

GREATER SOUTHERN AREA HEALTH SERVICE NSW HEALTH

Bungendore Health Impact Assessment

Progress Report on Outcomes



PALERANG

COUNCIL

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Abbreviations

- BDP - Bungendore Discussion Paper
- CHETRE - Centre for Health Equity Training, Research and Evaluation
- GSAHS - Greater Southern Area Health Service
- HIA - Health Impact Assessment
- LEP – Local Environmental Plan
- PCSP - Palerang Council Social Plan

Executive Summary

A Health Impact Assessment (HIA) is a prospective investigation concerned with assessing a project, program or policy proposals before their implementation. It produces a practical set of recommendations to inform the decision-making process. The purpose is to influence decision-makers to increase positive health impacts of a proposal.

The purpose of this evaluation is to update and report on the outputs of the Bungendore Health Impact Assessment. The evaluation includes a second stage process evaluation and focuses on the processes involved in conducting the HIA. The analysis maps planned outputs as described in the Project Submission compared with actual outputs and secondly planned outputs as described in the Project Agreement for Developmental Sites between the Centre for Health Equity Training, Research and Evaluation (CHETRE) and 2005 Developmental sites.

This HIA was a discrete intervention, established as a demonstration project. The process evaluation concluded that the core elements and stages of the HIA had been undertaken. The conclusion was based on comparing a timeline of activity and actions with recommended Draft NSW HIA guidelines tasks. A second mapping exercise compared developmental site responsibilities as per the project agreement between CHETRE and Greater Southern Area Health Service (GSAHS) with evidence of implementation. These exercises showed that a systematic approach was implemented that was in line with the Draft NSW HIA Guidelines.

The interim impact evaluation aims to qualify if the proposed project outputs described in the project submission were progressing. Project outputs included the (i) use of a rapid assessment HIA (described above) (ii) use of the HIA in the development of a single Local Environmental Plan and accompanying Development Control Plans (iii) HIA outcomes to be incorporated into the Palerang Council Social Plan (iv) fostering of a new and productive relationship between the two organisations. Project team members were engaged to consider a number of questions around relationships and implementation of HIA recommendations.

Palerang Council had already embarked on a comprehensive review of its planning provisions when the invitation to prepare the Bungendore HIA was received by GSAHS. Many of the HIA recommendations have been included in the Bungendore Discussion Paper 2006 (a consultation document prior to the development of a Local Environmental Plan and Development Control Plans) and the draft Palerang Council Social Plan. Within the Bungendore Discussion Paper nine broad recommendations from the HIA can be recognised. Physical activity elements addressed are; mixed land use, housing density, footpaths, cycle ways and facilities for physical activity, high street connectivity, and street design that is attractive and safe. Neighbourliness elements addressed are opportunities for incidental contact, participation in decision making by the community, a shared sense of local identity and civic spaces. Within the draft Palerang Council Social Plan there are linkages to the HIA recommendations. Neighbourliness elements addressed are local community groups and volunteering, cultural and personal diversity and local business and employment. Synergy is also evident with a community visioning workshop; there are common themes between community identified issues and the HIA elements that were investigated. (BDP, 2006, p28)

Fostering a new and productive relationship between local government and GSAHS is important in the development of contemporary health promotion practice in order to build stronger intersectoral action to recognise the physical environment as a determinant of health. This approach of focusing on the relationship between health and the built environment has only more recently become a part of local contemporary health promotion practice. While influencing decision making is an aim of the HIA, at a more basic level, rapport building for two newly formed organisations was achieved.

A further review of outcomes in 12 months time will determine if the HIA recommendations met the main purpose of progress into the Palerang Local Environmental Plan and supporting plans.

Introduction

The purpose of this evaluation is to update and report on the outputs of the Bungendore Health Impact Assessment (HIA). A process and impact evaluation was included in the project submission as a final step of the HIA process. A process evaluation exercise of reflecting on the HIA processes and recording lesson learnt is included in Bungendore Health Impact Assessment Final Report.¹

A second process evaluation strategy of comparison between initial project plan, screening report, scoping report and actual project progress is included in this report. The second stage evaluation is retrospective and focuses on the processes involved in conducting the HIA.

