WALES HEALTH IMPACT ASSESSMENT SUPPORT UNIT (WHIASU): RESPONSE TO THE CONSULTATION ON THE PUBLIC HEALTH BILL

Chloe Chadderton
Dr Eva Elliott
Liz Green
Julia Lester
Professor Gareth Williams

Wales Health Impact Assessment Support Unit (WHIASU)

19th February 2013

ElliottE@cardiff.ac.uk
**Introduction**

We warmly welcome the key place given to health impact assessment (HIA) within the proposed Public Health Bill for Wales. This inclusion acknowledges that HIA is an important process which can enhance cross-departmental and cross-sectoral working and support the protection and promotion of the health of the people of Wales in a way that is effective, efficient and equitable.

In our view the Bill would benefit from a preamble or preface which sets out the higher purposes of the Bill within which the detail can be set. We also feel that the legislation should be named: ‘Health of the People of Wales Bill’.

We have a number of comments with regard to the questions asked within the consultation document. In order to put these comments in context this document first looks back at the experience of HIA within Wales and the role of the Wales Health Impact Assessment Support Unit in particular.

**Background to HIA in Wales**

At the dawn of the new Assembly the then Welsh Office published its first ‘White Paper’ on the health of the people of Wales¹. This important document prepared the way for a distinctively Welsh approach to health policy with an aspiration to address social class and geographical inequalities in health within Wales. This document proposed HIA as a mechanism for action across policy areas in order to create long term, sustainable health gains.

Soon after this a national guidance document ² prepared the way for an HIA development programme. Initially the Assembly commissioned a number of pilot projects to test the process and its usefulness for informing decisions. These included two desk-based HIAs, one described as a preliminary HIA on Objective One (European Structural Funding) in Wales and one on the impact of the Home Energy Efficiency Scheme³. Both of these were led by civil servants within the Welsh Assembly Government. Cardiff University’s School of Social Sciences was commissioned to undertake a third HIA of housing regeneration options in a post-industrial, former coal-mining community in one of the South Wales Valleys.⁴ This HIA was used directly to inform the local municipality in its decisions about how to address poor housing in the village in ways that would maximise opportunities to improve health and minimise any harms. Feedback on the process was also provided and formed the basis for theorising the role of HIA in developing, what the author’s have called, a ‘civic intelligence’.⁵

---

These earlier ambitions are reflected in the consultation document and take this a stage further by proposing that HIA and other actions to support good health and prevent illness are strengthened through legislation.

The Wales Health Impact Assessment Support Unit

WHIASU was created in 2001. The purpose of the Unit was to develop the capacity of local government and other organisations to undertake HIA. This was largely achieved through training, often using real HIAs as a training opportunity, through partnerships with other national organisations and public bodies and through the provision a web based resource. The Unit also has had a remit to respond to members of the public or community groups who may be interested in the use of HIA in relation to developments that affect them. WHIASU represents a good example of an organizational partnership between a higher educational institution (Cardiff University) and a public health organization (initially Wales Centre for Health, now Public Health Wales).

Over 100 HIAs have been supported in Wales by the Unit and these have been done on various levels from neighbourhood developments to Welsh Government strategies as well as different kinds of development in different sectors. The development of case studies have been used as a way of reflecting on and evaluating different kinds of HIA as well as thinking about the contribution of HIA to health knowledge more broadly. Some have yielded papers in academic books and journals which has presented the work of the Unit to an international audience. The Unit has also published a paper on the impact of HIAs on people and organisations and as well as guidance documents on public engagement in HIA and for conducting HIAs on open cast mining and waste processing applications, both of which have been a focus of public and professional concern in Wales.

Comments on the Welsh Government Green Paper

We welcome the discussion the Green Paper has facilitated on the role of legislation to strengthen the public health role of public bodies in National and Local Government. Our experience suggests that HIA can be a valuable tool in getting health considered in other policies that impact on the determinants of health. We also think that consideration needs to be given to capacity and the role of organisations to develop systems, and ensure people have the support and skills to undertake HIAs. WHIASU has a clear role in supporting capacity development but there needs to be a corresponding duty of public bodies to undertake, or where appropriate, commission HIAs.

---

6 www.whiasu.wales.nhs.uk
Specific comments

Please note that our comments are specifically in relation to those which relate to the values and practices in HIAs and the authors may have contributed to submissions from other bodies.

CQ1: If the Welsh Government were to introduce a health of the people Bill, what do you consider the most important and appropriate areas for further consideration to be?

