This document provides an overview of the health impact assessment (HIA) process. It was developed by one of the health and wellbeing board learning sets, for improving the health of the population, part of the National Learning Network for health and wellbeing boards. Drawing on the work of NHS South of Tyne and Wear, it outlines the key stages of the process and provides a case study which demonstrates how this process might be used to influence decision-making and service delivery.

What is a health impact assessment?
A health impact assessment (HIA) is a tool that enables health and wellbeing boards (HWBs) to assess what impact a particular change of policy or new development, service or strategy will have on the health of the local population. It is particularly valuable in bringing a public health perspective to decision making areas that are traditionally viewed as outside the remit of public health.

Key points
- Health impact assessments (HIAs) can bring a public health perspective to decision-making areas that are traditionally viewed as outside the remit of public health.
- The HIA can contribute to the reduction of health inequalities by identifying the different groups which will experience health gains or losses from proposed developments.
- The consequences of non-health sector proposals on health and wellbeing may not be well understood unless a HIA is completed.
- Not only is the quantitative and qualitative data from Joint Strategic Needs Assessments (JSNA) vital for HIAs but it will also give direction on the local health priorities.

At a glance

**Audience:** This document is aimed at health and wellbeing board (HWB) members, particularly those who have little experience with health impact assessments.

**Purpose:** To enable HWB members to understand the process of assessing the health impact of a particular change of policy or new development, service or strategy in order to include HIAs within their local joint health and wellbeing strategy or commissioning plans.

**Background:** This document was developed by a HWB learning set, which is part of the National Learning Network (see back cover) and is supported by the Department of Health, NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.
outside the remit of public health, for example, transport, employment, spatial planning and land use. Doing an HIA generates information on how negative impacts on health can be minimised and positive health gains can be optimised. It also considers whether proposed changes will narrow or widen health inequalities by identifying the different groups within the population which will experience health gains or losses from proposals being considered.

Key stages in conducting a health impact assessment

<table>
<thead>
<tr>
<th>Stage</th>
<th>Key tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Screening</td>
</tr>
<tr>
<td></td>
<td>Meet with wide range of stakeholders and informants.</td>
</tr>
<tr>
<td></td>
<td>Provide them with details of project.</td>
</tr>
<tr>
<td></td>
<td>Identify possible health impacts and prioritise.</td>
</tr>
<tr>
<td></td>
<td>Answer key questions using screening tool.</td>
</tr>
<tr>
<td></td>
<td>Engage a diverse range of key stakeholders and assess viability.</td>
</tr>
<tr>
<td></td>
<td>Decide whether or not to undertake HIA.</td>
</tr>
<tr>
<td>2</td>
<td>Scoping</td>
</tr>
<tr>
<td></td>
<td>If a HIA is to be undertaken, decide level of HIA (rapid, intermediate or comprehensive), agree budget and resources.</td>
</tr>
<tr>
<td></td>
<td>Decide project management and governance.</td>
</tr>
<tr>
<td></td>
<td>Arrangements: who will commission the HIA; who will resource the HIA; who will review and approve the final report.</td>
</tr>
<tr>
<td></td>
<td>Convene steering group if the HIA is comprehensive.</td>
</tr>
<tr>
<td></td>
<td>Agree clear aims, objectives and milestones.</td>
</tr>
<tr>
<td>3</td>
<td>Undertaking the HIA and making recommendations</td>
</tr>
<tr>
<td></td>
<td>Profile affected areas and engage with communities – make use of data already available in the JSNA as appropriate.</td>
</tr>
<tr>
<td></td>
<td>Analyse equality and diversity issues.</td>
</tr>
<tr>
<td></td>
<td>Gather evidence relating to identified health impacts.</td>
</tr>
<tr>
<td></td>
<td>Analyse policy.</td>
</tr>
<tr>
<td></td>
<td>Elicit views of key stakeholders and informants.</td>
</tr>
</tbody>
</table>
### Stage 4: Formulating and prioritising recommendations

- Review evidence.
- Decide on possible recommendations.
- Prioritise possible recommendations.
- This will involve a steering group if the HIA is comprehensive.

### Stage 5: Further engagement with decision-makers

- Re-engage with stakeholders and informants.
- Agree final recommendations.
- Prioritise recommendations.
- Agree measures by which progress towards achievement of recommendations will be assessed.
- Write report for initiators of HIA.

### Stage 6: On-going monitoring and evaluation

- Assess progress of implementation of HIA recommendations against initial delivery plan and milestones.
- Assess progress of implementation of HIA recommendations using agreed measures.

Developed from NHS South of Tyne and Wear guidance (2010), *Health Impact Assessment: Passionate about Health.*

An HIA can form part of a more integrated assessment of the impact of policy change or new development, rather than a stand alone process. It is important that the way in which health and well-being will be affected by a proposed change is properly assessed and communicated, so that decision-makers can properly take them into account. Assessing the impact on health inequalities is an important part of this. HIAs are usually undertaken by a team of public health professionals, working collaboratively with a range of stakeholders.

There are few public policies or projects which do not affect health in some way. The consequences of non-health sector proposals on health and wellbeing may not be well understood unless an HIA is completed.
How does a health impact assessment relate to a Joint Strategic Needs Assessment?

