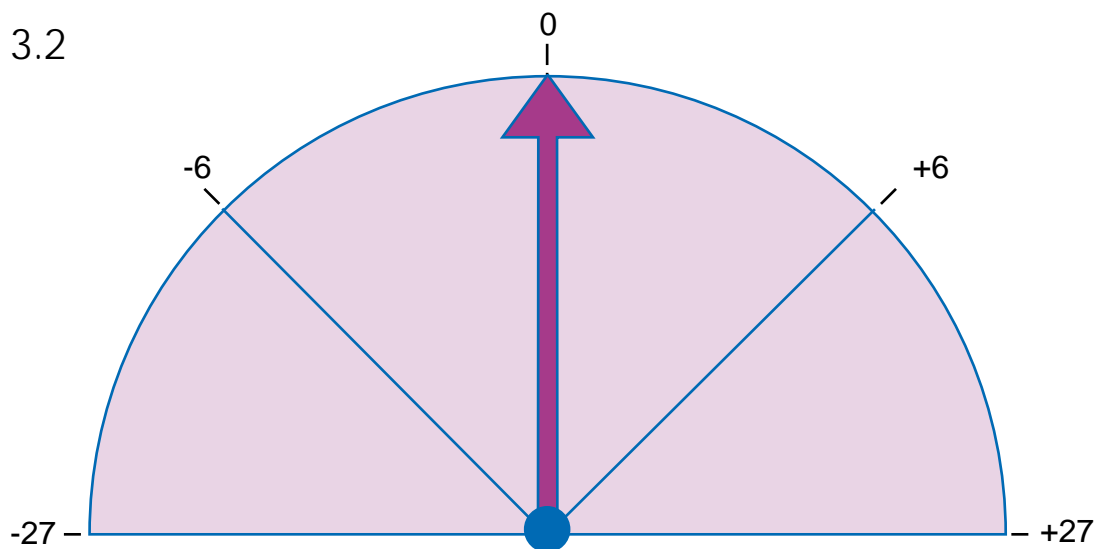


Fig 2.2 shows the potential range of scores that can arise from scoping issues. It may be easier and less time consuming if during the Appraisal of the HIA, only those issues which rated -6 or lower (i.e. -9, -12, etc) are examined further. You may also wish to consider the issues that scored positively in order to maximise those impacts further.

Use of Notes Sheet.

During scoping it is likely that you will come across conflicting issues. It is important to write down the main points during your deliberating, highlighting the positive impacts in your notes. Hence you should also score the negative rather than positive on the score sheet. This is because it would be more beneficial to mark the negative on the scoping score sheet in order to reduce this and influence inequalities. Then document the positives, which can then be discussed and broadened further with community consultation and fed back during your recommendations.

Conflicting Issues

Due to conflicting issues, be prepared to compromise when making a decision or plan. To overcome this, look at the biggest score of the multiples and take this to weigh more than the other multiples.

For example, if you conclude that a policy will have a positive impact in the short term for a medium number of people but in the long term, there will be a negative impact for a large number of people, score the impact as negative. Like wise, you should use the note sheet to write your thoughts down, reminding yourself of the possible positive impact(s).