The analysis will map planned outputs as described in the Project Submission compared with actual outputs and secondly planned outputs as described in the Project Agreement for Developmental Sites between Centre for Health Equity Training, Research and Evaluation (CHETRE) and 2005 Developmental sites. To monitor the impact of the HIA an evaluation of the project is planned for 2008. An interim measure of reviewing the impacts of the project to date is described in this report. The interim impact evaluation focuses on identifying if proposed project outputs described in the Project Submission have been achieved. The analysis will consider any influence the HIA has had on decision making and partnership development.

Section 1

The Project

The HIA is part of the NSW Health Impact Assessment Project. The project was established as one of five developmental sites to test the HIA methodology.²

Bungendore is a rural village located within the Palerang Council Local Government Area of Southern NSW. Residents enjoy a rural lifestyle with principal industries of beef and sheep production, vineyards and emerging new ventures. The village is within daily commuting distance of the larger centre cities of Queanbeyan and Canberra. The population of Bungendore has increased between 1996 and 2001 from 1353 to 1681. It is expected that the 2006 census will continue to show a high annual growth rate.³ Population figures are to be made available from the Bureau of Statistics in June/July 2007. At the time of the 2006 Census, Council estimated the population to be about 2000 people based on residential development approvals.

The Bungendore project site was chosen following discussions between the Greater Southern Area Health Service (GSAHS) and Palerang Council. The HIA is a prospective investigation on the determinants of health from development. Greater Southern Area Health Service was interested in testing the HIA methodology, particularly as a structured approach for assessing the links between health and urban development. Palerang Council was commencing a review of all its planning provisions to guide future development of the area, including Bungendore, taking into account population growth pressures and infrastructure constraints.

The Bungendore HIA examined the potential health effects of residential development. More specifically, the HIA examined two possible development scenarios for Bungendore. The first scenario being infill development within the existing village boundaries of Bungendore for the next 10 to 15 years until available land supplies have been exhausted, and the second being a combination of infill development and Greenfield Development where adjoining agricultural land is rezoned for residential purposes.¹

The project aimed to identify:

- (1) the anticipated health impacts of the development scenarios and any differentials amongst different groups within Bungendore; and
- (2) opportunities to change the scenarios to enhance any anticipated health benefits and minimise any health hazards.

An agreement between CHETRE and GSAHS confirmed the aims of the project, responsibilities and expected outcomes from the project. A further agreement outlined the responsibilities of CHETRE and the development site and participant observers.

The project was overseen by a steering committee comprised of Palerang Council staff, GSAHS staff, a staff member of a neighbouring council, participant observers from GSAHS and NSW Health and a local general practitioner. Preparation of HIA documents was undertaken by a smaller project team from GSAHS and Palerang Council. Initially both organisations nominated a contribution of 0.5FTE over a 12 week period to conduct the HIA and attend training programs. The project was undertaken from September 2005 to May 2006. A brief description of the project has been included to establish the context of the evaluation.

The project adopted a rapid appraisal methodology with five main procedures; (1) screening, (2) scoping, (3) identification and assessment of potential health impacts; (4) negotiation and decision making; (5) monitoring and evaluation. Rapid appraisal is defined as an approach involving the structured assessment of the health impact of a policy, program or project by an individual or small number of stakeholders. It may involve sharing existing knowledge or checklist approaches to reviewing potential health impacts. Rapid appraisals are typically carried out with minimal resourcing within a shorter timeframe.⁴

The Outputs

The HIA process focussed on opportunities for increasing people's physical activity, ensuring that the town continues to have an adequate supply of high quality water and encouraging people to act in a neighbourly fashion. Overall the HIA determined that neither development scenario clearly stood out as being "healthier" for the community.

