Table 9: Examples of mitigation

Policy	Mitigation
Working in the North West	Recognise the importance of a healthy population and robust environment to a successful economy. Recognise the importance of local, healthy food retailing to local communities in addition to the policy focus on convenience shopping. (North West Regional Assembly Sustainability Appraisal of the NW Regional Spatial Strategy)
Living in the North West Ensuring a strong, healthy and just society	Consider the importance of engaging with local communities as well as the house-building industry. (North West Regional Assembly Sustainability Appraisal of the NW Regional Spatial Strategy)
Social impacts of Local Transport Plan (LTP)	For accessibility, policies and proposals that reduce the ability of people to easily reach key community facilities such as workplaces, schools and hospitals should be avoided, and measures to improve access should be actively pursued. (SEA of the Brighton and Hove LTP)
Social impacts of LTP	For health, policies and proposals of the plan should not impact adversely on the health of local people, especially those in sensitive groups such as the young and very elderly. Measures to reduce the effects of noise and air quality, and improvements in road safety, should have a benefit. Policies aimed at promoting walking and cycling would also be likely to raise levels of physical activity, with consequent health benefits. (SEA of the Brighton and Hove LTP)

Stage B6: Proposing measures to monitor the environmental effects of plan or programme implementation

RAs are required to propose measures to monitor the significant environmental effects (both positive and negative) of the plan. These measures should be considered early in the SEA process, reflect consultations with stakeholders including the DPH, and be finalised throughout the course of preparing the plan or programme. Stage E involves implementing such measures.

4.4 Stage C: Preparing the Environmental Report

The ER is a public document and will be subject to consultation, when views from the public and stakeholders are invited. These views are then taken into account prior to adoption of the plan and are described in the SEA statement at the end of the process.

Health should be clearly visible within the ER. It is helpful to bring together the various elements that will affect the population's health, possibly in a separate section with cross-references to health effects in other sections, so that people can see how health considerations have been considered and addressed. Any significant adverse or beneficial health effects in the preferred option and alternative should be clearly stated.

The SEA Practical Guide provides a checklist for quality assurance purposes.

4.5 Stage D: Consultation and decision making

The ER must be made available at the same time as the draft plan or programme, as an integral part of the consultation process, and the relationship between the two documents clearly indicated.

It is worth noting that HIA practitioners have developed creative ways of engaging with the public through a variety of consultation and involvement techniques ensuring that people who do not usually take part in consultations have a mechanism for expressing their views. These could be used, and contacts made with health organisations to tap into their Local Involvement Networks (LINks) which work with existing voluntary and community sector groups, as well as with interested individuals to promote public and community influence in health and social care. It is often more effective if the questions relate to health outcomes, eg obesity or quality of life issues. Consultation should be participatory, not just provision of information. Other useful consultation suggestions are found on the community planning website at: www.communityplanning.net/

At local level, PCTs will coordinate the health response and include NHS trusts and additional organisations as appropriate, and suggest mitigation of adverse effects.

The SEA Directive requires the information in the ER and the responses to the consultation to be taken into account in the preparation of the plan or programme and before the final decision is taken to adopt it. RAs must produce a summary of how they have taken these findings into account, and information about how monitoring will be carried out.

When the plan or programme is adopted, it has to be made available to the public, Consultation Bodies and EU Member States where these have been consulted.

4.6 Stage E: Monitoring implementation of the plan or programme

The Directive's provisions for monitoring apply when the plan or programme is being put into effect, rather than during its preparation and adoption, although preparations for monitoring will need to be considered in the course of preparing the plan or programme and in earlier stages of the SEA process.

Monitoring must compare objectives with outcomes, and whether they have been achieved. There should be a continual process of checking to allow for adjustment over time, depending on the life-span of the plan or programme. It is especially important for secondary and cumulative effects, and offers opportunities for identifying synergies.

RAs will need to ensure that systems are in place through the relevant organisations for collecting and monitoring the health-related information and for regular review of progress against the objectives. This should be based on what is routinely collected by health organisations.

The SEA monitoring process can then show how the population's health status changes over time (ie showing trends).

