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A programme for Health Impact Assessment in Brighton and Hove

Summary

HIA is based on the theory of health determinants, which recognizes that well-being is determined by a wide range of economic, social and environmental factors, by heredity and medical intervention. The intended HIA procedure represents a new approach to the evaluation of all local authority policies in order to assess their potential health impacts and to improve the quality of governmental decisions, through recommendations to enhance predicted positive health impacts and minimize negative ones.

Introduction

Health impact assessment (HIA) has been defined as “*the estimation of the effects of a specified action on the health of a defined population*” (Scott-Samuel 1998). It is widely recognised that public policies have important impacts on health. HIA is a means of evidence based policy making to improve health (Lock 2000). It involves considering a broad range of evidence within a structured framework to influence the decision making process.

The aims of prospective HIA are twofold (Pencheon et al 2001):

1. To assess the potential health impacts, both positive and negative, of projects, programmes and policies
2. To improve the quality of public policy decisions by making recommendations that are likely to enhance predicted positive health impacts and minimize negative ones.

There is no accepted gold standard for carrying out a HIA however it is accepted that there are three broad levels of HIA:

- i. A comprehensive HIA for major projects such as building or closing a hospital that would typically take about six months.
- ii. A rapid appraisal for less costly services or changes to existing services that would typically take about 2 months.
- iii. A policy audit for all new policies or policy changes that consists of working through a checklist of issues and would typically take about 2 hours.

Even within these three broad levels however, in practice, there is scope for a spectrum of activity.

In the UK, while there is no statutory requirement to undertake HIA their importance is recognised as a tool with the potential to improve health and to address health inequalities (UK Department of Health 1999; UK Department of Health 2004) The UK government has made a commitment to “build health into all future legislation by including health as a component in regulatory impact assessment” (UK Department of Health 2004).

There is also considerable interest in HIA within the European Community. Article 152 of the Amsterdam Treaty stipulates that “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”. A European Policy Health Assessment Guide was published in 2004 for use in EU policy development, but is also seen as applicable at Member State level. Article 14.2 of the WHO “Health for All in the 21st Century” Policy Document (1999) calls for Member States to put into place mechanisms to evaluate the impact of their policies on health. HIA is one of the three core themes of WHO HC Programme Phase IV, and healthy cities such as Brighton and Hove are encouraged to share experience and good practice with other European cities in the WHO Healthy Cities Network.

There has been interest in undertaking HIAs within Brighton and Hove for some time and activity has been heightened by

achievement of WHO Healthy City Status in 2004. This paper summarizes the Health Impact Assessment programme and progress to date in Brighton and Hove city undertaken by Brighton and Hove City Primary Care Trust and its partners.

Health Impact Assessment Activity in Brighton and Hove

Three key health impact assessments have been undertaken in recent years in Brighton and Hove.

1. An assessment of the potential health impact of a proposed Energy from Waste Plant in North Quay, Newhaven.
2. An assessment of the health impact from the introduction of a staff travel plan for Brighton and Hove City Council Staff;
3. A assessment of the health and economic impact of the introduction of extending smoke-free public places in Brighton and Hove

1. HIA of a proposed Energy from Waste Plant in North Quay, Newhaven

Purpose

East Sussex, Brighton and Hove Health Authority, the fore-runner organisation of Brighton and Hove City PCT and neighbouring PCTs across East Sussex, formally objected to the East Sussex Brighton and Hove Waste Local Plan. The reason for this was the proposed construction of an Energy from Waste Plant (incinerator) in Newhaven, a small coastal town situated about 10 miles from Brighton and Hove. As a result a HIA (Level 1) was commissioned as evidence to be submitted to a Public Inquiry on the Energy from Waste Plant. National expert advice was sought as part of this HIA which was led by Sussex, Downs and Weald Primary Care Trust.

Methods

The potential anticipated adverse effects from the incinerator comprised:

- Emissions from the incinerator causing an increased risk of cancer and respiratory disease
- Contamination of breast milk by dioxins
- Contamination of cows' milk by dioxins
- Increased road traffic accidents, through increased traffic
- Increases in health inequality, and consequently an increase in the burden of ill health in less well-off communities, through (i) blighting of the process of economic regeneration, (ii) causing the relocation of business outside

the area, and putting off new investment, (iii) lowering house prices.