However, the HIA has highlighted that future population growth in Bungendore is likely to have a number of significant impacts on the people, service provision, local economy and on the environment of Bungendore. Important elements identified through the HIA process relevant to the three health areas investigated are listed in Table 1.

The final report includes recommendations for scenario 1 (Infill development only) and scenario 2 (Infill and Greenfield development). Recommendations cover the possible health impacts of each scenario on physical activity, water and neighbourliness.

PHYSICAL ACTIVITY	PROVISION OF WATER	NEIGHBOURLINESS
Mixed land use	Quantity of water available for residential, recreational and commercial uses	Opportunities for incidental contact
Housing density		Conflict management
Footpaths, cycle ways and facilities for physical activity	Quality of water (fluoridation)	Participation in decision making by the community.
High street connectivity		A shared sense of local identity
Street design that is attractive and safe		Local community groups and volunteering
Transport infrastructure and systems linking residential commercial and business areas as well as other destinations		Cultural and personal diversity
		Civic spaces
		Local businesses and local employment

Table 1 Elements identified through the HIA process

Many of the proposed outcomes can be incorporated into Palerang Councils Local Environmental Plans, Development Control Plans and the Social and Community Plan. It was also expected that conducting the HIA jointly between Palerang Council and Greater Southern Area Health Service would foster a new and productive relationship between the two organisations.

Section 2

Methodology

The process evaluation

The process evaluation of the project has occurred at two stages. At the completion of the project Steering Committee Members undertook a discussion to reflect on the HIA processes. Lessons learnt from the process were documented in the final report.

The second stage of the evaluation is retrospective and focuses on the processes involved in conducting the HIA. The process evaluation is a document analysis of records of the HIA guided by the question: Was the project implemented as intended?
5,6,7,8

The analysis maps a timeline of activities and project progress using meeting minutes, recommended tasks from the draft NSW HIA Manual⁹ and the subsequent development and use of project tools and reports to complete the HIA. Project team members from GSAHS and Palerang Council collaborated to review the analysis findings. The analysis compared:

1. Planned outputs as described in the Project Submission compared with actual outputs.

Proposed Project Submission outputs included

- a) That the HIA be conducted as a rapid assessment.
- b) That the HIA be used in the development of one Local Environmental Plan and Development Control Plans.
- c) That the HIA outcomes also be incorporated into the Palerang Council Social Plan.
- d) Conducting the HIA jointly between Palerang Council and Greater Southern Area Health Service would foster a new and productive relationship between the two organisations.

Proposed outputs (b), (c) and (d) will be considered in the impact evaluation.

2. Planned outputs as described in the Project Agreement for Developmental Sites between CHETRE and 2005 Developmental Sites, focusing on the section – Responsibility of developmental HIA sites. Evidence to support the implementation of each point will be sought via a review of project documents.

Proposed responsibilities included in the Project Agreement included:

- a) Resources made available as per submission

Palerang Council and GSAHS staff at a ratio of 0.5 over 12 weeks.

Senior staff from both organisations available to participate in the steering committee

GSAHS provide services of an epidemiologist.

Project costs to be jointly met by GSAHS & Palerang Council as negotiated

- b) Provide CHETRE HIA project with all information pertaining to the proposal & a copy of the proposal to be assessed.
- c) Undertake the screening step of the HIA.
- d) Provide CHETRE with draft screening, scoping, final and other reports or feedback.
- e) Provide a signed letter of support for AHS CEO prior to commencement of training.
- f) Ensure that at least two staff members attend all HIA training.
- g) Undertake follow up tasks from the HIA training.
- h) Include participant observers in:
 - steering committee meetings
 - the development of draft documents
 - undertake task as negotiated between the participant observer and the developmental site.
- i) Finalise the HIA by 28th February 2006.
- j) Writing up results as a case study by 31st March 2006.
- k) Being prepared to consider and act on the recommendations of the HIA.
- l) Advising the CHETRE HIA project team of any potential problems in a timely manner.
- m) Collaborating with other HIA Sites.
- n) Advising the CHETRE HIA project team of results and outcomes of the HIA.
- o) Participation in the evaluation of the phase 3 of the NSW HIA project.
- p) Support the dissemination of the HIA results.

