

# Broughton Communities First Partnership, Wrexham

## Report on Rapid Health Impact Assessment of Draft Health and Wellbeing Action Plan

November 2006



Cardiff Institute of Society, Health and Ethics



## **Author**

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

## **Foreword**

The Broughton Partnership Board and the Broughton Strategy Team would like to thank all those individuals and partner agencies that have supported the Broughton Health & Well-being Working Group over the past 3 years, especially those who attended the health Impact Assessment on 27<sup>th</sup> November 2006. We hope that you found the day useful and believe that the information gathered will help to form the basis of the Health & Well-being section of the Broughton Strategic Action Plan (2007-10). Thank you for your enthusiastic participation and we look forward to continue to work with you in the future.

We would also like to thank Liz Green, Health Impact Assessment Officer, for her willingness to work very closely with the members of the Working Group, without whom the event would not have been possible and for her work in compiling this report.

Jon Sankey, Broughton Strategy Team Leader

## **Introduction.**

A rapid health impact assessment (HIA) was conducted using the previous Health and Wellbeing Action Plan (Appendix One) for the Broughton Communities First Partnership, Wrexham (Appendix Two shows the geographical area and Broughton Partnership Structure). It was used as a basis to evaluate, review, inform and improve the next Health and Wellbeing Action Plan for the Partnership.

The HIA assessed the potential positive and negative health and well being impacts of the proposed activities within the plan on the local community. The HIA aimed to contribute to the next Health and Wellbeing Action Plan and inform the partnership of its priorities and local communities needs with regard to this Plan. It provided an opportunity for key stakeholders to provide practical recommendations on how the new plan could further improve the health of the population and be implemented effectively.

The HIA is the second undertaken within the Broughton Partnership and this one had a wider remit. It covered a wider scope than the previous HIA of a proposal for a Community Health Practitioner (2005) and aimed to move forward and inform the final Health and Wellbeing Action Plan. It encompassed a day long participatory stakeholder workshop on November 27<sup>th</sup> 2006.

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

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

## **Stage One.**

Copies of the previous Health and Wellbeing Action Plan were circulated to the group and the members were asked to collate their top five priorities from this. The stakeholder group was wide and varied and encompassed not only local community members and community workers but also health professionals and representatives of the Local Health Board and Local Authority. The five chosen priorities were used as a basis for the rapid screening and appraisal session which followed. These are attached as Appendix Three.

## **Stage Two**

### **Impacts on Health and Wellbeing**

This table is a summary of where the group identified strengths and weaknesses (i.e. positives/negatives) in relation to the wider determinants of health and with regards to vulnerable groups and the wider population affected. This was based on the framework of 'what worked well' from the last Health and Wellbeing Action Plan and 'what could have been improved'. The overarching aim was to learn from this Plan and its delivery and then maximise the positive health implications and minimise /negate any potential negative impacts in the new Plan.

## **Stage Three**

### **Community Health needs and actions highlighted for the new Health and Wellbeing Action Plan**

The group were asked to think about the needs of the local community in terms of health and wellbeing, based on their knowledge and evidence and identify their top 5 priorities to be included in the next Plan. These are listed in Appendix Three. These are submitted along with the recommendations to be considered during the development of the new Plan.

# Broughton Health and Wellbeing Action Plan HIA

## Identified Priorities for the next Plan

### 1 Information for Outreach - Health Provision for Young People

Positives(What worked well)	Negatives (What didn't work so well)
<p>Addresses the rights of Young People</p> <p>It is a good model of services</p> <p>Central to area</p> <p>Informal</p> <p>Anonymous service and can be private and used confidentially - unlike going to a pharmacy or GP/clinics</p> <p>Can allow for Professional Development for individuals within the Health and Youth fields</p> <p>Can empower practitioners to deliver services particular to young people</p> <p>Information on health issues ie sexual health</p> <p>A massive benefit to mental health and wellbeing</p> <p>Provides specialised information to young people such as free workshops from RNIB/RNID to raise awareness of issues and how to handle them</p>	<p>Parents need to know how to cope with teenagers who are aware of their rights</p> <p>Under resourced</p> <p>Needs to include 'real -life sessions' ie with a crying baby to inform teenagers of the reality of being a young mother</p> <p>Needs someone dedicated/full-time there</p> <p>Not promoted well</p> <p>Monitoring not taking place</p> <p>Needs to tie-in to 'Health' and the LHB. They currently do not tie-in to the youth worker</p> <p>Currently just an information stand and leaflets</p> <p>↔Need for training for delivering some services ie sexual health and issues of STI's</p> <p>Consult with young people on service</p> <p>Tie-in to Education service</p> <p>Problem of area services not available on 'doorstep' and a lack of services in area ie nearest terminations available in Liverpool. Can make it easier for a teenager to have a baby</p> <p>Need to raise awareness of cost/benefit of prevention in health. Need to talk to LHB</p> <p>Need to emphasise that young people</p>

	are young adults and need an adult service  Representatives on Partnership Board to have some input.
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**Improvements/Recommendations/Gaps Identified**