The DPH will ensure that the data used for ERs is updated and integrated into health surveillance systems.

Case study box 10 shows how monitoring and mitigation measures were addressed in the West Midlands LTP.

Case study box 10: West Midlands LTP SEA statement

This document was prepared to accompany the final LTP before its implementation and monitoring of effects are carried out.

The LTP seeks the active promotion of cycling and an improvement in air quality, with monitoring to ensure the following targets have been met:

- a 1% increase in the cycle index; and
- a 1% local reduction of nitrogen dioxide levels.

Mitigation measures against the increased carbon dioxide emissions due to a predicted 14% growth in car trips include:

- greater centralisation promoted by the Regional Spatial Strategy;
- the use of demand management measures; and
- solar-powered lighting at 200 bus shelters.

Centralisation should limit the growth in vehicle kilometres to only 8%, and the solar-powered lighting will cut greenhouse gas emissions by 13 million tonnes per year.

Consultation question

Are there any aspects of health and well-being that have been left out of the SEA stages?

Annex A: Devolved administrations information

Scotland

The Environmental Assessment (Scotland) Act 2005 requires all public sector policies, plans and programmes to be subject to SEA.

SEA guidance

Scottish SEA toolkit (Chapter 11 Human health):
www.scotland.gov.uk/Resource/Doc/148434/0039453.pdf

Health organisation contacts

The Scottish Public Health Observatory (www.scotpho.org.uk/)

ISD Scotland (www.isdscotland.org/isd/CCC_FirstPage.jsp) provide access to most health data sets in Scotland. This data needs to be interpreted with care; public health specialists are well placed to do this.

Health Protection Scotland (www.hps.scot.nhs.uk) is the national health protection agency providing support and expertise to local health protection teams

Support and advice about Health Impact Assessment (HIA) is available from the Scottish HIA Network (www.healthscotland.com/resources/networks/shian.aspx).

SEA Consultation Bodies

In Scotland these are referred to as Consultation Authorities. They are:

Scottish Ministers (Historic Scotland)

Scottish Natural Heritage

Scottish Environment Protection Agency

Wales

Health organisation contacts

National

Welsh Assembly Government: Office of the Chief Medical Officer, Department of Health and Social Services

National Public Health Service

Wales Centre for Health

Welsh Local Government Association

Regional

NHS Wales Regional Offices: North West, South East, Mid and West.

Regional Directors of Public Health

Local

Local Health Boards (Chief Executives)

Local Directors of Public Health

Local authorities

SEA Consultation Bodies

Wales – Cadw (Welsh Historic Monuments)

Countryside Council for Wales

Environment Agency Wales

Northern Ireland

Health organisation contacts

Department of Health, Social Services and Public Safety – Investing for Health Team
www.investingforhealthni.gov.uk/

Institute of Public Health in Ireland
www.publichealth.ie

Health Estates Agency
www.dhsspni.gov.uk

SEA Consultation Bodies

The Department of the Environment's Environment and Heritage Service

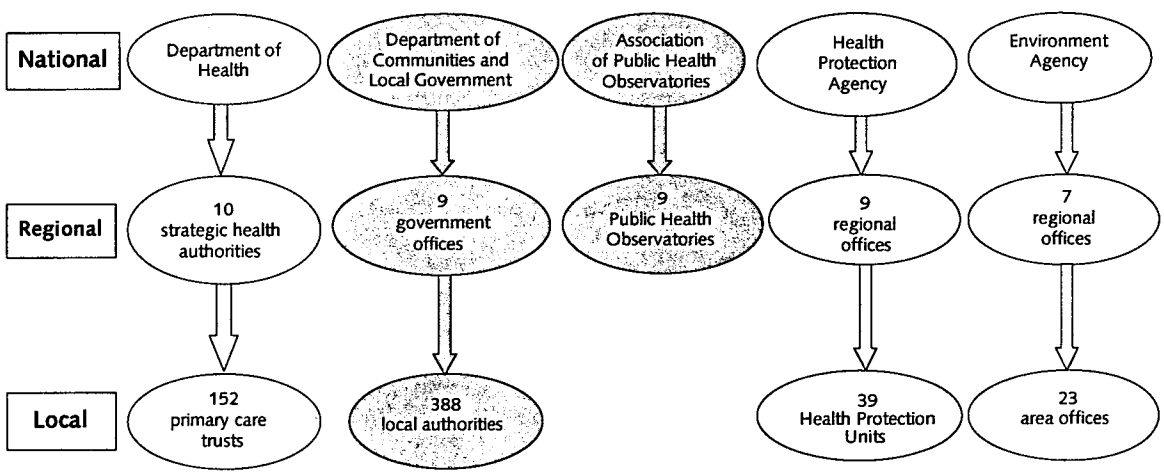
Annex B: Health organisations in England – roles, responsibilities and information

