More art than science? HIA as a partnership activity in Scotland

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• Scotland population: 5.3 million
• USA: 319 million
• California: 39 million

• Scottish Government – devolved responsibility for health

Scottish Health and Inequalities Impact Assessment Network
HIA in Scotland
1998 Green paper: 6 mentions of Health Impact Assessment

1999: ‘The Public Health Strategy Group will promote the widespread use of Health Impact Assessment when formulating Government policies’

2008: ‘Integrated impact assessment processes for public policies and programmes should be developed and implemented at national and local levels’
But other SG departments less supportive….

‘The Scottish Government has no current intentions of putting Health Impact Assessments on a statutory footing …..

…. A number of planning authorities have, quite understandably, expressed concern about the challenges in implementing the new planning system. The introduction of Health Impact Assessments can only add to those challenges.’

Letter from Chief Planner in 2008
A cacophony of assessments...

- Environmental Assessment
- Strategic Environmental Assessment
- Health Impact Assessment
- Equality Impact Assessment
- Human Rights Impact Assessment
- Carbon Impact Assessment
- Business and Regulatory Impact Assessment
HIA in Scotland

• (some) policy support… but not a requirement
• No dedicated staff or other resource
• No HIA consultancies
• Environmental consultancies have no health professionals
• > 1000 people in various public health roles, mostly in the national health service
Scottish Health and Inequalities Impact Assessment Network

• Running since 2001
• Coordinator one day per week, no other dedicated funding
• Now part of Scottish Public Health Network

• Aim to promote and support HIA and inclusion of health in other impact assessments
• Evidence based guides to HIA of specific sectors
• General HIA guidance
• Training
• Support and advice to colleagues
Networking on a shoestring

• Aim for better policies – not just better assessment
• Integration of assessments
• Proportionate use of resources and methods
  ➢ Do a scoping workshop, other evidence if it will inform decision
• Build into mainstream roles and other processes
• Partnership approach
HIA steps

Proposal

Screening

Scoping

Appraisal

Decision

Recommendations

Monitoring
South Lanarkshire Leisure and Culture

- Not for profit charitable company - manages sports centres, outdoor recreation facilities, museums, libraries, arts venues and community halls formerly managed by South Lanarkshire Council – 9 million attendances per year
- Grant funding from council and other sources

- Lanarkshire Health Board approached SHIIAN asking for support to do an ‘HIA of SLLC activities’ to inform decisions about funding cuts

- Is this an HIA?
- What is the proposal to be assessed?
What we did

• Set up a group
• Scoping workshops with SLLC staff
• Local profile
• Service data
• Literature review
• Rapid appraisal to consult users of facilities
• Analysed and summarised impacts
• Generated recommendations
• Drafted report
Who did the work

- Set up a group - LHB, SLLC, SHIIAN
- Health profile - LHB, SHIIAN
- Service data - SLLC, SHIIAN
- Scoping workshops with SLLC staff – SHIIAN, SLLC
- Literature review - SHIIAN
- Rapid appraisal to consult users of facilities - SLLC, SHIIAN
- Analysed and summarised impacts - SHIIAN, LHB, SLLC
- Generated recommendations - SHIIAN, LHB, SLLC
- Drafted report – SHIIAN, LHB, SLLC
Areas of impact

• Some relate to specific service
  – Physical activity
  – Learning and skills development
  – Bibliotherapy

• Some generic to all community venues
  – Social capital
  – Opportunities for integration of other services
  – Importance of staff attitudes and approach
Museums, Cultural and Community Venues
- Collections
- Access to IT
- Information, advice, guidance
- Study support
- Formal and informal learning
- Community spaces
- Outreach

Knowledge and learning
- Enjoyment
- Participation
- Community resource

Intrinsic benefits

Extrinsic benefits: intermediate outcomes
- Skills development
  - Speech, language and communication
  - Literacy
  - Other adult basic skills
  - Business and career management skills
  - Personal, social and emotional skills
  - Historical and aesthetic appreciation

Wellbeing
- Self management abilities
- Reduced boredom and social isolation
- Happiness and improved mental wellbeing

Social Capital Formation
- Involvement in service design
- Volunteering
- Development of social networks and relationships
- Capacity building for third sector
- Awareness of rights, benefits and external services

Extrinsic benefits: longer term outcomes
- Improved employability
- Improved educational attainment

Increased life expectancy
- Better quality of life
- Reduced health and social care costs

Improved ability to maintain relationships
- Coherence
- Meaning
- Control
- Reduced loneliness
- Better social outcomes
- Community pride in resources

Assumptions: museums, cultural and community venues are accessible to a range of users – barriers identified and removed; there is support to access and use resources provided; heritage and installations made accessible and relevant and adapted to feedback; active engagement of local people; space available for community use.
Outcomes

- A national resource
- Better links between LHB and SLLC
- Further work on integration of services
- Further assessments of proposed plans
- Health Management Plan
- Understanding of facilities as community resource
Conclusion

• Improving policy for health - with little resource
• How far to compromise on best practice?
• Partnership approach
  – Adds resource
  – Use of expertise
  – Share skills
  – Can influence minds as well as actions
  – Relationships as important as expertise