- **Cross cutting theme**
- Staff training needed for all professionals within the Partnership in disability and diversity issues. ie 1 in 6 people are hard of hearing. Young people need to understand that MP3 players contribute to deafness and the associated impact that this can have on families and their health and wellbeing. Need to raise awareness of this. Need representation/input on Partnership Board.

# Broughton Health and Wellbeing Action Plan HIA

## 1 Health and Wellbeing Centre or Holistic Community Centre

Positives (What worked well)	Negatives (What didn't work so well)
<p>Continue to include in Action Plan. Need to influence the Communities First Board</p> <p>Can use buildings that are underused ie Brynteg for services like GP's or chiropodists</p>	<p>There is a 'Health' centre in Gwersyllt already which has led to the restriction of services to Broughton Lack of access to this service and transport to get there</p> <p>Local population will expand in the future and therefore need to influence the LHB.</p> <p>Lack of ties between the social and medical professions</p> <p>Lack of representation - need to use political process to increase the pressure for a new centre</p> <p>Need to coordinate resources, services and interagency working</p> <p>Financial implications of building a new centre. Issue of where to build the proposed centre - lack of land</p>
<b>Improvements/Recommendations/Gaps Identified</b>	
<p>-Need for definition on what the community want/need. Hold another day for a HIA and consultation with the right people. Include vulnerable groups.</p> <p>-Need to tie the social and medical professions together and also the LA and LHB with regard to centre and the Primary Care Estates Strategy.</p>	

## Broughton Health and Wellbeing Action Plan HIA

### 3 Health and Wellbeing Awareness days

Positives (What worked well)	Negatives (What didn't work so well)
<p>The 'best' ones so far have been 'piggybacked' on other things ie with the fun day</p> <p>Learnt from them and got more partners involved each time</p> <p>Opened up opportunities for partners to develop more activities</p> <p>Geared to young families and groups that need support</p> <p>Advertise services that people may not know about</p> <p>Day can signpost people to the right agencies</p>	<p>Lack of publicity in some areas. The people of New Broughton knew nothing of the last fun day</p> <p>Need to increase number of people on the day - Get a celebrity?</p> <p>Lack of volunteers</p> <p>Other important groups not targeted - need to include these in other ways/days/formats</p> <p>If they are just about 'health' then they can be 'dry and boring'</p> <p>Lack of accessibility - need to think about these issues</p> <p>Only opportunity for health checks to be done in an informal atmosphere</p>
<b>Improvements/Recommendations/Gaps Identified</b>	
<p>Re look at Planning for the day</p> <p>Link to other agencies</p> <p>Review publicity for the day and maybe rename it?</p>	



## Broughton Health and Wellbeing Action Plan HIA

### 4 Sustainable Activities

Positives (What worked well)	Negatives (What didn't work so well)
<p>Can reinforce health messages</p> <p>Other agencies offer support ie AVOW</p> <p>Development of volunteer bureau in last plan - needs to be carried through</p> <p>Lots of activities on offer with Local Authorities ie free swimming for over 50's etc</p> <p>Lots of clubs in existence promoting healthy exercise and social aspects ie crown green bowling, football</p> <p>Coaches tied in to Youth Service activities - drop in sessions which can lead to sustained team development</p> <p>Promotion of healthy snacks after activities</p>	<p>No calendar of when awareness days will take place. Need to list them and put out with Newsletter</p> <p>Lack of publicity - Put in Local Newspaper as Community House do. Tie in with Community Notice Boards Problems with CRB checks etc and getting people to help/volunteer</p> <p>Problem in getting people motivated to go and to continue going. Transport difficulties in accessing this. Problems with buses in some areas.</p> <p>Build on this in other ways ie MUGA (Multi Use Games Area)</p> <p>Lack of recruitment of young people - this is essential for sustainability. Need to target other age groups</p> <p>Many activities rely on one person alone. Need to tag on with other organisations and their activities - ie rambles/groundwork</p> <p>Difficult barrier of 'health' word. Need to make the emphasis different ie onto gardening rather than exercise</p> <p>Use of 'trim trails' but not accessible to all ie wheel chairs. Maintenance of this. Use countryside and basics in place</p>
<b>Improvements/Recommendations/Gaps Identified</b>	
<ul style="list-style-type: none"> <li>-Local people are key.</li> <li>-Better turn out if 'piggy backed' onto other activities from groups already doing these ie Surestart</li> <li>-Don't mention the 'Health' word</li> <li>-Tie in to play schemes</li> </ul>	

