

Influencing the decision-making process through health impact assessment

Introduction

This bulletin provides information for practitioners involved in planning, leading or contributing to health impact assessments (HIAs). It is one of a series of HIA Learning from Practice bulletins. The full series covers:

- Evaluating health impact assessment
- Addressing inequalities through health impact assessment
- Influencing the decision-making process through health impact assessment
- Deciding when health impact assessment is needed (screening for HIA).

The information in this bulletin is based on the real-world, practical experience of HIA practitioners, leading academics, policy makers and commissioners involved in a variety of HIAs across the country. Much of it was shared at a Learning from Practice workshop organised by the Health Development Agency (HDA) in December 2002. Further information about the Learning from Practice workshop and copies of the other summary bulletins in this series can be found at www.hiagateway.org.uk

Influencing decisions

Health impact assessment aims to influence decisions, and the people who take them, to improve health. Some people argue that the limits of HIA extend only as far as issuing impartial recommendations. But most practitioners feel that the fundamental goal of HIA goes beyond just providing information – the aim of HIA is to achieve changes in policies and proposals so that they support better health and reduce health inequalities. The recommendations of an HIA can include suggestions for enhancing positive aspects of proposals, as well as recommendations to mitigate any potentially negative aspects. Many HIAs therefore overtly aim to influence the decision-making process.

The point with which most people are concerned is the opportunity to influence the outcomes of a consultation process or a key decision-taking committee meeting. But if HIAs are viewed in context, the scope for influencing

appears much more extensive. Influential outputs from HIAs include not just the final recommendations, but potentially a host of lessons and action points that could influence future decisions and activity within partner organisations involved in the HIA.

This bulletin uses practitioners' experience to show why influencing is best seen as a continuing process within HIA, rather than an activity confined to one point in time. Influencing activity built into all appropriate stages of an HIA can help deliver much better results, helping to ensure recommendations are accepted, and that decisions – once made – are implemented.

Health impact assessment is a political process insofar as it requires engagement with political decision-making structures. But HIA should also be a transparent and objective process, guided by evidence from a range of sources, which

Influencing decisions (continued)

confers independence and credibility on the recommendations produced. This bulletin explores some of the difficulties involved in striking this balance, and offers practical suggestions based on past HIAs.

Much of the activity described in this bulletin is common to many areas of public health practice. But in the context of HIA, it can be

useful to give more thought than usual to influencing decisions. Health impact assessment is not yet part of the core activity of most of the organisations involved, and does not have statutory force. So those involved in HIA need to pay closer attention to the way they go about influencing the views of decision makers.

Learning from practice examples

Working with partners to make Westminster a healthier city: HIA through best value review

Westminster City Council applied HIA in an innovative way, using it as the basis for a Best Value Review (BVR). The BVR addressed two questions:

- How do the policies of council departments improve health and reduce inequalities in health for Westminster residents?
- Are the new Joint Health Partnership structures and planning processes fit for purpose?

Nine areas of council policy were chosen for consideration, including topics such as fuel poverty and safer routes to school. Departmental management teams used a screening tool, based on the London Health Commission's documentation, to decide what policies should be selected. The BVR lead met with all departmental management teams to explain what was involved. The policies chosen spanned all main council service areas. Rapid appraisal workshops were held for each topic.

A steering group was set up involving assistant directors from all departments, plus the primary care group public health consultant, the King's Fund and Croydon Council (Health Beacon) as external bodies to provide advice and guidance. A review team of people identified by each of the nine service areas oversaw the HIA workshops, reports and recommendations.

The decision-making structure for the HIA's recommendations was clearly identified:

- The Chief Officers' Board agreed the scope of the BVR and use of HIA for all service areas in the council and gave high-level commitment to HIA
- Departmental management teams decided what recommendations from the

workshops would be taken forward as part of the business planning cycle of work for the council and agreed ownership of the Cross-Council Action Plan

- When blockages were identified (such as a department not coming up with a policy to review) this was referred to the steering group for action
- The Cabinet Member for Social Services signed off the Cross-Council Action Plan after it had been agreed by the departmental management teams and Chief Officers' Board.

The experience provided the following lessons:

- What worked well – using the BVR framework provided status and credibility throughout the council; having Chief Officers' support was essential; having the interface between specialists and the public helped in making changes to council policy
- What was difficult – some departments had great difficulty seeing what benefit it would be: they thought of HIA as consultation, and some areas had already consulted fully on their policies; not all made the connection that HIA could inform other work.

As a result of the BVR, the council has linked HIA into council policy making, including the performance plan, best value and partnership work. It is also developing links between environmental assessment and HIA for letting contracts, and carrying out assessments for new projects, programmes and policies.

With thanks to Colleen Williams, Policy Manager (Health), Westminster City Council

HIA on economic development and regeneration policy in the East End of Sheffield

The East End Quality of Life Initiative (EEQOL) was established in 1999 to tackle health inequalities by increasing community involvement in strategic development decisions for the East End of Sheffield.