The Joint Strategic Needs Assessment (JSNA) is a key resource for those undertaking HIAs, as its central role is to act as the overarching primary evidence base for health and wellbeing boards to decide how to focus their work. The JSNA should provide a comprehensive picture of current and future health needs. Not only is the quantitative and qualitative data from the JSNA vital for HIAs but it will also give direction on the local health priorities. The richness of data is enhanced when gathered from a range of sources covering the diversity of the population.

Case study: a health impact assessment of a new primary care centre and leisure centre in Blaydon, Gateshead, Tyne and Wear

Gateshead Primary Care Trust (PCT) built a primary care centre in Blaydon, a suburb of Gateshead, between April 2009 and October 2010. The PCT-based steering group asked the public health team to carry out a rapid health impact assessment in 2008 in order to inform the centre’s development.

The assessment began by profiling the local community, detailing demography, levels of socio-economic disadvantage and mapping existing healthcare facilities such as urgent care access points. A review of health status, health-related lifestyle behaviours and patterns of uptake of existing healthcare facilities was then undertaken. Areas where the primary care centre could potentially improve health and wellbeing were highlighted.

The scope of the HIA was broadened in 2009 to consider the health impact of a leisure centre, which was being built by Gateshead Council on the same site. The primary care centre and leisure centre were to share a common atrium and facilities. The widened HIA incorporated findings from a programme of community engagement undertaken in the summer of 2009 to establish views of local residents and understand how they would use the new facilities.

Stakeholders

The views of various stakeholders were considered as part of the HIA process, including Gateshead Council, NHS South of Tyne and Wear, Gateshead Community Network (an umbrella body for community and voluntary sector groups), Gateshead Health NHS Foundation Trust and the clinical commissioning group GatNet.

Findings

The HIA found that a primary care centre and leisure centre would bring services closer to the Blaydon community, which is largely rural and geographically remote from major service delivery points such as Queen Elizabeth Hospital in Gateshead. It found that good access, for example, through public transport, would be critical to ensuring that the service was used by those groups with the greatest health need, including older and disabled people.

The prevalence of long-term conditions such as heart disease and respiratory disease is much higher in Gateshead compared to the average across England. Providing services to help people manage these long-term conditions and so improve their quality of life was recommended to be within the itinerary of services provided at the leisure centre and primary care centre.

Health-related lifestyle behaviours are particularly poor in parts of West Gateshead. Forty per cent of adults in Blaydon smoke compared to an average of 25 per cent across Gateshead and 22 per cent across England. It was recommended that the primary care
centre should include services which support people to improve their lifestyles such as the NHS Stop Smoking Services, healthy eating sessions and an exercise on referral scheme. These services should be targeted towards population groups where lifestyle behaviours are poorest, such as routine and manual occupational groups (among which the prevalence of smoking is particularly high) or young women 18-25 years, a very low proportion of whom take regular exercise.

**Next steps**

Officers from both Gateshead Council and NHS South of Tyne and Wear took forward implementation of the recommendations led by the Sport and Leisure Manager within Gateshead Council and the Director of Commissioning and Reform within NHS South of Tyne and Wear.

Implementation of recommendations was evaluated after 18 months of operation. Eleven of the 13 recommendations had had an impact on operation of the centre and showed progress, reported in March 2011. For example, a Minor Injuries Centre opened within the primary care centre in October 2010 and weekly sexual health clinics from Blaydon Primary Care Centre are operational. One area that did not progress was Stop Smoking Services where inflexibility of contracts made it difficult to move services to the primary care centre.

Overall, the HIA proved to be a flexible tool helping to improve the delivery of services to improve the health and wellbeing of the local population.

---

**Evaluation recommendations**

A set of 13 recommendations was presented to the steering group managing the development of the primary care and leisure centre. The group prioritised these against five criteria: 1) health impact, 2) population affected, 3) potential to reduce health inequalities, 4) risk, win-win or win-lose and 5) cost. The top five recommendations highlighted the need to:

A  Monitor uptake of services to ensure easier access to services, especially among groups who find travel difficult, to ensure the local population are using the new services.

B  Monitor patterns of usage of urgent care services to determine if people are using the new minor illness and injuries unit at Blaydon rather than facilities further afield, with a view to improving equity of access.

C  Maintain effective local provision of contraception and sexual health services, with an objective of reducing teenage conception rates.

D  Provide a programme of structured leisure activities, such as exercise classes suitable for all ages and for both able bodied and disabled service users, in order to increase the uptake of exercise among target groups.

E  Create a health information area and train reception staff in health improvement skills in order to enable more effective signposting to available health improvement services.
This document was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.

It aims to provide health and wellbeing board members with an accessible and helpful resource and does not necessarily showcase best practice but represents key learning on the issues. For further information, or to comment, please email hwb@nhsconfed.org.

The health and wellbeing board learning set that developed this publication included:

- Alyson Learmonth (set co-lead), Gateshead PCT
- David Chappel (set co-lead), Gateshead PCT
- Cllr. Eunice Campbell, Nottingham City Council
- Mike Leaf, NHS North Lancashire
- Dr. Caron Morton, Shropshire Clinical Commissioning Group
- Dr. Anita Parkin, NHS Bradford & Airedale
- Maggie Rae, NHS Wiltshire and Wiltshire Council
- Gerry Taylor, NHS Luton and Luton Borough Council
- Jane Wood, Slough Borough Council
- Michael Young, Trafford Council

Further information

Email: hwb@nhsconfed.org
www.nhsconfed.org/HWB