## Broughton Health and Wellbeing Action Plan HIA

### 5 Expansion of Programmes

Positives (What worked well)	Negatives (What didn't work so well)
<p>Surestart have achieved a lot. Continuation of these programmes</p> <p>Ties in with the NEWCIS programme</p> <p>Monitoring and evaluation figures available ie Surestart. This can be used to support future bids for funding</p> <p>Builds self-esteem through volunteering in the community.</p> <p>Can build on work training opportunities. Educational support is offered in conjunction with work experience which can support interviews. This is particularly true of vulnerable groups and disability groups in particular.</p>	<p>Could tie in more with this ie promotions material can be put in Birth Packs (see Erica)</p> <p>No group for unpaid carers.</p> <p>Difficulty in accessing information on funding and short notice of being told that there is money available. Often only 2 or 3 days before closing date</p> <p>Use of internet to raise awareness/inform people.</p> <p>Wellbeing side of the Working group needs to be developed</p> <p>Done nothing with Warmer Wales nor other strategies in Wrexham. Need for information on these for the Partnership, so that they know what to exploit. Tie in more with Social Services. Need to exploit contact for the benefit of all - both the Population and the Organisations</p>
<b>Improvements/Recommendations/Gaps Identified</b>	
<p>Tie in more with Social Services.</p>	

## **Recommendations**

A number of recommendations were agreed by the group and are mainly with respect to the Health and Wellbeing Action Plan and its influence on the health of the community: However, there were 3 main themes for the document which the Partnership Board need to consider.

The primary recommendation from the group was that Health and Wellbeing is a cross cutting theme for the Broughton Partnership. Health and wellbeing has an impact on all the other working groups within the partnership and should be considered within them.

The second main recommendation from the group was that there was a need to raise awareness of the effects of diversity and disability throughout the Partnership. This could take the form of awareness raising training. The RNID kindly offered to provide this.

The third main recommendation is to enhance working between the different sectors that work within the Partnership. To tie together the aims of the Health and Wellbeing Action Plan with those of the Local Authority, Local Health Board and other sectors in order to provide better access to services for the community as a whole.

## **Conclusion**

The group considered that the implementation of the above recommendations on the draft Health and Wellbeing Action Plan would have the potential to improve health and reduce health inequalities in the Broughton area. It has been used as a basis for work within the Partnership to produce a new Strategic Action Plan, to be produced during the summer 2007. The findings indicate that the Plan has had many positive impacts but that there were a number of factors that have hindered its delivery. This will be addressed in the next version. It has also given a more defined and realistic vision of what can be achieved by the Plan. Indeed, the work on the day has already led to some positive outcomes by focussing minds on health and wellbeing implications and the work of the summer.

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 build on previous work. 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.

It is anticipated that these findings will form the basis of proposals to the Local Health Board and partner organisations and 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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## Appendix One

