

# Annex C: Health by types of plans and programmes

## Types of plans and programmes Responsible Authority Topics to consider in assessing the effects on health

Regional Spatial Strategies and Local Development Documents	Regional planning body/planning authority	<ul style="list-style-type: none"> <li>• Community safety</li> <li>• Housing provision</li> <li>• People with low incomes</li> <li>• Access to open space and recreational activities</li> <li>• Affordable food outlets, allotments</li> <li>• Local education and employment</li> <li>• Walking and cycling</li> <li>• Development of communities</li> <li>• Flooding</li> <li>• Air quality in urban areas</li> <li>• Traffic</li> <li>• Accessibility</li> <li>• Inequalities and inequities in health and care</li> </ul>
Local Transport Plans	Local transport authority	<ul style="list-style-type: none"> <li>• Transport to work, shops, schools and healthcare</li> <li>• Walking and cycling</li> <li>• Community severance</li> <li>• Frequency and severity of crashes</li> <li>• Collisions causing injury and fatal accidents</li> <li>• Air pollution, noise</li> <li>• Ageing population and increasing disability</li> </ul>
Minerals Development Plan Documents	Minerals planning authority	<ul style="list-style-type: none"> <li>• Contamination on surface water and land, and chemical releases</li> <li>• Dust, contaminated air, water and soil</li> </ul>
Waste Development Plan Documents/ Municipal Waste Management Strategies	Waste planning/ disposal/collection authority	<ul style="list-style-type: none"> <li>• Emissions to air</li> <li>• Dust emissions</li> <li>• Noise, odour</li> <li>• Pollution to surface water and groundwater</li> </ul>
Air Quality Action Plans	National government and local authority	<ul style="list-style-type: none"> <li>• Emissions of greenhouse gases</li> <li>• Other emissions to atmosphere</li> <li>• Transport</li> </ul>

<b>Types of plans and programmes</b>	<b>Responsible Authority</b>	<b>Topics to consider in assessing the effects on health</b>
Local Housing Strategies	Local authority	<ul style="list-style-type: none"> <li>• High-quality affordable housing</li> <li>• Access to shops, services and employment</li> <li>• Overcrowding, deprivation</li> <li>• Homelessness, use of temporary accommodation</li> <li>• Communities and social cohesion</li> <li>• Home safety, indoor pollutants and infestation</li> </ul>
Regional Economic Strategies	Regional development agencies	<ul style="list-style-type: none"> <li>• Unemployment for specific communities</li> <li>• Mental health in the workplace</li> <li>• Quality of jobs and education</li> <li>• Middle-aged and older people</li> <li>• Public transport</li> <li>• External work environment</li> <li>• Social capital and community engagement</li> </ul>
Areas of Outstanding Natural Beauty Management Plans, National Park Management Plans	Joint advisory committee for the relevant park or area	<ul style="list-style-type: none"> <li>• Access to open space, exercise</li> <li>• Stress and mental ill health</li> <li>• Community engagement and social capital</li> <li>• Sustainable recreational use</li> <li>• Healing effects of the natural environment</li> </ul>
River Basin Management Plans and Programmes of Measures	Environment Agency	<ul style="list-style-type: none"> <li>• Quality of surface and groundwater</li> <li>• Drinking and bathing uses</li> <li>• Flooding</li> <li>• Food chain</li> <li>• Recreational value of rivers</li> <li>• Employment</li> <li>• Use of river transport</li> </ul>
Salmon Action Plans	Environment Agency	<ul style="list-style-type: none"> <li>• Healthy food</li> <li>• Recreational opportunities</li> </ul>
Oil and Gas Licensing Rounds	Department of Trade and Industry (DTI)	<ul style="list-style-type: none"> <li>• Health and safety of the workforce</li> <li>• Asthma, respiratory and cardiovascular illnesses, autoimmune diseases, liver failure, cancer and other ailments such as headaches, nausea and sleeplessness</li> </ul>
Offshore Windfarm Site Licensing Rounds	DTI	<ul style="list-style-type: none"> <li>• Wildlife and biodiversity</li> <li>• Noise and visual impact</li> <li>• Renewable energy and sustainable development</li> </ul>

