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**REPORT ON THE QUALITATIVE EVALUATION OF
FOUR HEALTH IMPACT ASSESSMENTS
ON DRAFT MAYORAL STRATEGIES FOR LONDON**

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MAYOR OF LONDON



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INTRODUCTION

This report presents the findings of an independent qualitative evaluation of the London Health Commissions (LHC) approach to health impact assessment (HIA). Before looking in detail at the results of the evaluation we have included a brief outline

- The relationship between the LHC and GLA (Greater London Authority)
- The aims of the LHC's HIA
- And its approach to HIA.

The relationship between the LHC and GLA

The Mayor of London's has a statutory responsibility to develop eight strategies for London. These are Transport, Economic Development, Air Quality, Bio-diversity, Ambient Noise, Municipal Waste Management, Culture and Spatial Development. The Mayor has added a ninth strategy on Energy.

At the time of writing this report, we understand that:

- The Energy was out for public consultation and the Municipal Waste was about to be put out for public consultation
- The London Plan had been through examination in public and was being redrafted
- The Culture strategy was complete but not in the public domain
- The Air Quality and Bio-diversity strategies were complete and in the public domain
- The Transport and Economic Development strategies have been completed and in process of being reviewed.

Health must be included in all the strategies along with equalities and sustainability as a cross-cutting theme. The London Assembly has a scrutiny role, which includes ensuring that all these three themes are embedded in the Mayoral strategies.

When this evaluation was commissioned the London Health Commission (LHC), in partnership with the Environment Committee of the Greater London Assembly, had completed Health Impact Assessments (HIAs) on the five strategies that have reached consultation stage (Transport,

Economic Development, Air Quality, Bio-diversity and Municipal Waste Management). All the HIAs have relied on a range of evidence on the wider determinants of health and during the process leading to the HIAs the GLA and former Directorate of Health and Social Care London have used expert groups, commissioned rapid reviews and completed literature reviews of the available evidence. The Transport and Economic Development strategies had been published and it had been suggested that the HIA influenced the final draft in both cases. The HIAs on the remaining four strategies are now also complete.

The aims of the LHC's HIAs

The London Health Commission (LHC) is committed to undertaking HIA to support the development of effective and healthy policy and practice in London. To this end, the LHC is using HIA to support the development of the Mayor of London's strategies. The LHC's HIA model is pragmatic, prospective, multi-agency and multi-disciplinary.

In summary, the London Health Commission HIAs aim...

- To get the best available evidence into decision-making
 - To identify, using the best available evidence potential positive and negative impacts of the draft mayoral strategy on health and wellbeing of population / health inequalities
- To make recommendations for....
 - Mitigating negative impacts and enhancing positive impacts
 - Reducing health inequalities
 - Inform / plugging gaps in strategy and decision-making
- To promote HIA, social model of health, and to get HIA / public health on agenda of wider range of agencies

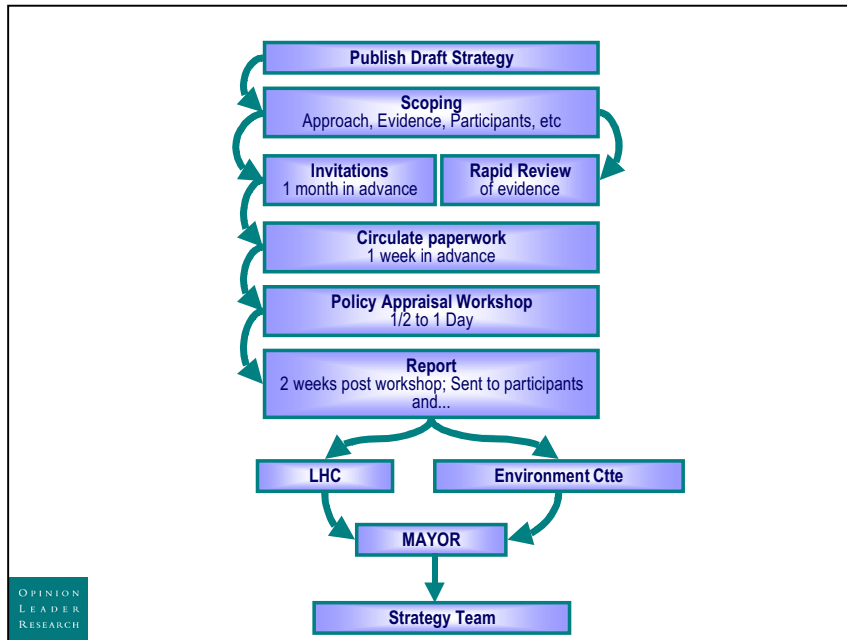
The LHC's HIA model

Essentially HIA is a structured approach for assessing and improving the health consequences of policies, programmes and projects for a given population. It brings together evaluation, partnership working, consultation, and the available evidence to help support the quality of decision making. The HIA process provides recommendations to enhance predicted positive health impacts and minimise negative ones.

The health impact assessments completed by the London Health Commission and Environment Committee on the Mayoral Strategies have all been rapid appraisals, as the time restrictions have not allowed more in-depth work. The process has been made up of the following stages:

- Rapid review of the evidence base
- Scoping the HIA by the LHC
- Rapid appraisal workshop
- Writing up the evidence, workshop and recommendations into a report
- Report to the Environment Committee of the Assembly and the LHC for approval
- Recommendations of report taken to the Mayor and passed to the strategy development team

Figure 1: Outline of LHC's HIA Model



(Note: although much of the HIA literature refers to screening as the first stage of an HIA, no screening took place as all draft Mayoral strategies were subjected to an assessment, i.e. it would not matter what criteria were used to screen would mean that an HIA would be relevant as all will affect health and influence wider determinants of health.)

The LHC believes that the strength of the HIA approach lies in providing a tool that enables public health considerations to be established as part of all public policy, programme and project development. It may support informed decision-making based on a valid assessment of potential health impacts and impacts on health inequalities. It can be an effective mechanism for engaging senior decision-makers in issues relating to health and health inequalities. In the longer term it has the potential to make concern for improving public health the norm and a routine part of all public policy development. Benefits also include improved interagency collaboration and public participation. Limitations include a lack of agreed methods, time-scales and gaps in the evidence base for health impacts.

There are slight variations between the different LHC HIAs on the draft Mayoral Strategies. For

example, all except the draft London Plan HIA were based on a half-day workshop. The London Plan HIA was conducted over a full day.

All HIA reports on environmental strategies go to the Assembly before being passed to the Mayor and ultimately the strategy team who will take account of them when revising the strategy document. However, the London Plan HIA report is being subjected to a formal Examination in Public.

Several HIAs used a pro-forma to enable participants to analyse the draft strategies against the wider determinants of health. Following feedback from the evaluation, such a pro forma was not used for the London Plan HIA (see Appendices).

THE AIMS OF THE EVALUATION

The LHC's HIA is a complex and flexible working model, with many different personnel involved. This is one of the first evaluations to look at HIA in its entirety. Our initial aims are outlined below. However, in the event it proved impossible to track every element of the LHC's HIA model and process in detail.

