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## Sick Britain: A call for mandatory Health Impact Assessments across government with the support of a dedicated 'Health in All Policies' support unit

### Summary

Health is affected by a wide range of factors, from income, employment, and education, to pollution, access to green space and social networks. Health gaps arise through the unequal distribution of the wider determinants of health. Many of these factors are outside the direct control of the Department of Health and Social Care (DHSC). Working cross-government for health improvement is likely to lead to better designed and implemented policies which improve every aspect of society.

A Health in All Policies (HiAP) approach describes how health and health equity can be improved through embedding consideration of health in multi-sector decision making. Health Impact Assessments (HIAs) are a mechanism for delivering an HiAP approach across national and local governments, creating the conditions for healthy lives.

### Why do we need to consider Health in All Policies?

Life expectancy in the UK<sup>1</sup>, along with many other high-income countries, has stalled since about 2010 with latest figures showing a drop in the 2018-2020 period compared with 2015-2017. The number of working age people reporting a long-term condition has increased by 6% over the past 10 years (from 29% to 35%)<sup>2</sup>. Since the pandemic, the number of people of working age who cannot work because of ill health has risen by around 400,000<sup>2</sup>. Poorer population groups live shorter lives with more years spent in ill health<sup>3</sup>. Inequalities in health are driven by inequalities in the wider determinants of health.

Many of these determinants are outside the direct control of the Department of Health and Social Care. Health in All Policies (HiAP) is an approach to embedding health

considerations across government. This approach has been advocated by health experts for some time<sup>4</sup>.

### What are Health Impact Assessments?

Health Impact Assessments (HIAs) are a flexible, rigorous tool which may be powerful mechanisms to embedding a HiAP approach<sup>5</sup>. By assessing the distribution of impacts across population groups, HIA identifies ways to mitigate negative health impacts and enhance positive health impacts, thus contributing to improving health and reducing inequalities<sup>5</sup>. If done properly, they could unify policy-making towards health across national and local governments<sup>4</sup>. Furthermore, HIAs guide the establishment of a framework for monitoring and evaluating changes in health as part of performance management and sustainable HIAs can promote organisational change. The



process of doing HIA, implicitly and explicitly embeds a population health perspective in civil servants across government. Box 1 outlines the HIA process.

#### Box 1: The HIA Process<sup>6</sup>

1. Screening to determine whether to complete an HIA.
2. Scoping the boundaries of the assessment, including timeframes, resources, key stakeholders, evidence collection methods and populations of focus.
3. Collection and appraisal of evidence; peer-reviewed and grey literature, stakeholder evidence, routinely gathered statistics and data and policy analysis.
4. Reporting to inform decision makers, including and justifying recommended actions to maximize the positive impact and mitigate any negative impact.
5. Review and reflection; highlighting milestones to measure any changes, reviewing the process and any impact which it may have had on decisions and future policies.

- 15 departments did not hold the information requested
- Five departments stated that information on HIAs is not held centrally
- Three said that they would not be able to answer our request without exceeding the statutory cost limit

This suggests that although HIA activity may occur sporadically within these departments there is little or no existing ministry level policy, guidance or central documentation. The DHSC were the only department that held information on HIAs. We did not receive any response from one ministerial department.

## Literature and case studies

Seven major HIA evaluation reports<sup>7-13</sup>, covering HIAs conducted in The United Kingdom, Australia, New Zealand, North America and Europe between 2002 and 2020 were reviewed. Only a small number of studies evaluated the effectiveness of HIAs in influencing decision making, a high proportion of the HIAs evaluated in these studies were found to be effective<sup>9, 11, 12</sup>. Some also identified additional benefits arising from HIAs including improved inter-agency collaboration, increased stakeholder engagement and better awareness of health outcomes<sup>7, 9, 11, 12</sup>.

## Current barriers

Discussions with an expert panel identified the following barriers to HIA:

- Absence of dedicated resources and limited capacity
- Absence of a mandatory requirement for HIA
- Limited consideration of health in other impact assessments
- Ambiguity surrounding competency requirement for HIA practice
- The perception of HIA as an additional burden

## What did we do?

We examined the current state of play with HIAs through discussions with an international group of experts and HIA practitioners, Freedom of Information (FOI) requests, rapid literature review and international comparisons. The research was funded by the Health Foundation.

## What did we find?

### Freedom of Information requests

Responses to Freedom of Information (FOI) requests across UK government departments revealed limited HIA use:



- Relative paucity of studies demonstrating HIA effectiveness.

The existence of a dedicated health impact assessment support unit is a key lever to embedding HIA.

## International practice

Comparing current HIA practice of Wales, Scotland, Northern Ireland, Ireland, Australia and New Zealand highlights key differences. The consensus amongst experts in the field is that Wales has established a high standard of HIA practice. Members of the expert panel attributed progress in Wales to both enabling legislation and the presence of dedicated long-term support from the Wales HIA Support Unit. A notable recurring theme across countries was the vulnerability of HIA support systems to changes in personnel, government leadership and budget cuts to public services.

## What next?

Evidence suggests that HIAs are effective in influencing decision making, have wider organisational benefits and instigate a culture of considering health as part of a wider political approach. They represent a mechanism by which civil servants can drive consideration for health and disparities in political decision making. The utility of HIAs will be maximised with dedicated leadership and resource. Furthermore, they should be viewed in the context of a cross-government Health in All Policies Approach.

## Recommendations

1. Implement a mandatory requirement for HIA throughout national government for significant policies, programs and plans
2. Establish a dedicated cross-government Health Impact Assessment unit
3. Agree national best practice guidance on HIA screening criteria and depth of assessments
4. Develop a competency framework to support upskilling of HIA
5. Develop clear guidance to improve consideration of health within other impact assessments
6. Develop capacity for monitoring
7. Progress HIA methodologies,

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