Impact Evaluation

The impact evaluation was planned for 2008. An interim measure of reviewing the impacts of the project to date aims to qualify if the proposed project outputs described in the Project Submission have occurred. The analysis compared:

1. Planned outputs as described in the project submission compared with actual outputs.

The planned outputs described in the project submission were:

- a) That the HIA be used in the development of a single Local Environmental Plan, Development Control Plans and Developer Contribution Plans for Palerang Council.
- b) That the HIA outcomes also be incorporated into the Palerang Council Social Plan.
- c) Conducting the HIA jointly between Palerang Council and Greater Southern Area Health Service would foster a new and productive relationship between the two organisations.

The results from the interim impact evaluation will measure the progress of outputs arising from the HIA.

Project team members from GSAHS and Palerang Council met to review the outcomes of the document analysis and discuss the following questions.^{5,6,7,8}

- As a result of the HIA have the links between Palerang Council or services and GSAHS improved in any way?
- Has your organisation or department included any recommendations from the HIA into planning agendas or followed through with implementing a recommendation?
- Has any policy changed as a result of the HIA? What factors contributed to this?
- Can you think of any indirect policy or community outcomes as a result of the HIA?
- In retrospect do you feel the HIA process generated new knowledge, tools or skills that would not normally be available during a planning process?

Section 3

Findings

Process Evaluation

1. Planned outputs as described in the Project Submission compared with actual outputs.

Minutes from eight steering committee meetings from September 2005 to May 2006 were developed into a timeline. Outcomes from each meeting were also mapped as a means to identify similarities or discrepancies with the recommended HIA process. The use of HIA decision making tools and the sequential development of documents and reports provided a record of events and activities.

Overall, the mapping process demonstrated the use of a Rapid HIA methodology. Core steps of; (1) screening, (2) scoping, (3) identification and assessment of potential health impacts, (4) negotiation and decision making are identified as distinct steps in the Steering Committee minutes.

By following the progression of minutes each step of the project's progress can be analysed against the steps recommended by the Draft NSW HIA Guidelines. Through each step of the HIA, processes recommended by the Guidelines have been undertaken. For example the project was commenced with a background document outlining the HIA process, a summary description of the proposal, a basic community profile and development scenarios. Other reports produced include a screening report, scoping report; summaries of literature reviews on key topic area; key informant interview reports; draft recommendations thence a final report.

The committee utilised consensus decision making, information was distributed with the steering committee minutes, discussed within a group meeting, amended as required and approved.

When reflecting on the steps of the HIA process the Steering Committee identified that the 'steps' of the HIA process are not necessarily discrete and linear. In reviewing the actions, processes and methods, meeting minutes do suggest that HIA processes were revisited in the course of undertaking a next step, with an overall direction of moving through identified recommended stages.

The expected timeframe for the project was 12 weeks. The initial meeting schedule proposed 6 meetings during the course of the project. Resources available for the HIA

included both in-kind and actual resources. Palerang Council and GSAHS contributed staff at the ratio of 0.5 FTE over a 12 week period. Additionally senior staff from both organisations were available to participate in the project steering committee. GSAHS also provided an epidemiologist to assist with gathering data and interpretation. Eight meetings were held over a nine months period. Factors related to project progress and development include;

The project team were not HIA specialist practitioners, albeit they had undertaken a training course and were assisted by resources from the HIA toolkit and support from CHETRE. The project utilised a "learning by doing" approach and is considered to be innovative.

The project was undertaken by two newly formed organisations with this project being the first collaboration under the structure.