<b>Broughton Strategic Action Plan Action Pro-Forma</b>				
<b>Theme: Health and Well-being</b>				
<b>Action Name</b>	A Better Start in Life			
<b>Rationale/Need for action</b>	<input type="checkbox"/> Child poverty, as measured by the IMD domain, is particularly high in Gwenfro, ranking 51 out of 865 wards in Wales as a whole. Bryn Cefn ranks 379, and New Broughton ranks 385. <input type="checkbox"/> Broughton has an above average proportion of its population with some form of limiting long-term illness (22%) representing an increase of 6.4% since 1991. Gwenfro has the highest proportion of its population with some form of limiting long-term illness (25.6%) compared to 21.5% in Wrexham. <input type="checkbox"/> In the 2000 Welsh Index of Multiple Deprivation Gwenfro was classed as the 211 <sup>st</sup> most deprived ward in Wales in terms of health, out of a total of 865 wards. New Broughton was the 418 <sup>th</sup> most deprived and Bryn Cefn the 412 <sup>th</sup> . <input type="checkbox"/> Consultation messages highlighted increasing problems related to child obesity, lack of knowledge about nutrition.			
<b>Action Description</b>	Surestart would like to see an expansion of this programme, including 'Cook and Eat' parent/child sessions, 'Healthy Eating Parties' for first birthday celebrations, and a 'Surestart Welcome Pack' after birth to signpost to services on offer. This action could also propose to subsidise the cost of food for parents.			
<b>Related Themes</b>	<input type="checkbox"/> Children and Young People			
<b>Priority Rating (where 1 = high priority and 3 = low)</b>	2/3			
<b>Organisations who should be involved</b>	<b>Lead</b> = Surestart <b>Other agencies</b> = Wrexham Local Health Board, WCBC			
<b>Timing</b>	<b>Start</b>		<b>Finish</b>	
	April 2004		March 2007	
<b>Indicative Cost (£)</b>	<b>2004/2005</b>	<b>2005/2006</b>	<b>2006/2007</b>	<b>Total</b>
	£10,000	£10,300	£10,609	£30,909
<b>Potential sources of funding:</b>	<input type="checkbox"/> Cymorth <input type="checkbox"/> WCBC			
<b>Outputs</b>	300 beneficiaries			

**Broughton Strategic Action Plan  
Action Pro-Forma**

**Theme: Health and Well-being**

<i>Action Name</i>	Joining up health provision			
<i>Rationale/Need for action</i>	<input type="checkbox"/> Access to local health facilities is perceived to be an issue, particularly as the premises of one GP in the area is felt to be insufficient to meet need, and thus involves travel to access alternative premises.			
<i>Action Description</i>	An estate strategy of primary health care provision in Wrexham is currently being carried out. This will highlight inadequacies in current provision, highlighting where efficiency costs can be made, and also facilitating the take-up of provision within areas. Qualitative evidence highlighted some issues relating to the adequacy of the primary care estate in the Broughton Community. If the estates strategy deems this also to be the case, and action is taken to remedy this situation, this action should actively promote the joining up of health provision in shared premises, where possible.			
<i>Other related themes</i>				
<i>Priority Rating (where 1 = high priority and 3 = low)</i>	4			
<i>Organisations who should be involved</i>	<b>Lead</b> = Wrexham Local Health Board, Broughton Strategy Team			
	<b>Other agencies</b> = NE Wales NHS Trust, AVOW, WCBC			
<i>Timing</i>	<b>Start</b>		<b>Finish</b>	
	-		-	
<i>Indicative Cost (£)</i>	<b>2004/2005</b>	<b>2005/2006</b>	<b>2006/2007</b>	<b>Total</b>
	-	-	-	-
<i>Potential sources of funding:</i>	<input type="checkbox"/> N/A			
<i>Outputs</i>	1 research project			

**Broughton Strategic Action Plan  
Action Pro-Forma**

**Theme: Health and Well-being**

<b>Action Name</b>	Outreach Provision for Young People			
<b>Rationale/Need for action</b>	<input type="checkbox"/> Broughton has an above average proportion of its population with some form of limiting long-term illness (22%) representing an increase of 6.4% since 1991. Gwenfro has the highest proportion of its population with some form of limiting long-term illness (25.6%) compared to 21.5% in Wrexham.  <input type="checkbox"/> In the 2000 Welsh Index of Multiple Deprivation Gwenfro was classed as the 211 <sup>st</sup> most deprived ward in Wales in terms of health, out of a total of 865 wards. New Broughton was the 418 <sup>rd</sup> most deprived and Bryn Cefn the 412 <sup>th</sup> .  <input type="checkbox"/> Statistics highlight a problem with teenage pregnancy, for instance Wrexham has an under 18 conception rate of 56.5 per 1,000, this is higher than the national figure of 52.4 per 1,000.			
<b>Action Description</b>	<p>Wrexham Information Shop offers a contraceptive service for young people, and has been very successful in encouraging young people to access their services. This action proposes that some form of outreach provision of the Information Shop is provided on a part-time basis in the Broughton Community. This service must offer a confidential service that encourages young people to take up provision. Furthermore, this action could seek to provide information around mental health issues, counselling etc, thus enabling a holistic support service to meeting the physical and mental well-being of young people.</p> <p>Ideas for this action can be explored, but outreach provision for these services could potentially take place at Community House or the Memorial Hall.</p>			
<b>Other related themes</b>	<input type="checkbox"/> Children and Young People <input type="checkbox"/> Education and Training			
<b>Priority Rating (where 1 = high priority and 3 = low)</b>	2/3			
<b>Organisations who should be involved</b>	<b>Lead</b> = Wrexham Local Health Board, WCBC Education, Leisure and Libraries, Culture and Education (Youth Services Department) and Broughton Strategy Team  <b>Other agencies</b> =			
<b>Timing</b>	<b>Start</b>		<b>Finish</b>	
	April 2005		March 2007	
<b>Indicative Cost (£)</b>	<b>2004/2005</b>	<b>2005/2006</b>	<b>2006/2007</b>	<b>Total</b>
	-	£5,000	£5,150	£10,150
<b>Potential sources of funding:</b>	<input type="checkbox"/> WCBC <input type="checkbox"/> Local Health Board <input type="checkbox"/> CF			
<b>Outputs</b>	400 beneficiaries (200 p/a)			