There are many different organisations involved in contributing to the population's health and health care. The main functions are:

- commissioning health care to meet the needs of the population;
- providing health and care services from NHS trusts, private healthcare organisations and the voluntary sector; and
- engaging with the population to improve their health and well-being.

Figure 7 is a summary of the relevant health organisations and the information they hold.

Figure 7: Organisations providing health-related information in England



Environmental effects on health and health services

The demand on health services is increasing and, with the increasing numbers of older people, faces significant challenges in delivering health care. The impact of the environment on health has been estimated in the evaluation of the Air Quality Strategy.

Example box 5: Impact of improved air quality on healthcare costs

The evaluation report shows that the policies in the road transport sector and the electricity generating sector have had a major impact in reducing air pollutant emissions. They have also had a major effect in improving air quality and ensuring progress towards the UK air quality objectives and European air quality limit values.

In addition they have resulted in extremely large benefits by reducing the health and environmental impacts of air pollution, with road transport policies achieving benefits worth £2,941 to £18,370 million and policies in the electricity generating sector achieving benefits worth £10,809 to £50,609 million between 1990 and 2001. The majority of these benefits were as a result of improvement in health.

Health functions carried out by the NHS and other health organisations

The Department of Health (DH) is responsible for setting policy and funding and supporting the NHS. There are DH regional public health groups in each region, which work with other government departments on issues relating to the population's health.

Strategic health authorities (SHAs) performance manage primary care trusts (PCTs). Their main functions are:

- strategic leadership for innovation and reform;
- organisational and workforce development; and
- ensuring local systems operate effectively and deliver improved performance.

PCTs are responsible for promoting health and emotional well-being, with stronger local services and support to reduce the prevalence of physical and mental illness (NHS, 2006). Their main functions are:

- engaging with their local population to improve health and well-being;
- commissioning a comprehensive and equitable range of high quality, responsive and efficient services, within allocated resources, across all service sectors; and
- directly providing high quality responsive and efficient services where this gives best value.

NHS trusts, private healthcare organisations and the voluntary sector provide healthcare services.

Health activity

Health improvement

Health improvement activity focuses on individuals' health in terms of leading healthier lifestyles and working with community and environment-based initiatives that seek to address the wider determinants of health as well as personal health. For example health improvement staff will work with populations to increase levels of activity and healthy eating to reduce the levels of coronary heart disease and cancer.

There is a lot of evidence to show that housing, education, employment, transport and community safety can impact on the population's health and well-being.

Prevention of ill health

Preventing ill health and enabling people to play a full role in their local communities are key parts of the Government's work on regeneration and building sustainable communities. The quality of the environment, for example air and water, is vital to health and is an important aspect of health protection. Access to green spaces, clean and safe open air spaces where people can meet and exercise informally, and planning and design that encourage walking and cycling are all important factors in supporting health and well-being.

Education and training is provided for lifestyle advice, for example to manage asthma, or to identify factors that cause illness, such as the quality of food and water. Monitoring and/or surveillance is carried out by Environmental Health Officers (EHOs) in local authorities, the Health Protection Agency (HPA) and PCTs, and through primary care data.

Other government departments' contributions to preventing ill health are shown in Table 10.

