population's health issues) amongst a range of other factors, and proposed mitigation measures.

For further information on EIA, see:
www.communities.gov.uk/index.asp?id=1143248

Integrated Pollution Prevention Control (IPPC)

The IPPC aims to achieve a high level of protection of the environment by preventing or reducing the emissions of certain industrial activities into the air, water and land. PCTs are statutory consultees for permits issued to industry by the environmental regulators. The primary focus is on health protection.

Health Protection Agency guidance:
www.hpa.org.uk/hpa/chemicals/ippc.htm.

Defra guidance
www.defra.gov.uk/environment/ppc/envagency/pubs/pdf/ippcguide_ed4.pdf

Equality Impact Assessment (EQIA)

Public bodies have a duty to assess the impact of their policies on different groups within the population to ensure they do not discriminate and, where possible, promote equality of opportunity. RAs are required to carry out an EQIA on their plan or programme. Each plan or programme will have a differential impact in relation to age, disability, gender, race, religion or belief, or sexual orientation and will need to ensure that human rights are protected by treating everyone with fairness, respect, equality and dignity.

An EQIA screening has been carried out in relation to this document, but not in relation to plans and programmes to which it is applied. It shows that there are likely to be differential experiences, issues and priorities for the six equality categories and that there is potential for promoting equality of opportunity and promotion of good relations between different groups. A summary of the assessment is in Annex B.

2.5 Relevant plans and programmes

Overview of plans and programmes subject to SEA

SEA is required for certain categories of plans and programmes where they are determined to be likely to have significant environmental effects.

Key point box 4: Plans and programmes subject to SEA

SEA is mandatory for plans and programmes which meet the criteria of the SEA Directive, and which:

- are prepared for agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use and which set the framework for future development consent of projects listed in Annex I and II of the EIA Directive (85/337/EEC) or the likely effect on sites which have been determined to require an assessment pursuant to Article 6 or 7 of the Habitats Directive (92/43/EEC); or
- which, in view of the likely effect on sites, have been determined to require an assessment pursuant to Article 6 or 7 of the Habitats Directive (92/43/EEC).

The SEA Practical Guide includes a list of types of plans and programmes that meet the criteria of the Directive. These are outlined in Table 1.

Table 1: Plans and programmes requiring SEA

Plan/ programme	Examples	Responsible authority (RA)	Approximate no. and review period
National	Oil and Gas Licensing Rounds; Offshore Windfarm Site Licensing Rounds	Department of Trade and Industry	One per year
Regional	RSSs; Mayor's Spatial Development Strategy (London Plan)	Regional planning bodies; Greater London Authority	One per Government Region (9), reviewed as required and highlighted by annual monitoring reports
	Regional economic strategies	Regional development agencies; London Development Agency	As above
	River Basin Management Plans (RBMP); National Park Management Plans	Environment Agency; National Park Authorities	11 RBMPs

Local	Local Development Documents (LDD) – DPDs and SPDs	Local planning authorities (LPA) – County Councils; Unitary Authorities; District Councils	1–2 per LPA per year up to 2010, 388 LPAs in total, reviewed as required and highlighted by annual monitoring reports
	Local Air Quality Action Plans; Local Housing Strategies; Municipal Waste Management Strategies (MWMS)	Local authorities, including waste collection/disposal authorities for MWMS	Varies
	Local Transport Plans	Local authorities – local transport authorities (LTA)	One per LTA, 82 in total, reviewed every 5+ years

Plans and programmes have different timescales according to their statutory requirements. Based on current statistics, there are between 300 and 400 plans and programmes subject to SEA being prepared each year in England (most of which are at the local level) but there are peaks and troughs of activity. In addition to the types of plans and programmes outlined above, it is for the RA to decide whether other plans or programmes require SEA.

Plans and programmes covered by SEA are those that are required by legislative, regulatory or administrative provisions (Article 2 of the Directive); they therefore have a different status from health plans, which are usually required as a result of national policy and priorities for the NHS.

It has been established that the SEA Directive does not apply to any NHS plans or programmes. However, the NHS may choose to undertake voluntary SEA on large-scale plans (see Case study box 2). This could result in both financial benefits for a PCT and health benefits for its population. Furthermore, it would build SEA capacity within the PCT, allow an opportunity to demonstrate good practice and support the creation of networks between PCTs and planners.

