

Broughton Communities First Partnership, Wrexham

**Report on Rapid Health Impact Assessment of Proposal
for a Community Health Practitioner**

October 2005



Introduction.

A rapid health impact assessment (HIA) was conducted against the draft job description (Appendix One) and proposal for a Community Health Practitioner within the Broughton Communities First Partnership, Wrexham (Appendix Two shows the geographical area and Broughton Partnership Structure).

The positive and negative health and well being impacts of the proposed role on the local community were screened in a half day session on October 11 and further explored in another half day session on October 21. The HIA aimed to contribute to the revision of the job description and inform the partnership of its needs with regard to this post. It provided an opportunity for key stakeholders to provide practical recommendations on how the proposed role could further improve the health of the population and if this was in fact the correct role for the area.

A list of the attendees is included (Appendix Three).

An evaluation was undertaken at the end of the first session (results in Appendix Four).

Stage One.

Potential Implications on Health upon Implementation of the Community Health Practitioner Role

This table describes where the group predicted likely direction of change (i.e. positive or negative) in relation to the wider determinants of health with regards to vulnerable groups and the wider population.

Determinant of Health	Positive Health Impacts	Negative Health Impacts
Lifestyles		
	The CHP will not have a case load of patients, therefore this will free up their time to meet with other agencies/partnerships, leading to a co-ordinated approach.	The role is not practical/ hands on. Not in direct communication, i.e GP's.
	Has potential to utilise health promotions.	Health promotion aspect not currently specific in job description. Job description may need to change. I.e Health Promotion practitioner. This post does not liaise with Health promotion.
	Potential to focus on people taking responsibility for chronic illnesses.	There is a danger on focusing on chronic ill health.
Social and Community influences on health		
	The CHP could champion the community taking on responsibility for its health. Could also bridge divisions in the community and create community identity in making health decisions.	Currently not in job description.
	Gives potential to change the community's health through a flexible approach and could promote change developed relationships within the community and provide positive role model.	Is there a support network after delivering projects? The CHP won't have time or do district nurses or health visitors etc. Look at job description.
	Potential for CHP role to learn from other current practitioner roles and their community experiences.	
	Big community resource.	
	The CHP could re-enforce national campaigns such as no smoking day etc.	Currently not in job description.

Economic Conditions		
	Could be an educational role for CHP leading to better health and increased economic opportunities and employment.	People might not engage.
Living and Environmental conditions		
	The CHP role could sign post information and raise awareness of health problems such as housing and damp as a secondary role.	Could take up time from primary job aims and some of this work is being done already by other groups.
	Have knowledge of partnerships within the area.	While CHP will need to link with other groups, this can take time from main role.
Access and Quality of Services		
	Increased liaison with other local services.	Has own ability to refer clients where appropriate.
	Potential to work with organisations such as LHB on other services and strategies i.e estate strategy.	Currently not in job description.
	Can sign post and raise awareness of other agencies to community.	May increase work load of district nurses, health visitors etc.
	Potential for networking to increase information base.	Currently not in job description.
Macro-economic factors		
	The CHP role could potentially contribute to the health social care and well-being strategy etc and could raise awareness of government strategies at a local level.	Currently not in job description.
	Can access resources through highlighting community needs.	Currently not in job description.
	The CHP role should be encouraged to be bold, to put bids together and go forward.	Currently not in job description.

In addition, a number of general points were raised where it was felt that either the proposal did not address particular issues at all or contained insufficient detail. These are outlined below.

1. The main discussion points were raised with regard to the job title/description and whether this may need to change, i.e. to a Health Promotion Practitioner in order to meet and address the health needs of the community.
2. The current job description, it was felt, lacked focus and needed to be specific on the posts priorities and needs to identify groups in the community to work with and account for different age groups.

Stage Two

Maximising predicted positive health implications and minimising/negating the predicted negative impacts.