Health needs to be seen as the responsibility of all sectors, not just the health sector. However in order to do this there needs to be:

- Resources to support consideration of Health in all Policies (HiaP)/HIA. Within Welsh Government there needs to be steps to develop capacity to undertake HIA on policies.
- Buy in from ministers: Campaign of awareness raising around the positive definition of health and how the wider determinants of health and wellbeing can impact on health and wellbeing
- A shift towards the wider determinants of health (rather than solely focusing on smoking prevention, obesity and alcohol consumption)
- A focus on reducing health inequalities rather than improving health overall
- Support for promoting strong, cohesive communities in promoting and sustaining good health and wellbeing.
- Consideration of health at national, regional and local levels of government

We would like to see health and wellbeing more formally considered within any proposed reform of the planning system in Wales through the use of Health Impact Assessment. We also suggest that there should be a direct relationship formed between any health of the people Bill and other proposed legislative reforms, such as the forthcoming Planning Bill.

CQ2: In what ways do you think that making consideration of the impact of policies on health as a mandatory legal requirement would be an effective way of meeting our main health challenges?

HIA is an important mechanism for addressing population health and health inequalities because it tackles the wider determinants of health. It is a systematic way of assessing policies, projects and plans. When done prospectively it creates mechanisms for building on any identified positive impacts and can provide a set of realistic actions and recommendations for mitigation – thus preventing or minimising any unintended consequences for health and wellbeing. It will also highlight any groups within the population which may carry more of a negative burden from the development and can mitigate for these through overt or subtle changes.

Therefore, HIA can be viewed as another key prevention and promotion tool. As a possible link to the current draft legislation on sustainability HIA can help to support the sustainability of Wales through facilitation of healthier and more active policies, leading to healthier populations and ultimately alleviating some of the long term stress on NHS and social care services.

Climate change: Addressing impacts on health of development projects (e.g. nuclear power, wind, waste) can provide a means to minimise potential negative impacts and maximise positive impacts, whilst building in the views of those communities likely to be affected. Direct involvement of key stakeholders and communities will give local context and bring
forth knowledge to support the development of proposals and build in a consideration of
health and wellbeing by directly asking and listening to those whom will be affected.
Mental Health impacts are a further area for consideration, and one which is often not fully
considered within standard HIA practice. This is particularly pertinent in Wales with the
recent launch of the new ten year ‘Together for Mental Health: A Strategy for Mental Health
and Wellbeing in Wales.’

CQ3: If we were to explore placing a statutory duty on bodies to consider health
when developing new policies, which bodies should such a duty apply to?

See response to CQ6.

CQ4: Do you think it would be reasonable to limit any legislative requirements to
‘major policies’ which would need to be defined by the new Bill?

This is an area which would require further discussion, and would be highly dependent on
the definition of ‘major policies’ adopted. The majority of Welsh Government policies are
likely to impact on one or more of the wider determinants of health, so setting boundaries
for inclusion and exclusion will be challenging. Currently HIA could be conducted on
virtually any policy area or decision by government. However focusing solely on ‘major
policies’ (however defined) may exclude policy decisions that could nonetheless have a
major impact on health. Further discussion will be needed to decide which kind of policies
at local and national area should require an HIA. Furthermore the development of
appropriate screening tools would identify, through a consideration of the determinants of
health, which policies should be subjected to a more comprehensive HIA.

An initial step may be to mandate where HIA is already written into policies (such as waste,
coil, roads) and facilitate an open discussion around other policy areas for inclusion?

CQ5: In what ways do you think that using legislation to make Health Impact
Assessment a mandatory requirement would be an effective way of ensuring that the
impact of policies on health is assessed in a consistent and effective way in Wales?

Health Impact Assessment (HIA) is a universal decision support tool, applicable at all
political administrative levels. It is a systematic yet flexible tool, designed to ensure that
the potential health and wellbeing impacts of policies, programmes and project are
considered and addressed in a timely, effective way.

The European Centre for Health Policy (1999) Gothenburg Consensus is widely accepted as
the seminal definition of Health Impact Assessment and defines it as: ‘A combination of
procedures, methods and tools by which a policy, programme or project may be judged as
to its potential effects on the health of a population, and the distribution of those effects
within the population’.

However, alternative definitions have recently been proposed (Elliott et al. 2010) as the
practice of HIA has evolved: ‘...a process through which evidence (of different kinds),
interests, values and meanings are brought into dialogue between relevant stakeholders
(politicians, professionals and citizens) in order imaginatively to understand and anticipate
the effects of change on health and health inequalities in a given population’.