It is important that national and regional plans and programmes consider the population's health, as they provide the framework for more localised plans and programmes. The level in the planning hierarchy will also determine the appropriate detail required.

Case study box 2: Voluntary SEAs

Health organisations have found it extremely useful to carry out SA/SEA procedures on plans, programmes and strategies that do not require assessment. An SA was carried out on the West Midlands Health Strategy to ensure all the relevant effects of this important policy were assessed.

www.go-wm.gov.uk/497745/docs/379127/482801/choosinghealth

Spatial plans

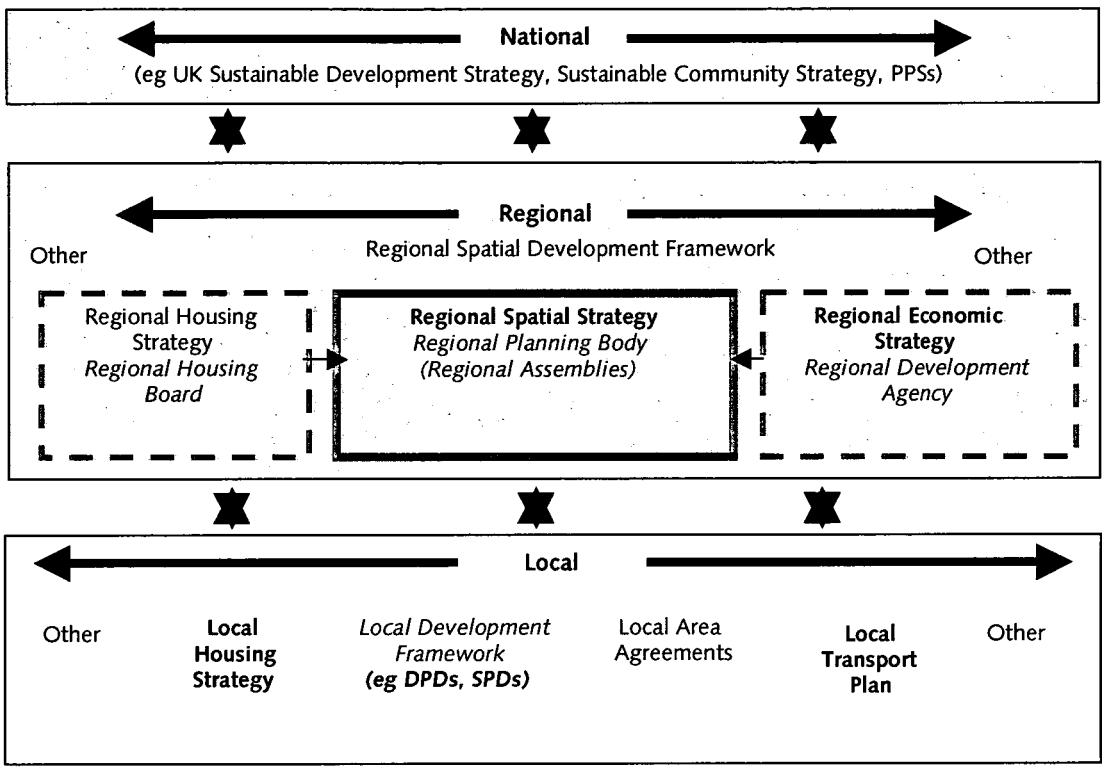
England has a 'plan-led' system which sets out what can be built and where. The highest tier of this is national policies including planning policy statements (PPSs), which explain statutory provisions and provide guidance to local authorities and others on planning policy and the operation of the planning system. They also explain the relationship between planning policies and other policies that have an important bearing on issues of development and land use. Health considerations are found throughout many PPSs. See also: www.communities.gov.uk/index.asp?id=1143803

Regional planning bodies and local planning authorities must have regard to PPSs in preparing RSS revisions and local development frameworks (LDFs) respectively. LDFs are comprised of:

- local development documents (LDDs) – DPDs and SPDs;
- a local development scheme, setting out the programme for LDD preparation;
- a statement of community involvement (SCI) specifying how the authority intends to involve communities and stakeholders in all aspects of the planning process;
- an annual monitoring report, setting out progress in terms of producing LDDs and implementing policies, and also meeting the requirements of the SEA Directive where applicable; and
- any local development orders and/or simplified planning zones that have been adopted.