**Types of plans**

<b>Types of plans and programmes</b>	<b>Responsible Authority</b>	<b>Health topics to consider</b>
Nuclear Decommissioning Strategies	DTI	<ul style="list-style-type: none"> <li>• Radiation dose</li> <li>• Contaminated waste</li> <li>• Proximity of local population</li> </ul>
Community Strategies	Local authority	<ul style="list-style-type: none"> <li>• Local communities</li> <li>• Equity of housing</li> <li>• Access to facilities including health and care, employment, recreation and food and transport</li> <li>• Air quality, active lifestyle and access to fresh food</li> <li>• Accidents, crime and fear of crime</li> <li>• Opportunities for work and social contact</li> <li>• Local decision-making, social capital, partnerships and user control of local systems</li> <li>• Wealth creation and regeneration</li> <li>• Employment, education and transport to attend</li> <li>• Environmental quality</li> <li>• Wildlife and open country for habitat</li> <li>• Natural resources</li> <li>• Emissions and energy efficiency</li> </ul>

# Annex D: SEA topics and health evidence

**Table 3: Examples of questions on the effects of plans and programmes on health (to be posed or adapted as relevant), together with notes on the relevance to health of the issues raised**

These examples are drawn from a review of evidence taken from *Healthy sustainable communities: what works?* Cave, Molyneux and Coutts (2004) (ODPM funded) and other reviews listed in the Bibliography.

Questions	Related SEA topics	Government policies	Evidence base
<b>Direct environmental effects on the population's health and well-being</b>			
Could the plan or programme lead to impacts on people from noise or disruptive activities?	Population	Environmental Noise Directive 2002/49/EC  PPG24 Planning and Noise (1994)	Environmental noise (road, rail, aircraft, construction and noise releases from products, eg tyres, cars) causes annoyance and sleep disturbance to many people. There is evidence of a causal relationship between it and hypertension and heart disease (Medical Research Council, <i>IEH Report on the non-auditory effects of noise</i> . Report R10, ISBN 1 899110 14 3, 1997). The problems are worse in areas of high density housing, rented accommodation, areas of deprivation and areas of urban density.
Will the plan or programme give rise to emissions to air or water?	Soil, water, air	<i>UK Air Quality Standards and Objectives</i> (Defra)  <i>Air Quality Strategy 2000</i>	Air pollution has both short- and long-term damaging effects on health, can worsen the condition of those with lung or heart disease, and may reduce average life expectancy.  Water pollution via surface run-off and leaching into groundwater can lead to contamination, such as through hydrocarbons, heavy metals, herbicides, pesticides, and chlorinated hydrocarbons and radioactive contamination, which can lead to adverse health effects.
Does the plan or programme improve drinking and bathing water?	Water	EC Bathing Water Directive (76/160/EEC)  Water Framework Directive 2000	Water safety plans should identify potential contamination. Acid land contaminants lead to corrosion problems for metal pipes and plastic pipes are susceptible to physical degradation or permeation by organic and inorganic chemicals plus biological contamination (such as polycyclic aromatic hydrocarbons) which can lead to pollution.

Questions	Related SEA topics	Government policies	Evidence base
<b>Direct environmental effects on the population's health and well-being (continued)</b>			
Will the plan or programme contribute to climate change?	Climatic factors, air	UK 2006 Climate Change Programme PPS and Climate Change – supplement to PPS1	Climate instability and rising sea levels have major long-term health implications through extreme weather events (heatwaves, 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 heatstroke. Children and infants are also especially susceptible. Avoidance or mitigation of adverse effects can make a difference.
Does the plan or programme affect the production and availability of fresh food?	Population	<i>Choosing Health?</i> <i>Choosing a Better Diet</i> , 2004	Fresh fruit and vegetables promote health. Low-income families are least able to eat well because cheaper foods are most likely to be high in fat and sugar, and poorer access to fresh fruit or vegetables outlets is a significant cause of health inequalities. Local authorities can influence healthy eating and improve access to healthier food, particularly in deprived areas through its own services and functions, such as planning, housing, education, transport and through a leadership role for its community.
<b>Effects on people's lifestyles</b>			
Does the plan or programme encourage the use of public transport or alternative means of transport other than private cars?	Air, climatic factors, population	DfT sustainable travel policies (see DfT website)  DfT <i>Climate Change and Transport</i> , 2006	Reduced car use lowers direct exposure to exhaust pollutants.  Reduction in traffic congestion and noise can be expected to improve quality of life and well-being.  Any reduction in carbon emissions, however small, contributes to the achievement of climate change objectives.

