HIA a an idea whose time has come but are we ready for the onslaught?

Debbie Fox
ESRC MCD/PhD Student
Dept of Civic Design
University of Liverpool
Outline:

- Setting the context
- A word about terms and concepts
- Findings
- Recommendations
- What next?
Why the study was needed

- There is increasing awareness of the health effects and inequitable distribution of those effects of non-health care policies and plans;

- Legislative changes have brought about multiple forms of statutory impact appraisals likely to require some form of health perspective:

- It is assumed health-related professions will be called upon to deliver this perspective. Public

- Little knowledge of existing capacity for HIA / range of regional assets available / the potential need / interest in building capacity for health in IA / where to target public health resources.
“The protection and improvement of public health is a role which clearly benefits from local determination, arguably to an even greater degree than social care - since the benefits of enhancing health and well-being are likely to accrue to the local community as a whole, and the health needs of each community (and therefore what needs to be done) vary dramatically”.

Lyons, 2007: 15
The Context

- population of 6.7 million
- diverse mix
- 4/5ths of the region is rural,
- 60% live in the two city regions.
- 350,000+ companies, including
- 3/4 of the UK’s Top 100
- considerable investment and urban renaissance, BUT
- Health gap widening for some
The Context

- **7th** worst region for low income
- **16%** of people are on benefits
- Over **1/4** of children live in poverty
- **23%** of adults are binge drinkers
- Over **6 out of 10** adults are overweight or obese
- Only **11%** of adults are physically active
- **Highest level** of drug misuse in England
- **Highest level** of long term mental health problems in England
- life expectancy in the Northwest remains poor, compared with the rest of England (Harrison, 2007)
Spatial Governance: relates to human organisation of various kinds

‘spatial co-ordination of political objectives (Tewrdre- Jones, 2006:353)

process through which collective affairs are managed (Healey, 2006:206)

Spatial Planning: geographical expression to the economic, social, cultural and ecological policies of society, involves developing and testing ideas.

Procedural Policy is set out in PSS
## Capacity Building

<table>
<thead>
<tr>
<th>Organisation development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have an explicit policy on HIA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing HIA: Undertake or commission HIA on policy/projects/programmes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workforce development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting learning through training &amp; education</td>
</tr>
</tbody>
</table>

“an approach to the development of sustainable skills, organisational structures, resource and commitment to health improvement in health and other sectors, to prolong and multiply health gain many times over”

Hawe at al, 1999
Methods

Iterative Literature Review

Google Search of LA and PCT Websites
Search term ‘
health impact assessment site:www.organisationname.abc.uk

Survey of LA CEO Email Network
1. Does your authority undertake Health Impact Assessments to support the decision making process (e.g. screening of policies, programmes, projects)?
2. Are there structures and systems in place to encourage Health Impact Assessments across partnerships/disciplines?
3. Are there dedicated resources for developing workforce skills in health impact assessment?

Semi-structured Interviews
1 focus group/ 1 joint interview/ 13 one to one (19 participants)

THANKS to SALIM VOHRA ; JOHN MARSDEN; VIC HEWITT
Policy
Training and Education
LA CEO Email Network:: HIA policy

- Integrating HIA into SA
- Yes: limited to date, but likely to increase as new structures and systems are embedded since.
- Inclusion of a PCT associate director on the CEOs Management team. The appointment of a healthy cities coordinator pot funded by PCT but located in the City Council Appointment of a Health Member Champion in the development of a Health Plan
- Establishment of a Health Commission for the sub-region which will provide political and senior health executive leadership.
- AGMA: All policies before :
  
  “How does the proposal contribute to reducing inequalities in health.”
“There will be a continuous demand for that [health knowledge] and there will also be issues because it is a rigorous process cycle of assessment and performance monitoring.” KI 2

“What we try and do is bring this to life...people clearly need to make the connections between making an improvement and what sort of difference it makes to the health of the population.” KI 4

Within the Northwest each region has been given a proportion from the CLG to pump prime capacity building within the Region. £8 million has been dispersed...and I can’t think of too much that’s related to health and wellbeing. Building capacity in that area...I don’t think it’s that high in terms of their (LAs) agenda ... depending on the political view” KI 1
Drivers for change

- Governments continued **modernisation agenda** namely – devolved responsibility / role of Third Sector in delivery
- Changes in **planning legislation**
  - SEA/ planning cycles
- **Reconfiguration** of health and social care services
  - Integrated services
  - Better evaluation & monitoring
- Changes in **performance appraisal** and commissioning frameworks
- **Other** potential demand
  - HRI/HSIA/ Single issues pressure groups/ legal challenges
Demand – Supply Gap

- Public Health Leadership: 25% shortfall in NW
- Capacity – different needs/ different skills
- Partnership
  - Different stages of relationship building/ different view on HIA
  - Public Health Intellectual ownership of HIA
Recommendations

Leadership
To actively encourage leadership for HIA outside the public health sector.

Capacity Building
Develop a 2 year post for regional lead for HIA Participatory Action Research - 3 dimensions OD + CD + E&M

Knowledge Management System

Partnership
Establish a regional commission to provide political ADD all regional and local policies will assess “how the proposal contributes to reducing inequalities in health”; before implementation

Integrating Health into other Impact Appraisal

HOWEVER
“The Region hasn’t woken up to the health agenda yet really. We’re very conscious about economic growth, city regions...they are probably agreed as the primary goals. There isn’t necessarily a great awareness of commitment to health outcomes.”

KI 5

“Our current emphasis on economic growth does nothing to improve our health...countries with more equality achieve better health”

KI 10
ALL CHANGING AGAIN!

Thank you for listening
debbief@liv.ac.uk