- The risk of adverse incidents, including accidentally increased emissions.
- Environmental equity: there was concern that unwanted waste facilities are placed among already disadvantaged communities would lead to further health and social inequality.
- The psychological consequences to a community of being forced to accept an incinerator which is considered to degrade the environment

The national Chemical Incident Response Service (CIRS) was therefore commissioned to undertake a literature review covering the nature and health effects of emissions from the proposed incinerator and to map the expected impact on air quality using data from a similar incinerator (SELCHP, South London). Data on local demography, health indicators and social indicators were collated to form a description of the local population and its geography. These data were used to inform an assessment of the range of health effects and risks expected to occur as a result of the construction of the proposed incinerator at North Quay, Newhaven.

Findings

The Primary Care Trust leading the work concluded, in their evidence to the public enquiry that:

- There were significant health concerns about the choice of Newhaven's North Quay as a site for an incinerator, given the current state of knowledge about long-term risks and the surrounding dense population.
- The development of the incinerator, or indeed any other development on the North Quay should be preceded by improvements to the main road, the A26, due to the anticipated heavy burden of traffic. Child pedestrians were considered to be particularly at risk.
- The proposed incinerator might impair the process of economic regeneration and possibly lead to unemployment with consequent on the population's health.
- In proposed situation of the incinerator meant that the unknown risks of incineration were likely to be borne by relatively deprived populations.

2. HIA of the staff travel plan for Brighton and Hove City Council Staff

Purpose

Following the introduction by Brighton and Hove City Council (BHCC) of a staff travel plan aimed at reducing car use,

Brighton and Hove City PCT were requested to conduct a HIA. The main purpose of this HIA was to assess the implementation of the BHCC Staff Travel Plan and highlight potential health effects.

Methods

A policy audit approach (level 3) was chosen initially as there was a short time scale for this work. The framework was developed from a literature review of other transport HIAs (Douglas et al. 2001, Fleeman & Scott-Samuel 2000). However, discussion of draft documents with senior council staff meant that the HIA process lasted one month. It was recognised at the time that among the key limitations of this approach was the low involvement of other stakeholders (council employees) and the retrospective nature of the HIA with regard to the implementation of the staff travel policy.

A small study group was formed to steer the work. A public health doctor reviewed the literature on transport and health using the following categories: air pollution; road traffic injuries; physical activity; community severance; noise; access/mobility and inequalities. A population profile was drawn up from a previous Staff Travel Survey and sub groups of the staff population who might be affected differentially by the policy were identified.

A matrix was derived with a scoring system of positive impact (+); negative impact (-); or no impact (o) for each category (Table 1). The health impacts of changing to walking, cycling and bus travel were graded by the author and tabulated.

The draft HIA was presented to the City Council by the Primary Care Trust public health team. After discussion some revisions were made. These revisions essentially concerned issues of presentation.

Findings

i. Accidents

BHCC should continue to support initiatives to increase safety for cyclists and walkers. BHCC should actively promote

bus travel for employees (15% of staff travelled compared to the national figure of just 8%).

ii. Air and noise pollution

BHCC should actively promote alternatives to single occupancy car use for travel to work and at work. Although 60% of workers travelled to work by, just 3–7% of staff shared car use. BHCC should continue to encourage bus companies to invest in low pollution buses through the bus partnership.

iii. Physical activity

BHCC should support staff that currently cycle or walk to work and encourage uptake of these modes of transport. Walking or cycling to work is as good as a training programme. Just 18% of staff walked to work and only 5% cycled. There should be links with other initiatives such as “safe walking to school”.

iv. Access and inequalities

BHCC should follow up its commitment to support staff that may have been affected adversely by the policy. Groups identified included those on low incomes; parents and carers; the disabled and those who worked unsociable hours. BHCC should appoint a travel manager to ensure that these groups are not disadvantaged by the policy within the corporate management framework.

A large proportion of low income employees job shared or work part-time. They were less likely to have a parking permit and more likely to travel by bus, or walk. The financial implications of paying for on-street parking would be greatest for this group. Parking enforcement should address the issue of tariff structures discriminating against those who work part time.

Public transport should be further improved to provide the disabled; parents and carers and those working unsociable hours more healthy transport choices.