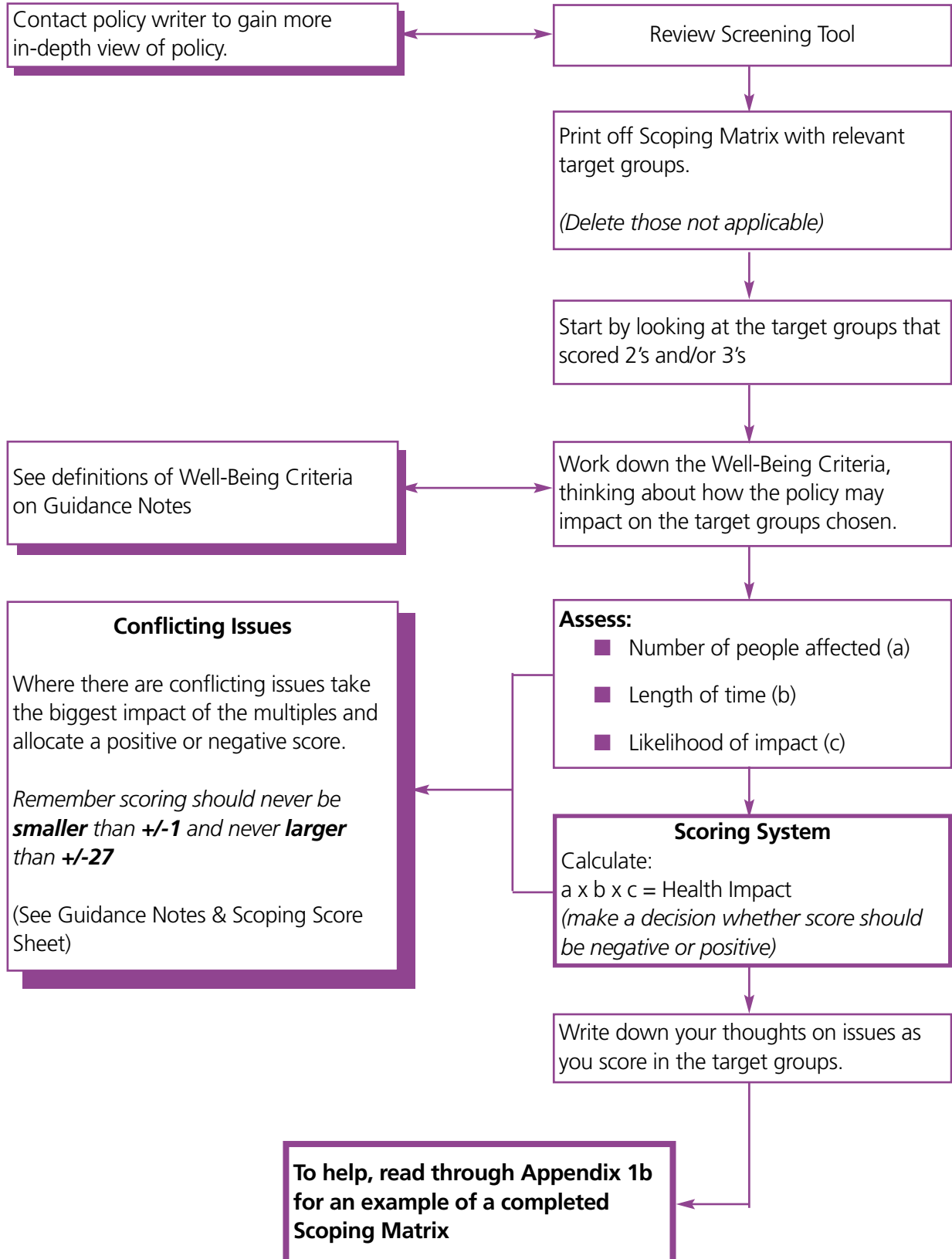
What happens Next?

1. Scoping will indicate the type of appraisal you could carry out, depending on resources and time.
2. Evidence will be gathered for the issues raised during the scoping exercise.
3. Community involvement may be required, depending on resources and time.

Fig 3.3

how scoping is carried out

Guidance Notes



Policy Title: _____
 Service Area: _____

Scoping Matrix score sheet

Fig 3.3

		TARGET GROUPS										
		Children & Young People (0 yr – 18yrs)	Older People (65+ years)	Minority Ethnic	Low Income Households	People with Disabilities	Refugees & Asylum Seekers	Travellers	General Population (18yrs – 64 yrs)			
WELL-BEING CRITERIA	Environmental (air, water, land pollution)											
	Economic (Employment, education, benefits)											
	Social (Community networks, culture)											
	Human (religion, aspirations, mental, hope)											
	Biological (age, sex, genetics)											
	Housing (conditions, affordable)											
	Transport Use (buses, cars, cycle ways)											
	Access to Food (supermarkets, local shops, quality)											
	Access to Public Services (health care, police and local authority)											