A number of recommendations were agreed by the group and are mainly with respect to the job role and its influence on the health of the community:

- 1 The post would need to be a 3 year full-time position to address health priorities within the community with line management to be decided at a later date, dependant on the job description. There should be clear responsibility and accountability. Human Resource advice should be sought to clarify this.
- 2 Ideally, the group would like a Health Promotion Co-ordinator with a clinical, professional background or have relevant experience. The person would need to become an accepted member of the Primary Health Care Teams and be a link between all partnerships, although not necessarily employed by the North East Wales Trust as originally proposed. This person will compliment the work of the existing Broughton Strategy Team and work closely with community groups.
- 3 The post holder needs to have the ability to translate the Health Social Care and Well Being and Community Strategies into local action plans
- 4 Priorities health issues and themes highlighted to be addressed were as follows:

Sexual Health
Respiratory Health
Dental Health and Nutrition
Alcohol Misuse
Physical Activity
Injury Prevention
Public Engagement

- These priorities should be discussed with the community, actions identified and focussed on by the post holder

5 The post needs to:

- Link services to the community and act a 'bridge' between agencies and the local population. Needs to be seen as a 'lynch pin' and contact person to other agencies
- Act in a way that the community can respond to
- Be a pro-active role
- Identify the needs of the community and bring the appropriate services to it
- 'To become a living leaflet'
- Work closely with the Broughton Partnership Board in identifying funding sources, contribute to funding bids and be able to advise through the Health and Wellbeing Working Group
- Utilise the role leading to the development of 'expert patients' and set up a Community Support Network
- Network to build contacts and increase awareness of the role

Conclusion

The group considered that the implementation of the above recommendations with regard to the proposal for a Community Health Practitioner would have the potential to improve health and reduce health inequalities in the Broughton area.

The post is included in Broughton Strategic Action Plan 2004-7 and the day helped to clarify exactly what was needed from the stated Action and Objectives within this plan. It has given a more defined and realistic vision of what can be achieved by the post. The findings of the day will be disseminated to the Partnership Board and the Health and Wellbeing Working Group, who commissioned the HIA. It was encouraging that all partner agencies were enthusiastic and expressed a desire to work closely with the post holder. Furthermore, all participants have expressed that this was a positive and useful experience. The one day session has demonstrated that there is a wealth of ideas in relation to this area and further HIA work could be undertaken in the future when the Action Plans for the Partnership are reviewed in order to add further value to these plans.

It is anticipated that these findings will form the basis of proposals to the Local Health Board and partner organisations and other potential funding sources in order to further the project and benefit the health and wellbeing of the local population.

For further information on Broughton Partnership or this HIA, please contact:

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LL11 6AB

BROUGHTON COMMUNITY HEALTH PRACTITIONER

JOB DESCRIPTION

JOB DETAILS

Job Title:	Nurse Practitioner
Grade:	G
Salary Scale:	
Hours of Work:	30 hours (over 4 days)

ORGANISATIONAL ARRANGEMENTS

Accountable to:

Responsible for:

BACKGROUND

The Welsh Assembly Government's 'Communities First' Programme aims to:

improve the living conditions and prospects for people in the top 100 most disadvantaged communities in Wales, by actively involving local people in the development of their community by focussing on community issues under the following themes:

- Jobs, business, education and training;
- Environment;
- Health and Well-being;
- Active community;
- Community safety; and
- Children and young people

The European URBAN II Programme aims to: create strong participating entrepreneurial communities where people work together (within and between communities) to create desirable places to live, and where residents are empowered to participate in the local economy and everyday life.

Work initially started in the villages of Southsea and Brynteg in 1998 when the area was recognised by the Welsh Assembly Government as a 'People in Communities' project area due to the high levels of deprivation identified. Since this time other the 'Communities First' and 'URBAN II' funding programmes have also targeted this area expanding the work of the Broughton Strategy team to cover the whole of Broughton.

