Alconbury Airfield Development
Health Impact Assessment
Evaluation Report
for
Cambridgeshire Health Authority

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February 2001
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Executive summary

In August 1999 CHA secured funding from the DoH to commission ACET to undertake an external evaluation of the proposed Health Impact Assessment (HIA) of the Alconbury Airfield Development. This report is written to provide an evaluation of the HIA methodology and to review the evaluation process.

Most of the key features recommended in the audit protocol are easily evidenced in this project. The methods used were inclusive with a wide involvement from stakeholders who produced a practical evidence-based report. The evaluation process was constructive with ongoing improvements regularly actioned.

Limitations were largely around project management and lack of experience. Care must be taken to avoid the loss of the huge amount of experience gained and to maximise the value of the project.

Key recommendations

- A summary report should be written for wider dissemination.
- A project template should be developed for use on future HIA projects.
- Knowledge gained from this project should be compiled in an easily accessible format.
- An assessment should be made of the resource cost of the project to inform future funding of HIAs.
- Thought should be given as to how to access data on impacts where quantitative evidence is unavailable.
- In addition to a reference group, methods of canvassing opinion should be considered that do not require regular attendance at day-time meetings.
1. Introduction

In August 1999 CHA secured funding from the DoH to commission ACET to undertake an external evaluation of the proposed Health Impact Assessment (HIA) of the Alconbury Airfield Development (see Appendix 1 for the audit protocol for the evaluation). The objectives of the audit were:

- to ensure that the HIA has been carried out in a structured and systematic way following the Merseyside Guidelines;
- to ensure that the HIA has achieved its own objectives;
- to facilitate the development of an HIA methodology template for future use.

The HIA was undertaken using a reference group specifically formed for the purpose of producing the HIA report for the public inquiry (PI). There were seven meetings of this 'Alconbury Health Impact Group' (AHIG) one of which included a tour of the development. It had a wide and inclusive membership.

This report is written to provide an evaluation of the HIA methodology and to review the evaluation process.
2. Evaluation methods

These worked well. The auditor was given full access to all relevant meetings and documents and a good working relationship was developed. Constructive notes were sent from the auditor to the steering group after each AHIG meeting, which offered the opportunity for on-going improvements to the process.

It was originally intended that the auditor would only need to attend a few key meetings but it soon became clear that regular attendance would be more appropriate both for continuity and clarity.

2.1. Recommendation

*External evaluator should be present at all relevant meetings and provide regular briefing notes and recommendations throughout the process.*
3. Standards

Standards for the evaluation were set out in the audit protocol (see Appendix 1) at the start of the process and are still seen by the auditor to be relevant and necessary for future HIAs. *The experience and knowledge gained through the last year should not be lost to CHA.* The recommendations below each standard heading therefore include work that should be done before further staffing changes, to ensure continuity of approach and minimal loss of corporate memory on this topic.

3.1. Structure

The following structure standards were set out in the audit protocol.

1. Appropriate steering group formed with agreed terms of reference.
2. Realistic objectives for HIA agreed including time constraints.
3. Project plan completed including actions, target dates and responsibilities.
4. Key stakeholders identified and involved.
5. Flexible functional structures for collecting and collating data established.
6. Resources (including manpower, consumables and expenses) used for the HIA have been monitored with a view to future costing exercises.

**Standards 1 and 2** were adhered to fully.

**Standard 3** suffered from staff changes and shortages within CHA at both project management and administrative levels. The original project plan bore little resemblance to the final process. However, the massive delays in the PI impacted positively on the HIA process giving more time for consolidation of AHIG. There was an unacceptable rush to produce the final report and it is doubtful that it could have been done without the delays in the PI time scales.

**Standard 4.** Key stakeholders were identified and efforts were made to involve them in the process. However, the usual problems of attendance at meetings was apparent throughout. Groups take several meetings to become fully functional and this was evident with AHIG.

**Standard 5.** Collection of data was undertaken largely on an ad-hoc basis and there is little evidence to suggest that structures were in place. However, this is understandable due to the lack of HIA experience.

**Standard 6.** The auditor has no evidence of resource monitoring. This was an area where problems were anticipated particularly with the staffing changes and shortages referred to above. Although the time taken by CHA staff was approximated to give an overall cost, it seems probable that this is a gross underestimate. It is likely that the real cost to the HA will be high and could only be justified in terms of the development that the process has afforded.
3.1.1. Recommendations

The current steering group should develop a 'template' project plan with milestones and detailed steps. This would allow for a more achievable detailed plan to be in place at the start of future HIA projects. Allowance for external delays should be incorporated in the plan.

Involvement by as many stakeholders as possible is essential to the HIA process. To this end consideration should be given to a variety of methods of canvassing such opinion. Focus groups or locally based consultations could inform the process without demanding too much time from the participants.

The knowledge gained on data sources should be compiled for future use. Consideration should also be given to use of the Public Health Observatory as an information resource for future projects.

Resource monitoring should be an integral part of any future such projects. In the future, costs would be considerably reduced if the proposed detailed template for HIA is used.

3.2. Evidence

The following evidence standards were set out in the audit protocol.

1. Research of local infrastructure, including demographics.
2. Research of similar developments elsewhere.
3. Research of similar HIAs carried out elsewhere.

All standards were adhered to fully, although there is little evidence of similar HIAs as yet. The evidence was researched and analysed appropriately and used to inform the process.