SA, incorporating the requirements of the SEA Directive, must be undertaken in preparing RSS revisions, DPDs and SPDs. DPDs, together with the relevant RSS, form the statutory development plan for an area. An overview of the spatial planning system in England is provided in Figure 3.

Figure 3: The spatial planning framework in England (CLG)



Note: Plans requiring SEA are in bold. Spatial plans are in italics.

There are already set processes for involving health organisations and health considerations in planning. For example, strategic health authorities are specified Consultation Bodies for both RSS and LDFs, and are therefore already likely to be involved in the spatial planning process. Similarly, PCTs may already be involved in commenting on emerging SCIs for LDFs.

The Department of Health is developing guidance for the NHS on town planning, and separate guidance for local planning authorities on the NHS. These will be available on the DH website.

Example box 2: Potential health benefits of planning

- To enhance accessibility by foot and by bike and thus to promote healthy exercise and the sense of local community, increasing equity in the access to services for people with poor access to transport.
- To enhance the viability of public transport as a means of increasing travel options and cutting reliance on car use, hence reducing accidents, air pollution and CO_2 emissions.
- To increase the choices open to all sectors of the population – especially people who do not use cars – for access to employment, education, health, shopping and leisure activities.
- To increase the range and quality of residential accommodation, and facilitate finding housing to suit their needs and income.
- To foster the economic buoyancy of settlements, increasing the range of job opportunities and creating the resources needed to both regenerate urban areas and provide services. (Barton and Tsourou, 2000)

Consultation question

Is this sufficient information on types of assessment tools, how they can be linked and what they cover?

Chapter 3: Considering the population's health in SEA

3.1 The European context

Key point box 5: The influence of the environment on health

"However important individual genetic susceptibilities to disease may be, the common causes of the ill health that affects populations are environmental: they come and go far more quickly than the slow pace of genetic change because they reflect the changes in the way we live. This is why life expectancy has improved so dramatically over recent generations: it is also why some European countries have improved their health while others have not, and its is why health differences between different social groups have widened or narrowed as social and economic conditions have changed." (Wilkinson and Marmot, 2003)

EU guidance on the implementation of the SEA Directive states that "The notion of human health should be considered in the context of the other issues mentioned (eg biodiversity, fauna, flora, soil, water, air and climatic factors) and thus environmentally related health issues such as exposure to traffic noise or air pollutants are obvious aspects to study" (paragraph 5.26). See also: ec.europa.eu/environment/eia/pdf/030923_sea_guidance.pdf

But there are other factors, including potentially positive effects, that need to be considered. The World Health Organization (WHO) Europe view is that a broad definition of health, taking into account social determinants, ought to be used in SEA: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The WHO's broad conception of health suggests that plans and programmes may be able to influence health in many ways, both directly and indirectly, and will often be synergistic, with different types of impact combining to bring either benefits or adverse influences. See also: www.who.int/about/definition/en/ and for WHO discussion papers about health and SEA: www.euro.who.int/healthimpact

Resource box 4: European Union health in all policies

The EU has adopted the conclusions of the Finnish Presidency theme which makes provision for the consideration of health in all policies.

Directorate General for Health and Consumer Affairs (DG SANCO) is currently consulting on developing a health strategy covering health services, public health, health threats and international health issues.

There are some other relevant European-level initiatives:

- The EU Environment and Health Action Plan 2004–2010 has reviewed where it is appropriate to use Health Impact Assessment (HIA), health and environment data quality and gaps for further research.
  ec.europa.eu/environment/health/index_en.htm
- The Transport, Health and Environment Pan-European Programme (THE PEP) was established in 2002 to address the issues of the long-term sustainability of present mobility trends and launched at the World Summit on Sustainable Development.
  www.thepep.org/en/welcome.htm

3.2 UK health policy

The benefits of considering health in government plans, programmes and policies has been set out in a number of key national policy documents which recognise the influence of the wider determinants of health:

- *Saving Lives: Our Healthier Nation* White Paper (July 1999)
- *A New Commitment to Neighbourhood Renewal* National Strategy Action Plan (2001)
- *Tackling Health Inequalities: a programme for action* (2003)
- *Securing good health for the whole population* Report to the Treasury (Wanless, 2004)
- *Choosing Health: making healthier choices easier* (November 2004)
- *Our health, our care, our say* White Paper (2006)
- *Strong and prosperous communities* Local Government White Paper (2006)
- *A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services* (July 2006)

The Council for Science and Technology has recently published a report *Health impacts – A strategy across Government*, which sets out a series of actions to strengthen the consideration of health across Government.
www2.cst.gov.uk/cst/reports/files/personal-information/csthealthimpacts.pdf

Regional public health groups work with nine departments in the Regional Government Offices, and are involved in regenerating communities, fighting crime, tackling housing needs, improving public health, raising standards in education and skills, tackling countryside issues and reducing unemployment. They participate in developing strategies and most regions have developed an integrated approach to assessing strategies through SEA and sustainability appraisal (SA).

Local strategic partnerships (LSPs) bring together all the key organisations in the public, private and voluntary sector to agree local priorities for action. As outlined In *Strong and prosperous communities*, local authorities (LAs) will have a duty to prepare a Sustainable Community Strategy (SCS). The local development framework (LDF) provides the spatial expression of the SCS. There will be a new statutory requirement for health and well-being under the LSP. There will be a duty on LAs to prepare a local area agreement (LAA) and a duty on named partners, including primary care trusts (PCTs), to cooperate with each other to agree targets in the LAA. Together, these provide the overarching system for developing plans and programmes in the local area so that any specific plans requiring an SA or SEA will be linked into these local networks and planning systems.

The Director of Adult Social Services and the Director of Public Health will have a statutory duty to produce a local strategic health needs assessment covering public health and primary and community care needs of their local population. This will cover health-related data held by PCTs, LAs, youth offending teams, the police, independent providers, voluntary and community organisations, Supporting People, the Department for Work and Pensions, census data and other data holders. It will inform commissioning for health and well-being and the SEA of qualifying plans and programmes.

Department of Health Public Service Agreement targets relating to the environment

Key Department of Health (DH) Public Service Agreement (PSA) targets that may be addressed and influenced through the spatial plan-making process and related SEA/SA include:

- improving the health of the population. By 2010 increasing life expectancy at birth in England to 78.6 years for men and 82.5 years for women;
- substantially reducing mortality rates by 2010 from heart disease and stroke and related illnesses by at least 40% in people under 75, with at least a 40% reduction

in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole;

- reducing health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth;
- improving access to services; and
- halting the year-on-year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole (jointly with the Department for Education and Skills and the Department for Culture, Media and Sport).

Other Government PSA targets that contribute to health and well-being are listed in Annex B.

The extent to which SEA can integrate such considerations will vary depending on the type of plan or programme being assessed.

DH policy is to reduce the number of targets nationally so that there is maximum flexibility for locally agreed targets through the LAA process. It is expected that national targets will be reflected in local assessments and that any other targets should be through agreement with regional public health groups or PCTs as part of a duty on partners to have regard to relevant targets.

An assessment of the likely impact on the NHS is set out in Annex B in the Public Sector Threshold Test, which estimates the amount of time and cost of the NHS input into SEA.

3.3 Health considerations in SEA

Organisations undertaking SEA need to be able to identify:

- relevant health issues;
- the kinds of effects such plans or programmes might have; and
- how authorities can utilise health information to promote and enhance good health, and minimise or offset any adverse effects which may arise from their proposals.

The following provides an overview of what health covers. More information is provided in Annex D on assessment of effects.

The determinants of health

As outlined in Chapter 1, factors that have the most significant influence on the health of a population are called determinants of health and relate to: individual genetic and biological factors; individual lifestyles; the environment; culture and societal structures; and policies. Many factors that affect health are covered through other considerations such as improving education and skills, income, housing, employment, air quality, transport, water and waste disposal.

