

A SCREENING TOOL FOR ASSESSING THE IMPACTS OF COMMITTEE REPORTS ON HEALTH AND WELL-BEING IN WESTMINSTER

1. INTRODUCTION

The Best Value Review Working with Partners to make Westminster a Healthier City Action Plan was agreed by Social Services and Housing Cabinet Member in July 2002 and set out a number of corporate Council tasks. One of the recommendations was to produce a template for Cabinet and Overview & Scrutiny reports to include a section on impact on Health and Well-being to replace the current section on Working with Health Authorities.

This toolkit provides a simple process for assessing the health and well-being impacts of a committee report for officers of Westminster City Council and Westminster Primary Care Trust.

Some equality and environmental issues can have a direct impact on health. For example, poor air quality can cause respiratory problems and changes in services can have an impact on the health of vulnerable people or particular communities. The toolkit links with [the Environmental Policy](#) and Equalities Impact Assessment.

2. WHEN IS IT DONE?

The Toolkit will now **only be applied to [Cabinet](#) and [Cabinet Member](#) reports** as the key purpose is to influence decision making. The health effects of your report should ideally be considered at an **early stage of development** to reduce negative impacts, or maximise improvements or enhancements. The policy or project should be at project initiation or report formulation stage, but well ahead of final submission to Members so that there is enough information about the proposals so that options could be changed.

3. THE BENEFITS OF USING THE TOOLKIT

- It can highlight areas where there could be better joined up working
- It is useful for investigating linkages across Departments or partnerships.
- It can help identify positive health impacts.
- It provides a consistent way of assessing health impacts across all Council work and maximises its contribution to public health
- It brings the Council in line with best practice for improving decision making

4. WHO SHOULD USE THIS TOOLKIT

The toolkit should be used by the person who has produced the report. For simple proposals (e.g. single issue, specific project) the report author should be able to complete the assessment as a desk-top exercise. For help with the topics see the [Toolkit Prompts](#).

For complex reports covering a range of issues, strategies, or composite proposals, it is helpful to bring together a small group of key people who know about the various areas covered in more detail, including people from other Departments and possibly one of the Health Champions,

For further clarification you should contact the Departmental Healthier Westminster Champion. ([List of Health Champions](#))

5. HOW TO USE THE TOOLKIT

Use the following list of prompts to check if the policy, project or programme has a potential impact and tick the relevant column, stating whether you think the impact is High, Medium or Low, then proceed through the different stages.

You will need to record the outcome of your screening. There may be follow up actions and the report may be subsequently modified.

You need to state in the report template section Item 13 – which was Co-operation with Health Authorities' and is now 'Impact on Health and Well-being', a summary of the key outcomes or findings of the screening and what actions have been taken to enhance positive and reduce negative impacts in the final version of the report.

Please keep your Health Champion informed of your progress and send the final outcome paragraph of your assessment to the Healthier Westminster Champion in your service area so that a record can be kept of how policies and decisions have been influenced for improving health.

6. TIME ALLOCATION

For a simple, desktop screening it should take about an hour. For a more complex one, involving a group discussion this could take up to half a day including the time setting up the meeting and formulation of the recommendations.

7. HEALTH CHAMPIONS ROLE

The Health Champions in each of the departments or service areas can provide advice and support in applying the toolkit. The responsibility for ensuring that all Cabinet reports have been screened rests with the Departmental Director or DMT lead.

8. HEALTH CHAMPIONS IN WESTMINSTER CITY COUNCIL

NAME	DEPARTMENT	NAME	DEPARTMENT
Chris Lambkin	Social and Community Services	Rachael Ferry-Jones	Planning and City Development
Gez Kellaghan	Housing	Jo Abbott	Environment, Leisure, Transport
Nicola Howe	Chief Executives	Chris Neill	Legal and Administrative Services
Jennifer Crampton	Community Protection (Community Safety)	Akeem Ali	Community Protection (Environmental Health)
Susie Campbell	Education	Sarah Ford	Finance, HR and central services
John Dimmer	CSi and Procurement		