Table 10: Other government departments' Public Service Agreement (PSA) targets related to health and well-being

Government department	PSA targets
Department for Environment, Food and Rural Affairs	Promote sustainable development. Protect the public's interest in relation to environmental impacts and health
Department for Transport	By 2010, increase the use of public transport (bus and light rail) by more than 12% in England compared with 2000 level, with growth in every region
Department for Communities and Local Government	Tackle social exclusion and deliver neighbourhood renewal, in particular narrowing the gap in health education, crime, worklessness, housing and liveability outcomes between the most deprived areas and the rest of England, with measurable improvement by 2010
Home Office	That people are and feel more secure in their homes and daily lives
Department for Work and Pensions	Promote work as the best form of welfare for people of working age, while protecting the position of those in greatest need
Department for Education and Skills	Safeguard children and young people, improve their life outcomes and general well-being and break cycles of deprivation

Health protection

There are specific programmes of disease and illness protection such as childhood immunisation programmes and influenza vaccination for elderly or vulnerable people.

The Health Protection Agency's Centre for Radiation, Chemical and Environmental Hazards (CRCE) has two divisions covering chemical hazards and radiation protection. These provide advice to UK government departments and agencies on the human health effects from chemicals in air, soil, water and waste, and on the health effects of ionising and non-ionising radiation. Advice is also provided to support the NHS and in response to potential health care emergencies including possible acts of deliberate release. The CRCE also undertakes research to advance knowledge in these areas.

Treatment of ill health

This is provided through the NHS by trusts (primary care trusts, care trusts, hospital trusts, mental health trusts and foundation trusts) as well as through independent practitioners or through service level agreements with private or voluntary sector organisations.

Health organisations which can contribute information for plans and programmes

National level plans and programmes

The Department of Health (DH) is responsible for improving the health and well-being of people in England. The **Health Improvement Directorate** will be the first point of contact for national Strategic Environmental Assessments (SEAs) for both the process and access to data, together with the relevant national agencies and organisations.

The Information and Intelligence Strategy originates from *Choosing Health: making healthy choices easier* to support wider health priorities such as action on health inequalities, health protection and effective commissioning of health and well-being. A public health desktop is being developed as one of the workstreams bringing together data, evidence and experience of practitioners through communities of interest.

The **Health Protection Agency's** (HPA's) role is to provide an integrated approach to protecting the health of the UK's population through the provision of support and advice to the NHS, local authorities, emergency services, other arm's length bodies (eg National Institute for Health and Clinical Excellence), DH and the devolved administrations.

The HPA has a network of staff based regionally and locally throughout England and Wales, known as the Local and Regional Services (LaRS). It has three major centres providing specialist services. The Centre for Radiation, Chemical and Environmental Hazards is based at Chilton and provides advice to UK government departments and agencies on human health effects from chemicals in air, water, soil and waste and on the health effects of ionising and non-ionising radiation as well as information and support to the NHS and health professionals on toxicology. The Centre for Emergency Preparedness and Response, focusing on applied microbiological research and emergency response, is based at Porton.

The HPA provides an annual report and collates Health Protection Unit (HPU) activity from LaRS relating to specific topics. It provides technical advice to PCTs to support their statutory role in the Integrated Pollution Prevention and Control (IPPC) regime. www.hpa.org.uk

The **Association of Public Health Observatories (APHO)** is a network across 12 PHOs in the UK and Ireland sharing scarce health intelligence skills.

Central to this is a series of information and intelligence tools produced consistently across the observatories. These include: health profiles, regional indications reports, the health

poverty index, and the local basket of inequalities indicators. All of these resources can be accessed through the website below.

Each PHO also leads on behalf of all PHOs for specified projects or topics. This involves providing a single point of contact for external partners, being an advocate for users of public health information and coordinating work across public health observatories. www.apho.org.uk/apho/

Regional level plans and programmes

The **Regional Director of Public Health** is responsible for the public health functions within the Government Offices for the Regions and the strategic health authority. They provide the strategic leadership on health and well-being for the region to improve health outcomes and enable monitoring and research to guide delivery of health and well-being goals.

They provide input across all government departments in the region and participate in the development and assessment of all regional plans and programmes, for example the regional spatial strategy, economic, housing and transport strategies. Regional public health groups (RPHGs) improve and protect their local population's health by addressing all determinants of health. Their details are on the Government Offices' websites.