The team is working with the local community to address issues of social, economic and environmental regeneration in the Broughton Strategy area. This covers the villages of Southsea, Brynteg, New Broughton, Pentre Broughton, Caego, Lodge(part) and Moss Valley (part) located within West Wrexham.

A Strategic Action Plan for the Broughton community (2004-07) has been developed based on consultation with the community about local needs, which steers the work of the Strategy Team. The implementation of the action plan is achieved through the work of thematic working groups that are made up of representatives from various public, private and community sector bodies. Local people are very involved in the decision making of individual projects as they develop.

Identified within the action plan is the Provision of Community Nurse Practitioner to complement and support existing health provision in the area, and address particular health needs.

JOB PURPOSE

To develop a Nurse Practitioner Service within the Brynteg / Broughton Strategy area particularly focussing on the Communities First target area which is the electoral ward of Gwenfro, working with established Community Practitioners and professionals. To lead in the assessment of community health needs and facilitate this within the service provision over the barriers between the local population and local health services. The post holder will provide advanced autonomous practice within the strategy area.

DUTIES AND RESPONSIBILITIES

Managerial

1. Work in conjunction with Broughton Strategy Team & the Broughton Health & Well-being Working Group to provide a holistic proactive approach to local residents health needs with special reference to the aims and objectives contained within the Broughton Strategic Action Plan 2004–07 and the Broughton Capacity Building Action Plan 2004-07.
2. Develop local services based on the assessment to community need, co-ordinating, delegating and monitoring effectiveness.
3. Identify gaps in local services and reduce barriers to participation of the local population to health promotion activities.
4. Liaising and collaborating with other organisations, professional, statutory and voluntary in the community.
5. Actively promote effective working relationships with other professionals both statutory and voluntary.
6. Responsibility for own time management. Assists and influences other team members in their priority of work and time management.

7. Participate in the formulation of Trust policies and guidelines pertinent to own practice and other areas. Actively implement, review and evaluate the said policies and guidelines.
8. Promote reflective practices. Be responsible for clinical supervision within the team. Offer emotional support to all team members.
9. Represent Community Services Manager at meetings where appropriate and widely disseminate information.
10. Contribute to the Trust's strategic direction, for example, Welsh Risk Pool and Practice Development.
11. Be involved in all aspects of progressive information technology, for example, personal computer and communication tools as appropriate to practice within the District Nursing Service.
12. Keyholder to Trust premises. Knowledge of securing premises and alarm systems.

Clinical

1. Be responsible for comprehensive assessment, planning, implementing and evaluating programmes of care. Promote the patients physical, psychological, social and emotional well-being by providing a holistic package of care, in conjunction with established community practitioners.
2. Provide health promotion advice and refer to appropriate agency, this includes the provision of necessary information relating to health / illness and management of condition.
3. Empower local residents to adopt health initiatives, through networking and acting as link with established groups voluntary and statutory within NEWT and WCBC and Strategy groups.
4. Undertake an autonomous role, working independently with individual patients. Using analytical and judgement skills in being responsible for own actions.
5. Provide a wide range of complex, extended role and technical procedures for patients from many specialised areas of care.
6. Undertake nursing interventions as indicated by patient need, including health assessment, chronic disease management and minor illness management.
7. Other specialist procedures could be undertaken according to the patient's need, appropriateness and nurse's competency. For all procedures nurses need to be resourceful within the constraints of the patient's home environment.
8. Co-ordinate and facilitate the referral and discharge planning of all patients as per North East Wales NHS Trust guidelines.

9. Co-ordinate and take the lead role if appropriate in the planning and provision of complex care packages, working jointly with the Community Services Manager and other agencies in the provision of the Continuing Health Care packages.
10. Undertake nurse prescribing within role in accordance with Trust Policy.
11. Meet recognised quality standards, both contractual and National, for example, Nursing & Midwifery Council Professional Code of Conduct, National Institute of Clinical Excellence and National Service Frameworks guidelines.
12. Duties during the day, evening and weekends will involve lone working.