references

- Bourne, C., Swain, C., Prat, A, **Sustainable Renewal in Suburban Areas.** Joseph Rowntree Foundation. 1999
- BskyB. **It's Boom Time for The Rats.** Press Release. 2002
- Cambridge Centre for Housing and Planning Research. **The Effectiveness of Planning Policies for Affordable Housing.** Joseph Rowntree Foundation 2001
- Cave, B., Curtis, S. **Health Impact Assessments for Regeneration Projects. Volume 1: A practical guide. 2001.** East London and the City Health Action Zone and Queen Mary University, University of London.
- Centre for Housing Policy. **Opening Doors: Helping People on Low Income Secure Private Rented Accommodation.** University of York. 1996.
- Cummins, S., Macintyre, S., **"Food Deserts" Evidence and Assumption in Health Policy.** British Medical Journal. MRC Social and Public Health Sciences Unit. 2002
- Department of Health. **Saving Lives: Our Healthier Nation.** The Stationary Office. 1999
- Frantz, S., **Pollution and Asthma: Now There's a Definite Link.** WebMD Medical News. Press Release. 2002
- Hancock, R., Askham, J., Nelson, H, Tinker, Anthea. **Home-ownership in Later Life: Financial benefit or Burden?** Joseph Rowntree Foundation. 1999
- Harris, P., **Developers Use Crisis to Invade Green Belt.** The Observer. Press Release, 2002
- Health Development Health Impact Assessment Gateway: www.hiagateway.org.uk
- Ison, E., **Health Impact Assessment: Developing a Tool for Rapid Appraisal.** Iteration 3. Institute of Health Sciences, Oxford. 2000
- Leather, P., Morrison, T., **The State of UK Housing: A fact file on dwelling conditions.** The Policy Press. 1997
- Luton Borough Council, **The Borough of Luton Local Plan 1997**
Luton Local Plan, **Issues Report. 2001- 2011,** 2001
- Office of Deputy Prime Minister. **Delivering Affordable Housing Through Planning.** March 2002
- Office of the Deputy Prime Minister. **Quality and Choice: A Decent Home for All** The Housing Green Paper. 2000

Parry and Stevens., Health Development Agency Health Impact Assessment website, 2001

Pleace, N., Quilgars, D., **Health and Homelessness: A Review.** The Kings Fund. 2002

Rugg, J., Rhodes, D., Jones, A., **The Nature and Impact of Student Demand on Housing Markets.** Joseph Rowntree Foundation. 2000

Schirinding, Y.V., Dodd, R., Health Hazards: **The Link Between Poor Housing and Ill Health.** Habitat World. 2002

Scholten, J., Post, A.M., **Strengthening the Intergrated Impact Approach for Impact Assessments in Developing Cooperation.** Commission of Environmental Impact Assessment, the Netherlands.

Scott- Samuel, A., **Health Impact Assessment –Theory into Practice.** Journal of Epidemiology and Community Health, 1998.

The Scottish Office Central Research Unit. **Poor Housing and Ill Health: A Summary of Research Evidence.** 1999

University of York. **Helping People on Low Income Secure Private Rented Accommodation.** Centre for Housing Policy. 1996

Utting, D., **Poor Housing Adds to Strain on Disabled Children and their Families.** Joseph Rowntree Foundation and Community Care Magazine. 1998

Waters, A.M., **Do Housing Conditions Make a Difference to our Health? A Study of Home Ownership and Renting in Australia.** Research and Policy Bulletin. Australian Housing and Urban Research Institute. 2002

Watts, C., Warren, A., **Housing For the Future.** The Source Public Management Journal, 2002

Wilson, D., Aspinall, P., Murie, A., **Factors Influencing the Housing Satisfaction of Older People.** CURS, University of Birmingham. 1995

Appendix 1a: Worked example of how to screen

APPENDIX 1a: Worked example of how to Screen.

Note: This example is subjective to the EHFs and is open to your own interpretation and scoring.

POLICY H1: Existing Housing - Planning

Protection and enhancement of the residential role and the environment of housing areas identified on the proposals map has the highest priority. Changes of use from residential to any non-residential purpose and the introduction, intensification or extension of non-residential uses will not normally be permitted in these areas.

		TARGET GROUPS							
		Children & Young People (0 yr – 18yrs)	Older People (65+ years)	Minority Ethnic people	Low Income Households	People with Disabilities	Refugees & Asylum Seekers	Travellers	General Population (18yrs – 64 yrs)
WELL-BEING CRITERIA	Environmental Land, water, air pollution, transport, housing conditions, land use	2							
	Economic Employment, access to training and education, benefits)	1							
	Social Community networks, culture, lifestyles, fear of crime	2							
	Access To public services, transport, food, recreation and leisure.	1							

■ **Step 1:** *Whom does the policy affect?*

The areas identified on the proposals map are residential areas in Luton, therefore every target group except travellers will be affected.