3.2.1. Recommendation

Sources of evidence discovered should be compiled for future use.

3.3. Information

The following standards for information collected were set out in the audit protocol.

1. All stakeholders' views determined.
2. Site visits made by Assessment Team and members of Steering Group.
3. Health determinants decided upon in a structured and systematic way.
4. Appropriate data relating to determinants collected.

All standards were adhered to fully. The information obtained was inclusive and of good quality and was handled appropriately. The only problems were those of time scales. Some of the collection could have been anticipated and obtained earlier to ease the last minute rush.
3.3.1. Recommendation

The project plan should include scanning for probable sources of information and the early collection of relevant data.

3.4. Assessment

The following assessment standards were set out in the audit protocol.

1. Methodology used for prioritisation is clear
2. Reasons for excluding possible determinants clearly stated
3. Reasons for including determinants clearly stated
4. Evidence base of determinant effects clearly stated

All standards were adhered to fully. The report produced for the PI was clear and evidence based and the assessment was sound. There is however the tendency to consider impacts only where the evidence is clear. Whilst applauding the logic of this approach it opens the HIA to accusation of missing areas of 'soft' impacts.

Comment from AHIG has revealed that some of the more detailed quantitative evidence collected and discussed at the meetings was considered too technical for this forum. It would probably be more appropriate to undertake this more technical analysis within the HA and merely to report the results via the stakeholders group.

3.4.1. Recommendation

Thought should be given to ways of accessing evidence for impacts where quantitative evidence is lacking. This is an area where the involvement of non-NHS representatives could be key. Community and voluntary groups often research such evidence and should be regarded as potential experts for this purpose.

3.5. HIA recommendations

The following standards for the HIA recommendations were set out in the audit protocol.

1. Specific, practical and widely acceptable measures recommended.
2. Both preventative and curative measures included.
3. Drivers of and barriers to implementation identified.
5. Clear objectives set for implementation of recommendations including time scales.
6. A project plan set for implementation including actions, target dates and responsibilities.
Standards were adhered to as far as possible. The report produced was excellent with strong but practical recommendations. The document was limited however in that it was specifically for the PI and therefore recommendations were for the inquiry rather than directly to the developers. A project plan for implementation would therefore be inappropriate. However, the recommendation that health representation should appear on the monitoring group covers the spirit of the standard.

**Standard 4.** The production of a summary document for wider distribution could promote the HIA approach and encourage other developments to consider health impacts.

### 3.5.1. Recommendation

*Despite the delays to the PI, thought should be given to producing a summary document for wider dissemination to maximise the educational value of this whole process.*
Appendix 1 Audit protocol

Audit Protocol for Alconbury HIA

Introduction

This document has been developed by ACET as guidance to inform both the Steering Group and Assessment Team on the standards for the evaluation of the Alconbury HIA.

Methods of working

- ACET will have regular meetings with the Assessment Team and/or Project Manager of the HIA throughout the HIA and evaluation
- ACET will be on the circulation list for any documentation eg minutes of meetings
- ACET will be kept informed of any changes and amendments to the proposed procedures
- ACET will be available to discuss the audit with members of the Steering Group or Assessment Team
- ACET will agree a completion date for the audit after the time scales for the HIA are fixed
- On completion of the HIA, ACET will meet with the Assessment Team and receive any relevant documentation in order to evaluate the HIA
- ACET will produce an audit report complete with conclusions and recommendations and will be available to present and discuss the report with the Steering Group and Assessment Team

Audit objectives

- To ensure that the HIA has been carried out in a structured and systematic way following the Merseyside Guidelines
- To ensure that the HIA has achieved its own objectives
- To facilitate the development of an HIA methodology template for future use

Limitations

- The audit is not intended to assist or interfere with the HIA in any way
- The audit is of the methodology only and not the underlying decisions and assumptions of the HIA

Standards

Structure

- Appropriate steering group formed with agreed terms of reference
- Realistic objectives for HIA agreed including time constraints
- Project plan completed including actions, target dates and responsibilities
- Key stakeholders identified and involved
- Flexible functional structures for collecting and collating data established
- Resources (including manpower, consumables and expenses) used for the HIA have been monitored with a view to future costing exercises
Evidence

- Research of local infrastructure, including demographics
- Research of similar developments elsewhere
- Research of similar HIAs carried out elsewhere

Information

- All stakeholders' views determined
- Site visits made by Assessment Team and members of Steering Group
- Health determinants decided upon in a structured and systematic way
- Appropriate data relating to determinants collected

Assessment

- Methodology used for prioritisation is clear
- Reasons for excluding possible determinants clearly stated
- Reasons for including determinants clearly stated
- Evidence base of determinant effects clearly stated

Recommendations

- Specific, practical and widely acceptable measures recommended
- Both preventative and curative measures included
- Drivers of and barriers to implementation identified
- A summary document written in a clear, precise and ‘user-friendly’ way
- Clear objectives set for implementation of recommendations including time scales
- A project plan set for implementation including actions, target dates and responsibilities

Key features expected

- *Process has followed terms of reference and met objectives*
- *Active continued involvement by key stakeholders throughout is demonstrated*
- *Full and clear documentation is evident at every stage*
- *Clear methodology template was followed*
- *Both maximising health gain and minimising health loss should have been considered*
- *Relevant practical report, to inform decisions, has been written*
- *Accessible ‘user-friendly’ summary written for wider dissemination*
Appendix 2  Contact details

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