Toolkit FOR HEALTH AND WELL-BEING**STEP 1: What are the potential impacts of the report on the following determinants of health? (see Diagram)***Consult prompts overleaf. Select the column indicating High (H) Medium (M) or Low (L).*

Determinant of Health	Potential				Comments	Recommendations
	Positive	No Impact	Negative	Not Sure		
<i>Environmental conditions</i>						
External air quality, air pollution						
Air quality in buildings						
Water quality and pollution						
Clean City & recycling						
The Built Environment & open space						
Energy consumption						
Accessibility, mobility, transport						
Noise						
<i>General Socio-economic and cultural conditions</i>						
Poverty						
Community safety						
Housing conditions						
Crime						
Education						
Employment						
Work environment						
Leisure						
Accidents						
Agriculture & food production						
<i>Social and Community Network</i>						
Social exclusion						
Community development						
Health services						
Social services						

Determinant of Health	Potential				Comments	Recommendations
	Positive	No Impact	Negative	Not Sure		
Lifestyle						
Diet						
Physical activity						
Smoking						
Alcohol						
Sexual behaviour						
Drugs						
Other						

STEP 2: What populations are affected by the policy?
Tick the appropriate column and indicate whether it affects Some (S) or All (A)

Population Groups	Potential Impact				Comments	Recommendations
	Positive	No Impact	Negative	Not Sure		
Residents						
Non residents – workers						
Non-residents – visitors						
Black and minority ethnic groups						
People with disability						
Children						
Women						
Older People						
Other vulnerable groups e.g. people with mental health problems; homeless people; refugees and asylum seekers, gay and lesbian groups (detail)						

STEP 4: What are the impacts (both positive and negative) and how have you addressed them?

If you have identified a negative impact for any section, describe what impacts are anticipated and what actions will be taken to minimise the impact on these groups.

Determinants of Health	Anticipated impacts	Suggestions of Actions to be taken to reduce impact
Population Groups	Anticipated impacts	Suggestions Actions to be taken to reduce impact

STEP 5: From the findings above summarise your main positive and negative impacts and the actions you have taken to minimise these impacts. Copy this information into the section '**Impact on Health and Well-being**' in the **Committee Report**. Identify if a fuller Health Impact Assessment is required. Where negative impacts are identified for equalities groups of people, contact the Equalities Champion. For negative impacts associated with environmental issues consult WCC Environmental Policy 2002 or Environment Champions.

Step 6: Summary of Findings and Recommendations (this can then be the text that is inserted in the report).

STEP 7: Send a copy of the toolkit to the Healthier Westminster Champion in your Department with the outcome of the decision or recommendation and actions with your details:

Report Author:

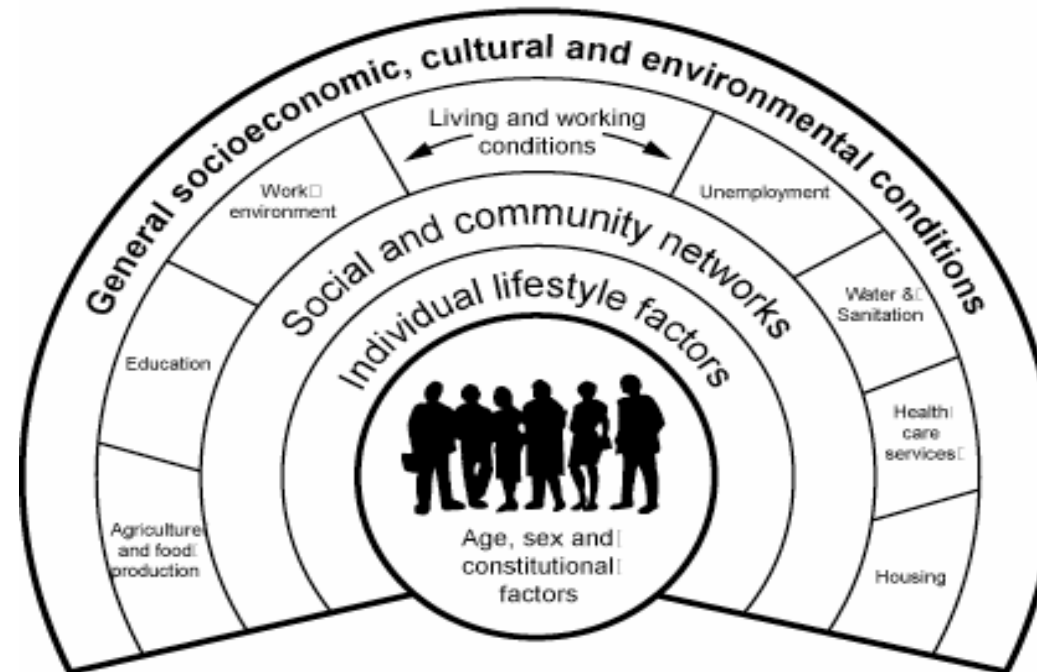
Report Title:

Cabinet Member/Committee:

Date:

A social model of health

Health impact assessment (HIA) can be described as "the estimation of the effects of a specified action on the health of a defined population".



(Dahlgren and Whitehead, 1991. Policies and strategies to promote

It has much in common with the more established environmental impact assessment and, although methods of HIA are still to be fully developed, current thinking suggests that it should be based on a number of key principles:

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- an explicit focus on equity and social justice;
- a multidisciplinary, participatory approach;
- the use of qualitative as well as quantitative evidence;
- explicit values; and
- an openness to public scrutiny.

These principles may be applied, for example, in assessing the impact on health of economic, environment and social policies through

- modifying the physical environment;
- altering lifestyles;
- improving leisure opportunities;
- enhancing the training and employment prospects of local residents;
- reducing stress, anxiety and fear;
- strengthening control over people's lives and fostering empowerment;
- improving access to public services; and
- enhancing relationships between local residents and public sector agencies.

HIA is therefore based on a holistic, social model of health which recognises that the health of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care:

Health is a state of complete physical, mental and social well being and not merely the absence of disease.

This definition is much broader than (but encompasses) the tradition medical model which defines health as freedom from disease which can be diagnosed clinically and is concerned primarily with treating symptoms rather than their underlying causes.

HIA is also underpinned by an explicit value system in which equity plays a major role. In this context, equity has a moral and ethical dimension, resulting from avoidable and unjust differentials in health status:

Equity is concerned with creating equal opportunities for health and with bringing health differentials down to the lowest possible level⁷.

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This represents a new approach to the evaluation of social, environmental and economic policies, programmes and projects. The importance of applying HIA to all public policy has been emphasised by the Choosing Health White Paper 2004, which makes health assessment mandatory within Regulatory Impact Assessment. It is also recognised by Article 152 of the Amsterdam Treaty which calls for the European Union to examine the possible impact of major policies on health.

Toolkit Prompts for possible Health Impacts for the Determinants of Health

Some determinants have both positive and negative impacts e.g. changes in transport might make fresh food more accessible but might also contribute to poorer air quality and reduce the amount of physical exercise people take.

Determinant of Health	Impact on Health and Well-being	Possible solutions
Air pollution	Causes respiratory and general health problems and contributes to 'early deaths'	Reduce harmful emissions from transportation, industrial and domestic processes
Air quality in buildings	Causes respiratory and general health problems	Reduce emissions from equipment and processes within buildings
Water pollution	General health problems and spreading infectious diseases	Prevent disposal of waste products and pollutants into water supplies
Clean City	Cleanliness of the local environment prevents disease and has an effect on physical and emotional well-being	Clean streets Graffiti removal Waste and recycling services Reducing vandalism Vermin reduction
The Built Environment and open space	The quality of the built environment and access to open space has an effect on physical and emotional well-being	Create better, safer local environments, particularly in disadvantaged areas so that people are more able to engage in social and physical activities in public spaces close to where they live and work, in pleasant clean surroundings, without fear of crime.
Energy consumption	Ensuring that people live in warm homes that they can afford to heat has a positive effect on physical and emotional health. Reduce winter deaths	Reducing fuel poverty Better insulated homes
Accessibility and mobility with the minimum environmental impact	Access to goods and services that promote healthy lifestyles, cheap healthy food, leisure and community activities have a positive impact on health and well-being	Providing accessible transportation Providing low emission transportation Improving safety of travel routes
Noise nuisance, containment, control and reduction of noise	Causes stress and inability to concentrate so affects physical and emotional well-being	Better building design Consideration of transport and machinery noise Enforcement of noise legislation
Poverty	Causes exclusion to goods, services, activities	Promote employment opportunities, training, increase benefit take-up
Community safety	Fear of crime causes stress	Ensure all measures are taken to screen out crime and provide controls where there are hot spots