Where available, health strategies developed by the region will provide initial data for baseline information and will highlight key health issues.

The **strategic health authorities** have the same Director of Public Health (DPH) as the regions. The South East Region is divided into two SHAs. They have an overview of the health of the population of the PCTs in their area as well as service reports, strategies and reconfigurations. They do not performance manage foundation trusts; this is carried out by Monitor (their regulator).

The relevant SHA can be found on the following website:
www.nhs.uk/England/AuthoritiesTrusts/Sha/showTrust.aspx?id=Q33

Public Health Observatories fulfil three broad roles in their region:

- the regional health intelligence service;
- the focus for capacity building and skills development for health intelligence staff; and
- the 'bridge' between academic public health and practice.

Each PHO is a source of health intelligence capacity and capability, available to serve the needs of regional, sub-regional and local partners. This includes providing:

- health intelligence to the local area agreements process;
- regional updates on progress towards meeting health inequalities targets;
- analysis of data from the Quality and Outcomes Framework;
- a Hospital Episodes Statistics safe haven service;
- analysis and reporting of child height and weight surveillance data;
- a focus for training and professional development of health intelligence staff;
- health profiles at local authority level; and
- support for Health Impact Assessment.

The PHOs collate, process, analyse and publish data on health issues for the region. They also provide advice and support on methods and analysis techniques, and access to grey literature. They can be accessed through the APHO website.

Local level

Primary care trusts are the local health organisations which are the main gateway into health services and information. Since 1 October 2006, the majority (70%) are coterminous with local authorities. This will facilitate joint work. To contact the DPH for the PCT in your area look up the NHS website, which has details of all NHS organisations. www.nhs.uk/England/AuthoritiesTrusts/Pct/Default.aspx

You may also need to make sure that the Chief Executive, Director of Commissioning and the estates officers know about the plan or programme as these people will be responsible for developing services and ensuring health inequalities are addressed.

PCTs have a duty, with the Director of Adult Social Services (DASS), to carry out regular needs assessments of their population as outlined in section 3.2.

The DPH produces an annual public health report, which describes the health status of the population and outlines the key health issues. Their local delivery plans show the PCTs' priorities and how they plan to use their resources in order to meet the targets in the NHS Improvement Plan and ensure faster and higher quality health care for patients over the next three years. The PCTs' input into the community strategy and local area agreement contains information for compiling baseline data.

Local authorities hold health-related information in environmental health. Depending on whether it is a rural or urban area, their services include noise, air quality and pollution control, food and health and safety, pest control, land contamination, hazardous substances and animal health.

Other departments such as leisure and recreation, parks, housing, waste management, education and social services have relevant health-related information. In many areas local organisations are bringing together their information systems to support work being carried out through the local strategic partnership. The police and other public agencies and voluntary organisations in the area will also hold health-related information. All these plans have an influence on the wider determinants of health.

Health Protection Units, within the HPA, provide information on communicable diseases, chemicals and poisons, radiation, and emergency response to PCTs, and will receive advice and support from HPA specialist centres as required.

Figure 8: Example of a health profile of a local authority area

Health summary

How to interpret:
First look at the circle which shows how this local authority is doing, compared with the England average (central line), best (right side) and worst (left side). Look at the numbers, values and time periods in the columns. Some numbers shown are totalled over more than 1 year. Red is significantly worse and amber significantly better than the England average (95% confidence intervals used for the local data). Amber may still indicate a significant public health burden. A clear circle is not significantly different from the England average. Then, compare with the regional average (+ symbol), and the range for similar areas - London cosmopolitan (— ONS Group cluster range).