There is an increasing legal as well as moral and social imperative to tackle inequalities, not only related to socioeconomic factors, but also in relation to age, disability, gender, race, religion or belief, or sexual orientation. Also, due regard to human rights should be taken to ensure everyone is treated with fairness, respect, equality and dignity.

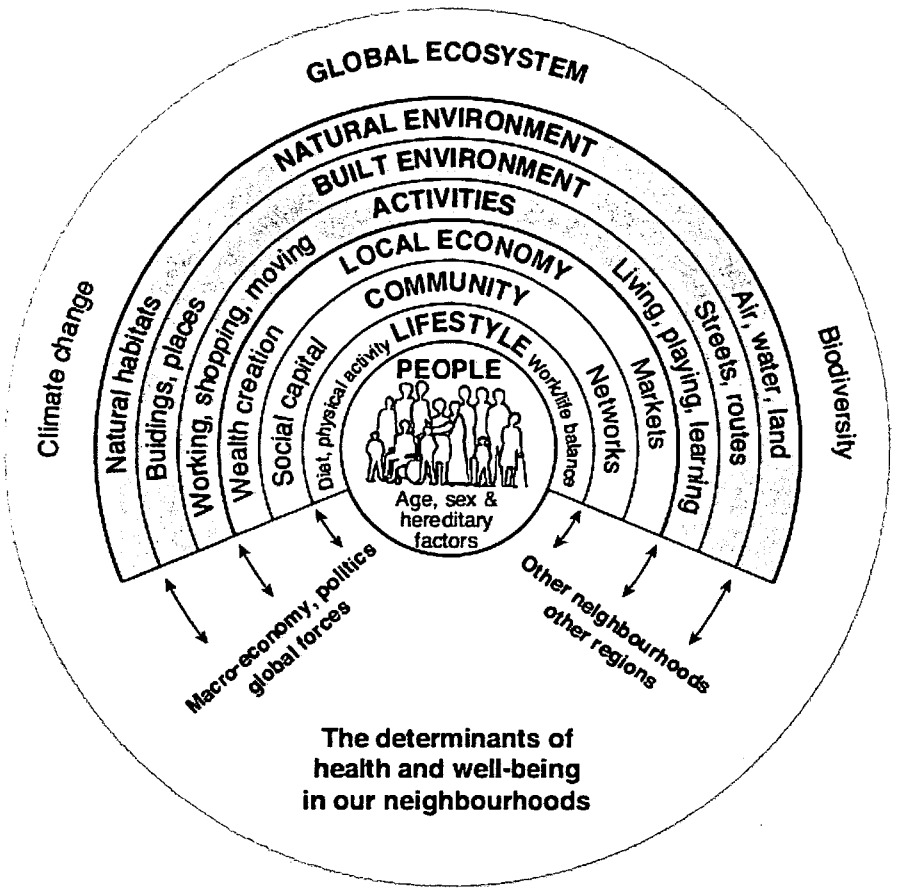
Figure 4 explores the potential effects of the natural and built environment on the population's health.

"People are at the heart of the map, reflecting not only the focus on health but also the anthropogenic definition of sustainable development (Brundtland, 1987) and the range of factors affecting their health and well-being." (Barton 2006)

"All the different facets of a human settlement are reflected in the series of spheres which move through social, economic and environmental variables. The health and well-being of all sectors of the population is at the centre and this is profoundly affected by personal lifestyle (physical activity, diet and stress levels). Mental well-being and lifestyle choice are in part shaped by the connections to, and the culture of, the social networks and the communities in which individuals participate. These spheres are influenced in turn by the economic opportunities available (income being a key determinant of health), and beyond that the pattern of urban activities and the shape of the built environment. It is often the relationship between spheres which needs attention in developing plans and programmes." (Barton 2005)

Figure 4: Population health and the environment

The health map



Source: Hugh Barton and Marcus Grant (2006), drawing on Whitehead and Dahlgren (1991) and Barton (2005). United Kingdom Public Health Association (UKPHA) Strategic Interest Group and the WHO Healthy Cities Programme.

Key point box 6: Health inequalities

Health inequalities are one of the DH's top six priorities for the NHS, which reflects a growing recognition of the impact of social disadvantage on the population's health. Inequalities in health reflect differential exposure – from before birth and across the life span – to risks associated with socioeconomic position. These differential exposures are also important in explaining health inequalities that exist by ethnicity and gender.

