

Response to Draft Guidance on Health in Strategic Environmental Assessment

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The Institute of Public Health in Ireland welcomes the opportunity to comment on the Draft Guidance on Health in Strategic Environmental Assessment. Our organisation aims to improve health on the island of Ireland by working to combat health inequalities and influence public policies in favour of health. The Institute applies a holistic model of health which emphasises a wide range of health determinants, including economic, environmental, social and biological factors. Our work is based on the premise that improving health and reducing health inequalities can only be achieved through addressing these broad determinants of health.

Responses to questions asked

1. Is it clear how the consideration of human health can be covered in the SEA process and how this can be achieved?

One of the complexities in this guidance is that it has two main audiences - Health organisations and Responsible Authorities. These audiences require guidance on different aspects of health in SEA:

- Health organisations require guidance on the process of SEA and how and when information supplied by their organisations can feed into the process
- Responsible authorities require guidance on the importance of considering health in SEA, what health information is needed and how to access this information

One possible way to overcome this issue may be to clarify the different audiences and guide readers to which sections are more likely to be useful for which audience. For example the information in chapters 1 and 4 is likely to be of interest to both audiences while chapter 2 could provide a useful introduction to the SEA process for health organisations and chapter 3 could provide further detail, outlined in chapter 1 on the wider determinants of health and the importance of considering health in the SEA process..

2. Are the right health organisations and contacts referred to and included in this guidance?

Yes

3. Does this provide you with the right type of information and data sources for considering the population's health in the SEA process?

The Institute would consider this to be an introduction to where further information can be sourced rather than a comprehensive list.

The stated purpose of chapter 3 is to present information for considering the population's health in SEA. The chapter presents evidence for why the population's health should be considered in SEA as well as how to go about doing so, the latter of which has the potential to overlap with chapter 4.

Key point box 5 makes a similar point to that made in key point 1 with the addition of introducing the notion that environmental influences on health may be experienced in different ways according to social group, with subsequent impacts on health inequalities. Thus the title should reflect the inequalities component of the statement and may be better placed in the section which describes inequalities.

4. Does the guidance make clear the process for obtaining information and advice on the population's health?

The information is all contained within the document but it is not clearly laid and therefore may be unduly complicated for users to follow. For example the information contained in key point box 3 is a useful summary of who to contact in the health sector but it would be better placed in section 4.2, as would figure 1.

5. Is the type of health-sector input appropriate for the five stages of SEA?

Yes. Table 4 is a very useful summary. For readability purposes it would be useful if it could be placed on one page in the final document.

6. Is the health organisations' input provided at the most appropriate time within the process?

The first key message in the Executive Summary states that the Draft Guidance encourages interaction between RAs and health organisations to ensure that the population's health is assessed during the SEA process.

In order for opportunities for interaction between RAs and health organisations to be maximised, this should ideally be a two way process. Is there any information available on how health organisations can initiate contact with RAs on specific proposals instead of placing the duty for initial contact solely with the RA?

7. What additional information, if any, would be helpful for RAs when addressing health in the SEA process?

The stated purpose of chapter 1 is to set out the benefits of integrating health assessments within SEA for plan makers and health organisations, i.e. why should the different organisations be involved. It is stated that from the RAs point of view this will assist them in meeting their obligations to take account of human health in SEA. For health organisations, SEA presents an opportunity to prevent ill health and promote good health through influencing the wider determinants of health in the planning process. It can also help to tackle health inequalities.

Example box 1 sets out the benefits to PCTs of engaging with the SEA process. What are the benefits to RAs of integrating health within SEA? As it stands the only rationale given in Chapter 1 for RA involvement is that it will assist them in meeting obligations to take account of human health in SEA. This could be strengthened by outlining why RAs are obliged to take account – i.e. because health is determined by many factors outside of the healthcare sector – which could then be discussed in further detail in Chapter 3. Key point box 1, currently placed at the start of chapter 2 would be better placed in Chapter 1 to make the link from the outset. As the statement does not include any reference to SEA, I would suggest that a better title would be ‘The influence of the environment on health’. (An alternative title for key point box 5 has been suggested).

8. Do you feel there are any other issues relating to equality that should be covered?

No

9. Do you think the length of the document and level of detail is appropriate?

Yes

10. What impact do you anticipate this guidance will have on the work of your organisation (NHS and RAs)?

Not applicable

11. Are there any other comments you would like to make?

It would be useful if there was more consistency of language between the activities described on pages 15-16 and the SEA stages outlined in Table 4 (pgs. 41-42). This would make it easier for readers not familiar with SEA to make the links. As chapter 2 sets out to describe the SEA process, advice on how to consult in relation to health may be better placed in chapter 4, which sets out to provide detailed information on how to consider possible effects on health throughout the assessment process. Similarly, the detail provided in Key point box 3 and Figure 1 would sit better in chapter 4.

It would be more useful for chapter 2 to provide a broad description of each of the activity areas i.e. the environmental report, consultation requirements (first part of section 2.2 only), monitoring implementation of the proposal and dissemination of the results. It would also be informative to have some insight into the screening and scoping stages of the SEA process. For continuity purposes, the information provided in section 2.5 should be placed immediately following the description of the SEA process before describing other assessments.

The stated purpose of chapter 4 is to set out the stages of SEA and provide detailed information on how to consider possible effects on health throughout the assessment process. If the SEA process has already been outlined in chapter 2, this chapter could concentrate on building in consideration of health at each stage, what health information is available and guidance on how to access this information.

The Institute recommends elements of Annex B (PSTT and EQIA) are placed in a separate section to show the distinction.

Ch. 2: Is there sufficient information on types of assessment tools, how they can be linked and what they cover?

Yes

Ch. 3: Does this chapter cover the right amount of information for practitioners of SEA?

It is unclear what is meant by the term practitioners of SEA. At the outset the Guidance states that it is for use by RAs and health organisations – are these to be considered practitioners of SEA? Overall, when read in conjunction with Annex C, this is a good overview of the type of health information available and where it can be sourced.

Ch. 4: Are there any aspects of health and well-being that have been left out of the SEA stages?

No

Annex E: Are there any other questions you would like answered?

No

Do you have any comments on the current answers?

No

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