HIA is not a statutory requirement in Wales (or anywhere in the UK) but the Welsh
Government increasingly regards it as best practice to consider health and well-being
specifically in non-health domains. In a wide range of areas, including road and rail transport, minerals, waste and land use planning, HIAs are referred to in Welsh Government guidance:

- Technical Advice Note (TAN) 21 for waste advises that HIAs be conducted for the Wales Waste Strategy and its associated Plans;
- Draft Ministerial Interim Planning Policy Statement (DMIPPS) 02/06 supports a consideration of health and well-being at a local level and is supplementary guidance to Planning Policy Wales for large planning applications and Local Development Plans (LDPs);
- Welsh Transport Appraisal Guidance (WelTAG) for transport requires a HIA to be undertaken for certain types of transport proposals;
- Minerals Technical Advice Note (MTAN) 2: Coal for minerals and coal mining developments requires a HIA with community participation to be conducted.

Many if not most HIAs are currently conducted outside legislative or regulatory requirements (Wismar et al 2007). Whilst not widely used at government level outside of the areas outlined, HIA has gathered momentum at a local level and in Wales 113 HIAs have been conducted with WHIASU support since the Unit was formed in 2001.

If HIA is not implemented and legislated for at the national level a tension is created for HIA activity at the local level which will have to deal with the consequences of national policies that do not take health and wellbeing explicitly into account. Conversely just because a national policy has not had an HIA and considered health and wellbeing this does not mean that it should not still be considered at a local level – where it can often be more effective and involve directly those who have key local knowledge of the context and mechanisms through which the impacts may be felt.

It must be noted that increasing numbers of non-health sector officials are voluntarily advocating for HIA as best practice in the preparation of Welsh Government plans, policies and proposals for developments. Whilst this is not ideal (nor statutory) it is a positive step on which to build health more effectively into policies. Currently, these include the Construction, Infrastructure and Marketing Sector Plans of the Wales Waste Strategy and the New Regeneration Framework for Wales. While HIA remains voluntary there is a lack of support and resources to undertake HIA in a satisfactory way.

Internationally, where HIA is supported by policy or regulation, different jurisdictions have taken differing approaches to developing legal and policy frameworks for HIA. These fall into two broad categories, the first creating specific provisions for the use of HIA through laws, regulatory mandates or supportive policies and the second emphasising the consideration of health within whole government decision making processes which may or may not include HIA per se. A recent paper by Harris Roxas et al (2012) succinctly outlines these two approaches, which can be summarised as follows:

10 http://wales.gov.uk/topics/planning/policy/tans/tan21/?lang=en
11 www.wales.nhs.uk/sites3/docopen.cfm?orgid=522&id=124565
12 http://wales.gov.uk/topics/transport/publications/weltag/?lang=en
13 http://wales.gov.uk/topics/planning/policy/mineralstans/2877461/?lang=en
<table>
<thead>
<tr>
<th>Broad approach 1: Requiring, supporting and promoting the use of HIA</th>
<th>Broad approach 2: Health within government processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Requiring that human health be considered as part of Environmental Impact Assessments (EIAs) or broader impact assessment processes such as SEAs or environmental, social and health impact assessments (ESHIA). This approach can be seen in many countries’ national or regional environmental protection legislation across the developed and developing world.</td>
<td>The following approaches are not necessarily requirements for HIA per se, but may be related to or promote the use of HIA:</td>
</tr>
<tr>
<td>• Requiring that stand-alone HIAs be conducted on specific types or categories of proposal. E.g. The Thai National Health Act (2007) requires discrete HIAs to be conducted for certain major projects beyond a certain scale and in specific sectors.</td>
<td>• Requiring a health review or screening of all government policies. In the Netherlands there was a requirement for all government policies to be screened to determine whether a HIA was required, which led to a number of HIAs being undertaken on government policies. Similarly the Quebec provincial government in Canada has a requirement that government proposals be appraised for their health effects (Gagnon and Michaud 2008).</td>
</tr>
<tr>
<td>• Legislating for health authorities to have the power to require HIA at their discretion.</td>
<td>• Discretionary use of non-HIA processes to look at health issues. For example, the state of South Australia, a world leader in developing the HiaP approach, has promoted the selective and strategic use of a ‘health lens’ (Health SA 2008, Kickbusch and Buckett 2010). This is a structured process for intra-governmental engagement that is similar to HIA. It aims to inform other sectors about the potential health impacts of their policies as part of government planning and implementation processes.</td>
</tr>
<tr>
<td>• Legislating that potentially affected communities have the right to request discrete HIAs be conducted on proposals and to be involved in the HIA process (beyond the mere inclusion of health in EIAs or integrated assessments).</td>
<td></td>
</tr>
<tr>
<td>• Regulations or policies that support the use of HIA but do not require it. This approach can be seen in many municipal and regional government regulations across Europe, Asia and the Americas. Many health agencies internationally, including the WHO, explicitly identify HIA as an important tool to facilitate collaboration with other sectors in developing their strategic plans and documents. (This is the current state of play with regards to HIA in Wales, both at the national level in the policy areas previously outlined in this response, and more widely with the establishment of a dedicated, centrally funded HIA support unit.)</td>
<td></td>
</tr>
</tbody>
</table>