Communication

1. Initiates patient held District Nursing records, responsible for assessment and analysis of data.
2. To work collaboratively with other agencies and practitioners to ensure a seamless service delivery for clients.
3. Actively promote effective working relationships with other professionals both statutory and voluntary between primary and secondary care, WCBC and partnership agencies.
4. Be skilled at communicating complex information with patients, their families and carers, involving them in understanding conditions and promote concordance with care. Where necessary using negotiation, persuasion and reassurance to motivate them or overcome barriers to achieve agreed aims of care.
5. Actively engage the public in discussion and promote patient, public involvement.

Education

1. Take every opportunity to promote health and participate in health promotion initiatives as appropriate to the Nurse Practitioner role, in particular working in partnership with the Broughton Health & Well-being Working Group and their partner organisations.
2. Provide a comprehensive learning environment for learners, encouraging all staff to develop their roles as mentors/assessors, so that learning objectives may be achieved.
3. Arrange delegated training and developmental opportunities, including core training and induction for team colleagues and those of other services.
4. Identify learning needs of patients on the caseload and their informal carers, plan and initiate training packages.
5. Recognise learning needs of formal carer and liaise with appropriate managers.
6. Be proactive and responsible for own professional development as appropriate to role. Record in portfolio further education.

7. Provide learning opportunities for other members of the Multi-Disciplinary Team within the realms of the Nurse Practitioner role.

Finance

1. Maximise the use of allocated resources, both materials and personnel and plan with and support Community Services Manager in effective budgetary control.
2. Act as authorised signatory for staff expenses and supplies within the team.
3. Disseminate to the district nursing team the need to effectively manage resources.

GENERAL REQUIREMENTS

This post is subject to the Terms and Conditions of employment of the North East Wales NHS Trust.

Standard general items to be covered in job descriptions should include the following text:

Competence

You are responsible for limiting your actions to those that you feel competent to undertake. If you have any doubts about your competence during the course of your duties you should immediately speak to your line manager/supervisor.

Registered Health Professional

All employees of the Trust who are required to register with a professional body, to enable them to practice within their profession, are required to comply with their code of conduct and requirements of their professional registration.

Supervision

Where the appropriate professional organisation details a requirement in relation to supervision, it is the responsibility of the post holder to ensure compliance with this requirement. If you are in any doubt about the existence of such a requirement speak to your Manager.

Risk Management

It is a standard element of the role and responsibility of all staff of the Trust that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.

Health and Safety Requirements

All employees of the Trust have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. Employees are required to co-operate with management to enable the Trust to meet its own legal duties and to report any hazardous situations or defective equipment.

Flexibility Statement

The content of this Job Description represents an outline of the post only and is therefore not a final list of duties and responsibilities. The Job Description is therefore intended to be flexible and is subject to review and amendment in the light of changing circumstances, following consultation with the post holder.

Confidentiality

All employees of the Trust are required to maintain the confidentiality of members of the public and members of staff in accordance with Trust policies.

Record keeping

All employees are responsible for ensuring Departmental and Trust Records are created and maintained in accordance with Trust Policy.

Date Prepared: February 2005

Prepared By: M Bowler

Date Reviewed:

Reviewed By:

Agreed By:

Date:

Employee's Name and Signature:

Agreed By

Date:

Manager's Name and Signature:

PERSON SPECIFICATION

JOB TITLE: Nurse Practitioner

GRADE: G

	<u>ESSENTIAL</u>	<u>DESIRABLE</u>	METHOD OF ASSESSMENT
QUALIFICATIONS	<p>NMC Registered first level nurse with District Nurse / Health Visitor degree/diploma or certificate in Community Nursing.</p> <p>Nurse Prescribing</p> <p>Evidence of post registration study</p>	<p>Teaching and Assessing</p> <p>Undertaken piece of research.</p> <p>Publication of relevant articles.</p> <p>Working towards Masters level.</p>	<ul style="list-style-type: none"> • Application form • Certificate • NMC Registration Portfolio
EXPERIENCE	<p>Minimum of five years post registration experience with minimum of two years at E Grade.</p> <p>Work experience in a variety of clinical settings and multi-disciplinary working.</p>	<p>Evidence of development in innovative practices.</p> <p>Previous team management experience.</p>	<ul style="list-style-type: none"> • Application form • References • Interview
SKILLS	<p>Ability to act as a specialist advisor / leader of change.</p> <p>Ability to be innovative.</p> <p>Ability to assess, plan implement, evaluate and delegate appropriately the delivery of care.</p> <p>Ability to analyse information quickly and accurately.</p> <p>Demonstrate appropriate leadership skills, monitoring and co-ordinating staff activities using effective interpersonal skills and negotiating and influencing skills.</p> <p>Supervise, teach and assess registered and non-registered staff.</p> <p>Provide mentorship and preceptorship as appropriate.</p> <p>Commitment to developing appraisal and clinical supervision skills.</p> <p>IT skills or a willingness to undertake.</p>	<p>Counselling skills</p> <p>Experience in audit processes.</p>	<ul style="list-style-type: none"> • Application form • References • Interview

KNOWLEDGE	<p>Health Promotion</p> <p>Evidence of research based practice.</p> <p>Clinical audit and evaluation.</p> <p>Child Protection</p> <p>Development of Nurse Practitioner role.</p> <p>Awareness of the changing health agenda for NHS Wales</p> <p>Awareness of current research and the implications for clinical practice.</p> <p>Understanding of Risk Management and Health and Safety Issues.</p> <p>Knowledge and evidence of application of consent. Knowledge of data protection and patient confidentiality.</p>	<p>Understanding and knowledge of Eligibility Criteria and application to practices for Continuing Health Care Funding</p> <p>Chronic disease management</p> <p>Family planning</p> <p>Formulation of guidelines and protocols</p> <p>Knowledge of local area</p>	<ul style="list-style-type: none"> • Application form • References • Interview
PERSONAL QUALITIES <i>(Demonstrable)</i>	<p>Confidence in own ability to make decisions and recognise limitation.</p> <p>Ability to function within the climate of organisation change.</p>		<ul style="list-style-type: none"> • Application form • References • Interview
OTHER RELEVANT REQUIREMENTS <i>(Please Specify)</i>	<p>Committed to continuous development.</p> <p>Flexibility to work weekends.</p> <p>Demonstrate timely travel arrangements.</p>	<p>Welsh speaker.</p> <p>Car driver/licence.</p>	<ul style="list-style-type: none"> • Application form • References • Interview

Prepared By: M Bowler

Reviewed By:

Agreed By: Manager

Date Agreed:

PROPOSED STRUCTURE – BROUGHTON PARTNERSHIP BOARD (BPB)
(CF Partnership for Gwenfro)

Appendix 2

Broughton Strategic
Action Plan
(2004-2007)

Broughton Partnership Board

- Local Residents
- Local Business Reps
- Local Comm/Voluntary

Advisory
Support to be
provided by
Partners

Objective 1 & 2
**Education &
Training and
Business & Jobs**

- Members to include:
- WCBC
 - Yale
 - CIB
 - WXM Childcare Partnership
 - Careers Wales
 - ELWa
 - Local Business Reps
 - BPB Rep.
 - CHC

Objective 3
Environment

- Members to include:
- WCBC
 - Groundwork
 - Local Schools
 - Community Council
 - BPB Rep.
 - Broughton Community Council
 - Local Community Groups
 - Seconded

Objective 4
Health & Wellbeing

- Members to include:
- WCBC
 - NE Wales NHS Trust
 - Sure Start Partnership
 - Family Friends/Home Start
 - Local Community Groups
 - Local Schools

Objective 5
Active Community

- Members to include:
- WCBC
 - AVOW
 - Local Community Groups
 - Local Schools
 - BPB Rep.
 - CHC
 - BBCT
 - Seconded Members of the Community