EEQOL conducted a comprehensive, participatory and prospective HIA of the Rotherham–Sheffield M1 Corridor Planning Study. The study was designed to inform investment in one of three strategic economic zones within South Yorkshire's Objective One regeneration programme.

The team was interested to see whether HIA could be a tool to support a more integrated, participatory, and therefore more sustainable approach to development strategy, and gave careful consideration to how it could influence the decision-making process.

A number of decision-making fora were identified as relevant to the HIA, including:

- Local community forum meetings
- East End Standing Conferences (community business agencies)
- East End Strategy Group (City Council; Community Forum, Health; Business Forum, working towards sustainable development of the East End of Sheffield)
- The local strategic partnership.

The main focus was on influencing the integrated development plan for the strategic

economic zone. With this in mind, HIA recommendations were widely disseminated to inform debate and discussion on investment plans for the area. Those that had the most impact were:

- HIA recommendations submitted to consultants developing the integrated development plan for the strategic economic zone
- Submissions to various drafts of the integrated development plan
- Contributions to integrated business plans required by developers
- The team is currently working on detailed community engagement at an important development site.

An evaluation of the process concluded that the HIA had helped articulate not only local community concerns, but also potential solutions, and that understanding and dialogue between the key stakeholders had increased as a result. It encouraged a wider debate on the dilemma, by no means unique to Sheffield's East End, of how to integrate the twin goals of inclusion and prosperity. The HIA has informed subsequent work on mainstreaming sustainable development with the local strategic partnership, and at the regional level, a sustainability appraisal incorporating health impacts.

With thanks to Neil Parry, Project Worker, Sheffield East End Quality of Life Initiative

Why will decision makers welcome HIA?

Health impact assessments are likely to be more influential if they directly address issues of concern to decision makers. However, establishing whether HIAs have been influential is always difficult. It can be difficult to establish a cause-and-effect relationship between HIA recommendations and subsequent decisions because, in reality, decision makers are subject to a much fuller range of influences. The following issues have been identified by HIA practitioners as having helped to generate support and interest in HIA among decision makers.

Better services

HIA can be a useful driver for service excellence. Participatory HIAs provide information based on stakeholder knowledge which can reveal gaps in provision. By focusing not just on the likely impact of the proposals or policies in theory, but on the issues likely to affect their implementation in practice, participants involved in HIA can generate

suggestions for ways in which systems and organisations could work better together to support health. This information, and the links forged by participation in the HIA process, can be a useful basis for further work to achieve improvements in services and partnership working. A growing number of organisations now see HIA as a strength when shaping bids for funding, or applying for awards and excellence ratings.

Addressing institutional and community concerns

As well as providing fresh insights into how successfully existing services are being provided, or how well proposals are likely to operate in practice, HIA can also provide a vehicle for addressing broader community or organisational concerns. By adopting participatory methods, and by considering the interplay between the determinants of health, HIA can help build a better understanding of community concerns.

Health impact assessment can provide an opportunity for these concerns to be addressed through dialogue with the professionals responsible, improving the chances of common ground being reached. It can therefore be a valuable tool for addressing contentious issues and proposals, although the complexities of doing so should not be underestimated.

Transparency and accountability

HIA should be a transparent and open process, and as such has much to offer organisations that

wish to demonstrate that they have considered all aspects of their proposed actions. Health impact assessment can contribute to better decision making by providing information and recommendations based on the best available evidence from a range of sources. Many decision makers are interested in the potential for HIA to contribute to scrutiny of proposals and service delivery, and in some cases this has provided the momentum for conducting an HIA before proposals are considered by a scrutiny committee.

Challenges in influencing the decision-making process through HIA

As experience of conducting HIAs grows, practitioners are developing a more sophisticated understanding of the factors that HIAs affect, and how far HIAs can exert a beneficial influence. Some of the challenges commonly encountered are listed below.

Resolving conflict

Health impact assessments can uncover areas of tension not previously resolved, making influencing the decision-making process a difficult task. Those involved need to work towards presenting a single set of clear recommendations, based on the best available evidence, and informed by stakeholders' knowledge and experience. But what happens when stakeholders' perceptions differ? Or when stakeholders' views, such as a specific concern held by a local residents' group, are not borne out by the evidence? It can be a demanding job to reconcile these different viewpoints, build common understanding, manage expectations, and present decision makers with enough information to consider the options before them. This process may present a steep learning curve for professionals and 'experts' unused to engaging directly with lay opinion. Yet decision makers will want to know the range of views that exist, and how these have been obtained and explored. A full report that openly acknowledges areas of disagreement or uncertainty will be of more use than an oversimplified version of the debate to decision makers who are used to applying political judgement.

Being accountable

The process for commissioning the HIA can be important. The 'client' for the HIA and the end audience for the recommendations may not always be the same. It is increasingly common for prospective developers to commission HIAs to

support planning applications for large-scale developments. Some practitioners have reported concerns about vested interests in such situations. The HIA process should always be conducted according to agreed good practice, and recommendations should be made openly and impartially, with adequate explanation of how they were reached.