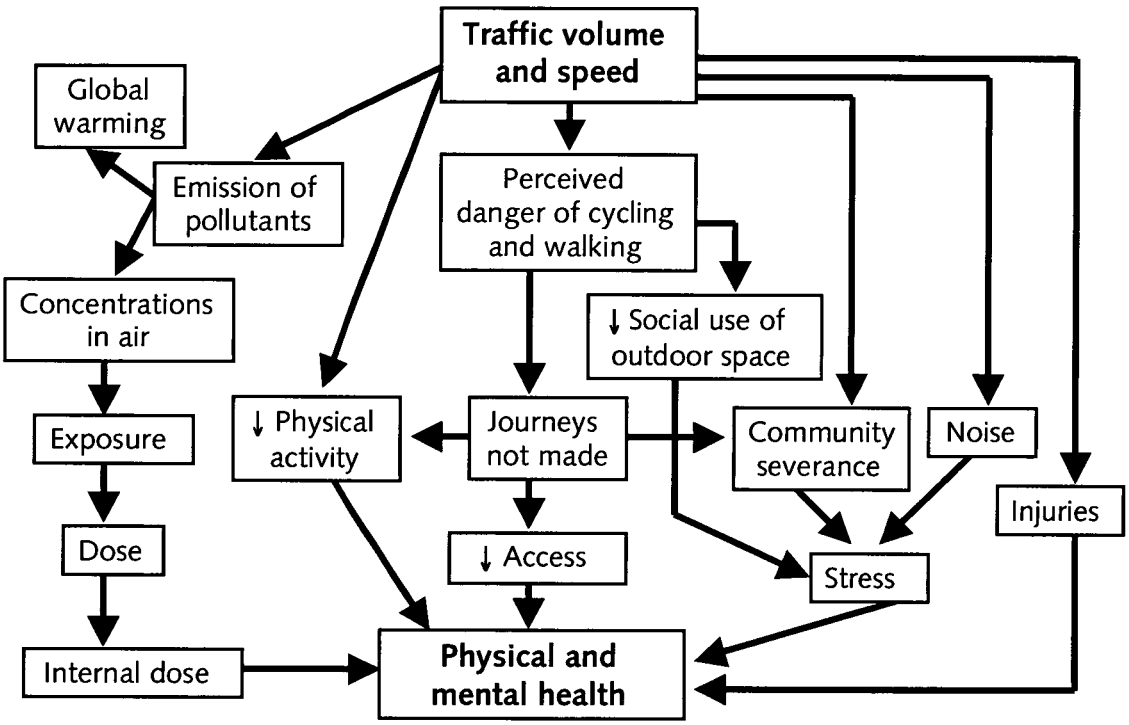
A review of the empirical evidence concerning place as a contributor to health inequalities concluded that while individual characteristics are very important for the health inequalities observed between people, their geographical setting also has some significance. This has implications for policies aiming to reduce health inequalities (Curtis and Jones, 1998). A review of the health inequalities infant mortality PSA has recently been published, which shows that there is scope for reducing inequalites. www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4142971&chk=VOMWMg

DH and the Association of Public Health Observatories (APHO) have produced a targeted health inequalities tool for Spearhead areas primarily for NHS commissioners, but that will also be of use to local authority partners. It focuses on key drivers of local life expectancy gaps and measures to reduce them.
www.idea.gov.uk/idk/core/page.do?pageId=5790148

3.4 Direct and indirect effects on population health

There are often multiple factors that influence health and health inequalities and the interactions between them. Figure 5 provides an example by showing the potential effects of traffic volume and speed on physical and mental health.

Figure 5: Potential effects of traffic volume and speed on physical and mental health



Source: West Midlands Public Health Observatory, 2006

3.5 Health in types of plans or programmes

The potential effects on health identified will vary, depending on the type of plans and programmes subject to SEA. Table 2 outlines some possible health effects; however, a more comprehensive list of plans and programmes with health topics to consider can be found in Annex C.