In summary, our qualitative evaluation initially aimed:

- To document and report the HIA process (especially concurrent HIA) and resources used (including staff time), including...
 - The collation, presentation and use (including any weighting, etc) of evidence
 - The method of identifying, inviting and facilitating stakeholder participation
- To establish perceptions of the workshop, including...
 - Its perceived representativeness
 - Its perceived inclusiveness (e.g. effectiveness of presentations, enabling activities, etc)
 - Its perceived effectiveness (e.g. ability to consider evidence presented, at identifying potential health impacts, and scope for considering mitigation and enhancement measures, etc)
 - Its perceived value - both political and practical
- To assess the perceived usefulness of the HIA process overall (among workshop participants, strategy developers, committee members, etc)
- To establish the factors influencing effectiveness and impact of the HIA, including...
 - Incentives and barriers to involvement, including political and practical levels of support, including resources (time and staffing), impact of workload, managerial support, etc

- Incentives and barriers to incorporating the HIA findings into the draft strategy (including other factors that are taken into account, e.g. financial and political considerations)
- Overall, to evaluate the added-value, effectiveness and impact of the HIA process (including the structure, invitees and feedback from the workshop and report) on...
 - Knowledge and attitudes to health (i.e. social model of health, the key determinants of health and health inequalities) among workshop participants and recipients of the HIA report
 - Working practices of workshop participants and recipients of the HIA report (i.e. the extent to which consideration of health, the determinants of health and health inequalities are now incorporated into working)
 - The HIA working model itself and the evidence base (HIA sometimes leads to primary research, changes in the way standard data is recorded locally, etc.)
 - The final strategy
 - Other qualitative outcomes (e.g. reputation of the GLA, etc)

OUR APPROACH TO THE EVALUATION

Introduction

Opinion Leader Research was commissioned by the Greater London Authority (GLA) to evaluate qualitatively four of the nine Health Impact Assessments (HIAs) of Draft Mayoral strategies. As this was one of the first evaluations of its kind, a qualitative methodology was adopted to give the research team the flexibility to explore themes and topics emerging from respondents' accounts in detail and depth. The evaluation combined retrospective and concurrent evaluation. Qualitative evaluation has its limitations and we explore the learning in terms of approach below (see Appendices).

Retrospective evaluation

Two of the completed HIA were evaluated retrospectively (the draft Economic Development and Waste strategies) to enable us to see whether participants, with a degree of hindsight and distance from the HIA, perceived them to have had any impact. Retrospective evaluation was conducted via

- Group discussions with the core HIA team
- In depth qualitative interviews with HIA participants
- Self-completion questions (designed and administered by the Core HIA team)

Concurrent evaluation

Concurrent evaluation was also built into two of the HIAs of the four strategies that were still to be undertaken (the draft Energy and The London Plan strategies) to look in more detail at the process. The concurrent evaluation used four research methods:

- Group discussions with the core HIA team
- Observation
- In-depth qualitative interviews
- Self-completion questionnaires (designed by OLR in consultation with the core HIA team)

Initially, we had intended for the HIA team to complete a weekly form documenting exactly what they had done and how long it had taken each week. However, it was agreed early on that this would be too obtrusive and time consuming for the team. Consequently, it was not possible to tackle the first of our aims (to document and report the HIA process) in any great detail.

Group Discussions

We conducted three group discussions with the core HIA team before the Energy HIA, in between the Energy HIA and draft London Plan HIA, and after the draft London Plan HIA had been completed.

Observation

We also observed the scoping meetings and HIA workshops for the Energy and draft London Plan HIAs. (However, we were only able to observe two breakout groups at each of these HIAs, although more were held at each.)

In-depth qualitative interviews

All 12 retrospective interviews were conducted face to face.

With participants in the concurrent evaluation, we aimed to conduct:

- A telephone interview before the HIA to assess levels of knowledge / involvement in HIA
- A face-to-face interview after the HIA to assess response to and impact of the workshop
- A telephone interview after the report was circulated to check that it matched their recollection of the day, etc

In the event, the speed with which HIAs were set up, run and reported prevented us adopting this approach. In total, we conducted 11 telephone interviews and 22 face-to-face interviews with 22 HIA participants.

We also conducted 4 telephone interviews with people who were invited but did not accept to determine if there were any particularly problems with the LHC approach to recruitment or issues or concerns in relation to HIA more generally.

In total, we spoke to 26 different people, which breaks down as follows...

- 6 x Economic development
- 6 x Waste
- 6 x Energy
- 8 x draft London Plan

For each HIA, we aimed to include professionals from a range of backgrounds. In summary, the qualitative sample included:

- 6 x GLA decision-makers and LHC members
- 5 x Strategy team members
- 4 x Public health / doctors / specialists
- 4 x Local authority / local interest group representatives
- 4 x National interest group representatives
- 3 x HIA experts

We also often found that participants had attended several HIAs. They found it difficult to differentiate between them and so spoke more broadly about the LHC approach.

Self-completion questionnaires

Self-completion questionnaires were distributed to all HIA participants. The following response rates were achieved:

- 8 x Economic development
- 7 x Waste
- 23 x Energy
- 21 x draft London Plan

(Note: questionnaires for the retrospective evaluation were designed and distributed by the core HIA team; these were used as the basis for the concurrent evaluation).

Analysis and reporting

All qualitative fieldwork was tape recorded and transcribed verbatim. Transcripts were analysed to identify the main themes emerging in relation to the study objectives. Categories were then used to guide the overall analysis of the transcripts. Analysis was conducted on a rolling basis to allow the research team to develop and test hypotheses as the project progressed.

The study was conducted as action research. Therefore, researchers fed back learning as the evaluation progressed and the HIA model was adapted as a result.

Our overall aim is to capture the breadth of opinion (rather than quantify how many people hold particular views), to highlight convergent and divergent views within the sample as a whole, but also to determine the weight and strength of opinion within this small sample. Verbatim quotes have been selected to illuminate the findings and to substantiate key points made.

Researchers observing at the workshops also kept field notes which have been included in the analysis. We also read HIA reports to guide our analysis and verify respondents' accounts of the LHC approach and their views on it. (Examples of the research instruments are appended.)

MAIN FINDINGS

The main findings are presented in four key sections:

- Overall satisfaction with the LHC HIAs
- Detailed findings on the LHC's approach to HIA; this section includes coverage of:
 - The core HIA team
 - Planning the HIA (including scoping)
 - The rapid research review
 - The workshop (in terms of recruitment, initial presentations, breakout sessions, and plenary sessions)
 - The HIA report and agreeing recommendations
- Suggested improvements
- Perceived impacts

As you will see, anonymised verbatim quotes have been used to illuminate key points throughout.

OVERALL SATISFACTION WITH THE LHC'S HIAS

People are generally satisfied with the LHCs overall approach to HIA. HIA is believed to engage a wide range of stakeholders in strategy development who otherwise would not be directly consulted. The LHC HIA approach is generally perceived to provide a systematic structured framework within which to consider the strengths and weaknesses of the strategy from a health perspective.

