



Cardiff Health, Social Care and Well Being Strategy 2008 – 2011

Health Impact Assessment

Purpose

This report describes the process adopted in order to undertake a health impact assessment (HIA) of the Health, Social Care and Well Being Strategy (HSC&WBS) 2008 – 2011. It highlights some of the challenges within the Strategy and outlines some key recommendations to ensure that the Strategy has a positive impact on the health of the population and on reducing health inequalities.

Introduction

Health impact assessment is a tool that can contribute to decision-making and supports the development of integrated approaches to policies and programmes. It has been defined 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’ (EPHIA 2004). It is a process that considers the wider effects on health, of local and national policies or initiatives, and how they, in turn, may affect people’s health.

Background

The Welsh Assembly Government supports the implementation and application of health impact assessment through its policy direction (Better Health Better Wales, 1998), funding of the Welsh Health Impact Support Unit and through its promotion of Health Challenge Wales. In Cardiff, the use of health impact assessment was identified as a priority of the Cardiff Health Alliance soon after its inception in 2000. The Alliance agreed that health impact assessment is a useful tool in ensuring that strategies and plans make a positive contribution to the health of the population.

This health impact assessment of the HSC&WBS was undertaken in partnership with all key agencies and services involved in the development and implementation of the Cardiff Health, Social Care and Well Being Strategy 2008 – 2011.

Process adopted

All Chairs and key leads of the Health Alliance Task Groups and Advisory Planning Groups, along with appropriate partner representatives that reflected the broad scope of the Strategy (Appendix 1), were invited to participate in the health impact assessment workshop held on 9th January 2008. The programme for the workshop is attached (Appendix 2), together with the initial presentation (Appendix 3) that summarised the Strategy and outlined the purpose of the workshop. It was agreed

that as the entire focus of this Strategy is to improve the health and well being of Cardiff citizens, a full health impact assessment was not applicable and it was decided to undertake the screening stage of a health impact assessment.

Screening of the Cardiff Health, Social Care and Well Being Strategy 2008-2011

After considering a range of models of HIA, a screening tool was selected (see Appendix 4). This identified the key population groups and the determinants of health to be considered and facilitated the assessment of the impact of the Strategy on health.

a. Key population groups

It was agreed to consider the impact of the Strategy on the whole population and to reference specific population target groups, where relevant. The identified population target groups discussed were

- Children and young people 0 – 19 years
- Older People 65+ years
- Carers
- Communities with specific needs including minority ethnic communities, homeless individuals, asylum seekers, gypsies and travellers
- Areas of high socio-economic deprivation, particularly Communities First areas
- Individuals with a learning disability and /or physical impairment
- Individuals experiencing substance misuse issues/problems
- Individuals experiencing mental health issues/problems

Cross-cutting issues were also identified including

- People with long-term mental health issues
- Caring issues
- Vulnerable children and young people e.g. looked after children.

b. Key determinants of health

The key determinants assessed fit within the layers of the Dalghren and Whitehead Model of Health (see presentation, Appendix 3) and included:

- Individual lifestyle factors
- Social and community networks
- Living conditions
- Working conditions
- Services (access to and quality of)
- Socio-economic, cultural and environmental and sustainability factors
- Macro-economic factors

Initially positive and negative impacts of the Strategy were analysed and the general consensus was that the Strategy should deliver a positive contribution to health. Discussion therefore focused on the identified risks and actions required to manage and reduce the risks. The suggested actions were grouped and prioritised.

Outcomes

The health impact assessment of the Strategy recorded the risks and proposed actions in Table 1.