The screening stage of determining whether the HIA is the most appropriate methodology for assessing the impact of urban growth was difficult. The steering committee identified a wide range of potential impacts that could be examined from future urban development, along with a range of tools for assessing the needs or impact of proposals. (Bungendore Health Impact Assessment, p9)

The scoping stage of determining the scope and nature of the HIA included a process of refining the health issues to be investigated. With CHETRE assistance the health issues of physical activity, water supply and neighbourliness were selected. The steering committee spent much time debating the merits of the health issues selected and the way by which they were selected. (Bungendore Health Impact Assessment, p10) The progression through stages of the project are displayed in Table 2 Activities and Actions, Appendix 1.

2. Planned outputs as described in the Project Agreement for Developmental Sites between CHETRE and 2005 Developmental Sites.

A document review of all available project documents was undertaken. A list of documents that were reviewed is included as Appendix 2. The review compared the responsibilities listed in the 2005 Project Agreement between CHETRE and GSAHS with evidence of implementation. The comparison is included as Appendix 3. To date all conditions of the agreement have been met. As discussed in the findings related to use of a Rapid HIA methodology the project timeline was longer than expected.

To support the dissemination of the HIA results the following activities have been undertaken.

2006 Australian Health Promotion Association National Conference, Alice Springs
2006 Australian Public Health Association Conference, Sydney
2006 NSW Health Promotion Symposium, Sydney
2006 La Trobe University Training for Victorian Department of Human Services, Melbourne
2006 CHETRE HIA Training, Sydney
2007 CHETRE HIA Training, Sydney
2007 Rural Health Research Colloquium, Tamworth
2007 GSAHS HIA Workshop, Wagga Wagga
Also in written format: 2006 Final Report and 2006 Case Study, appearing on the CHETRE website

Four committee members from Palerang and GSAHS completed HIA training during the course of the HIA.

Impact Evaluation

Inclusion of Recommendations

The impact evaluation aimed to compare planned outputs in the project submission compared with actual outputs. The evaluation included a review of two Palerang Council documents, Bungendore Discussion Paper July 2006 (BDP) and the Draft Palerang Council Social Plan 2006/07 – 2010/11 (PCSP) and consultation with key stakeholders.

The HIA was completed in May, 2006. The recommendations from the HIA have been included in other local planning documents.^{10,11,13} In retrospect council planners have found the generic nature of the recommendations to be generally transportable across other management and planning documents.

The Bungendore Discussion Paper July 2006 (BDP) is a component in Council's overall strategic planning project and is one of several documents which aim to provide a framework for planning in Palerang to 2025. The planning project aims to develop the new Palerang Local Environmental Plan and accompanying Development Control and Developed Contribution Plans.

Within the BDP key elements identified through the HIA process can be linked to the proposed planning initiatives. In addition community and council visioning workshops also identified elements, many of which are the HIA recommendations. From these elements five core principles that create the Vision for Bungendore were developed. The principles are sustainable living, village character, vibrant community, adequate infrastructure and quality of life.

Within the BDP nine broad recommendations from the HIA can be recognised. Physical activity elements addressed are: mixed land use, housing density, footpaths, cycle ways and facilities for physical activity, high street connectivity, street design that is attractive and safe. Neighbourliness elements addressed are opportunities for incidental contact, participation in decision making by the community, a shared sense of local identity, civic spaces.

The HIA key elements have been incorporated into the draft Palerang Social and Community Development Plan 2006/7- 2010/11 under the section of *Key Community Issues*. The inclusion of the key elements in the draft plan offers details on the impacts of urban development on physical activity and neighbourliness, quantity of water available to residents and quality of water (fluoridation) is also mentioned. The development of recommendations from the key elements is pending.

Overall the HIA recommendations have been beneficial to developing both plans. The HIA elements, along with progress on the each element are displayed below. Synergy is also evident with a community visioning workshop; there are common themes between community identified issues and the HIA elements that were investigated. (BDP, 2006, p28)

Other outcomes from the HIA that have been implemented are the investigation of quantity of water and sourcing a further supply and secondly the establishment of the "Walking School Bus" program by GSAHS in partnership with Rotary.

Findings from the document review are included below. Maps of potential zones and potential planning initiatives are included as Figure 1 and 2.