**Broughton Strategic Action Plan  
Action Pro-Forma**

**Theme: Health and Well-being**

<i>Action Name</i>	Developing recreational facilities			
<i>Rationale/Need for action</i>	<input type="checkbox"/> Broughton has an above average proportion of its population with some form of limiting long-term illness (22%) representing an increase of 6.4% since 1991. Gwenfro has the highest proportion of its population with some form of limiting long-term illness (25.6%) compared to 21.5% in Wrexham.  <input type="checkbox"/> In the 2000 Welsh Index of Multiple Deprivation Gwenfro was classed as the 211 <sup>st</sup> most deprived ward in Wales in terms of health, out of a total of 865 wards. New Broughton was the 418 <sup>rd</sup> most deprived and Bryn Cefn the 412 <sup>th</sup> .			
<i>Action Description</i>	<p>This action aims to encourage take-up of recreational activities via developing resources such as the Moss Valley Park. Moss Valley represents the nearest countryside greenspace for the community of Broughton and use should be made of this resource.</p> <p>The development of other potential resources, e.g. developing a heritage trail along the disused steel works railway tracks, and consider re-opening the Solway Banks-Brymbo bridge to develop links to leisure facilities in neighbouring areas.</p>			
<i>Linkages to other themes</i>	<input type="checkbox"/> Active Community <input type="checkbox"/> Environment			
<i>Priority Rating (where 1 = high priority and 3 = low)</i>	2			
<i>Organisations who should be involved</i>	Lead = WCBC Environmental Services, WCBC Education, Leisure and Libraries			
	Other agencies = Groundwork			
<i>Timing</i>	<b>Start</b>		<b>Finish</b>	
	April 2005		March 2007	
<i>Indicative Cost (£)</i>	<b>2004/2005</b>	<b>2005/2006</b>	<b>2006/2007</b>	<b>Total</b>
	-	£45,000	£46,350	£91,350
<i>Potential sources of funding:</i>	<input type="checkbox"/> CF <input type="checkbox"/> Heritage Lottery Fund			
<i>Outputs</i>	2 environmental enhancements 500 beneficiaries			