Domain	Indicator	No.	Value		Newham	Period	Notes
Our communities	Deprivation	191,810	76.7	%		2001	1,2
	Air quality*					2001	2
	Poor quality housing*	10,068	50.5	%		01.04.05	3,10
	Children in poverty*	28,595	44.9	%		2001	2
	GCSE achievement (5 A*-C)*	1,651	51.1	%		2004/05	
	Violent crime	7,977	32.2	CR1		2004/05	
	Older people supported at home*	1,894	89.6	CR2		31.03.05	4
Giving children and young people a healthy start	Smoking in pregnancy						5
	Breast feeding						5
	Obese children*						5
	Physically active children*						5
	Teenage pregnancy (under 18)*	962	56.0	CR3		2001-03	
The way we live	People who smoke*		26.8	%		2000-02	6
	Binge drinking		9.3	%		2000-02	6
	Healthy eating		25.1	%		2001-02	6
	Physically active adults						5
	Obese adults		20.9	%		2000-02	6
How long we live and what we die of	Life expectancy - Male*		74.4	yrs		2002-04	
	Life expectancy - Female*		78.8	yrs		2002-04	
	Deaths - smoking	894	160.0	DSR1		2002-04	
	Early deaths - heart disease & stroke*	754	152.4	DSR2		2002-04	
	Early deaths - cancer*	644	132.9	DSR2		2002-04	
	Infant deaths (under 1 year)*	121	8.0	CR4		2002-04	
	Road injuries and deaths*	240	13.1	CR5		2003-04	7
Health and ill health in our community	Feeling "in poor health"	24,320	12.3	DSR3		2001	
	Mental health treatment	1,298	0.4	%		2005	8
	Alcohol related hospital stays	1,919	187.2	DSR4		1998-03	
	Drug misuse treatment*	790	613.7	CR6		2004/05	9
	People with diabetes	13,333	4.2	%		2005	9
	Children's tooth decay		2.5	DMFT		2003/04	10,11
	Sexually transmitted infections						5

○ Significantly better than England average
● Significantly worse than England average
○ Not significantly different from England average

England Worst — England Average — England Best
\+ Regional average — Cluster range

Notes

Full indicator information in metadata report, see www.communityhealthprofiles.info

Notes

1. No. and % of people in this area living in the 20% most deprived areas of England. **2.** No significance is calculated for this indicator. **3.** No data for authorities that have undertaken large scale voluntary transfer (LSVT). **4.** Data only available for County/Unitary Authorities/London Boroughs; data presented at District Authority level is County data. **5.** GAP indicator - no data currently available, but will be provided when it becomes available. **6.** Synthetic estimates derived from the Health Survey for England. **7.** New indicator - People killed or seriously injured per 100 million vehicle kilometres. **8.** High rates considered 'better' as reflects better service provision. **9.** High rates considered 'worse' as reflects high prevalence. **10.** Data incomplete or missing for some areas. **11.** DMFT: Average no. decayed, missing or filled teeth.