Questions	Related SEA topics	Government policies	Evidence base
<b>Effects on people's lifestyles (continued)</b>			
Does the plan or programme encourage walking and cycling?	Air, population	<p>DfT Walking and Cycling Action Plan <i>Walking in towns and cities</i>: Govt response to Select Cttee Report, 2001;</p> <p>DfT sustainable travel policies (see DfT website);</p> <p><i>Choosing Health: Physical Activity Action Plan</i>, 2005</p>	<p>Physical activity is one of the best ways of improving overall health and reducing obesity.</p> <p>Neighbourhoods with mixed land use, high population and employment density, street connectivity, pedestrian-oriented design and safety encourage more physical activity and have a lower obesity prevalence.</p> <p>These features are particularly helpful to older people, to reduce social isolation.</p> <p>The proportion of people engaging in physical activity declines with age and particularly after the age of 25. Participation in walking has been shown to decline from 45 per cent among men aged 16–24 to 8 per cent among men aged 75 or over. Among women, walking remained relatively stable among those aged 16–54 (29–32 per cent) but declined rapidly to 5 per cent for those aged 75 and over.</p>
<b>Effects on local communities</b>			
Do plans and programmes contribute to regeneration and tackling health inequalities?	Population	<p><i>Tackling Health Inequalities: status report on Programme for Action</i>, 2003</p>	<p>Where you live influences the length of your life as it is a proxy for wealth, income, education, good environmental conditions and access to opportunities/amenities/services. Some parts of the country have the same mortality rates now as the national average in the 1950s. Places that exclude or segregate certain groups will tend to increase health inequalities. Mixed communities are not characterised by the same problems often linked with low-income areas.</p>
Could the plan/programme create a risk of flooding?	Water, soil	PPS25: Development and Flood Risk	<p>The social environment affects how people behave, so preventing social isolation, supporting community engagement and creating a sense of belonging supports social capital. Community severance from physical barriers caused by transport infrastructure, and psychological barriers caused by road safety fears, limit travel horizons and affect people's ability to self-mitigate these barriers in order to reach key services such as employment, education and health facilities.</p>

Questions	Related SEA topics	Government policies	Evidence base
<b>Effects on local communities (continued)</b>			
Does the plan or programme involve <b>provision of facilities</b> , eg general practitioner surgeries, health centres or hospitals, leisure/sports centres, swimming facilities	Population, material assets	<i>Tackling Health Inequalities</i> , 2003; <i>Choosing Health</i> , 2004; <i>Our Health, Our Care, Our Say</i> , 2006; <i>Sustainable Communities: People, Places and Prosperity</i> , 2005	Higher rates of GP consultation are associated with greater social and economic deprivation, although those in greatest need are least likely or able to access it. Communities most at risk of ill health tend to experience the least satisfactory access to key cultural, social, recreational and leisure amenities and preventative health services.  Community facilities accessible to all is a key message in the <i>Our health, our care, our say</i> White Paper 2006, which envisages care being provided closer to home through community hospitals, state-of-the-art diagnostic centres, day surgery and outpatient facilities closer to where people live and work.
Does the plan or programme encourage a sense of <b>community safety</b> , identity and social cohesion?	Population, cultural heritage, landscape, biodiversity	<i>Living Places: Cleaner, Safer, Greener</i> October 2002 (now CLG lead); National Community Safety Plan 2006–09	Good design encourages greater community ownership of the environment and reduces negative effects such as vandalism and under-use of facilities. A sense of community identity and belonging is known to foster health and the sense of well-being. Fear of crime reduces social solidarity, and has an adverse psychological impact. Fear of leaving their home exposes older people in particular to isolation and vulnerability. Good urban design can help to “design out crime” and enhance community safety.
<b>Effects on the local economy</b>			
Does the plan or programme have <b>employment</b> implications for all sections of society?	Population	European Employment Strategy 2005–08	Isolated developments can lead to exclusion of vulnerable groups. Local job opportunities enable walking and cycling as travel to work or commuting options. Unemployed people have a higher risk of poor physical and mental health and shorter life expectancy. Low-paid, insecure employment carries greater risks of accidents, infections and heart disease and increased health-damaging behaviour such as smoking.