Determinant of Health	Impact on Health and Well-being	Possible solutions
Housing conditions	Access to well maintained homes that are safe and warm is essential for health and well-being	Ensuring that social housing meets the 'decent homes' standard. Provide help to vulnerable people living in the private sector to make their homes decent
Crime	Violence against the person and property has both physical and emotional impacts on health	Design out crime Enforcement of criminal systems
Education	Education is the key to opportunities for active participation in all walks of life and promotes well-being	Ensure that particularly deprived areas or groups have access to good quality education and training
Employment	Work plays a major part in reducing poverty and promoting people's health and well-being	Ensure there are training and employment opportunities particularly in deprived areas or for excluded groups
Work environment	The work environment affects people's physical and mental well being	Ensure health and safety systems are in place and measures to reduce stress
Leisure	Participation in activities promotes health and well-being	Ensure activities are affordable and easily accessible
Accidents	Accidents in the home as well as roads, workplace etc cause death or disability	Ensure all health and safety measures are in place and make people aware of the causes of accidents
Social exclusion	Isolation leads to depression and loneliness	Promote community and social activities
Community development	Being part of a community promotes health and well-being	Promote community and neighbourhood activities
Health Services	Easy access to health care when people need it prevents health conditions becoming worse, or ensures they get the right treatment	Ensure people are informed about how and where to access healthcare
Social services	Being able to maintain independence is important for health and well-being	Ensure there is access to social care for those who need it
Diet	Healthy diet promotes optimal physical health by preventing malnutrition and obesity	Ensure particularly deprived areas or groups have access to cheap healthy food and knowledge and skills of how to prepare and use them
Physical activity	Active lifestyles promote good physical health	Ensure access to recreational and leisure activities
Smoking	Smoking, including passive smoking, causes cancer, heart disease, strokes and respiratory problems	Promote non-smoking in public spaces. Provide easy access to help quit smoking

Determinant of Health	Impact on Health and Well-being	Possible solutions
Alcohol	Excessive or binge drinking causes ill health and anti-social behaviour	Ensure alcohol is only available to those over 18 and good practice in managing sites where drink is sold is maintained
Sexual behaviour	Can cause the spread of infectious diseases	Ensure information is available and access to health services
Drugs	Can cause ill health and anti-social behaviour	Promote access to treatment services

Local Basket of Health Inequalities Indicators

Published by the Association of Public Health Observatories and Health Development Agency October 2003.

The local basket of health inequalities indicators contains an initial set of 70 indicators. It contains measures of health status or health outcomes, measures of the determinants of health, measures of access to services and process measures. The indicators have been divided into the following categories:

- Employment, poverty and deprivation
- Housing and homelessness
- Education
- Crime
- Pollution and the physical environment
- Community development
- Lifestyle, including diet, smoking and physical activity
- Access to local health and other services
- Accidents and injury
- Mental health
- Maternal, infant and child health
- Older people
- Tackling the major killers

The indicators in the basket have been selected from the wider directory devised from indicators already in local use produced by Matrix MHA. They were selected on the basis that they have passed the technical and further criteria for inclusion. In addition, indicators from further national indicator sets have been added to the basket as long as they meet the criteria.

For details see the London Health Observatory website www.lho.org.uk

For information on evidence of health impacts see the National Institute for Health and Clinical Excellence (NICE)
<http://www.publichealth.nice.org.uk/page.aspx?o=20>