However, a small minority has concerns about HIA as a whole:

- A few question the value of a predictive approach and consider the assessment unscientific and too opinion-based
 - They question how valid and reliable (subjective) stakeholder views are as evidence
 - They are not clear why decision-makers should take notice of stakeholder views instead of the available research evidence (which in part may be due to the way in which evidence is reported; see *The HIA Report and Agreeing Recommendations*, below), although decision-makers themselves consider stakeholder consensus as invaluable evidence, especially in situations when other public health evidence is equivocal or non-existent

"It can be quite subjective. Some is fact and some issues are common for any strategy. I think it would have been better to have said well these are the known common impacts of the strategy. There's some common issues which you don't have to reinvent the wheel on."

Depth 2, Waste HIA Participant

"What have I learnt? I've learnt that it's not a scientific process. It's almost, I think, impossible to track differences on the ground as a result."

Depth 10, Energy HIA Participant

- Others question the value of HIA altogether, given the number of confounding variables that make it impossible to attribute impacts to any intervention

"You can't actually quantify the health benefits and health disadvantage, and then that puts everyone at risk of saying, 'Well your view's as good as the next!'"

Depth 8, London Plan HIA Participant

- A small minority question the cost effectiveness (in terms of use of participants time, etc) of the HIA and are unconvinced that this constitutes the best available evidence

"What I'm saying is that although I can appreciate that this is now, you know, a very mainstream approach to consultation. I would sometimes worry that this doesn't do anything more than bring together people who air issues that they air everyday so that they're relatively known. It's a great networking opportunity for us. It's also a great time consuming exercise but whether or not it actually achieves its goal in helping, you know, more than a thin slither of Londoners at the end of day is something I'd question."

Depth 1, London Plan HIA Participant

However, London Assembly Members, GLA directors and strategy staff interviewed place considerable weight and importance on stakeholder views; stakeholder consensus is considered the best available evidence if no other data is available. There is great interest among LHC members and GLA decision-makers in the HIAs and their outputs, especially given the political imperative to consider the health implications of the Mayoral strategies (as enshrined in the Greater London Authority Act, 1999). We believe such high level interest and support for the core HIA teams works helps to ensure its success.

Despite its perceived limitations and flaws among other respondents, almost all believe that any consideration of potential health impacts of the Mayor's strategy (by whatever means) is better than no consideration at all.

DETAIL FINDINGS ON THE LHC'S APPROACH TO HIA

The core HIA team

We believe one of the keys factors that ensured the success of each workshop is the size and composition of the core HIA team. Without a doubt, the LHC core HIA team reinforced the multi-agency, collaborative approach adopted for each assessment. It included:

- Caron Bowen: the HIA Facilitation Manager for London (London Health Observatory; LHO)
- Dr Lesley Mountford: Public Health Specialist Registrar (Greater London Authority; GLA)
- Helen Davies: Health Policy Manager (GLA)
- Liza Cragg: Regional Associate Director for London (Health Development Agency; HDA) and London Health Commission Co-ordinator
- Gus Wilson: Administrator (London Health Commission; LHC)

First, the core team included senior staff across three agencies. This ensured effective pooling of HIA, public health and health policy knowledge and skills among a group of professionals who had direct links with key decision-makers in each agency.

Second, the core team was linked into a range of formal and informal networks across London and nationally. Team members were often well regarded by participants for their contribution in their respected fields. We believe this helped to ensure the credibility of, and encouraged attendance at, each event. In particular, the existence and activities of the HIA Facilitation Manager for London (especially the provision of HIA training workshops) had helped to raise awareness and knowledge of HIA in London as well as interest in such assessments across a wide range of London agencies. Indeed, many LHC HIA participants had attended training workshops and were encouraged to attend an HIA to see an assessment in action.

Third, the evaluation team was struck from the outset by the highly reflective approach adopted by the core HIA team. Members were engaged in on-going critical appraisal of their approach in consultation with key LHC members, which ensured that the working model was adapted to maximise the effectiveness of the process.

Finally, the core team also had resources to commission additional consultancy support where needed. This included:

- Commissioning an independent rapid review of the available health evidence in relation to each strategy topic
- Commissioning consultants to take notes at the workshops and to draft reports on the outcomes of each event

Planning the HIA (including scoping)

Planning is of course the key to the success of any event or workshop; considerable staff time was invested in planning the LHC HIAs. The LHC HIAs take place within a tight timetable (of only a few months). The core HIA team has to plan, recruit, conduct and report each HIA sufficiently swiftly to allow the GLA to consider the outcomes of the assessment and amend the draft strategies before they are agreed.

The strategies are confidential whilst they are being drafted. Strategy teams know to expect an HIA. Consequently they often consulted the HIA team about health considerations during the drafting phase. The HIA team is aware of the broad themes covered by the strategy, but not of its precise detail.

Therefore, much of the detailed preparation for each HIA could only take place once the draft strategies have been published. However, the thinking and planning often begins several months in advance (e.g. reviewing earlier HIAs and planning what needs to be done for the next one).

By the time the scoping meeting takes place a Director of Public Health for each HIA is also identified as a sponsor, who contributes to both the thinking behind the HIA and its planning (in terms of who should be invited, what evidence should be presented and how, and what themes should be addressed on the day).

The core HIA team conducts planning and scoping over a number of weeks and the process can include meetings with stakeholders. The scoping meeting provides a key focal point in the planning

phase. The core team and LHC members consider scoping crucial to ensure the effectiveness of the workshop (other participants have no awareness or contact with this stage), including:

- Setting the focus for the HIA
- Determining what questions will be asked at the workshop
- Determining who will be invited to the workshop
- What outputs will be useful to strategy team and decision-makers
- The key organisations involved targeted are interested in the approach.
- The practical arrangements for the day

Consequently, it is believed to be important that where it is possible both strategy team members and key organisations / decision-makers are involved in the scoping phase. The LHC has been involved in the scoping of most of the HIAs. The primary aim is to ensure both ownership of the process and that the questions asked at the workshop will provide useful, meaningful, and actionable feedback.

Due to the importance of the Draft London Plan as the overarching strategy that would assure the spatial delivery of all the statutory strategies the Strategy development team was much more involved in the planning of the HIA and were present at the larger scoping meeting. This was the only HIA where there was a separate meeting and where the Strategy development team was so involved in the HIA planning.

A separate meeting was held to support the scoping of the HIA of the draft London Plan. Due to technical difficulties with the GLAs e-mail system this meeting was attended by 40 people, and was a much larger meeting than the core team had planned for. Participants who attended the meeting sometimes questioned the effectiveness of the meeting in planning terms.

How would you run scoping meetings?

"Be sure that everyone had seen the strategy. Maybe, I think they were surprised by the number of people that came. They invited 80, expecting 15 to turn up, and 40 or 50 came. Maybe not that many, but it was a lot. And so the way the meeting ran was a bit difficult because they were expecting, off the top of my head, a smaller meeting. There were lots of people and they weren't geared up for a bigger event."

Depth 9, London Plan HIA Participant

The core team were aware that the size of the meeting was an issue. However, they also felt that involving and engaging such a large number of key stakeholders with the HIA at an early stage was beneficial and ensured that the HIA itself was well attended by senior staff from a wide range of agencies (especially those represented at the scoping / planning meeting).

The rapid research review

A freelance consultant is commissioned to undertake the rapid research review of the public health evidence related to the strategy. They are selected on the basis of their knowledge in a particular area.

