Health Impact Assessment: spreading good practice among public health and planning professionals

Baseline Briefing Exercise

Activity in the South West

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1 Introduction

Greater consideration of health in the planning process is crucial to tackling a range of public health issues, including sustainability, obesity, mental health and injury prevention. Health impact assessment is one mechanism for recognising and responding to the health impacts of developments. However, although good practice does exist, use of health impact assessment in particular, and health input into the planning process generally, is limited.

In the South West, as across the country, a number of housing growth areas have been identified by the Government. These areas are designed to respond to housing shortages by achieving sustainable growth in housing stock. It is essential that health is central to the planning process of these large scale developments, if such growth areas are to be truly healthy and sustainable communities. The development of such areas offers public health professionals the ideal opportunity to engage with planning professionals. There are now examples of good practice in the South West on this issue, where health has been an effective partner in the planning process.

A recently funded project is to lead on the coordination of a network to spread good practice on Health Impact Assessment (HIA) amongst Public Health Professionals and Planners in the South West. It will utilise the case study of health input into housing growth areas, with a focus on learning from, reflecting on, and spreading the good practice that already exists across the South West Region. It is envisaged that the network will result in closer working between public health and planning professionals on other aspects of their practice.

However, to contribute to the planning of a good practice network, it is first necessary to identify what activities are currently taking place across the Region. This baseline scoping exercise aimed to provide a better understanding of current activity in relation to this area.

Although this scoping exercise is predominantly concerned with public health and planning engagement in Health Impact Assessment (assessing health impacts of new settlements), public health also engage with built environment professionals to assess the need for health facilities among the population of new settlements (health needs assessment) and when formulating plans to tackle specific health issues that are affected by the built environment (such as obesity). Overlapping activities such as these are noted in this report, however distinction is made between these and more specific HIA activity.

2 Aims and questions

This baseline scoping exercise aimed to provide a better understanding of what activity is happening in the South West Region, relating to public health input into the planning of proposed residential developments (specifically engagement with
health impact assessment). The scoping exercise sought answers to the following questions:

- What networks are there already?
- What work has been done on Health Impact Assessment and by whom?
- Where does current expertise lie?
- What support is needed?

3 Methods

- Telephone interviews with initial key contacts identified through previous correspondence.
- Snowball approach to identify further contacts.
- Synthesis of findings.

4 Findings

4.1 Interviewees

Seven people were interviewed for this scoping study (see section 8). All interviewees (except one) were public health or PCT employees who had experience of working on planning-related issues with built environment colleagues in their respective local authorities.

4.2 What Networks are there already?

A number of interviewees were members of local or wider groups working on public health and planning issues. Indeed, a variety of groups addressing public health and planning issues exist across the South West (Table 1). The nature and membership of these groups depends on the context behind their establishment. Some groups are focused on a particular public health topic, such as physical activity and obesity. These groups are led by public health professionals, who then seek to bring in built environment colleagues to contribute to strategies and plans to address the health issue under consideration. Other groups are focussed on more general issues, including how to best conduct health impact assessments of developments, and how to ensure that developers fund adequately health facilities when building new communities (utilising Section 106 of the Town and Country Planning Act 1990).
Table 1: Public health and planning networks / groups identified in scoping study

<table>
<thead>
<tr>
<th>Network / Group</th>
<th>Description</th>
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<tbody>
<tr>
<td>Devon Health Impact Assessment Group</td>
<td>Group of public health and planning professionals, chaired by a Senior Planning Officer. Group discusses a range of issues, focussing on better integrating health impact assessment into local developments across Devon.</td>
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<tr>
<td>Regional Spatial Strategy and Section 106 Group</td>
<td>Region-wide group of public health professionals and other senior PCT staff. Group inputting into the Regional Spatial Strategy and also discussing how best the NHS can use Section 106 regulations to ensure that developers provide money for health facilities when building new communities.</td>
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<tr>
<td>Plymouth Spatial Planning and Health Group</td>
<td>Group of public health and planning professionals discussing integration of public health and planning in Plymouth.</td>
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<tr>
<td>Avon Directors of Public Health and Directors of Planning</td>
<td>Directors of Public Health and Planners from their respective local authorities have participated in a number of workshops on health and planning issues.</td>
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<tr>
<td>Bath and North East Somerset Public health and planning professionals</td>
<td>Informal meetings between public health professionals and planners.</td>
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<tr>
<td>Gloucestershire Physical Activity Group</td>
<td>Multi-agency group including public health and planners, looking at physical activity and the environment, facilitated by academic specialist in first instance.</td>
</tr>
<tr>
<td>Dorset Healthy Weight Strategy Group</td>
<td>Multi-agency group including public health and planners, developing and delivering the Devon Healthy Weight Strategy. Focus on addressing the obesogenic environment, taking an ecological approach.</td>
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All of the groups identified in the scoping exercise were relatively early in their development, with most being established for less than twelve months and some only having met for the first time in the previous month. This probably reflects the fact that the public health and planning agenda has only relatively recently returned to the top of the political agenda and become more of a priority for the NHS.

During the interviews, it was clear that public health professionals recognised the important contribution planners in particular could make to agendas such as tackling obesity. There was a strong commitment to work with planners and other built environment professionals.
4.3 What work has been done on HIA and by whom?