Objective 6
Community Safety

- Members to include:
- WCBC
 - North Wales Police
 - Local Community Groups
 - BPB Rep.
 - Seconded Members of the Community

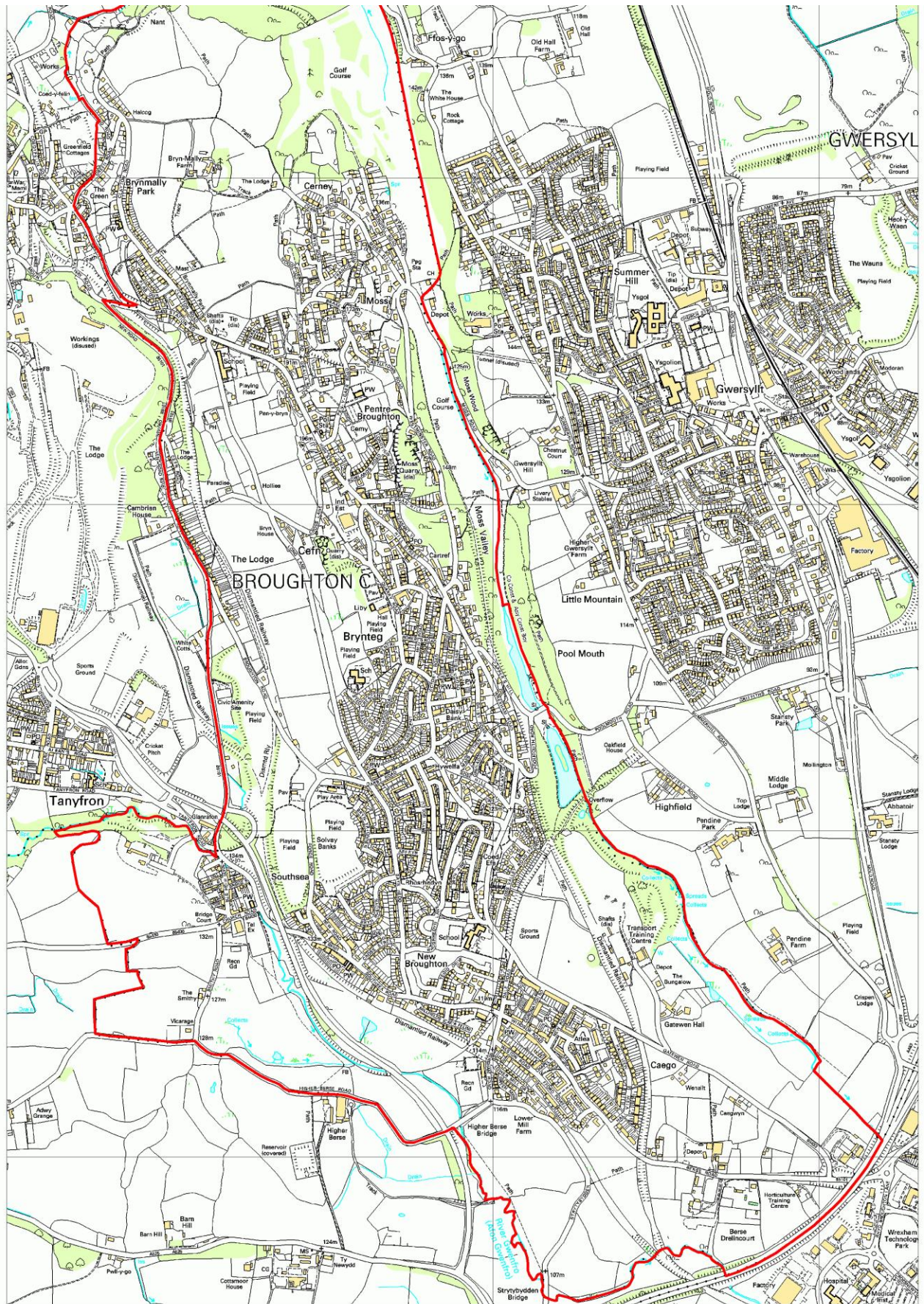
Objective 7
**Children &
Young People**

- Members to include:
- WCBC
 - Local Community Groups
 - BPB Reps
 - Seconded Members of the Community
 - WASP
 - Wrexham Play Association
 - Youth Services