Participants in the scoping meeting identified key questions and sources of evidence to be addressed via the review. The reviews were not systematic and were often completed from knowledge the consultant's own personal knowledge. Consultants often noted large variations in the quality of evidence, significant gaps in the available research evidence, and that much of the available evidence is equivocal and inconclusive.

The London Plan HIA literature review was subjected to independent peer reviewed and published in advance of the production of the draft strategy document. It was not subsequently presented in detail during the HIA (to maximise the time for discussion and to minimise the amount of detail presented to stakeholders on the day). However, several participants were concerned that the strategy had been adapted to take account of the literature review, but that the evidence had not

subsequently been updated. In fact, the core team stressed that they searched for additional evidence before the HIA of the Draft London Plan and that some additional sources of evidence added where they were found.

HIA participants were asked what they thought of the perceived quality of the literature reviews (in terms of both comprehensiveness and comprehensibility) during the post-workshop interviews and their views are presented below.

The workshop

Overview

The workshop is, of course, the most visible element of the HIA and as such is perceived by almost all as the main engine and driving force of the HIA. It is the part of the process with which most people have direct contact. Of course, there is always room for improvement and, by the nature of evaluation it is inevitable that people will criticise the way in which such events are run. It is, therefore, important to balance positive views about the events as a whole against their suggestions for tightening up how HIA workshops are conducted in the future.

Many participants are impressed the GLA has encouraged the LHC to conduct HIAs on all the Mayoral strategies. In summary, people generally agree that the workshop:

- Is structured and focused (and often more systematic than expected)
- Is evidence-based and objective
- Broadly achieves its aims, i.e.:
 - To get the best available evidence into decision-making
 - To identify, using the best available evidence
 - o Potential positive and negative impacts of the draft mayoral strategy on health and wellbeing of population / health inequalities

- To make recommendations for....
 - o Mitigating negative impacts and enhancing positive impacts
 - o Reducing health inequalities
 - o Inform / plugging gaps in strategy and decision-making
- To promote HIA, social model of health, and to get HIA / public health on agenda of wider range of agencies

Three key concerns were expressed about the workshop as a whole:

- First, from the outset, participants (especially first-timers) do not always have clear expectations of :
 - The policy process and where HIA fits in
 - How they can contribute
 - And whether their contribution will ultimately make a difference to decision -making
- Second, that the HIA workshop overall was too short and too rushed to consider things properly (including London Plan HIA participants who attended a whole day session)
- Third, that there was a lack of clarity about quality controls on the use of evidence and how recommendations were formed

"Having seen what HIA involves, I understand the workshop is an element of it, but it's a quite an important element of the HIA and I am still not quite sure how the outputs from those workshops can be informative ... The workshop as a talking shop and as a way of generating ideas, some of them are not appropriate. Someone has to screen those ideas out that and I am not quite sure how that is done, or who puts a reality check into some of these outputs before it's used to advise on strategy..."

Depth 2, Waste HIA Participant

"It's important that any strategy it produces is examined from a number of angles and health is just one of those angles. I just wasn't entirely convinced that actually that people coming out of that room at the end of that session actually felt, 'Well, we feel really much more safe and secure in our beds at night. We know that all this work is being done'."

Depth 11, Waste HIA Participant

However, almost all find the discussion interesting and say that they have learned something new on the day. For example, this is often the first time that people had ever considered

- The social model of health (how their work influences health)
- Health inequalities

"I think also that some of the spin-offs which you don't necessarily pick up from the workshops are, with people a kind of light's gone on, people actually realizing that the work they do is effective and can affect people's health. I mean, sometimes it's like stating the obvious. It's like on the transport strategy – you know - transport affects health."

Core HIA Team

Recruitment

The core HIA team maintains lists of key stakeholder groups for London. These are supplemented for each event with bespoke lists, compiled following scoping meetings, for specific interest groups in relation to each strategy topic (e.g. using Internet searches). Invitations are sent out a month in advance. Almost all agree that this is the correct approach. Around 10 times the desired number of participants were invited to attend to ensure sufficient numbers on the day (and around one in ten accepted the invitation for each event).

Circulation of papers

Papers for each workshop are circulated a week in advance. In addition to the location and agenda for the workshop, the core HIA team also generally circulated the draft strategy and a summary of the rapid review of evidence. Again, almost all agree that this is appropriate.

However, we noted that participants did not generally read the papers circulated. Consequently, it is difficult to determine whether or not the papers were sufficiently detailed and clear. Several participants who were not experts in the field said the evidence papers were too long and too complex to digest beforehand, and needed more explanation of the findings.

Before the HIA of the Draft London Plan the core team worked on making the papers for the day more accessible for a lay audience. Fewer papers were circulated before the event, which was welcomed by several participants who had experience of other HIAs. However, again very few actually read them in detail.

Attendance

A wide variety of stakeholders attended each HIA. It is difficult to determine from the HIA reports specific roles and responsibilities of attendees. However, in summary, in addition to the core HIA team, we estimate that attendance at the workshops was as follows

- The draft waste strategy HIA was attended by over 30 people, including 11 NHS / health staff, members of staff from 8 government departments and agencies, 7 local authority representatives, 5 from other public and voluntary organisations, but few representatives from commercial organisations
- The economic development report does not include a list of attendees
- Energy was attended by almost 40 participants, including 14 local authority representatives, 8 NHS staff, 3 voluntary sector representatives, and a small number of academics and civil servants; again very few commercial organisations were present

- The draft London Plan HIA was attended by over 60 participants, half from NHS / health backgrounds, 12 from local authorities and a further 13 from the voluntary sector, 6 from government departments, but again only one commercial organisation

(Inevitably some of those who had accepted invitations did not turn up on the day.)

Levels of interest and engagement with an HIA are perceived to vary depending on the political profile of a draft strategy. For example, we noted that many more (senior) people attended the London Plan HIA than the waste HIA.

All HIA participants were pleased to have been invited to take part. Participants described three main reasons for attending...

- To learn about the strategy
- To influence the strategy
- To find out more about HIA / health issues

Why did you attend?

"Because we felt it was another way of influencing the GLA on the bits of the strategy that we didn't like."

Depth 15, Waste HIA participant

What are you hoping to get out of the workshop tomorrow?

"Well better understanding of the health agenda, for a start, which is useful and hopefully some new perspective on the strategy and identifying strengths and weaknesses of work that we've done and hopefully areas where we can improve it, because that's what we hope to get out of it. Another set of expert input is always good."

Depth 3, Strategy Team Member

The only perceived / actual barrier to attending is previous engagements.

Were there any barriers to participating?

"Well there aren't really any barriers apart from just deciding whether or not it's a good use of time."

Depth 1, London Plan HIA Participant

Although a wide variety of stakeholders attended each event, HIA participants were sometimes concerned that the workshops were dominated by health professionals and that key players were missing on the day, e.g. there was believed to be

- No environmental pressure groups at the Waste HIA
- Few landlords and few power suppliers at the Energy HIA
- Few commercial developers or local authority planners at the London Plan HIA

"Well I'd have thought that it would have been helpful to have more people from, you know, slightly more people from the (commercial) waste side there."

Depth 15, Waste HIA Participant

"Actually, making sure that you've got the right kind of key stakeholders that attend the HIA, so you've got all the views. I think there were a lot, I would say 70% of the people there were from health backgrounds."