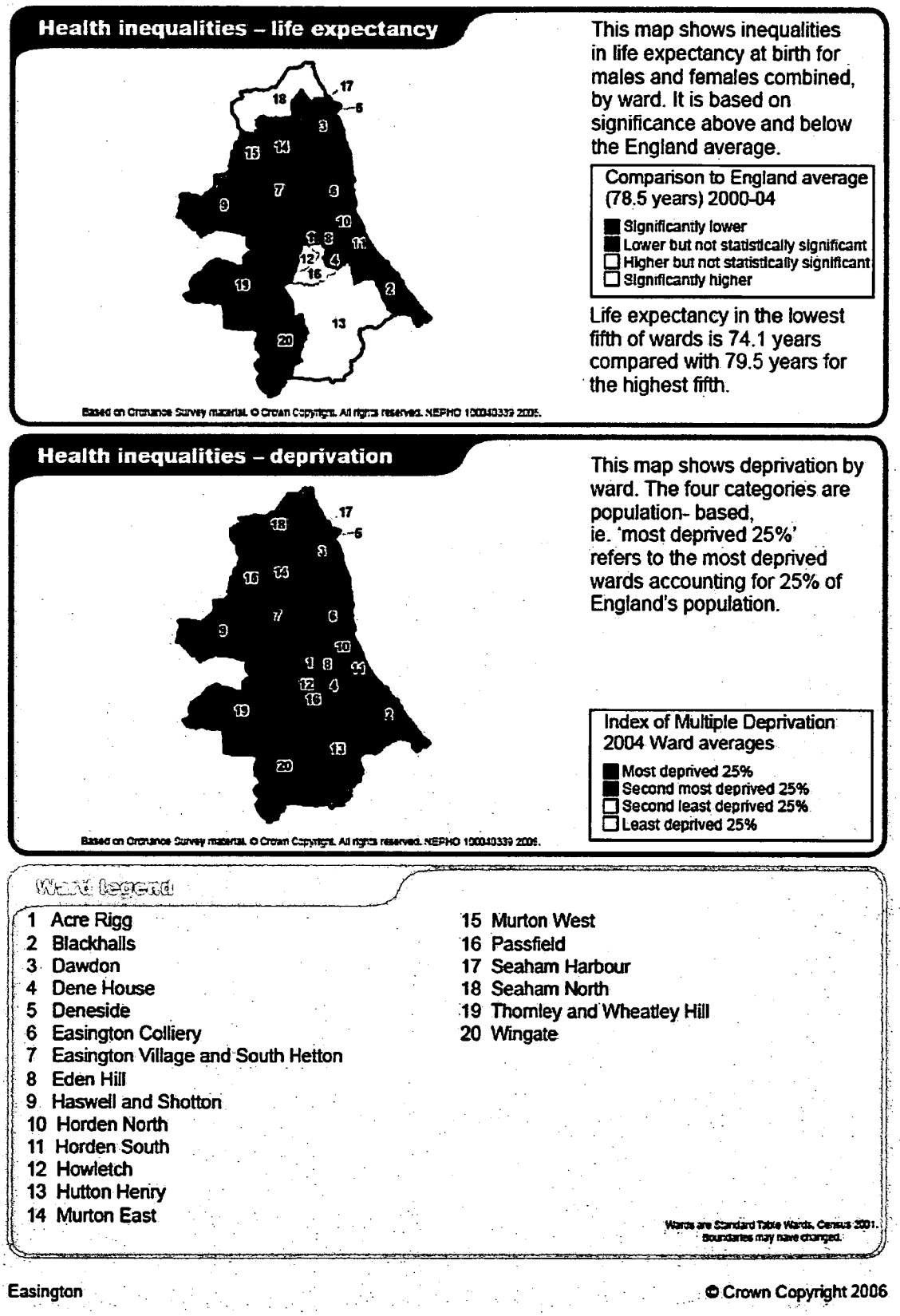
Key

* Supports PSA Targets 2005-2008.

DSR1 Directly age standardised rate / 100,000 population **DSR2** Directly age standardised rate / 100,000 population under 75; **DSR3** Directly age standardised percentage; **DSR4** Directly age standardised rate / 100,000 population; **CR1** Crude rate / 1,000 population; **CR2** Crude rate / 1,000 population aged 65 or over; **CR3** Crude rate / 1,000 female population aged 15-17; **CR4** Crude rate / 1,000 live births; **CR5** Crude rate/ 100 million vehicle kilometres; **CR6** Crude rate / 100,000 resident population aged 15-44; **CR7** Crude rate / 100,000 resident population.

Newham

Figure 9: Example of ward-level health inequality data



Resources to consult on health

Resource box 7: National organisations and websites for data and information

Office for National Statistics is responsible for producing a wide range of key economic and social statistics and provides data on population (epidemiology, causes of death) and society at national and local level.
www.statistics.gov.uk/

Health and social care topics. The DH website contains a comprehensive range of topics in health care and social care, including categorised policy documents, non-clinical guidance, newsletters, links and other resources.
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/fs/en

The **Health care Commission**, set up by the Health and Social Care Act 2003, promotes improvement in the quality of the NHS and independent health care. It has a statutory duty to assess the performance of healthcare organisations, and award annual performance ratings for the NHS, and can also undertake reviews of health care. There are public health performance measures and explicit references to health inequalities, which are taken into account in the annual process by reference to public health information.
www.healthcarecommission.org.uk/homepage.cfm

The new **National Institute for Health and Clinical Excellence (NICE)** formed in 2005 has taken on the functions of the Health Development Agency to create a single excellence-in-practice organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. It has recently reviewed the evidence of interventions that use the environment to encourage physical activity. For other reports and reviews of evidence see the website.
www.nice.org.uk/