Community House
Committee

- Local Residents
- Local Community/
Voluntary

Overall Structure
Reflective of
the Third's



Appendix Three

Facilitator

Liz Green – Health Impact Assessment Development Officer, Welsh Health Impact Assessment Support Unit.

Attendees

Joan Chaloner	Community Health Council
Audrey Elms	Local Resident
Joyce Parry	Local Resident
Mary Lea	Darby and Joan, Broughton/Local Resident
Megan Roberts	Darby and Joan, Broughton/ Local Resident
Sian Griffiths	Finance and Administration Officer, Broughton Support Office
Julie Hughes	Community Development Officer, Community House, Broughton Partnership
Gemma Griffiths	Administration Officer, Community House, Broughton Partnership
Amanda Price	Community Nurse
Brenda Lewis	Community Nursing Sister
Diane Hudson Jones	North East Wales Trust
Sandra Eastwood	North East Wales Trust
Monica Edwards	Surestart
Dee McCann	Surestart
Jerry O'Keeffe	Health and Wellbeing Development Officer
Fred Derbyshire	Youth Service/ Local Resident
Jon Sankey	Team Leader, Broughton Health and Wellbeing Group
Alex O'Keeffe	Project Officer, Broughton Support Office
Nicola Vaughan	Project Officer, Broughton Support Office
Leslie Taylor	Practice Development Nurse for Schools
Joanna Hughes	Community Cardiac Health Development Officer
Sandra Williams	Vice Chair, Broughton Partnership Board/ Local Resident
Marion Jones	Dental Health Promotion

Invited but unable to attend (* signifies apologies sent):

Michelle Stanley*	Health Promotion Officer, WCBC
Marie Bowler *	Community Services Manager, NEWT
Janet Clode	Seren Therapies
Susan Davies	Seren Therapies
Gail Peters	Community Dietician
Llinos Jehu*	Business Development Manager, WCBC
Julie Cooper	Health and Social Care Development Officer, AVOW
Lynn Turner	Practice Manager, Forge Road Surgery, Brynteg
Jean Marsh*	Community Health Council
Maxine Matthews*	Local Resident
Ali Bedford*	Local Resident
Erica Hedgecock*	Surestart
Monica Crump	Penymaes Health Centre, Gwersyllt

Diane Hudson-Jones
Susan Stacey

Brenda Singfield*
Gaynor Edwards*
Rev James Aylward
Jackie Hughes
Pauline Brown
Marlene Williams
Noel Cleverley
Dewi Thomas
Cllr Alan Edwards
Dafydd Ifans
Thelma Poole
Eva Jones
Kevin Hart
Cllr Neil Rogers
Ken Rowlands
Cllr Shirley Cleverley
Cllr Shan Wilkinson
DJ Rees
CC Edwards
F Salisbury

[illegible]

Appendix Four

Evaluation Results

Expectations/Comments on workshop and rating (1 = poor, 10 = excellent):

- To have a greater understanding of the impact of health promotion and its wider function in our community (9)
- To improve health awareness in our community (9)
- To educate myself regarding the needs of the area ie social and medical and how these services will be achieved, by planning a structure to incorporate the above with a co-ordinator at the helm (8)
- Understanding hia (7)
- Understanding hia and how it works to promote a positive outcome (7)
- Gain a better understanding of how hia can work to implement the change required to fill post (7)
- To develop an understanding of hia and see how it will impact on the community (7)
- My expectations were to participate in a workshop with other members of the community to explore and identify the needs of the community and therefore identify the need for the practitioner role and job title (6)
- I didn't really know what to expect today. Everything was explained and was an interesting experience (6)

Appendix Five

The next two pages show part of a toolkit that was used during the appraisal taken from “Improving Health and Reducing Inequalities – A Practical guide to health impact assessment” (Welsh Health Impact Assessment Support Unit & Partners, 2004.)