Depth 4, London Plan HIA Participant

The presence of such key groups was particularly missed during the breakout sessions. It was felt not only would they have made an important contribution to the debate, but also that they are a key stakeholder group that others would like to see influenced by the discussion and to consider health impact of their work more actively.

Overall, participants were believed to come to the HIA with different levels of knowledge, awareness and buy-in to HIA and the strategy. Engaging and involving such a disparate group

effectively was widely considered challenging. We also noted that respondents who attended several of the LHC HIAs were more confident about the process as a whole and its value. They felt more able to participate actively and effectively, and had clearer expectations of the workshop than those attending for the first time.

Initial presentations

Initial presentations generally included an overview of :

- The strategy
- The findings of the rapid review of evidence
- The LHC's HIA approach

Satisfaction questionnaires show that people think the workshops generally give a good overview of HIA. However, the qualitative response suggested that those who attended the draft Economic Development Strategy, draft Municipal Waste Strategy and draft Energy Strategy HIAs were not clear after the initial presentations what was expected of them and what the outputs of the day would be. For the draft London Plan HIA, the core team tried to ensure that this was made clearer from the outset. Several participants on the day praised the fact that their role was clear from the outset (i.e. that participants were being asked to trade views and experience in relation to the strategy).

Several participants in the Waste, Economic Develop and Energy HIAs also thought the presentations were too long and took up valuable discussion time. Consequently, presentations were subsequently shortened for the London Plan HIA and the presenters clarified how they were hoping participants could contribute on the day (i.e. by sharing views and experiences). In particular, the evidence was given in printed form to participants and was not presented orally in any detail on the day. In the event, some of those who had attended previous HIAs thought this approach was preferable

Given that the audience for each HIA was generally mixed (in terms of backgrounds), it came as no surprise that presentation for the same workshop (of the evidence and strategy) could be criticised by some as too generic and others as too technical. A more widespread complaint was that they were insufficiently tailored to the HIA and that they were poorly presented.

"You know, it was just like lots of talking heads and that the whole time. We then had a presentation on what health impact assessment was which, again, kind of gave some examples but it didn't relate at all to either of the previous presentations... So it was like 5 talking heads coming up, none of whom bore any relation to the one before.

Depth 7, Waste HIA participant

"If you're going to listen to someone presenting - fine! It means you're going to have to sit and listen to it. I mean there's not much you can do to change that. The presentations were fine as far as I recall. They were OK, but sometimes you go to these things and they have a big impact on you when you come away and think, 'Oh that was valuable'. Well I didn't! I just left it and thought I had to get back to work. I had things to do."

Depth 11, Waste HIA Participant

Attendance at Breakout sessions

Initial presentations were followed by breakout sessions. Participants could choose which breakout sessions they attended. Each breakout session considered a different theme in relation to the strategy. Each was facilitated by a volunteers (rather than professional facilitators) identified during the scoping stage. The core team had insufficient resources to commission professional facilitators to run them. In addition, each group had a note-taker and the people writing the reports circulated between the groups to get a flavour of the discussion in each.

The response to the breakout sessions varied greatly. Some sessions were said to be over attended, others under-attended (several suggested it would be preferable to allocate people to each breakout group).

Role of participants in breakout groups

Several participants were unclear of what was being asked of them:

- Are they being asked to consider the evidence and how it relates to the strategy?
- Or are they being asked to share their knowledge, experience and views in the strategy area (i.e. to generate qualitative evidence)?

Quality of facilitation of breakout groups

The quality of facilitation of the breakout sessions is believed to vary greatly:

- Some facilitators are praised for being clear and structured
- Others are criticised for being ill-prepared, and the discussion being too loose and free-flowing; several said they found the discussion hard to follow and unfocused

"I got lost half-way through the meeting, what the focus of the group was. But it wasn't a sort of opportunity to get back in, because of the time restraints. ...It would have been nice to have something at the group, 'This is what we want to get out of this discussion group' - sort of bullet points or something like that."

Depth 12, Economic Development HIA Participant

"I thought the facilitator did well - I mean what people were saying and it made quite a lot of sense of it in her summary back to us. She helped people express themselves put it that way because I thought some of the points they were making weren't that focused but she did well to focus them in. But it kind of rambled around and people were just picking up random points which we recorded but I don't know whether it would have been useful to have a bit more structure to try and make a bit more of a complete coverage of the various

key areas - but that's not the way they did it.

Depth 14, Energy HIA Participant

We also observed at the Energy HIA that the role of the facilitator is not always clear. The facilitators often actively participate in the discussion, although some participants value their contribution. Overall, the core HIA team was acutely aware that the quality of facilitation was crucial to the success of the event.

"...I think there was a varying level of ability to facilitate either from knowledge of the strategy or from just the ability to keep quiet and listen to what other people were saying, or kind of encouraging people to talk. So there were different shortcomings here and there. And so, yes, that particularly stuck out in my mind as not a particularly successful one".

Core HIA Team

As a result, OLR developed additional guidance for the core HIA team, which was given to facilitators for the London Plan HIA. The quality of facilitation at the London Plan HIA was widely praised for being better planned and with much clearer questioning, especially among those who had attended other HIAs.

"I think that the whole workshop approach can be flawed sometimes and I think the Chair of our group was really very good at being able to try and steer us in the direction that the questions were trying to lead us but also was, was good at giving us enough freedom to talk round the issues. So I think the good thing about our workshop was that it was not an impartial facilitator. I think he had some very strong views and I think that's valuable because very often workshop models and you get these kind of neutral facilitators. You end up with too short a period of time to discuss the issues, which again I don't think was the case here."

Depth 1, London Plan HIA Participant

Quality of discussion in breakout groups

Some found the discussion in breakout groups interesting, while others found it difficult to contribute to the discussion. This was attributed to lack of detailed knowledge, domination of discussion by those with more expert views, or a generally feeling that the research evidence must be irrefutable.

“It’s really a tall order to ask somebody who doesn’t necessarily know the evidence, doesn’t necessarily know the strategy, to sit for an hour in a talk that sets up all kinds of parameters. I think personal expectations about how you’re going to perform in a group, and then to try and add value on top of the evidence which you’re probably going to see as irrefutable and that’s a challenge, especially with a strategy which is already put down.”

Depth 7, Waste HIA Participant

Overall, the quality of discussion is also sometimes criticised because:

- Participant's knowledge and skills did not always match the breakout group's topic
- Key stakeholders were missing for breakout groups (as well as from the workshop as a whole) who might have brought a particularly important perspective on the discussion topic
- People are thought to have their own agenda and do not always discuss the topics or evidence in hand
- People are believed to focus on the detail rather than discussing the 'bigger picture' or cross-cutting themes
- One or two individuals were said to dominate discussion, particularly people with expertise in the strategy area and on some occasions the facilitator
- Several also observe that the evidence is rarely discussed in detail and the discussion often strays outside the parameters of strategy / GLA remit on occasion

"I think they were very much a case of what individuals wanted to raise or had a little bee in their bonnet about. So I think you could say, it's hard to say any qualitative work is representative, but I don't think they made much effort to make it, to try and even cover a representative range of topics. A few people said a lot and a lot of people, a few people said very little."