Questions	Related SEA topics	Government policies	Evidence base
<b>Effects on people's activities</b>			
Does the plan or programme promote easy and sustainable access to services such as workplaces, shops, schools, healthcare facilities and social activities?	Population	Cabinet Office Social Exclusion Unit <i>Health and Transport</i> , June 2006	Poor transport contributes to social exclusion as it restricts access to activities that enhance people's life chances, such as work, learning, healthcare, food shopping and other key activities. Communities are severed by physical barriers (eg transport infrastructure) and psychological barriers (eg road safety fears) limit travel horizons and can affect access to services such as employment, education and health facilities. Lack of access to services (eg by foot or affordable transport) is experienced disproportionately by women, schoolchildren, the elderly and disabled people. Poor access to services is a significant factor in social exclusion, which is associated with health problems.
Does the plan or programme affect people's access to health facilities?	Population	Health policy documents as listed in section 3.2; Cabinet Office Social Exclusion Unit <i>Health and Transport</i> , 2006	Lack of access to services (eg by foot or affordable transport) is experienced disproportionately by women, schoolchildren, the elderly and disabled people. Poor access to services is a significant factor in social exclusion, which is associated with health problems.



Questions	Related SEA topics	Government policies	Evidence base
<b>Effects of the built environment on people</b>			
Does the plan or programme promote exercise as part of daily living?	Population	Obesity strategy	Modern inactive lifestyles possibly represent the dominant factor driving obesity. They are typified by high levels of car use, 24-hour food availability, abundant desk jobs and low levels of physical activity. Decreasing obesity may only be achieved if we adapt our built environment to make it easier for us to regularly be more active in our everyday activities. A challenge will be to ensure that personal and community health considerations are included as future infrastructure is designed and built.
Will plans or programmes for housing take into account sustainable provision, conservation of warmth, ventilation, flexibility?	Population, material assets (depending on definition), climatic factors	CLG <i>Making Homes Decent</i> ; CLG <i>Draft Code for Sustainable Homes</i>	Cold, damp homes are associated with cardiovascular and circulatory diseases. Fuel poverty affects mental health and contributes to health inequalities. Housing needs to be suitable for people with disabilities, families and the ageing population.
Is the plan or programme concerned with contaminated land or waste management or disposal?	Soil, water, air	Defra Circular 1/2006 <i>Contaminated Land</i>	Contaminants such as polycyclic aromatic hydrocarbons (PAHs), heavy metals, oil, asbestos and landfill gases are injurious to health. Waste disposal can be a major generator of road transport, noise and dust, with potential adverse effects on safety and air quality.
Does the plan or programme promote a healthy environment?	Population	<i>Choosing Health</i> , 2004	Urban environments that are dense, mixed use, easily accessible on foot or bicycle with high-quality green infrastructure can deliver positive health outcomes and provide the right environment for promoting active lifestyles and good use of resources. In rural areas the interrelationship between home, work, leisure and mobility is key to healthier lives.

Questions	Related SEA topics	Government policies	Evidence base
<b>Effects of the natural environment on people's health and well-being</b>			
Does the plan or programme provide greater access to the countryside and coast?	Population, landscape, biodiversity	<i>Rural Strategy 2004</i> (Defra)	Greater opportunities for walking and cycling beneficial to physical health. Greater contact with nature is beneficial to mental health.
Will the plan or programme promote health and well-being in the natural environment?	Biodiversity, flora, fauna, population	<i>Health Concordat</i> , 2005	Contaminants such as PAHs, heavy metals, oil, asbestos and landfill gases are injurious to health. Waste disposal can be a major generator of road transport, noise and dust, with potential adverse effects on safety and air quality.
Will the plan or programme provide for locally accessible green spaces?	Population, biodiversity, fauna/flora, cultural heritage, landscape	<i>Living Places: Cleaner, Safer, Greener</i> , October 2002 (now CLG lead)	Green space encourages social contact and exercise, and is associated with lower crime rates and increased safety. People who can see trees or green space from their homes report higher levels of health and well-being.