Table 2: Examples of types of effects on health to be considered by plan type

Types of plans	Responsible Authority	Health topics to consider
Regional planning body/ local planning authority	Regional planning body/ local planning authority	• Community safety • Housing provision • People with low incomes • Access to open space and recreational activities • Affordable food outlets, allotments • Local education and employment • Walking and cycling opportunities • Development of sustainable communities
Local transport	Local transport authorities	• Transport to work, shops, schools and healthcare • Walking and cycling opportunities • Community severance • Frequency and severity of crashes • Collisions causing injury and fatal accidents • Air pollution, noise • Ageing population and increasing disability

3.6 SEA topics and health evidence

The population's health is affected by all the different SEA topics so their inter-relationship needs to be considered. For some topics there is a substantial amount of detailed evidence, for example the effects of air quality on the population's health. However, there are also many gaps, as outlined in the EU environment and health review mentioned earlier in this chapter. It is expected that these gaps will be gradually filled, for example through the EU programme of research on environment and health. Examples of the evidence base can be seen in Table 3 with a more comprehensive table in Annex D.

Table 3: Sample of health evidence of effects of plans and programmes on health

Questions	Related SEA topics	Government policies	Evidence base
Will the plan or programme contribute to climate change?	Climatic factors, air	UK 2006 Climate change programme planning policy statement (PPS) and Climate change – supplement to PPS1	Climate instability and rising sea levels have major long-term health implications through extreme weather events (heat waves, floods and cold). The elderly are more vulnerable to heat as the body's regulatory systems change with age. Prolonged exposure to heat causes heat exhaustion and heat stroke. Children and infants are especially susceptible. Avoidance or mitigation of adverse effects can make a difference.
Does the plan or programme encourage walking and cycling?	Climatic factors, air	Department for Transport (DfT) Walking and Cycling Action Plan Walking in towns and cities: Government response to Select Committee Report (2001) DfT sustainable travel policies *Choosing Activity: physical activity action plan* 2005	Physical activity is one of the best ways of improving overall health and reducing obesity. Neighbourhoods with mixed land use, high population and employment density, street connectivity, pedestrian-oriented design and safety encourage more physical activity, have lower obesity prevalence, and are particularly helpful in reducing social isolation for older people. The proportion of people engaging in physical activity declines with age, particularly after the age of 25.

3.7 How health organisations contribute to the SEA process

Directors of Public Health (DPHs) at national (Department of Health, Health Improvement Directorate), regional and/or PCT level should be the first point of contact for Responsible Authorities seeking a health input. A detailed SEA will benefit from public health input when establishing parameters of the assessment and identifying objectives.

If the DPH decides that health involvement is necessary, then they will be able to give an opinion on issues such as those listed in Key point box 7.

Key point box 7: DPHs' areas of expertise

- the likely significant effects on the population's health and well-being of implementing the plan or programme;
- how the population's health impacts should be considered in all stages of the SEA process, especially in **scoping, objective setting, assessment and monitoring** as appropriate;
- commenting at the scoping stage and on the Environmental Report;
- signposting access to public health information and evidence and advising on the interpretation of health information;
- the quality of, and coverage of the population's health in the SEA and Environmental Report; and
- how the population's health information is collected for monitoring progress against objectives.

The DPH will not carry out the health element of the assessment, but will give an opinion on the best way to consider effects on the population's health through the SEA and the social, economic and environmental elements in SA.

The Health Protection Agency's local and regional services (LRS) and Public Health Observatories (PHOs) hold information relating to the population's health and will provide this to the DPHs. How health is organised and what it does is covered in more detail in Annex B.

Contact details for the Regional DPH can be found through the relevant Government Office website.

For the PCT DPH in your area, refer to the NHS website, which has details of all NHS organisations.
www.nhs.uk/England/AuthoritiesTrusts/Pct/Default.aspx

Resource box 5: SHAPE – DH tool to support service reconfiguration

The strategic health asset planning and evaluation (SHAPE) is currently under development by DH; it is a web-enabled toolkit designed to support the strategic planning of health and care services and physical assets across a whole health economy.
www.dh.gov.uk/ProcurementAndProposals/PublicPrivatePartnership/PrivateFinanceInitiative/InvestmentGuidanceRouteMap/InvestmentGuidanceArticle/fs/en?CONTENT_ID=4133060&chk=1FULSf

3.8 Information sources

There is a large amount of information on possible effects on the population's health from many different sources. More details are given in Resource box 7 in Annex B. As a general rule, it is best to start with information that has already been compiled and analysed.