Table 1 Health impacts of a shift from car travel to bus travel by staff
 A positive impact on health is denoted by (+); a negative impact on health is denoted by (-) and no impact by (o).
 A similar table was constructed detailing the health impacts of a shift from car travel to cycling and walking by staff.

Group affected by Impact	Pollution	Accidents	Physical Activity	Community severance	Noise	Access/mobility	Inequalities
a) Low income	+	+	+	+	+	+	-
b) Parents/carers	+	+	+	+	+	-	-
c) Disabled	+	+	+	+	+	-	-
d) Unsocial hours	+	o	+	+	+	-	-
e) Total staff pop.	+	+	+	+	+	o	o
General Population of Brighton	+	+	o	+	+	o	o

v. Monitoring of future impacts

A staff travel manager should be appointed to support working lifestyles dependent on sustainable transport options.

3. HIA of the extension of smoke-free public places in Brighton and Hove

Purpose

Improving lifestyles is a key priority for the Brighton & Hove Healthy City programme. This includes an objective to reduce harm caused by direct or indirect smoking through tobacco control measures. To this end the City Health Partnership (CHP), which leads the Brighton & Hove Healthy City programme, requested a HIA of extending smoke-free environments within the city. The purpose of the HIA was to empower local politicians with a robust evidence base of the potential positive and negative impacts on the public's health, social well-being and the local economy of policy change to extend smoke free environments in Brighton & Hove.

Methods

Accumulated expertise and experience in HIA and the availability of a reasonable time frame enabled more formal methods to be drawn up.

- i. Screening
- ii. Scoping
- iii. Appraisal
- iv. Reporting
- v. Decision-making
- vi. Monitoring and Evaluation

There is a wealth of national epidemiological data, which clearly implicates the harm caused by direct and indirect smoking. Smoking kills over 120,000 people in the UK each year. It is the biggest single cause of preventable illness and early death in the UK. Smoking costs the NHS up to £1.7 billion a year in England and significant additional cost in days lost at work due to smoking related ill-health. Breathing other people's cigarette smoke (known as second-hand smoke or Environmental Tobacco Smoke [ETS]) can increase the risk of developing cancer, heart disease and other illnesses (UK Department of Health 1998).

In Brighton and Hove, there has been a significant decrease in the number of people who smoke daily, from 27% in 1992 to 20% in 2003 (Brighton & Hove City Primary Care Trust 2004). A greater proportion of unemployed respondents smoke – 51.5%, compared to 32% of employed and smoking prevalence is highest in the most deprived areas. In addition screening was informed by the strengthening national policy

context. The UK Government White Paper for England, 'Smoking Kills' (UK Department of Health 1998), the Health and Safety at Work Act 1974 (The Stationery Office 1974), the Chief Medical Officer's (CMO) for England annual report for 2002 (UK Department of Health 2002) and the 2004 Public Health White Paper – Choosing Health (UK Department of Health 2004) – which outlines the government's intentions to shift the balance significantly in favour of smoke free-environments so that by the end of 2008, all enclosed public places and workplaces will be smoke-free except those specifically exempted.

A small working group was established to steer the development of the HIA. The HIA was divided into three parts:

i. Desk research

This comprised a review of the evidence base for the health, social and economic impacts of smoke free public places. The desk research reviewed the national and local epidemiological data on the impact of smoking, including the economic costs. The desk research also reviewed the international experience of countries and regions that have introduced legislation to extend smoke free environments.

ii. Public survey

An online and postal survey public consultation on smoke-free public spaces adopted and adapted the *Big Smoke Debate* online survey questionnaire developed by the London Health Commission was undertaken. The survey was supported by a promotional campaign that included information on the effects of direct and indirect smoking on health, and promotion of the local, free, NHS stop smoking services. NHS staff distributed campaign information and hard-copy questionnaires to members of the public outside a busy shopping precinct. Several sessions of direct contact with members of the public were successful in raising the number of completed online and postal questionnaire returns. Press releases explaining the Big Smoke Debate also secured positive media coverage in the local written press, radio and television.