■ **Step 2 & 3:** *How does/will land, water, air pollution and housing conditions and the use of the land identified, impact on children and young people?*

Rationale:

The health impact of this policy on children and young people will be very little. Pollution issues will either get worse for some or stay the same as the policy states that existing housing will be protected.

■ **Step 4:** So, this can be scored a **2** as the health impacts of pollution issues would neither increase or decrease (assuming things stay the same). However, if an issue of pollution arises, then it may affect children and young people adversely in the long term, hence the scoring of 2.

Ask yourself the question again but this time looking at Economic Issues. So,

■ **Step 1:** We know that children and young people are the current target group we are looking at.

■ **Step 2 & 3:** *How does/will the policy affect the ability to gain income and or benefits through education and training affect children and young people?*

Rationale:

Again, if houses and residential areas are to remain protected and assuming things stay the same, there will be little difference to the current circumstance a child or young person faces. Assuming there is an individual is unable to attend school, college or a higher institution and therefore unable to become educated to attain money then this will still be the case as the place of residence will not have changed. Likewise, many dependant children will be reliant on their parents for finances and this may not be a high priority for this target group.

■ **Step 4:** Therefore we could score the economic impact on children and young people as **1**.

Rationale for scoring Social Well-Being

It is fair to suggest that remaining in the current location may not seriously affect the target group's health. If there is an issue of the fear of crime or bullying, then this may affect the mental health of individuals and therefore the score is 2. As nothing has changed in terms of children's social networks, the affects of crime, bullying etc may progressively get worse.

Rationale for scoring Access Well-Being

Most children and young people will rely on public transport and parents. Those who drive will not experience a problem accessing out of town supermarkets. There maybe a need for children and young people to access public services but this will not be greatly influenced/changed by this policy. Therefore we score it as a **1**.

Appendix 1b: Worked example of how to Scope

APPENDIX 1a: Worked example of how to Scope.
 Note: This example is subjective to the EHF's and is open to your own interpretation and scoring.

TARGET GROUPS									
	Children & Young People (0 yr – 18yrs)	Older People (65+ years)	Minority Ethnic	Low Income Households	People with Disabilities	Refugees & Asylum Seekers	Travellers	General Population (18yrs – 64 yrs)	
Environmental (air, water, land pollution)	3X3X2 = 18								
Economic (Employment, education, benefits)	3X2X1 = 6								
Social (Community networks, culture)	3X2X1 = 6								
Human (religion, aspirations, mental, hope)	3X2X2 = 12								
Biological (age, sex, genetics)	3X3X2 = 18								
Housing (conditions, affordable)	3X1X3 = 9								
Transport Use (buses, cars, cycle ways)	3X3X1 = 9								
Access to Food (supermarkets, local shops, quality)	3X3X1 = 9								
Access to Public Services (health care, police and local authority)	3X2X1 = 6								

WELL-BEING CRITERIA

RATIONALE FOR SCORING ON SCOPING MATRIX

This worked example aims at giving you an indication of what is expected whilst filling out the Scoping Matrix, and how you should aim to fill the Matrix out. It is important to note that the completion of this tool is entirely subjective to the officer filling out the form and is therefore open to debate. To complete the Scoping Matrix a good knowledge of the policy is required.

Step 1: *Which target group does the policy affect?*

Look at the Screening Matrix and find out which target groups are perceived to be affected by the policy H1. As in screening, the identified areas will affect every target group, but some more than others, therefore only choose the target groups that have scored 2's and 3's.

Step 2: *Ask yourself, how does the well being criteria affect each target group in terms of the number of people affected; length of time impact will have and the likelihood of impact.*

Step 3: *So, how many children and young people (as identified in Screening) will be affected by protecting and enhancing housing areas identified on the proposals map of the Local Plan?*

We know that Luton has 28% of children and young people and so we can consider this number to be “*many*” (see Guidance Notes, Scoping Tool) as it includes the whole of Luton and therefore fits the context the policy is written. Therefore score (a) 3, under the entire well being criteria under this target group as this number will not change.

Step 4: *Consider the length of time the environmental impact may affect children and young people.*

In this case, we can say that although pollution may not change (assuming things remain the same). Its long term affects may have a large impact on the health of children and so therefore we can score the Environmental impact as a 3.