The scoping study identified some work that had been done on Health Impact Assessment in the South West. In 2007, two Health Impact Assessments were conducted on two planned urban extensions in Plymouth, Devon; Sherford and Cranbrook. These were conducted by Ben Cave Associates, having been commissioned by Devon County Council, Devon Primary Care Trust, and the local district councils, South Hams District Council (for Sherford) and East Devon District Council (for Cranbrook). Both Health Impact Assessments were led by a main project team, including staff from Ben Cave Associates and a public health professional from Devon County Council, with support from a Steering Group consisting of professionals from Devon County Council, the district councils, and Devon PCT. The two health impact assessments followed the same model, examining likely impacts relating to transport, housing, governance, economy and employment, services and social cohesion. Methods consisted of engagement with stakeholders, using a mixture of in-depth face to face and telephone interviews, and a small online survey (14 respondents in Sherford, response of 35%, and 3 respondents in Cranbrook, response of 10%). The scoping study identified that work is continuing in these areas to determine needs for health services, such as primary care facilities.

Elsewhere in the region, limited evidence of health impact assessment was found. The two additional pieces of work were a Health Impact Assessment relating to transport in Plymouth, and a proposed practice Health Impact Assessment on the Exeter urban extension. Other work bringing together public health and planning colleagues included public health engagement with the Expert Stakeholder Group to input into the Bristol City Council Core Strategy, and public health input into the Bath and North East Somerset Core Strategy.

4.4 Where does current expertise lie?

Several interviewees sited the resources of the Healthy Urban Development Unit (HUDU) as being particularly useful when working with colleagues from planning. Ben Cave Associates, who undertook the Cranbrook and Sherford Health Impact Assessments, were also mentioned as an organisation of particular expertise. Several interviewees had worked with academics at the University of the West of England (UWE), in the WHO Collaborating Centre for Healthy Cities and Urban Policy, and had found their input and facilitation of sessions to be useful. A couple of respondents noted the usefulness of data analysts (in both the NHS and local authority) in helping to assess potential impacts of new developments on health by providing access to data. One interview described how they are beginning to use Geographical Information System (GIS) software to predict potential impacts of new developments. As well as assessing potential health impacts, GIS is also being used to
model whether (and where) new health facilities are required when developing new settlements.

4.5 What support is needed?

All of the interviewees were supportive of the running of workshops or learning sets in the region, focussing on health impact assessment, public health and planning. The reasons for wanting such events were;

- Bringing together and connecting public health colleagues across the region to share common issues, concerns, and solutions (including resources).
- Bringing together public health and planning colleagues in order for both sides to understand better how they can work together and to discuss the nature and vision of a healthy and sustainable community.
- Developing practical tools to assist public health and planners to work together on Health Impact Assessment and other activities (with a focus on technical approaches).
- Discussing case studies and examples of good practice.

Interviewees had mixed opinions on whether a series of learning sets should be attended by the same people, or whether events should be held in different locations for different individuals. Interviewees did recognise the value of having a cohort of attendees over a number of sessions. However it was felt that while NHS staff were used to travelling relatively long distances for meetings, and so may attend three sessions at a central South West location, local authority colleagues would probably not be able to. As all interviewees felt that events should include both public health and planning colleagues, this was an important concern.

Ensuring and promoting the value of any proposed sessions was a concern among the interviewees. For instance, any event would have to show tangible ways of working and how public health and planners can practically work together, rather than a workshop saying simply that they should work together (as there is already the will to do this).

Interviewees supported the idea of having an ongoing resource for sharing information across the region. The suggestion of a web resource was received favourably; one which could both facilitate discussion and also link to and host resources.

5 Conclusions

This scoping study has identified some examples of Health Impact Assessment activity in the South West relating to developing new communities. It has revealed a desire among public health professionals to engage more with colleagues in
planning, and examples of such work outside of a more formal Health Impact Assessment process is apparent. Public health professionals in this scoping study did voice support for events that could support both themselves and planning colleagues. At present, public health colleagues are often working in isolation within their own immediate geographical area, and little information sharing is taking place across the wider region. A series of workshops or learning sets, combined with some form of ongoing resource, can help to address this problem.

6 Next Steps

Based on the findings from this scoping study, decisions now need to be made on the number and nature of the regional events. This may include;

- A series of events involving the same participants, held at a central location within the South West (possibly Taunton or Exeter)
- A number of stand-alone events taking place at various local centres across the South West, involving different participants

Participants could be limited to those from public health, or could include a mixture of both public health and planning colleagues. Based on the findings from the scoping study, the latter would be preferable. However this option may mean that a series of events is not practical, due to difficulties in local authority staff travelling longer distances.

Content of the sessions should include case studies of Health Impact Assessments from within the South West, possibly with a focus on the Sherford and Cranbrook HIAs – examining learning experiences from these two pieces of work, utilising members of the HIA project teams. Sessions should allow experience of other HIA work to be shared, provide space for networking, and assist in the development of practical tools to help public health and planners to engage more effectively with the HIA process. The sessions could be complemented by an ongoing web-resource and/or e-network, to avoid isolationism and promote shared practice across the region.
7 References


8 Interviewees

The author would like to thank the following individuals who were interviewed during this scoping study:

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Caryn Hall</td>
<td>Consultant in Public Health</td>
<td>NHS Gloucestershire</td>
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<td>Lynn Gibbons</td>
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<td>Sustainability South West</td>
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<td>Rachel Partridge</td>
<td>Consultant in Public Health</td>
<td>NHS Dorset</td>
</tr>
<tr>
<td>Lyndley Owen</td>
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<td>Bournemouth and Poole</td>
</tr>
<tr>
<td>Andrew Pratt</td>
<td>Health impact specialist practitioner</td>
<td>Plymouth PCT</td>
</tr>
<tr>
<td>Sue Scrivener</td>
<td>Major developments manager</td>
<td>Devon PCT</td>
</tr>
<tr>
<td>Paul Scott</td>
<td>Consultant in Public Health</td>
<td>Bath and North East Somerset PCT</td>
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