The Big Smoke debate culminated in a public debate chaired by a national media presenter. Panel members consisted of the Acting Director of Public Health, a representative from the local business community and a spokesperson for Forest (a national pro-choice smoking lobbying group). Members of the public were able to ask questions and pass comment.

iii. Consultation with business sector

A postal survey and group workshop consultations with business owners and managers in the hospitality industry and manual workplaces is currently coming to a close. (February 2005). The questionnaire survey focused on the economic

impact of extending smoke free environments. The group workshop consultations provided an opportunity for business owners and venue managers to express their views on wider issues such as crime and safety concerns, from potentially increased number of people smoking on street pavements.

Findings

Over 3,700 people responded to the postal and on-line survey. Of these 23% were smokers, 36% ex-smokers and non-smokers 41%. Responses are summarized in Table 2.

At the time of writing, the business sector consultation has yet to be completed, however the HIA process has already had a positive influence on local policy. Brighton & Hove City Council passed a motion in support of a national legislative agenda to enforce smoke-free policies in all workplaces in September 2004 and introduced a city-wide smoking charter in May 2005 to coincide with the annual Brighton & Hove Cultural Festival. This is the biggest arts festival in England. For the first time all venues in the Festival will be smoke-free. The steering group has undertaken an interim review of the HIA and outlined key learning points and concluded that it successfully engaged all sectors within the city and that there exists a strong evidence-base, a consensus of local opinion and strong cross-party political commitment to achieve a smoke free city.

Lessons learned from Health Impact Assessment in Brighton and Hove

To date in Brighton and Hove a range of HIAs has been conducted. A number of useful lessons have been learned.

HIA provides a very useful framework for partnership working and for change.

HIA can have positive effects and can provide decision makers with insights outside the original remit under consideration.

HIA at Level 3, although relative inexpensive and timely in execution, suffers from a lack of public engagement which can dilute the strength of any conclusions.

Table 2 Results of Big Smoke Debate Survey

- 78% would support a law to make all work and public places smoke free
- 83% want smoking banned in indoor public places
- 43% want public places both indoors and outdoors to be smoke free
- 89% are bothered by tobacco smoke inside public places
- 60% feel a ban on smoking in public places would help or would have helped them give up.

Desk-based research is particularly useful for informing the screening and scoping stages of an HIA.

The commissioning of outside expertise as is required in Level 1 is not without costs but can ensure a high level of expertise with regard issues which are high profile, such as the construction of an incinerator. It can also help defuse any accusations of partiality on the part of local statutory authorities.

When undertaking a Level 1 HIA, a balance needs to be sought between effective planning and preparation and the time frame within which a decision is required.

To be fully effect, an HIA has to be prospective (conducted before a proposal has been made). However, it should be anticipated that during the HIA process, national and local policy context may shift and this should be reflected in any final document.

HIA has proved an effective mechanism in Brighton and Hove for dealing with a range of issues and for engaging partners and the public in important health related debates.

The achievement of Healthy City Status is seen as a platform to launch an extended programme of HIAs to further inform important decisions across the city. At the time of writing a programme of HIAs with identified funding is being drawn up.

Acknowledgements

The authors wish to thank Dr. Angela Iversen, Dr. Jackie Cas-sell, Dr. Tamsin Critchlow, and Ms Kate Benson.

Zusammenfassung

HIA hat das Potential, die Qualität von politischen Entscheiden zu verbessern. Trotz bewährter Techniken wurde dieses Instrument jedoch bis anhin eher selten eingesetzt. In Brighton und Hove, UK wurde HIA in der Folge der Teilnahme am Healthy City Network der WHO zur Beurteilung von wichtigen Projekten und als Mittel zur Strategieüberprüfung implementiert. Der vorliegende Beitrag diskutiert einige Aspekte, die aus dem Einsatz von HIAs in Brighton und Hove resultierten.

Résumé

Les études d'impact sur la santé se basent sur la théorie des déterminants de la santé: le bien-être est déterminé par un variété de facteurs économiques, sociaux et environnementaux, ainsi que par l'hérédité et les services de soins. Les études d'impact sur la santé représentent une nouvelle approche pour l'évaluation de toutes les politiques cantonales: elles permettent d'analyser leurs potentiels effets sur la santé et d'améliorer la qualité des décisions gouvernementales en fournissant des recommandations propres à augmenter leurs impacts positifs prévus et à en réduire les effets négatifs.

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