# Annex E: Frequently asked questions

## **1. What is the difference between Strategic Environmental Assessment (SEA), Environmental Impact Assessment (EIA), Health Impact Assessment (HIA), Integrated Pollution Prevention and Control (IPPC) and Sustainability Appraisal (SA)?**

SEA applies to plans and programmes typically concerned with broad proposals and alternatives, whilst EIA is project-specific and requires more detailed information on the effects of a particular proposal (usually individual installations). SEA can help the preparation of an EIA, but does not remove the need for one where EIA is required. IPPC is a “permit to pollute” undertaken outside planning (again at the level of single installations). Separate HIAs can be carried out on developments and policies at any level. Health is assessed to differing degrees within each of these assessments (see Figure 2).

Basically, SAs are a broader assessment of the “triple-bottom-line” of economic, social and environmental impacts carried out on regional strategies. The important thing to remember is that SAs must also meet the requirements of the SEA Directive.

## **2. Should a separate HIA be carried out?**

No. We recommend that the effects on health be fully integrated into the SEA process. This will reduce costs/burdens whilst also ensuring that the SEA (and within this any health-related recommendations) is considered during the decision-making process. However, the SEA may need to address all the relevant links to the wider determinants of health, and health effects should be clearly visible within the Environmental Report (ER).

## **3. Who is responsible for paying for and writing up SEAs?**

SEAs will be carried out by public bodies who are preparing plans or programmes subject to the SEA requirement. These are known as “Responsible Authorities ” (RAs). Most will be local authorities, who have a legal requirement to carry out SEA of their local development documents. A number of SEAs will be carried out by the Environment Agency on its internal plans and programmes. Some organisations, eg water companies, may voluntarily carry out SEAs. The help of consultants may be sought by RAs.

## **4. When should health organisations be consulted?**

Health organisations should be consulted at the same time as Consultation Bodies: first during scoping and then at full public consultation on the draft plan or programme and accompanying ER.

### **5. How many SEAs are expected?**

Based on current statistics, there are between 300 and 400 per year for England, with the majority from local authority planners and around 50 from the Environment Agency.

### **6. How should I assess which determinants of health, health outcomes, health effects or health targets/objectives are important?**

An initial breakdown can be achieved by thinking of health in terms of:

1. impacts on health and facilities;
2. adverse impacts; and
3. beneficial impacts.

Simple risk assessments can also be useful. Using basic significance criteria, the magnitude and probability of an effect can be worked out. This process should be fully transparent and the criteria stated clearly in any assessment. See also Chapter 4.

### **7. Which key plans and programmes inform other planning documents?**

The two key documents are the Regional Spatial Strategy as it feeds into other regional programmes and the local development framework, as a health input here should inform other local plans.

### **8. What is the difference between the plan (eg a local transport plan) or programme and the SA/SEA?**

The plan sets out the RA's vision and how this will be achieved. The SA/SEA is an independent assessment of the effects of implementing the plan or programme. SEA must be undertaken at the same time as the preparation of the plan or programme. The plan and SEA targets and objectives may be different and therefore the long-term goal of influencing the plan or programme should be kept in mind whilst engaging with the SEA process.

### **9. Who should I contact for a health response?**

- **National plans and programmes** – contact the Department of Health, Health Improvement Directorate.
- **Regional plans and programmes** – make contact in the first instance with the regional Director of Public Health (DPH) in the regions.

- **Local plans and programmes** – where the plan or programme covers the same geographical area as the local primary care trust (PCT), make contact in the first instance with the DPH for the relevant PCT.
- **Regional/local** – where a plan or programme covers more than one PCT, consult with both the regional DPH and each of the relevant PCTs for the area.

The PCT covering a particular town or county can be found at:  
[www.nhs.uk/england/authoritiestrusts/pct/townSearch.aspx](http://www.nhs.uk/england/authoritiestrusts/pct/townSearch.aspx)

Further health data and consultation responses can be gathered from a variety of organisations (detailed in Annexes A and B of this guidance).

### **Consultation questions**

Are there any other questions you would like answered?