**Broughton Strategic Action Plan  
Action Pro-Forma**

**Theme: Health and Well-being**

<i>Action Name</i>	Health and Well-being Awareness day			
<i>Rationale/Need for action</i>	<input type="checkbox"/> Broughton has an above average proportion of its population with some form of limiting long-term illness (22%) representing an increase of 6.4% since 1991. Gwenfro has the highest proportion of its population with some form of limiting long-term illness (25.6%) compared to 21.5% in Wrexham.  <input type="checkbox"/> In the 2000 Welsh Index of Multiple Deprivation Gwenfro was classed as the 211 <sup>st</sup> most deprived ward in Wales in terms of health, out of a total of 865 wards. New Broughton was the 418 <sup>rd</sup> most deprived and Bryn Cefn the 412 <sup>th</sup> .			
<i>Action Description</i>	This action proposes a fun day should be held which aims to raise awareness on health and well-being. Other activities can be present, but there could be free health checks – Blood Pressure checking, cholesterol testing, health questionnaires, fitness plans drawn up, nutrition advice etc. This action suggests that the Health and Well-being Awareness day forms part of the Community Promotional events.			
<i>Linkages to other themes</i>	<input type="checkbox"/> Active Community <input type="checkbox"/> Community Safety			
<i>Priority Rating</i> (where 1 = high priority and 3 = low)	2			
<i>Organisations who should be involved</i>	<b>Lead</b> = WCBC Health Promotion, WCBC's Leisure, Libraries & Culture dept, Community and voluntary groups, Wrexham Local Health Board, GP surgeries, WCBC Broughton Strategy Team, Surestart Health Team, North East Wales NHS Trust  <b>Other agencies</b> =			
<i>Timing</i>	<b>Start</b>		<b>Finish</b>	
	April 2004		March 2007	
<i>Indicative Cost (£)</i>	<b>2004/2005</b>	<b>2005/2006</b>	<b>2006/2007</b>	<b>Total</b>
	£2,500	£2,575	£2,652	£7,727
<i>Potential sources of funding:</i>	<input type="checkbox"/> Local Health Board <input type="checkbox"/> WCBC <input type="checkbox"/> Surestart <input type="checkbox"/> CF <input type="checkbox"/> Cymorth			
<i>Outputs</i>	1 per annum 450 beneficiaries (150 per event)			

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

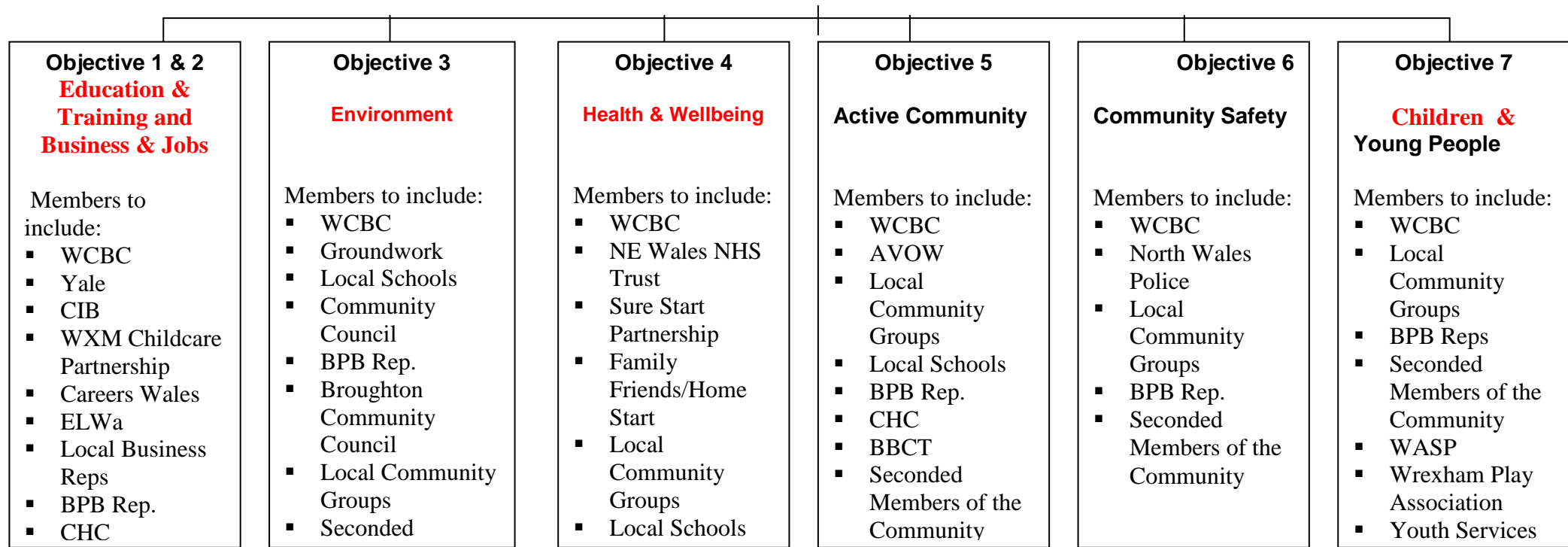
Appendix 2

Broughton Strategic  
Action Plan  
(2004-2007)