The Information Centre. The Information Centre for health and social care (The IC) was created in April 2005. It provides the National Electronic Library for Health and focuses primarily on health care and clinical practice, but these activities are interwoven with public health. It works with the PHOs and NICE to create a complete service, and this will extend to include other aspects of public health and screening as part of the process of creating a national public health network and a comprehensive knowledge service for public health professionals.
www.ic.nhs.uk/

The Health Impact Assessment (HIA) gateway website is currently attached to the NICE website pending a permanent host. HIAs contain literature reviews and there are many topics covered.
www.hiagateway.org.uk/page.aspx?o=hiagateway

The **London Health Observatory** has a guide to reviewing published evidence for use in HIA which is both web-based and hard copy. It also has HIA guidance.
www.lho.org.uk/HIA/ReviewingEvidence.aspx

The following websites hold information and resources on HIA:

London Health Observatory
www.lho.org.uk/HIA/AboutHIA.aspx

Birmingham University HIA Research Unit
www.pcpoh.bham.ac.uk/publichealth/hiaru/

IMPACT International Health Impact Consortium
www.ihia.org.uk/ABOUTHIA.html

Welsh Health Impact Support Unit
www.wales.nhs.uk/sites3/home.cfm?OrgID=522

The **Public Health Electronic Library** was set up by the Health Development Agency, which has now merged with NICE. It is being reviewed to create a modern hybrid, network-based library service for the NHS, providing seamless access to high quality knowledge. Further information will become available through the information and intelligence strategy.
www.phel.gov.uk/

The **King's Fund** is an independent charitable foundation working for better health, especially in London. They carry out research, policy analysis and development activities, working on their own, in partnerships, and through funding.
www.kingsfund.org.uk/

Academic research at universities
Faculties or schools teaching public health courses.

Public Sector Threshold Test (PSTT)

This PSTT has been carried out for NHS front-line staff only.

This should be applied at the early stages of policy thinking to all proposals and initiatives impacting on public services and staff.

Cost calculation

Calculate the impact of your public sector initiative or policy proposal, in terms of both time and monetary costs (see Table 11). Represent these per public service group 1 affected. Monetary costs should be the sum of all staff and non-staff costs.

Table 11: Public Sector Threshold Test

Government department PSA targets

Number of public service staff affected 1	**Time impact per person**	**Time impact per group**	**Total additional monetary costs per annum (£)**	**Total additional monetary costs for the total life of the proposal (£)**
Per group	Total additional hours per annum	Total additional hours per annum	Include ongoing staff and non-staff costs	Include ongoing costs and set-up costs
Approx 450 = number of SEAs per year (approx 3 per PCT pa)	20 days =	450 SEAs x 150 hours each	22,500 hours x £50 per hour + 45,000 hours x £25 per hour = £2.25m	£2.25m pa
Totals:	150 hours per SEA	= 67,500 hours for all SEAs for all PCTs		

Apply these criteria to your proposal or initiative.

- **Criterion 1:** Is the total additional monetary cost, more than £30 million (NHS) or £5 million (elsewhere) per annum?
  No
- **Criterion 2:** Is the policy likely to attract high levels of political or media interest?
  Unlikely

Equality Impact Assessment (EQIA)

An EQIA screening has been carried out on this document. It is expected that the equalities groups' needs and issues will be taken into account in the assessment process.

The guidance relates to the whole population in England for strategic assessment purposes and emphasises the need to ensure that specific groups within the population are considered. This includes the categories of the EQIA as set out in section 3.3.

The guidance refers to EQIA as an assessment that has to be carried out alongside the SEA. Responsible Authorities will have to carry out an EQIA for each plan or programme. The effects of each plan or programme will be different according to its aims and objectives but it is likely that age, disability, gender and race will need to be considered, though religion, belief or sexual orientation is less likely. There is a strong emphasis on consultation throughout the SEA process to ensure human rights are considered in treating everyone with fairness, respect, equality and dignity.

The guidance encourages Responsible Authorities to consult proactively with vulnerable groups (as set out in the SEA Stage D on page 62).