Do you have any comments on the current answers?

# Annex F: Do's and dont's (short summaries of the guidance)

There follow two sets of 'do's and dont's' guidance – first for primary care trusts (yellow shading) and second for Responsible Authorities (blue shading).

## Overview of SEA stages and potential health input

### Addressing health in SEAs for PCTs – do's and don'ts

The European Directive on Strategic Environmental Assessment 2001/42/EC, or SEA Directive, requires the likely significant effects of proposed plans and programmes on human health to be assessed.

This advisory note provides health organisations (particularly primary care trusts (PCTs)) with an overview of the five SEA stages and how to help Responsible Authorities (RAs), the bodies that prepare plans and programmes and carry out SEA, establish the current situation, identify problems, predict the effects of their proposals on health and develop ways of tackling adverse effects and enhancing positive ones.

All the actions suggested would not be required for each SEA. The level of involvement will depend on the type of plan or programme, the resources available, and the level of engagement with the RA.

Although health bodies are not Consultation Bodies, your response can be effective in including health promotion, prevention, and protection in plans and programmes. A companion note advises RAs on how to consult effectively on health issues.

#### Do's

Plan ahead for consultation – have systems in place and ask authorities for information on future plans or programmes

- ✓ Raise awareness of SEA across your organisation
- ✓ Provide data that is spatially and temporally relevant, describing trends over time and aim for an easily understandable format
- ✓ Focus on the key strategic health issues that will be affected by the plan or programme
- ✓ Use the SEA to identify how the plan or programme will influence or affect health determinants
- ✓ Be proactive and engage with RAs, thereby encouraging participation

#### Dont's

Plan ahead for consultation – have systems in place and ask authorities for information on future plans or programmes

- ✗ Focus on every single possible health effect
- ✗ Rely on one person to deal with all SEA queries
- ✗ Attempt to carry out the SEA for the RA
- ✗ Expect health to be addressed separately from the rest of the SEA
- ✗ Consider health impacts without reference to the SEA process
- ✗ Swamp the RA with irrelevant or over-detailed information
- ✗ Wait to be consulted – you may not be!

## Overview of SEA stages and potential health input Guidance for PCTs

SEA stage	Health considerations	Information sources
<b>Stage A: Setting the context and objectives, establishing the baseline and deciding the scope</b>	<p>Provide baseline information and/or advise on relevant sources</p> <p>Advise on appropriate health objectives</p> <p>Suggest other information that may be useful</p> <p>Influence decision-making by identifying the two or three main health issues and ensure the promotion of beneficial effects is given the same importance as the mitigation of adverse effects</p>	<p>NHS, eg PCT</p> <p>Government departments, eg Department of Health (<a href="http://www.dh.gov.uk/">www.dh.gov.uk/</a>), Defra, CLG, Treasury, Home Office, Department for Transport (<a href="http://www.transtat.dft.gov.uk/">www.transtat.dft.gov.uk/</a>)</p> <p>Public Health Observatories (<a href="http://www.apho.org.uk/">www.apho.org.uk/</a>)</p> <p>Disease registries, eg Cancer Registries (<a href="http://www.ukacr.org.uk/">www.ukacr.org.uk/</a>), Perinatal Institutes, APHO Hospital Episode Statistics Safe Havens</p> <p>Public Health Electronic Library (<a href="http://www.phel.gov.uk/">www.phel.gov.uk/</a>)</p>
<b>Stage B: Developing and refining alternatives and assessing effects</b>	<p>Check that qualitative or quantitative effects on health indicators of all alternatives – including both positive and negative effects – have been considered</p> <p>If asked, comment on predicted effects and monitoring proposals</p>	<p>Health Protection Agency, eg environmental health surveillance data, guidance, position statements (<a href="http://www.hpa.org.uk/">www.hpa.org.uk/</a>)</p> <p>Area profiles (<a href="http://www.audit-commission.gov.uk/areaprofiles">www.audit-commission.gov.uk/areaprofiles</a>)</p>
<b>Stage C: Preparing the Environmental Report</b>	No action for consultees at this stage	<p>Office for National Statistics (<a href="http://www.statistics.gov.uk/">www.statistics.gov.uk/</a>)</p> <p>Local Health Profiles (<a href="http://www.communityhealthprofiles.info">www.communityhealthprofiles.info</a>)</p>
<b>Stage D: Consultation and decision making</b>	Reply, if necessary, to consultation requests from RAs	World Health Organization: SEA Protocol ( <a href="http://www.euro.who.int/healthimpact/mainacts/20040908_14">www.euro.who.int/healthimpact/mainacts/20040908_14</a> )
<b>Stage E: Monitoring implementation of the plan or programme</b>	<p>Check that monitoring includes the collating of health data (eg via questionnaires, pollution monitoring) to determine whether objectives and targets have been met</p> <p>Check that monitoring is integrated with existing health surveillance/tracking systems (eg those of the PCTs)</p>	<p>Health Impact Assessment Gateway website (<a href="http://www.hiagateway.org.uk/page.aspx?o=hiagateway">www.hiagateway.org.uk/page.aspx?o=hiagateway</a>)</p> <p>Sources of expert interpretation and guidance providing valuable intelligence eg HealthPromis (<a href="http://healthpromis.hda-online.org.uk/">healthpromis.hda-online.org.uk/</a>), Cochrane Collaboration (<a href="http://www.cochrane.org/">www.cochrane.org/</a>), National Institute for Health and Clinical Excellence (<a href="http://www.nice.org.uk/">www.nice.org.uk/</a>)</p>