Broughton Partnership Board

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

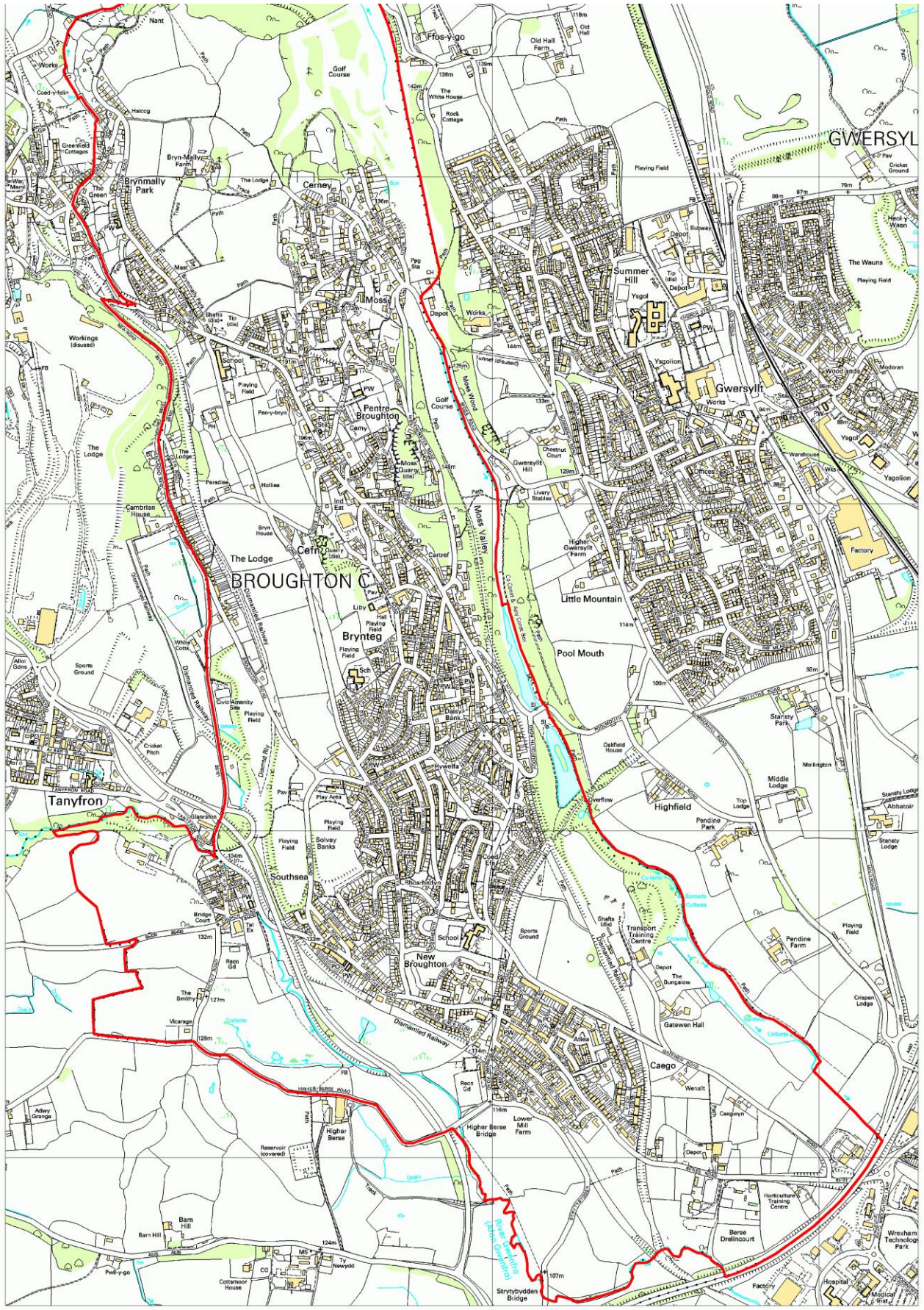
Advisory  
Support to be  
provided by  
Partners



Community House  
Committee

- Local Residents

Overall Structure  
Reflective of  
the Third's



## **Things that worked well from last H and W Action Plan and participants wanted to keep:**

- 1 Info Shop
- 1 Health and Wellbeing Centre
- 3 Awareness Days
- 4 Sustainable Activities
- 5 Expansion of Programmes

## **Broughton Health and Wellbeing Action Plan**

### **5 things to incorporate into the next plan**

Taken from post it notes board on the day:

#### **Cross cutting theme: Inclusion of all**

- More: Sustainable sports opportunities; Sports leaders; Coach Education opportunities
- That deaf and hard of hearing individuals are considered within all aspects of community activities
- Breast feeding support group; ongoing training for breast feeding peer supporters; smoking cessation scheme ongoing; community parents
- Closer links between Youth Services and health; Sustainable, focussed link to identify smoking cessation etc, sexual health, addictions
- Alcohol/substance misuse workers; innovation – pilot schemes
- Develop exercise opportunities; increase well-being focus of working group; Broaden number of organisations delivering activities and projects in area; increase awareness and services to minority groups ie impaired sight and hearing; identify needs of BME minority groups
- Breast feeding group; More talks to the older person on things that are going on about health
- Information and training across the board for professionals delivering services on issues affecting disabled groups – the 'social model' of disability, in our case specifically deafness but other disabilities as well
- Try and develop cross generational links; link in to Yale College to develop basic courses to build self confidence in vulnerable groups to get back into work eg informal carers/young mums
- Suitable facilities to hold clinics for leg ulcers, diabetes, health promotion and resources to support them; transport to get people to appointments; recreational activities for young people
- Specialist input for young people around primary care; promotion of trim trails etc to promote self development; training for local people to support health impact work ie food, diet, sexual health, health promotion

- A new health and wellbeing centre covering the whole community; community health promotions officer; specific events aimed at locality ie carers events; Substance misuse clinic or similar
- Youth development worker to help improve services for young people; breast feeding support café/clinic; community parent scheme; more training opportunities for young parents
- Educate on practicalities of bringing up children; results of smoking and inform youngsters maybe through other youngsters; bring young and old together to make them understand each other
- Recreational areas; take steps to separate activities ie dog walkers, golfers, horse riding etc
- Access to dental health information particularly as the new method of NHS treatment is to treat problems rather than educate on how to avoid problems

## Appendix Four

### Facilitator

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

### Attendees

Jon Sankey	Broughton Strategy Office
Sylvia Johnston	Broughton Strategy Office
Eva Jones	Community House, Local resident
Jerry O’Keefe	Health and Wellbeing Officer, WCBC
Monica Edwards	Surestart, NEWT
Dee McCann	North East Wales Trust
Brenda Lewis	North East Wales Trust
Fred Derbyshire	Youth Service, WCBC/Local Resident,
Marlene	Guides and Broughton Partnership Board/Local Resident
Joan Chaloner	Community Health Council
Myra Redman	Sports Development Officer, WCBC
Julie Cooper	Association of Voluntary Organisations in Wrexham
Erica Hedgewick	Surestart
Maggie O’Sullivan-Jones	School Nurse
Sue Brooks	RNID Cymru
Elen Morris	RNID Cymru
Noel Cleverley	Broughton Partnership Board/Local Resident
Kate Meredith	Planning and Commissioning Social Services, WCBC

## **Evaluation Results**

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

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

- Understand the priorities for the community and participate in the development of action plans (10)
- Very good. Got a lot out of it and there is a lot more to do (10)
- To come to a consensus about the way forward for the action plan for Broughton and highlight the priorities. A very well facilitated group. Thank you. (8)
- Informative. Useful to make links with key individuals. Good to see a clear community focus. Would have like to have seen a broader group – it was clear where the 5 focus areas would be – based on the bias of the group (8)
- Sharing of knowledge and ideas. Very good interagency contacts. Obviously a big subject. (8)
- Unexpected enthusiasm by the group. It is very obvious that another session is needed re- plan for Broughton Health Centre etc and the inclusion of various other smaller GP's to all encompass the various items discussed. (8)
- Look at action plan and share information to improve it. Looking at the bigger picture for the community to improve health and wellbeing in the long term (8)
- Great to hear such a diverse range of opinions (8)
- Ideas for people living and working locally as to where and how they wanted to develop schemes and projects. Opportunity to feed in my own knowledge and experience as to where/what/how to develop schemes and project ideas as to how to link in with Communities First from my perspective (SSD Planning and Commissioning) (8)
- To review to health and wellbeing section of the action plan and to agree actions to include in the next one. Use information as a basis to carry out further wider consultation (8)
- A very informative day – Professional and community members appeared to have very similar goals re info/outreach and health centres. A very worthwhile exercise, hopefully this will facilitate the production of a concise attainable Action Plan (8)
- To look at the progress within the area of health and wellbeing and how to progress forward. Establish any new ideas (7)
- Found it very interesting and comments, ideas were very forthcoming. It led to some very interesting conversations. Look forward to taking some of the ideas further (7)
- PM only – Excellent emphasis on primary prevention of disease and illness in the community (7)

## Appendix Six

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.)

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



## **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.

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