These approaches are being driven at three levels: through national or state legislation (Sorberg 2006, Vohra 2007), through international agencies and mechanisms (IFCC 2009), and through the use of voluntary practice principles by industry and assessors (IPIECA 2005, Quigley et al 2006, Bhatia et al 2009, ICMM 2010).
Legislating for HIA would provide a means of ensuring that all Welsh Government policies are systematically assessed for their potential positive and negative impacts on health and wellbeing. This provides the opportunity to amend policies in order to maximise potential positive impacts and mitigate for potential negative impacts, and thus ensuring that Welsh Government policies are less likely to be detrimental to health and wellbeing. HIA is an evidence based tool to aid the decision making process and through engaging with those likely to be affected by the proposal (either in the form of internal stakeholders, or through some means of lay representation) Welsh Government can ensure that their policies are appraised in this way. The degree of involvement of lay representatives and stakeholders would be a subject for further discussion, and would be dependent on the HIA approach adopted (which may be determined on a case by case basis).

It is essential for the longevity and credibility of HIA that the tool is used to assess the impact of policies on health and wellbeing in a consistent and effective way. This can be ensured through a number of methods; through the provision of high quality training and support (delivered by WHIASU), through consistent adherence to Wales HIA best practice guidance ‘Health Impact Assessment: A Practical Guide’ (WHIASU, 2012) and through the use of tools for quality reviewing completed HIA reports (see WHIASU website – www.whiasu.wales.nhs.uk ). The process must be effectively understood and positively followed both upstream at a governmental level and downstream at a local level. Capacity to undertake HIA (at the local and government level) and the scope of and resources needed to support a dedicated support unit (were HIA to be made mandatory) are also important areas for consideration.

There is a danger however of HIA becoming a ‘tick box’ exercise, as has been the case with other impact assessments. Part of the value of HIA is that it brings together evidence of different kinds within a deliberative space, and this evidence is used to assess potential health and wellbeing impacts. It would be a disservice to HIA practice for this experiential evidence to be lost if the participatory focus of HIA were to be sidelined.

A further risk to legislating for HIA is that of incomplete institutionalisation, which may present a challenge to overall effectiveness. Resources and central support for HIA will be key in ensuring that institutionalisation at the government level is consistent, timely and effective. These resources must be planned and be in place in advance before any legislation takes effect. Otherwise, there is the risk of the sudden increase in demand and expectations that the current provision from WHIASU and those trained in LAs and LPHTs cannot fulfil.

According to HIA theorists such as Banken (2003) HIA needs to become part of the rules and procedures normally followed by decision making bodies if it is to realise its potential to catalyse intersectoral action for health. As such, WHIASU welcomes the inclusion of HIA as a legislative and mandatory requirement for the consideration of Health in all Policies at the national level.

CQ6: If we were to consider making Health Impact Assessment a mandatory requirement, which bodies do you think should be required to use it and in what circumstances?

HIA is applicable across a wide range of sectors, and part of its gift is that it does not currently require a long, formal training process in order to become a HIA practitioner.
Recently published WHIASU guidance, ‘Health Impact Assessment: A Practical Guide’, provides a step by step process for undertaking HIA, along with downloadable resources and signposting to useful information. In addition the Wales HIA Support Unit also provides a suite of training modules, ranging from a half day introductory course to more advanced modules, including quality review for HIA. HIA is currently used in Wales by a range of organisations and individuals including Welsh Government, Local Authorities, private planning consultants, Local Health Boards, Housing Associations, third sector organisations and communities. However, as there is no statutory requirement for HIA none of these groups are obliged to undertake HIA, although in some cases there is guidance suggesting its use.