### Other SEA guidance and support

Department for Communities and Local Government – SEA Practical Guide (ODPM et al, 2005) at: [www.communities.gov.uk/index.asp?id=1143275](http://www.communities.gov.uk/index.asp?id=1143275)

Environment Agency at: [www.environment-agency.gov.uk/seaguidelines](http://www.environment-agency.gov.uk/seaguidelines)

Locate your local PCT at: [www.nhs.uk/England/AuthoritiesTrusts/Pct/Default.aspx](http://www.nhs.uk/England/AuthoritiesTrusts/Pct/Default.aspx)



## Overview of SEA stages and potential health input

### Addressing health in SEAs for RAs – do's and don'ts

The European Directive on Strategic Environmental Assessment 2001/42/EC requires the likely significant effects of proposed plans and programmes on human health to be assessed.

This note is to advise RAs – the bodies that prepare plans and programmes and carry out SEAs – on how health organisations, particularly PCTs, can help them establish the current situation, identify problems, predict the effects of their proposals on health and develop ways of tackling adverse effects and enhancing positive ones.

The level of health input will depend on the type of plan or programme and the resources available, although all SEAs could benefit from the consideration of these steps in considering health as part of the SEA process. Health bodies are a useful source of health information, and early consultation should ensure that the most relevant health effects are assessed. A companion note advises health organisations on how to be effective SEA consultees.

#### Do's

- ✓ Use SEA to include relevant health issues in the decision-making process
- ✓ Develop links with health organisations as early as possible and keep them involved
- ✓ Consider inviting a (public) health professional to be a member of your SEA steering group
- ✓ Identify health issues relevant to your plan or programme
- ✓ Consider health benefits and well-being, and aim to enhance these where possible
- ✓ Seek views on health when consulting the public

#### Don'ts

- ✗ Focus only on direct health effects – also consider indirect health effects
- ✗ Treat health effects separately from the rest of the SEA
- ✗ View health organisations as marginal to the SEA process
- ✗ Waste effort on health issues on which the plan or programme will not impact
- ✗ Focus solely on adverse effects of plans and programmes
- ✗ Collate new data sets if existing data sets are readily available
- ✗ Assume the public consulted will have no relevant information or views