Step 5: *Consider how probable (due to the policy, H1) a change in the environmental impact is likely to occur for children and young people.*

It is likely that some areas within Luton may experience traffic - calming measures, which should reduce pollution but based on no change occurring. Areas that already experience high levels of pollution, will progressively get worse and therefore we score it a 2 based on these assumptions.

The overall score is **18**. Now assign a positive and negative sign to the total. The potential environmental impact will affect many children and young people and is likely to have a long-term affect and it is probable in its occurrence, therefore we score it as **negative**.

Rationale for Economic Impact.

We know that Luton has a significant number of children and young people, therefore we can allocate a score of **3**. (This score will remain the same for all the well-being criteria). The scoring of the length of time the policy may impact upon the target group has been scored **2** as going to school or further education and the ability for parents/guardians to get benefits may stop after the child is 16 years, hence we have called this a possible **medium term** impact. The likelihood of the impact is anticipated to be small and therefore scored **1**. The policy is anticipated to generally have no negative impacts and hence can be scored positively. So the sum of the economic impact from the policy is **+6**

Remember, the numbers are simply a way of highlighting the issues and do not have any mathematical meaning. Rather it allows you to see the areas of the policy that may need attention during appraisal.

Terms of Reference for HIA Steering Group

Purpose of the Steering Group

To agree boundaries for the HIA work and provide support to the EHF's. To provide a steer and offer guidance throughout the process of developing the HIA tool

Purpose of the Project

To develop a workable HIA tool specifically for Luton Borough Council that can be applied to policies on a corporate level.

Members of Group

Environmental Health Facilitator
Environmental Health Manager (Food Control)
Research & Intelligence Unit Manager
Public Health Specialist (Luton Primary Care Trust)
Local Plan Team Leader
Planning Officer – Structural Plan
Social Exclusion Policy Officer
Research and Intelligence Unit Officer
HAZ Evaluation Manager (University of Luton)

Feedback Mechanism

It is suggested that the group meets once every 4 – 6 weeks. There will only be 2 more meetings. Depending on the scale of the policy, the dates for the next few meetings should be determined at the first meeting.

Individuals may be contacted in-between the next meetings for advice and guidance. Communication was via emails and telephone calls.

Methodology Outline

See schematic drawing of HIA (page 7).

Outputs

- To develop a workable HIA tool for policies, programmes and projects that are specific to Luton Borough Council.
- To produce written recommendations to the planning team on the Health Impacts of the agreed element of the Local Plan.
- To develop awareness of HIA within Luton Borough Council and regionally.
- To establish a base for further and more in-depth work on HIA's.

Timescale

September 2002

Budget and Resources

All budgets for training, research and travel and printing of documents will be incorporated into the EHF's budget.

HOUSING POLICIES WITHIN THE LOCAL PLAN

H1: EXISTING HOUSING

Protection and enhancement of the residential role and environment of housing areas identified on the proposals map has the highest priority. Changes of use from residential to any non-residential purpose and the introduction, intensification or extension of non-residential uses will not normally be permitted in these areas.

H4: AFFORDABLE HOUSING

Developers of new housing not intended to meet the special requirements of the university of Luton, the homeless or care in the community will be required to demonstrate the consideration given to the provision of affordable housing aimed to meeting local needs.

H5: STUDENT ACCOMODATION

Proposals for student accommodation to meet the requirements of the university of Luton at the Brache and Butterfield will be supported.

At other locations proposals will be supported provided that they are within 2km of the university or in close proximity to established public transport routes.

Appendix 4

Chimeme Egburah
(01582) 546510 **email:** egbutahc@luton.gov.uk

11th July 2002

Dear

Re: PILOT Health Impact Assessments Discussion Groups

Luton Borough Council is holding discussion groups at the Town Hall and would like to talk to local people, about the perceived health impacts on the community from the councils current Local Plan. We will be concentrating on 3 policies within the housing section of the Local Plan.

In addition, we want to find out any suggestions you may have on the policies that may help to reduce some of the negative health impacts and enhance the positive impacts that may have been identified during the discussions.

Our discussion will take place in a friendly group atmosphere and should be enjoyable. We would like the groups to meet in the Town Hall on: **TUESDAY 23rd JULY at 5.30pm** and will provide refreshments. We will be talking for no more than 2 hours and will give you £10 for your time and effort.