Depth 14, Energy HIA participant

"Although I think the facilitators did very well, I think some people in the groups did speak quite a lot more than others. I think some people were a bit, a bit excluded possibly. I mean that's slightly unfair, but I think everybody did at least have the opportunity to speak..."

Depth 6, Economic Development HIA Participant

Using briefing notes

As discussed, the research reviews and strategies were circulated for beforehand for the waste, economic development and energy HIAs. The expectation was that participants would have read up and be knowledgeable on the day. A brief presentation of the evidence and strategy was given (as discussed), although people often found the detail difficult to take in. No further briefing notes were used at these sessions. As discussed, we found that few had read the papers provided and as such could find it difficult to contribute to discussion as a result. No suggestions were made about how to brief participants more effectively on both the strategy and the available evidence.

However, in response, the core HIA team circulated fewer papers in advance and drafted succinct briefing notes (no more than 4 sides of A4) for the draft London Plan HIA to facilitate discussion focusing on key issues (as the strategy was so long). These were generally well received, although some participants still felt that they broke the flow of discussion and that discussion strayed outside of the GLA's remit.

"You just have to realize that at the end of a half-day or one-day workshop, there's no way you're going to go through everything. And so it comes back down to enabling people to

actually bring their knowledge and expertise to the day rather than just feel that they're being issued with information and not being able to know where they can fit into the process."

Core HIA Team

Use of pro forma

A pro forma (prepared by the core HIA team; appended) was used to guide discussion in breakout groups for the Waste, Economic Development and Energy HIAs. These asked participants to address five key questions:

- Which determinants of health are likely to be affected by the strategy?
- How may health determinants change as a result of the strategy?
- How might the expected changes affect the health of people?
- What might be the outcomes for health?
- What do you think should be recommended in this area?

However, people were concerned that use of the pro forma:

- Focused participants on completing the form rather than discussing the issues
- They found this broke the flow of discussion and that they had insufficient time to consider issues properly

"You know they gave out those printed sheets at the beginning of the discussion, they didn't really give you time to read that so it was very much unstructured, people just kind of saying what was on their mind really. It wasn't a case of trying to cover things in their

completeness."

Depth 14, Energy HIA Participant

Consequently, pro forma were not used and briefing notes kept as short as possible for the London Plan HIA:

- Those who had been to other LHC HIAs welcomed the fact that they had more time to discuss things and find it easier to contribute with less paper work and evidence to consider
- However, others criticised not using pro forma for the London Plan HIA, because the day felt more like stakeholder consultation than a formal and systematic HIA

"It didn't feel like an HIA. It felt like a consultation. I mean HIA, it's like consultation, it didn't feel like, you know, because I've personally been involved in HIA's."

Depth 4, London Plan HIA participant

"I don't think that day we got into what all the negative or positive impacts were. The group I was working in seemed to sort of say that the strategy didn't include that or it hasn't, considered that this type of impact has these consequences or things like that. There was no quantifying of it. It was only sort of saying well these are the headings that are under the certain subject you're in, the policies, where they good or could they be added or could they be expanded on and things like that. There's a next step to go through the matrix - what positive or negative impact does this policy have on them, which wasn't done at this particular thing. It's difficult to do."

Depth 13, Energy HIA Participant

Plenary sessions

For half-day workshops, plenary sessions were conducted at the end and lasted for around half an hour. Each breakout group was encouraged to feedback an outline of the discussion.

We found that plenary sessions were widely criticised (especially for Waste, Economic Development, and Energy):

- Several note that attendance drops off quickly
- Reporting back is criticised for being too long, unstructured, insufficiently deliberative, and dull

In the light of the learning from this action research evaluation feedback, sessions were held at the end of the morning and afternoon sessions of the London Plan HIA:

- The final session was chaired by an executive member of the LHC
- The sessions were well attended
- Those reporting were encouraged to be succinct (i.e. to feedback five key points)

Those who attended other HIAs noted an improvement in the management of plenary sessions on the day. However, a few still felt there could be more discussion during plenary sessions.

However, for each of the HIAs evaluated, participants remained unclear about how the outputs would be used. People were not clear how evidence would be managed, prioritised and weighted and are not sure how the HIA fitted into the decision making process.

"Well, I made a point about it in one of my workshops saying that I thought that if we did an open impact assessment, and they weren't regarded with any respect or, if it wasn't going to make an impact on the people who make the final decisions, what's the point in doing it really?"

Depth 5, London Plan HIA Participant

The HIA report and agreeing the recommendations

The HIA report is produced around two weeks after the HIA workshop by an independent consultant and is circulated for comments to participants, the Assembly Environment Committee (for Environmental Strategies) and LHC members prior to submission to the Mayor.

Few participants read the HIA report and not all respondents recalled receiving a copy.

Did you have a chance to read and comment on the final report?

"I can't recall having had it but if it has happened then I apologise. If it hasn't, it maybe something that they should be doing."

Depth 2, Waste HIA Participant

"I had a brief skim through, but it was just I guess they were just reiterating what they'd done on the bullet points on the flip charts at the end so I didn't really read it too carefully."

Depth 14, Energy HIA participant

Most seemed content to have attended the HIA workshop and show limited interest in the reporting stage. However, the very small number who had read the reports had numerous concerns about them:

- First, there was concern the report focused on the workshop and that this was not set within the wider policy context (i.e. that the 'bigger picture view' was missing)
- Second, there was concern that, although research evidence had become increasingly integrated into the HIA reports, this had only been included where it supported stakeholder views
 - They felt a more critical appraisal of the relationship between the research evidence and stakeholder views was needed and that the role of the research evidence as a result needed to be clarified

- In this respect, there were concerns that how the evidence had been managed was insufficiently transparent, i.e. a few noted that very little systematic assessment seemed to have been made of where the research evidence and stakeholder views agreed or differed and which was given priority
- Third, the few who read the report in detail noted that, where discussion had strayed outside the GLA's remit, views went unreported (rather than including it but explaining why recommendations had not been put forward)
 - This raised concerns that stakeholder expectations were not being managed effectively via the reporting stage
 - Those who held such views felt the LHC needed to be clearer about the GLAs remit and what could and could not be done as a result of the HIA when reporting
- Fourth, there were concerns about where recommendations had come from; one or two noted that the workshops had not culminated in a clear set of recommendations and that the process for translating stakeholder views and discussion into recommendations had not been clear

"I still think there should be some attempt to bring the discussion and evidence together and draw conclusions from them...intended outcomes."

Depth 6, Economic Development HIA Participant

Note: a stage was subsequently added to the HIA process for the draft London Plan HIA at this point during which the core team meets to explore the relationship between the evidence and the stakeholder workshop outputs and, based on their findings to develop evidence-led recommendations. However, we still found few people read and were able to comment on the draft London Plan HIA report.

Outstanding concerns and suggested improvements

Participants suggest relatively few improvements to the process. However, there was perceived to be a general need to improve communication and to manage expectations more effectively (i.e. what is and is not possible).