Standard information

Resource box 6: Standard information on health

DH published the *Health profile of England* in October 2006, which provides a collection of national and regional data to provide a yardstick against which people can compare data from their own local health profile.
195.33.102.76/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4139556&chk=ZZ5tAj

Local health profiles, developed by the APHO, are now available for each local authority area. An example of the type of information they provide is in Annex B. They can be found on the following website:
www.communityhealthprofiles.info/

For national and regional plans there are national surveys such as the Health Survey for England, which is an annual survey, undertaken since 1991, allowing national and regional trends to be identified.
www.dh.gov.uk/PublicationsAndStatistics/PublishedSurvey/HealthSurveyForEngland/fs/en

A Strategic Needs Assessment (SNA), which PCTs and LAs will carry out, will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. SNAs form a part of the new duty to cooperate for PCTs and LAs that is contained in the current Local Government Bill. Guidance will be published shortly.

Other sources are listed in Annex B, Resource box 7.

The DH has developed the Information and Intelligence Strategy to support Choosing Health, which aims to improve the availability and quality of health information and intelligence across England and to increase its use to support population health improvement, health protection and work on care standards and quality. A Public Health Desktop is being developed, which will provide a single point of entry to computerised health data such as health and care records and survey data and the National Library for Public Health; and will provide opportunities for networking between communities of practice. It is planned to release Phase 1 in December 2007 and it will be developed over time to meet wider stakeholder needs.

Local authorities hold a great deal of health-related information and Responsible Authorities (RAs) should contact Environmental Health Officers (EHOs) for information on nuisance issues, noise, air quality and food safety as well as other departments such as leisure and recreation, parks, housing, waste management, education and social services. The police, other public agencies and voluntary organisations in the area will also hold health-related information.

Existing documents will also contain relevant information, for example:

- Local area agreements/local public sector agreements;
- data that forms the basis of the community strategy;
- the Chief Medical Officer's Report for England and PCT Directors of Public Health annual public health reports (APHRs);
- local delivery plans which set out how PCTs intend to achieve key targets and how funding allocations will be used to deliver them.

Specific health information for plans or programmes

Health information is divided into data (information to track and monitor progress on national targets and commissioning data) and evidence of health impacts, which is drawn from published research. To focus the information that is relevant for the plan or programme, it is best to briefly explain to the relevant DPH the key aims, objectives and scope of the plan or programme, so that they can guide the RA to the most relevant information source. The RA can then tailor it according to the objective of the plan or programme and focus it on likely key health issues.

Health information can be mapped for the local area using the local health profile or annual public health report. An example from the health profile is in Annex B.

The Health Protection Agency provides information on communicable diseases, chemicals and poisons, radiation, and emergency response to PCTs, and LAs. Further information is in Annex B.
www.hpa.org.uk/default.htm

Public Health Observatories hold health and census data on regions and provide analysis for reports on local health issues, population profiles such as health inequalities, or survey information, eg local lifestyle survey information, small area statistics. They also provide access to grey literature. They can be accessed through the APHO website. Further information is in Annex B.
www.apho.org.uk/apho/

3.9 Performance management for population health

To ensure progress is made on improving health, the DH has a system of performance management for the National Health Service. The DH monitors strategic health authority (SHA) performance against national targets and SHAs performance manage PCTs through their local delivery plans which include national and local targets.

The Healthcare Commission regulates and inspects the performance of all healthcare organisations. See Resource box 7 in Annex B for details.

National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06–2007/08 states that progress is expected to be made against the developmental standards across much of the NHS:
www.dh.gov.uk/publicationsandstatistics/Publications/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID4086057&chk=ypFWoL

Participation in the SEA process will support PCTs in meeting the Public Health Developmental Standard D13 which states that health care organisations should:

- identify and act upon significant public health problems and health inequality issues, with PCTs taking the leading role;
- implement effective programmes to improve health and reduce health inequalities; and
- take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.

Consultation question

Does this chapter cover the right amount of information for practitioners of SEA?