Our conversations will be totally confidential, so your name and address will not be passed or mentioned in any report or conversation.

We are the Environmental Health Facilitators of the Environmental Health Food Control Team. You can contact us on **01582 546510/546504** if you would like to know more before filling out the form. However, we will give a brief introduction and overview of the topics of discussion and what Health Impact Assessments are. Please return the form by completing your details and return it in the pre-paid envelope provided by: **Friday 19th JULY 2002**

Many thanks for you response.

Yours Faithfully

Chimeme Egburah

Environmental Health Facilitator

Appendix 4 continued

I am interested in talking to you

My name is:

My address is:

.....

.....

.....

My telephone number is:

Day time

Evening:

In expressing an interest the Environmental Health Facilitators will provide you with more information on what Health Impact Assessments are and guide you through the discussions.

What are Health Impact Assessments (HIA's)

HIAs are used to tackle inequalities in health and helps to influence decision makers (particularly those who work on non-health policies, projects and programmes).

An assessment is done where getting your opinion is part of the process. Recommendations are made and the policy can be altered or adapted to reduce its negative impacts and strengthen and increase the positive impacts.

It is not a statutory requirement and this therefore means that the recommendations that we make DO NOT have to be taken on board.

Aim:

- To help improve health and tackle inequalities via running pilot HIA's and to promote and mainstream HIA to become a corporate planning tool within Luton Borough Council.

Why are we doing this?

We are developing a Health Impact Assessment Tool kit, which the council can use in its corporate planning process. That is, whenever a policy is written or reviewed we would like to see the policy writer(s) consider the potential impacts on the health of the community and make an adjustment to improve health.

This is not just applicable to policies but also to projects and programmes. It is hoped that through this process, that those who are worse off in communities (in respect to their health) will experience a reduction in unhealthy decisions being made.

What is the Local Plan?

It is a statutory requirement for all councils to produce a Local Plan for 10 years. It is a written statement that sets out proposals on land use in Luton and policies that will be applied to the area. Included in the document is a proposals map, which show where particular policies apply and identifies development sites.

Since then, a review of the local plan has been undertaken where the public were consulted and asked their views on issues within the Local Plan. This has since been collated and will be included when suggesting the review of policies.

MEMBER'S BRIEFING NOTE

Date:

From:

To:

Subject: Health Impact Assessment

Health Impact Assessments (HIA's) are an exciting new development, which more Local Authorities are looking into developing and using. Professionals working within a local authority like Luton are vital in promoting and helping this process to become successful.

What is Health Impact Assessment?

“The use of a combination of methods to help consider the potential – or actual – health & equity impacts of a proposal on a given population.” (HAD, 2001). It is mainly used to tackle inequalities in health and helps to influence decision makers (particularly those who work on non-health policies, projects and programmes). It can also be used to influence and increase or maintain the positive health impacts and more importantly reduce the negative health impacts a proposal may have.

Aims of HIA in Luton.

The core aim is to help improve health and tackle inequalities and to promote and mainstream HIA to become a corporate planning tool when writing policies.

HIA on the Local Plan

The local plan was chosen to develop the HIA process because it is a significant document and influences a number of issues that are associated with the wider determinants of health. It presents the opportunity to influence decision-making *before* the updated version is completed. This way, the benefits of the policy are maximized, by becoming more sustainable and reducing the negative aspects of the policy whilst supporting and increasing the positive impacts on a given population. It offers a chance to make recommendations and refer to the value that Health Impact Assessment has on policies of this scale.

Which policies will be Screened?

There are three policies within the Housing Section of the Local Plan that have been screened to highlight potential health impacts. These are: H1: Existing Housing; H4: Affordable Housing and H5: Student Accommodation. Each of the policies will have a rapid health impact appraisal conducted and recommendations will be submitted accordingly.

Benefits of HIA

- It is multidisciplinary, participatory and flexible.
- Encourages community participation.
- It ties in with the principals of Best Value.
- Encourages transparency & promotes sustainable development.
- It is responding to national priorities.
- It offers a broad understanding of health.
- It encourages health gain & tackles inequalities

It is hoped that Health Impact Assessment will prove to be a useful tool in developing good practice, innovation and development of sustainability whilst also tackling health inequalities.

If more information is needed please contact: Chimeme Egbutah or Keith Churchill