For example, several stakeholders remain unconvinced that their contribution would make a difference. They are concerned that the GLA does not take the outputs of the workshops seriously. This was largely because they had not yet seen whether HIA recommendations had been included in the final strategy documents and because it was too early to know whether recommendations had subsequently been implemented

"I think that leads back a little bit to what I was saying about, what powers the Mayor will have to implement all of these. I think among the NGO sector I would guess that it's not an uncommon view to feel slightly wary of, of this process sometimes because it seems to me sometimes that we spend an awful lot of time trying to influence the strategy making and we do it mainly for free as well. Of course it's because we're trying to influence those powers, but that it's a very long time from, you know, the issues being raised, policies being forged, the consultation taking place and then, you know, years down the line until people start actually engaging in, and changing things."

Depth 1, London Plan HIA Participant

"What I don't know is whether that then feeds back into the strategy development and they say, 'well right, we'd better change this bit of the strategy because the health impact says we shouldn't do this'."

Depth 11, Waste HIA Participant

As a result, several (especially those involved in Environmental Impact Assessment) stress the importance of monitoring outcomes. LHC staff need to continue to work with strategy development teams, particularly as the strategies are revised, to ensure that the relevant monitoring of health outcomes is included and reported on. Evaluation and reporting on is needed in terms of:

- Whether and how strategy is changed as a result of the HIA
- Whether recommendations are subsequently implemented
- The impact of recommendations on the wider determinants of health / the populations' health, etc

They believed that stakeholders should be actively involved in the development of outcome measures and the monitoring process.

"I don't think it's realistic to expect big changes in a very short time but, at this stage do you get underway on change? There is a good chance ...to go back and check on what has been achieved and find out what has happened and frankly we can't do without that!"

Depth 18, Economic Development HIA Participant

There remained much debate about objectives and process of HIA as whole. A few (who are more closely involved in the HIA field) believe there needs to be more debate generally about:

- What HIA can achieve (i.e. its aims)
- How to maximize the effectiveness of the HIA process overall:
 - What is the role of the workshop (i.e. to generate stakeholder evidence, consider the available evidence and make decisions, or both)
 - How is evidence best generated and managed and who is responsible for doing this (the HIA team, workshop participants, etc).

"On a one day workshop, it might just be a step in trying to gather together the issues from stakeholders and then you go off and do more work on it. But to go from one day where you've got a range of views and a range of issues and trying to come up with a recommendation as to the way forward on the strategy is a bit ambitious in my view."

Depth 2, Waste HIA Participant

"Sometimes it's difficult to know quite what the health impact assessment is trying to achieve. I must admit I have that difficulty still ...where it fits into the hierarchy of decision making and policy making because you can't get too detailed, or too scientific, or too technical. Discussion was fairly high level, but if you get too high level then it becomes remote from reality and it becomes very general and maybe starts to fail in its purpose. So I am still not quite clear how well health impact assessments work."

Depth 2, Waste HIA Participant

"The message I got was this workshop is going to advise the GLA on its waste strategy which I thought was a bit ambitious on a one day workshop. It might just be a step to try and gather together the issues for the stakeholders and then you go off and do more work on it. But to go from one day where you have got a range of views and a range of issues to try and come up with a recommendation as to a way forward on the waste strategies was a bit ambitious in my view."

Depth 11, Waste HIA Participant

Finally, several suggest that the HIA should incorporate public / lay involvement (as one of the perceived cornerstones of HIA), although others note that public consultation is conducted separately on all draft Mayoral Strategies.

"A criticism that I've heard from two separate people which is that we don't involve the public in any way in our health impact assessments. We involve some voluntary organisations. I'm not saying that I necessarily think it's possible or agree or whatever but it's something that's come from two separate people, why don't you involve the public in any way in your health impact assessments?"

Core HIA Team

Process changes suggested by the evaluators

Based on our experience of running workshops, we also made several suggestions for possible changes to the approach following the retrospective evaluations (Waste HIA and Economic Development HIA) and the concurrent evaluation of the Energy HIA.

These were implemented for the draft London Plan and in general received a positive response from participants. In summary, these included the following:

- To allow more time for discussion
- To improve the quality of facilitation
- To reduce the length of time spent presenting the evidence etc at the beginning
- To reduce the amount of paper work for consideration / use during the HIA
- To have more structured and succinct feedback and to have key GLA decision-makers present to hear feedback from the breakout groups

However, there was some criticism of the draft London Plan HIA as a result of the above changes. A few felt that this HIA was more like a stakeholder consultation than a systematic assessment of health impacts, especially the London Plan HIA. (This was largely due to the fact that people had attended other HIAs where pro forma had been used and these were considered an integral part of the HIA process.)

Other process criticisms remain unresolved, including:

- Ensuring the right mix of people attended the day
- Matching skills to break out groups
- Being clearer and more transparent about how evidence would be used, where recommendations come from, and how strategy was subsequently changed

Perceived impacts of the LHC's HIAs overall

That the LHC has undertaken HIAs on all Mayoral Strategies is in itself considered praiseworthy, and that it has been able to attract an impressive array of people to take part in them even more so. In summary, the HIAs are believed to have several clear impacts:

- GLA staff are increasingly consulting public health staff when drafting strategy in anticipation of the HIA
- Awareness of both HIA and the social model of health is raised as a result and several organisations have subsequently been encouraged to undertake HIA
- Participants from health backgrounds also gain greater awareness of other social policy agenda
- A wider range of stakeholders are consulted during strategy development who otherwise would not be involved, which results in:
 - Wider engagement with and ownership of strategy itself
 - Positive perceptions of the GLA as an organisation, i.e. its willingness to actively engage and involve stakeholders in the decision-making process

Overall, the outputs of the HIA are valued by decision-makers and strategy team members alike and strategy is revised as a result (in particular, strategy team members believe it is particularly important to identify positive impacts to ensure that these sections of strategies are retained). However, HIA participants are often unaware of this.

"We've got quite senior level policy makers as well as a whole range of different stakeholders involved in our process, and that's being, partly through the workshops, partly through the Commission meetings, and partly through the Environment Committee - through those different three different pooleven if they are only here for the process, they've made a connection between transport, economic development, waste, whatever

and health, which may not have been made otherwise, and that is the thing that they are taking away with them."

Depth 10, LHC member

Strategy team members reported few barriers to incorporating recommendations into the final strategy document. The only reason given by the strategy development team for not incorporating specific recommendations was because they fell outside the remit of the GLA / the strategy.

However, several HIA participants, strategy team and HIA core team members were concerned that it is relatively easy to amend a policy document, but that there must be a clear commitment to ensure that recommendations are subsequently implemented. It was too early to tell at the time of reporting whether or not recommendations had been implemented and what effects this had had on:

- The wider determinants of health
- Health and wellbeing generally
- Reducing health inequalities

KEY LEARNINGS AND RECOMMENDATIONS

Key strengths and achievements of the LHC approach to HIA

1. The Greater London Authority Act 1999 states that the Authority must exercise its power in a manner calculated “to promote improvements in the health of persons in Greater London”. HIA is perceived as making a contribution to fulfilling this obligation. Participants considered it praiseworthy that the GLA has allowed the LHC to conduct HIAs on all the statutory Mayoral Strategies. In this respect, the GLA is perceived to have been more systematic in its consideration of health issues in strategy formation than participants expected.
2. Our findings suggest that the LHC model generally fulfils its primary aims within tight resource constraints. The London Health Commission has delivered, within the tight timescales set out for consultation, a health impact assessment of each of the Mayor’s statutory strategies and the Energy Strategy.
3. Those HIAs have:
 - Identified both positive and negative impacts, and highlighted the importance to strategy development of identifying both. Identifying positive impacts is perceived as helping to ensure that beneficial aspects of a strategy document are retained as it passes through the re-drafting stages.
 - Both gathered and considered research evidence via a rapid review of literature and generated qualitative information in the form of stakeholder opinion via the workshop. In so doing, it has provided evidence and recommendations for decision-makers to consider.
 - Engaged a wide range of stakeholders, who otherwise may have no direct input to the formation of these strategies.
 - Has raised awareness of both HIA, the social model of health, and public health agendas amongst those whose primary roles are not health related. This has resulted in the GLA strategy development teams taking greater account of public health issues when drafting strategy, in advance of the HIA, and decision-makers placing greater

importance on public health issues in re-drafting the strategies. HIA has played a role in public health considerations becoming embedded within the development of the Mayoral strategies.