There should be no inherent difference between HIAs commissioned by the private or the public sector. The key distinction is most likely to be in the directness of the relationship between those conducting the HIA, and those who need to take decisions based on it. An HIA undertaken by consultants on behalf of a private-sector housing developer, who then presents it to a planning authority, displays a less direct influencing relationship than an HIA undertaken by a public health team reporting to a local strategic partnership panel or primary care trust membership. Practitioners need to adapt their techniques accordingly.

It is occasionally suggested that HIA may be open to legal challenge, although this has not yet occurred in practice. Provided those involved are open about the process they have gone through, this need not be a concern. Practitioners should be transparent about the basis for their recommendations, including describing the types of evidence used, showing how it was the best available within the scope of the exercise, but also acknowledging any limitations.

These concerns and challenges are common to many HIA practitioners – but there are many examples of HIAs that have addressed and overcome these issues to deliver effective recommendations that have changed policies and practice. Suggestions for addressing the challenges outlined above can be found in the following section.

Promising practice guidance

Getting it right from the start

Your approach to influencing should be considered at every stage of the HIA process, to make the most of opportunities for building relationships and passing on information.

Know what you want to achieve

- Be clear about what you want to influence. The outcomes of a key decision-taking meeting may be just one of a number of goals. Other outcomes might include better partnership working, or specific service and systems improvements.
- Setting clear aims and objectives for the HIA will help you to define who your stakeholders are, and to identify the methods needed to involve and influence them. Some key individuals may not be involved in HIA events or workshops, and you will need to consider other ways of engaging with them.
- Identify the partners that can help you achieve your objectives, including those who already have good communications and relationships with decision makers. Aim to involve them positively from the start, in working groups or by providing briefings.

Understand how decisions will be made

- Make sure you know how the decisions you hope to influence will be reached, when, and by whom. Develop key contacts who understand the organisational structures and processes that you will need to know about.
- Establish whether there are formal proceedings to work through, such as committee meetings or 'examinations in public'. Find out how information should be presented to such meetings, including the length and format of any written material.
- Consider presenting to the decision makers the best available qualitative and quantitative information (given your resources).
- Be clear about the timescale against which decisions will be made, and ensure your information is ready to be circulated in advance. Be prepared to be flexible in your methods to allow you to deliver on time.
- Make your contacts and begin networking early in the process. This will allow maximum time for influencing.

Look for opportunities to turn recommendations into action

- Identify a health champion in each partner organisation. Ensure they have as much support as possible, so that they can oversee the adoption by their own organisation of key HIA lessons and action points.
- Try to make HIA recommendations relevant to existing mainstream work priorities, linking them to ongoing projects or programmes where possible. Identify the levers through which recommendations could be delivered, including specific performance indicators. Proposals for future monitoring could be linked to New Deal for Communities targets, for example. It can also be helpful to look for opportunities to embed targets based on recommendations in the work plans of health partnerships or local strategic partnerships.

Communicating your messages

- Try to use the insights into organisational concerns and priorities that you have gained to give shape and direction to your recommendations, highlighting not just how health could be improved, but how this could address other goals as well.
- Try to establish and involve inter-sectoral networks, so that relationships can create shared values and agendas.
- Tailor the presentation of information. Senior decision makers are unlikely to read a weighty report, so provide single-page summaries of key messages.
- Think about circulating an early draft of your recommendations to partners for comment and advice. Some areas have found that 'open drafting', where successive drafts are shared, can help improve the quality of recommendations, ultimately increasing the chances of their adoption.
- Consider using alternative means of communicating with opinion formers and stakeholders, such as producing bulletins and newsletters reporting on emerging messages from the HIA, or working through the local media.
- Avoid jargon in written and verbal communication – assume an intelligent, but non-expert, audience.

Further information

The HIA Gateway website

www.hiagateway.org.uk provides access to HIA-related resources, networks and information to assist those participating in the HIA process. The site is designed for both beginners and seasoned HIA practitioners. Both case studies used in this bulletin are available as full reports on the website, under the 'Resources' section (Completed HIAs).

The website also features an additional case study ('Health Impact Assessment Report on

proposal to substitute chopped tyres for some of the coal fuel in cement kiln'), which discusses decision making in section 27 of the report.

To add to the website information about your HIA, toolkit or resource, or your contact details, go to the 'Contact us' section and follow the simple instructions.

Learning from Practice workshops

The HDA held a series of Learning from Practice workshops during 2002/03. Attended by expert practitioners and academics, these workshops demonstrated the value of sharing

real-life experience of a number of aspects of HIA. A report of the workshops can be found at www.hiagateway.org.uk ('Resources', 'Other materials').

Authors:

Taylor, L., Gowman, N., Quigley, R.

Acknowledgements

We wish to thank all the workshop participants, in particular the case study presenters, and the peer reviewers, for their valuable contributions to this bulletin.

Contact:

website: www.hda.nhs.uk
email: communications@hda-online.org.uk

ISBN: 1-84279-216-4

© Health Development Agency 2003