HIAs are conducted on proposals, projects, programmes and policies that are likely to have impacts on people’s health and wellbeing, within the framework of the wider determinants of health. This has already been recognised at the policy level by HIA being written into guidance on proposals for opencast mine developments, new waste facilities and Welsh Government funded road developments. However, there is significant scope for the application of HIA outside of these areas, and a wide range of government policies are likely to impact on one or more of the wider determinants of health.

Our suggestion is that HIA should be a mandatory requirement for certain organisations on proposals and policies where HIA is appropriate, useful and able to be applied in a timely fashion. These organisations may include, but should not be limited to:

- Welsh Government
- Local Authorities
- Local Health Boards

Care should be taken to ensure however that through making HIA mandatory for organisations in certain circumstances that other organisations and individuals (including but not limited to housing associations, third sector organisations and communities) are not deterred from using the tool. Mandating for HIA at the community and third sector level would not be feasible (in part due to time and resource constraints), and maintaining the accessibility and usability of the tool for these types of groups is key as HIA has been demonstrated to be extremely useful for them.

WHIASU has produced a HIA screening tool, devised to aid decision making as to whether a full HIA is needed. The tool involves an initial assessment of potential health and wellbeing action, and outlines next steps for decision making. It has the potential to be modified for Welsh Government policy use, possibly being incorporated into a wider screening process – this is an area for further discussion.

However it is also acknowledged that public bodies are already asked to undertake a number of statutory assessments, such as Equality Impact Assessment, and there may be a danger of ‘impact assessment overload’. With reduced resources and limited capacity this has led to them increasingly trying to develop Integrated Impact Assessment Screening Tools in order to ‘tick the box’. These are limited in the extent that they consider a topic such as equality, health or environment and it needs to be made clear that these would not be considered as satisfying any legislation for HIA. These tools also pose a danger that these are seen as a way that health can be ‘scoped out’ of further work, minimised or be used to justify that health has been considered when in fact it has only been discussed superficially. Where Welsh Government or other public bodies commission or sub-

---

[15](http://www.wales.nhs.uk/sites3/news.cfm?orgid=522&contentid=24648)
contract to the private sector, planning requirements should include the appropriate use of
HIA, and further discussion needs to be undertaken in relation to the accountability of such
HIAs and protocols for quality review.

Further discussion is therefore required to consider how HIA can be required in a way that
is manageable, does not duplicate effort and makes best use of the knowledge, expertise
and evidence available.

Finally, there is an opportunity to link HIA to evaluation of major policies. Whilst the Welsh
Government has a good record of commissioning evaluations of major new policies and
initiatives (e.g. Free Breakfast Clubs in schools) HIA has been largely absent at the early
phases of policy development. HIA could provide a valuable framework for evaluation,
with evaluation testing mechanisms for change within different contexts as well as
measuring direct and indirect impacts on health status. This will also provide an
opportunity to test the assumptions built into the HIA process and will ensure that we have
a framework in Wales for on-going learning and evaluation of the HIA process itself.

CQ7: Do you think a new Bill could provide an effective platform for reducing health
inequalities in Wales, and if so how?

The inclusion of HIA can help to support this by building in the consideration of health
inequalities effectively within policy and decision making processes and can lead to
recommendations and actions to alleviate any negative impacts on identified vulnerable
groups within the population.

CQ9: How do you think an increased focus on empowering local people to influence
their health and wellbeing would be best achieved through legislation?

- Encouraging and promoting stakeholder participation in HIA
- Involvement of lay representatives /advocates in HIA (as a way of contributing to the decision
  making process). This should be applicable in HIAs at all levels, from Welsh Government to
  community level.
- HIA as a way to engage local people better in developing and applying policies which affect
  them. This is already happening in Wales at a local level, and steps towards this have been taken
  at the Welsh Government level e.g. through the Equity Action HIA project on Registration
  Scheme for Private Landlords in Wales, which has involved tenants and landlords throughout
  the HIA process.
- Discussion of the role of community/lay involvement is discussed by us in key publications. 16 17

Health and Illness, 30; 1101-1106
18 Elliott E Harrop E and Williams GH (2010) ‘Contesting the science: public health knowledge and action in
controversial land developments’ Bennett P, Calman K, Curtis S, and Smith D (eds) Risk Communication in Public
CQ10: Do you think it is preferable for us to progress our efforts to improve the health of people in Wales in a way other than introducing a new Bill?

Legislation is the most effective approach, as long as prior consideration and planning is given to how institutionalisation and embedding within decision making processes will take place, in particular in terms of resources and skills required. It is important both to ensure that HIA does not, on the one hand, become a tick box exercise but, on the other, that the process does not place a disproportionate burden upon organisations.