Health and well-being determinants checklist Please note that this list is a guide and is not exhaustive.	
1. Lifestyles	<ul style="list-style-type: none">• Diet• Physical exercise• Use of alcohol, cigarettes, non-prescribed drugs• Sexual activity• Other risk-taking activity
2. Social and community influences on health	<ul style="list-style-type: none">• Family organisation and roles• Citizen power and influence• Social support and social networks• Neighbourliness• Sense of belonging• Local pride• Divisions in community• Social isolation• Peer pressure• Community identity• Cultural and spiritual ethos• Racism• Other social exclusion
3. Living/environmental conditions affecting health	<ul style="list-style-type: none">• Built environment• Neighbourhood design• Housing• Indoor environment• Noise• Air and water quality• Attractiveness of area• Community safety• Smell/odour• Waste disposal• Road hazards• Injury hazards• Quality and safety of play areas
4. Economic conditions affecting health	<ul style="list-style-type: none">• Unemployment• Income• Economic inactivity• Type of employment• Workplace conditions
5. Access and quality of services	<ul style="list-style-type: none">• Medical services• Other caring services• Careers advice• Shops and commercial services• Public amenities• Transport• Education and training• Information technology
6. Macro-economic, environmental and sustainability factors	<ul style="list-style-type: none">• Government policies• Gross Domestic Product• Economic development• Biological diversity• Climate

Vulnerable and/or disadvantaged population groups

The target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages.

1. Age related groups*

- Children and young people
- Older people

2. Income related groups

- People on low income
- Economically inactive
- Unemployed
- People who are unable to work due to ill health

3. Groups who suffer discrimination or other social disadvantage

- People with disabilities
- Refugee groups
- People seeking asylum
- Travellers
- Single parent families
- Lesbian and gay people
- Ethnic minority groups**
- Religious groups**

4. Geographical issues

- People living in areas known to exhibit poor economic and/or health indicators
- People living in isolated areas
- People unable to access services and facilities

You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women.

Please note that this list is a guide and is not exhaustive.

* Could specify age range or target different age groups for special consideration.

** May need to specify.

About the Welsh Health Impact Assessment Support Unit.

Health Impact Assessment is a process which supports organisations to assess the potential consequences of their decisions on people's health and well-being. The Welsh Assembly Government is committed to developing its use as a key part of its strategy to improve health and reduce inequalities.

Health impact assessment provides a systematic yet flexible and practical framework that can be used to consider the wider effects of local and national policies or initiatives and how they, in turn, may affect people's health. Health impact assessment works best when it involves people and organisations who can contribute different kinds of relevant knowledge and insight. The information is then used to build in measures to maximise opportunities for health and to minimise any risks. It also provides a way of addressing the inequalities in health that continue to persist in Wales.

Welsh Health Impact Assessment Support Unit

WHIASU is based in the Cardiff Institute of Society, Health and Ethics which is part of Cardiff University's School of Social Sciences. It is funded by the Welsh Assembly Government, through the Wales Centre for Health and is resourced to cover both North and South Wales.

The key roles of WHIASU are:

- To support the development and effective use of the health impact assessment approach in Wales through building partnerships and collaborations with key statutory, voluntary, community and private organisations in Wales.
- To provide direct information and advice to those who are in the process of conducting health impact assessments.
- To contribute to the provision of new research, and provide access to existing evidence, that will inform and improve judgements about the potential impacts of policies, programmes and projects.

For more information with regard to HIA or the Welsh Health Impact Assessment Unit please contact:

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Website for the Welsh Health Impact Assessment Support Unit –
www.whiasu.wales.nhs.uk