Table 1 Key determinants, risks and actions

Key determinant	Risks	Action
Improving Lifestyles	It was agreed that the impact of the Strategy should generally be positive but there could be different levels of activity and impact e.g. more work on sexual health with children and young people than older people so a different impact would be experienced	<ul style="list-style-type: none"> • Links between critical issues e.g. physical activity and ageing well • Importance of partnerships • Target work at specific groups and recognise inequalities within the target groups.
Social and Community Networks	Risks included lack of support to Ageing Well Programme, Communities First, community health development, the LSB/Transforming Neighbourhoods programme, Community Safety and the equality agenda	<ul style="list-style-type: none"> • Ensure equality issues are explicitly highlighted in the health improvement chapter • Refocus on prevention and health inequalities • Clarify how community cohesion impacts on health
Living conditions	Risks included <ul style="list-style-type: none"> • Built environment, e.g. out of town stores, impact on community and social cohesion • Environment and health need to be linked • Health versus economic agenda. It was noted that the Cardiff Bay redevelopment had not improved quality of life for Butetown residents 	<ul style="list-style-type: none"> • Awareness raising with regards to the impact on health of transport, planning policies etc • Support the WHO Healthy Cities approach to influence planning developments • Different strategies need to be linked in order to create greater synergy and messages e.g. with regards to healthy urban planning and impact on health. • Promote the health impact assessment process across and within organisations

Key determinant	Risks	Action
Working conditions	Risks considered <ul style="list-style-type: none"> • Issues for many groups who may not be in employment • Access to return to work and volunteering opportunities • Geographical areas have different opportunities • Impact of poverty • Access to workplace for those with disabilities (DDA should improve opportunities) 	<ul style="list-style-type: none"> • Recommend targeted focused action e.g. geographical • Implement further the Corporate Health Standard • Consider access issues • Support workplace health promotion initiatives
Services	Risks considered <ul style="list-style-type: none"> • Physical access • Lack of access to services • Quality of services • Equality issues re data collection • Monitoring of Learning Disability services 	<ul style="list-style-type: none"> • Improve data collection with regards to access to services • Resolve the issues of the different data systems between organisations • Develop increased capacity within voluntary sector • Work together strategically for improved local agreement on use of IT between partners
Socio-economic, cultural, environmental & sustainability	Risks considered <ul style="list-style-type: none"> • Air quality management • Noise • Food & Health Strategy – ecological footprint, local procurement etc • Aspects of physical activity strategy • Influence local and national strategic direction 	<ul style="list-style-type: none"> • Should be greater links with sustainability agenda • Need to ensure strategic policy linked eg healthy urban policy and physical activity • Progress and implement the Healthy Cities approach

Prioritised actions and recommendations

From the discussions and listed actions, the following three priority actions were agreed:-

1. Effective partnership working that is subsumed within the Local Service Board process and includes very senior level commitment, resources, identification of a Strategy Champion, and compatible IT systems is essential if the implementation of the Strategy is to achieve an improvement in the health of the population
2. Target work and set priorities to explicitly address health inequalities and to move the health and social care agenda to health improvement and disease prevention. Within this work there will be a need to develop actions to address issues of poverty and deprivation and promote the use of health impact assessment across organisations and policies
3. Develop links between and within key strategies and priority areas to ensure positive impact (e.g. older people and mental health)

Conclusions

This report describes the process adopted to undertake a health impact assessment of the Health, Social Care and Well Being Strategy 2008 – 2011. It highlights some of the challenges within the Strategy and outlines key priority actions to ensure that the Strategy has a positive impact on the health of the population and on reducing health inequalities. It is proposed that the priority actions are shared with stakeholders and become fully adopted within the implementation of the Strategy.

Recommendation

Following the Health Impact Assessment on the Cardiff Health, Social Care & Well Being Strategy it is recommended that partners and stakeholders consider the assessment and prioritised actions to ensure the HSC&WB Strategy is a priority of partner organisations and prioritising health and reducing health inequalities is a priority of all.

Through the Health Alliance structures, health improvement and reducing health inequalities should be prioritised and implemented via Implementation Plans and future strategies.

February 2008

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References

European Policy Health Impact Assessment Project Group (2004) European Policy Health Impact Assessment – a Guide. European Commission

National Assembly for Wales (1998) Better Health, Better Wales. National Assembly for Wales, Cardiff