<b>Overview of SEA stages and potential health input Guidance for Responsible Authorities</b>		
<b>SEA stage</b>	<b>Health considerations</b>	<b>Information sources</b>
<b>Stage A: Setting the context and objectives, establishing the baseline and deciding the scope</b>	<p>Consult health organisations (eg Directors of Public Health) who can potentially provide health data, data sources, existing health objectives/concerns/inequalities and data interpretation</p> <p>Where possible, collect or update baseline information on health situation and problems (starting from scratch or using existing/routine data)</p> <p>Develop health objectives for SEA (these may influence emerging plan or programme if relevant)</p>	<p>NHS, eg PCT</p> <p>Government departments, eg Department of Health (<a href="http://www.dh.gov.uk/">www.dh.gov.uk/</a>), Defra, CLG, Treasury, Home Office, Department for Transport (<a href="http://www.transtat.dft.gov.uk/">www.transtat.dft.gov.uk/</a>)</p> <p>Public Health Observatories (<a href="http://www.apho.org.uk/">www.apho.org.uk/</a>)</p> <p>Disease registries, eg Cancer Registries (<a href="http://www.ukacr.org.uk/">www.ukacr.org.uk/</a>), Perinatal Institutes, APHO Hospital Episode Statistics Safe Havens</p> <p>Public Health Electronic Library (<a href="http://www.phel.gov.uk/">www.phel.gov.uk/</a>)</p>
<b>Stage B: Developing and refining alternatives and assessing effects</b>	<p>Predict effects on health of the plan or programme implementation</p> <p>Consider beneficial health effects as well as adverse ones</p> <p>Develop proposals for any health monitoring during implementation</p> <p>RAs may find it helpful to consult at this stage</p>	<p>Health Protection Agency, eg environmental health surveillance data, guidance, position statements. (<a href="http://www.hpa.org.uk/">www.hpa.org.uk/</a>)</p> <p>Area profiles (<a href="http://www.audit-commission.gov.uk/areaprofiles">www.audit-commission.gov.uk/areaprofiles</a>)</p> <p>Office for National Statistics (<a href="http://www.statistics.gov.uk/">www.statistics.gov.uk/</a>)</p>
<b>Stage C: Preparing the Environmental Report</b>	<p>Likely significant health effects should be included in the Environmental Report and where appropriate this could contain a specific human health section</p>	<p>Local Health Profiles (<a href="http://www.communityhealthprofiles.info">www.communityhealthprofiles.info</a>)</p> <p>World Health Organization: SEA Protocol (<a href="http://www.euro.who.int/healthimpact/mainacts/20040908_14">www.euro.who.int/healthimpact/mainacts/20040908_14</a>)</p>
<b>Stage D: Consultation and decision making</b>	<p>Include health organisations in consultation on draft plan/programme and Environmental Report</p>	<p>Health Impact Assessment Gateway website (<a href="http://www.hiagateway.org.uk/page.aspx?o=hiagateway">www.hiagateway.org.uk/page.aspx?o=hiagateway</a>)</p>
<b>Stage E: Monitoring implementation of the plan or programme</b>	<p>Monitor health effects of implementing plan (if appropriate integrate this with existing health surveillance/tracking) bearing in mind that info collected may need to be refined</p> <p>Where significant health effects are identified consider consulting with health organisations</p>	<p>Sources of expert interpretation and guidance providing valuable intelligence, eg HealthPromis (<a href="http://healthpromis.hda-online.org.uk/">healthpromis.hda-online.org.uk/</a>), Cochrane Collaboration (<a href="http://www.cochrane.org/">www.cochrane.org/</a>), National Institute for Health and Clinical Excellence (<a href="http://www.nice.org.uk/">www.nice.org.uk/</a>)</p>
<p><b>Other SEA guidance and support</b></p> <p>Department for Communities and Local Government – SEA Practical Guide (ODPM et al, 2005) at: <a href="http://www.communities.gov.uk/index.asp?id=1143275">www.communities.gov.uk/index.asp?id=1143275</a></p>		

# Annex G: Workshop participants

Birley HIA Consultancy

Cardiff Council

Department for Communities and Local Government

Department of Health

Devon Primary Care Trust

Environment Agency

Greater London Authority

Halcrow

Health Protection Agency

Hyder Consulting

IMPACT, University of Liverpool

Land Use Consultants

Liverpool City Council Planning

Liverpool John Moores University

London Health Observatory

Manchester City Council Planning

Mott MacDonald Consultants

Peter Brett Associates

Plymouth Public Health Development Unit

Poole Local authority

Redbridge PCT

Regional Public Health Group

RPS Consultancy

Scott-Wilson Consultants

Telford Environmental Health

Transport Research Laboratory (TRL)

University of West of England

Welsh Assembly Government

Westminster City Council