- Has provided a forum for participants to become more aware of other social policy agendas -the multi-disciplinary nature of the HIAs has provided an opportunity for a wide range of stakeholders to exchange views and learn from each other.
- Most importantly, the HIAs have influenced strategy - GLA strategy development staff report that they have taken health into account during the drafting stage because they knew it would be subjected to HIA and that they have revised the strategy as a result of the HIA report.

Factors influencing the success of the LHC's approach to HIA

4. The London Health Commission's HIAs have generally fulfilled their primary aims and several factors appear to have been important in this.

5. These include:

- The requirement to consider health issues is enshrined in the GLA Act, which provided a political imperative to do something. Health impact assessment was identified early on as a potential way to meet this requirement.
- The support and involvement of key decision-makers involved in the London Health Commission, particularly from the GLA, London Health Observatory, and the former Directorate of Health and Social Care (London) in developing the HIA model and raising awareness of public health agendas.
- The profile and importance of the GLA strategies themselves, particularly the draft London Plan. This encouraged attendance, both because people wanted to influence them and wanted to learn more about them.

- Growing interest in HIA generally across a number of other agencies in London, which was in part stimulated by the presence and activities of the HIA Facilitation Manager for London, including the provision of training workshops which helped to raise awareness and knowledge of HIA.
- A consistent approach, with all the statutory strategies being subjected to HIA. Repeated attendance at HIAs also helped to ensure more active and effective participation as participants grew increasingly confident and knowledgeable about the Mayor's strategies, HIA and the LHC approach.
- GLA strategy teams knowing to expect HIA, which encouraged them to seek public health input early in the drafting stage.
- A multi-agency, collaborative approach, which ensured effective pooling of HIA, public health and health policy knowledge and skills.
- The availability of resources, particularly the ability to commission freelance researchers to undertake rapid reviews of the evidence from research.
- Engaging decision-makers from the scoping stage onwards and clarifying their questions, which ensured that the outputs of the HIA were meaningful to them.
- Adopting a reflective approach to HIA, with on-going critical appraisal, which ensured that the working model was adapted to maximise the effectiveness of the process.

Key considerations for the future

6. The London Health Commission's HIAs have generally fulfilled their primary aims. However, a number of perceived weaknesses of the LHC HIA model require further consideration. From an evaluators point of view there is little comparable evaluation data and no agreed quality standards for HIA and therefore it is difficult to really determine how well the LHC model achieves its aims and whether the LHC model is better or worse than other approaches.

7. Several study participants consider the aims of HIA ambitious and raise numerous methodological questions. These include:

How do you know if you have the best-available evidence from research?

- Where gaps in research evidence occur, stakeholder consensus may be the best available evidence
- In terms of the quality of rapid review of evidence from research, the HIA workshop provides a degree of peer-review in itself. **Further formal and independent peer review of the evidence may help to reassure participants about the quality of the HIA in terms of whether or not the best available evidence has been used and whether it has been used appropriately.**

How do you know if you have the right stakeholders at the workshop?

- A wide-range of stakeholders were invited to the HIA workshops, but on the day only about 20% of the total number of people who were invited attended. Each of the LHC HIA workshops was attended by around 50 people. However, concerns were expressed about the range of stakeholders actually attending the workshops and individual breakout groups within each session, on the day. Such concerns can undermine confidence in the process. Therefore, it is important to assess and report the potential impact on both the process and its outputs if some groups of key stakeholders are missing on the day of the workshop. **It may be worthwhile considering incorporating the views of a wider range of stakeholders into the assessment using different methodologies, for example individual interviews or separate and smaller group discussions.**

Can the stakeholders really get a grip on the evidence from research and policy proposals in the strategy in such short time-scales?

- The HIA workshop is clearly the engine of the HIA process. However, it is a complex process and can be challenging for participants, who are required to get to grips with a large and complex strategy, digest the evidence from research and bring them

together to generate practical recommendations in a relatively short time-span. It can be difficult for newcomers to take in complicated presentations at the beginning of workshops and participants may feel intimidated by the process. It is important that people know what to expect. **As a minimum, it is important to convey to participants that:**

- **Everyone's input is valued and that they do not need to be experts in the field covered by the strategy to make an important contribution.**
 - **The workshop is seeking to generate the best record of stakeholder views about both particular proposals within the strategy and how that relates to the evidence available from research.**
 - **Strategy team members and 'experts' are available as a resource for other stakeholders on the day, providing clarification on points of detail about the evidence, strategy, and GLA remit, but that they will not actively participate in the discussion.**
 - **Facilitators will work systematically through the detail of the strategy (working from an agreed discussion guide) to obtain a prompted response to key sections including reading out specific detail on which a response is required and that they are seeking to encourage participation from stakeholders rather than put forward views themselves.**
- The HIA workshops, with around 50 attendees, consume significant resources. It is important that the outputs are maximized. **To maximise the effectiveness of the workshop, it is important that:**
 - **The strategy and evidence is broken down into comprehensible chunks and summarized to enable people to deliberate both more effectively**
 - **Where used, pro forma should guide and structure discussion, rather than be used slavishly as a prerequisite HIA tool**

How should different types of evidence be managed - should evidence from research take priority over stakeholder views if they contradict each other?

- The information gathered in the workshop and evidence gathered from research are both potentially important resources for influencing subsequent strategy development. **It needs to be made clear how the different types of information are managed, whether stakeholder views are prioritized over the literature review evidence, and in particular, how limitations of the evidence, including gaps and conflicting data are tackled. It is also important that it is made explicit how the recommendations which end up in the report are formulated and agreed. Any limitations in the data available need to be made explicit. The reports could undergo more rigorous scrutiny.**

Most importantly, will the HIA ultimately influence the wider determinants of health, the health of Londoners and health inequalities? And can this be measured?

- Not everyone is convinced that HIA is worthwhile. Therefore, it is essential that the outcomes of the HIA are monitored. **Monitoring needs to include:**
 - **Demonstration of whether or not the strategy is changed as a result of the HIA recommendations and why?**
 - **How implementation of HIA recommendations subsequently influences the wider determinants of health, health itself, and health inequalities by monitoring whether or not recommendations are implemented and what impact they have.**
 - **Effective communication of the outputs of monitoring, both to participants and wider audiences, to enable them to assess and determine the value both of the HIA itself and their individual contribution to the process.**