Appendix 1 Participants

NAME	ORGANISATION
Christine Jenkins	Cardiff Council, Health Partnership Team
Sue Toner	Local Public Health Team, Cardiff LHB
Mary Powell Chandler	Cardiff Council, Community First
Posy Akande	Cardiff Council, Adult Services
Linda Pritchard	Voluntary Action Cardiff
Sue Hutton	Chair, Carers APG
Alison Jones	Cardiff Council, Health Improvement Team
Julia Barrell	Cardiff LHB, Mental Health Service Development Manager
Denise Moriarty	Cardiff Council, Chair Learning Disabilities APG
Maria Morgan	Cardiff University School of Dentistry
Lauren Holloway	Local Public Health Team, Cardiff LHB
Lorna Bennett	Local Public Health Team, Cardiff LHB
Eryl Powell	Local Public Health Team, Cardiff LHB
Richard Hibbs	Cardiff Council, Children & Young Peoples Partnership
Conny Carnuth	Cardiff Council, Health Partnership Team
Bronia Bendall	Cardiff Council, Health Partnership Team
APOLOGIES	
Nici Evans	Cardiff & Vale NHS Trust
Sue Schelewa	Cardiff Council, Chair Older Persons APG
Bruce Whitear	Cardiff Local Health Board, Chair Sexual Health APG
Erica Painter	Cardiff Council, Substance Misuse Officer
Alan Clouth	Cardiff Council, Adult Services



Cardiff Health, Social Care and Well Being Strategy 2008-2011

Health Impact Assessment Workshop

Wednesday 9th January 2008 from 1pm - 4.30pm
The Lecture Theatre, Maindy Pool

Programme

Aim

To perform the screening stage of a health impact assessment on the Health, Social Care and Well Being Strategy 2008-2011

Objectives

- To briefly review the key elements of the Health, Social Care and Well Being Strategy 2008-2011
- To introduce the concept of health impact assessment
- To present an overview of the key principles of undertaking a health impact assessment
- To agree the screening tool
- To assess the positive and negative impacts on health of the Strategy
- To determine the actions required to support the positive impacts and minimise the negative impacts

Programme

1.30pm	Welcome and introductions
1.40pm	Brief overview of the Strategy and needs assessment
1.50pm	Health Impact Assessment – key concepts and principles
2.05pm	Introduction to the screening tool
2.15pm	Workshop – assessing the positive and negative impacts of the Strategy on health
3.15pm	Tea
3.30pm	Feedback
4pm	Prioritising actions
4.15pm	Next steps
4.30pm	Close

Appendix 3 Presentation

Acrobat file attached

Screening tool

Health Impact Assessment Screening Tool

The following questions prompt you to identify potential health impacts of the strategy. The key population groups (below) were identified within the Strategy. Add other groups that may be affected, particularly those people who experience health inequalities. Describe the health impact using the symbol '+' or '-' for a positive or negative impact. Use the action column to describe what action you could take to reduce negative impacts and enhance positive impacts.

Population Groups

- Whole population
- Children and young people aged 0-19 years
- Older people
- Communities with specific needs - includes minority ethnic communities, homeless people, asylum seekers and gypsies and travellers
- Carers

Additional groups

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Key issues

- Mental health
- Improving lifestyles and well-being
- Sexual health
- Substance misuse
- Physical and sensory impairment
- Learning disability

Will the policy have an effect on	Populations affected	Description of health impact (+ or -)	Action
<p>Individual lifestyle factors Smoking, nutrition and health eating, physical activity, alcohol / drug misuse, sexual health, Propensity to use health and care services</p> <p>Skills and knowledge, training and education</p>			
<p>Social and community networks Family: Structure and function, Parenting</p> <p>Community: Social support mechanisms, social networks, neighbourliness. Peer pressure. Community divisions, degree of isolation. Historical identity, Cultural and spiritual ethos</p>			
<p>Living conditions Built environment, civic design and planning, housing, noise, smell, air and water quality, physical view and outlook, public safety, waste disposal, road hazards, injury hazards, Safe play spaces</p>			
<p>Working conditions Employment, workplace conditions, occupation, income</p>			
<p>Services: (access to and quality of)</p>			

<p>Medical services, caring services, careers advice and counselling, shops and commercial services, public amenities, transport, education and other services. Access to information technology.</p>			
<p>Socio-economic, cultural and environmental and sustainability factors: Biological diversity, efficient use of resources, pollution, diversity / local distinctiveness, climate.</p> <p>Macro-economic factors: Political climate, GDP, economic development., policy climate.</p>			

This screening tool was adapted from the tool developed by the Devon Health Forum, December 2003