Physical activity

Mixed land use

- ✓ Proposed introduction of separate zones – non conflicting mixed use zoning included in BDP. (See Appendix 5 Proposed planning - Bungendore)

Housing density

- ✓ Proposed high density development located within walking distance of the commercial centre included in BDP

Footpaths, Cycle ways and facilities for physical activity

- ✓ Proposed shared cycle & pathway included in BDP, with suggested additional sporting and open space link with green areas & shared pathways
- ✓ Proposed expansion of existing foot path network, with road crossing points included in BDP
- ✓ Included as an outcome of Community Vision Workshops, 2006 – *quality of life & village character*
- ✓ Establishment of 'Walking School Bus' program by GSAHS in partnership with Rotary

High street connectivity

- ✓ Grid system proposed for future connectivity included in BDP
- ✓ Connections between older & newer precincts – proposed roads and footpaths included in BDP

Street design that is attractive and safe

- ✓ Proposed footpaths included in BDP
- ✓ Included as an outcome of Community Vision Workshops, 2006 – *maintaining village character*

Transport infrastructure and systems linking residential commercial and business areas as well as other destinations

Provision of water

Quantity of water available for residential, recreational and commercial uses

- ✓ Investigation of quantity of water and sourcing a further supply resulting in improved ability to determine use of scenario 1 *Infill development only* or Scenario 2 *Infill development and Greenfield development*. This is a direct flow through from the HIA and council initiative.
- ✓ Included as an outcome of Community Vision Workshops, 2006 – *Sustainable living & adequate infrastructure*

Quality of water (fluoridation).

- ✓ Currently no fluoride is added to the water, however the issues has been flagged as a whole of LGA issue

Neighbourliness

Opportunities for incidental contact

- ✓ Proposed grid system proposed for future connectivity included in BDP
- ✓ Proposed footpaths included in BDP
- ✓ Shared cycle & pathway included in included in BDP
- ✓ Proposed limiting of urban sprawl included in BDP
- ✓ Included as an outcome of Community Vision Workshops, 2006 – Quality of life

Conflict management

- ✓ Included as an outcome of Community Vision Workshops, 2006 – Quality of life
- ✓ Council legislation pertaining to development is available on council website

Participation in decision making by the community

- ✓ Community visioning workshop to develop Strategic Direction Paper for the LGA and community feedback included in consultation process for the BDP
- ✓ Included as an outcome of Community Vision Workshops, 2006 – Quality of life
- ✓ Discussion point included in BDP p29 related to overall planning system and governance, with the community strongly presenting a preference for residents to determine the future of the town, rather than councillors who do not live in the town
- ✓ Identification of Bungendore community issues through social planning process

A shared sense of local identity

- ✓ Included as an outcome of Community Vision Workshops, 2006 – Village character, Sustainable living & adequate infrastructure
- ✓ New LEP to include controls to ensure future development respects the heritage

Local community groups and volunteering

- ✓ Statement on volunteers included in the draft Palerang Social Plan, with Initiatives for future investigation
- ✓ Audit of local community group included in the draft Palerang Social Plan. Bungendore has 14 active community groups

Cultural and personal diversity

- ✓ Included as an outcome of Community Vision Workshops, 2006 – Village character
- ✓ Discussion of future need for accommodation for elderly residents in the draft Palerang Social Plan, with a recommendation of preparing a Draft Housing Strategy

Civic spaces

- ✓ A proposed town square and additional sporting grounds & open space areas have been identified in the BDP
- ✓ Open space Included as an outcome of Community Vision Workshops, 2006 – Sustainable living

Local businesses and local employment

- ✓ Included as an outcome of Community Vision Workshops, 2006 – Quality of life
- ✓ Initiatives to improve employment included in draft Palerang Social Plan

Fostering a new and productive relationship between the two organisations

The third proposed outcome was conducting the HIA jointly between Palerang Council and Greater Southern Area Health Service that would foster a new and productive relationship between the two organisations.

Both Palerang Council and Greater Southern Area Health Service have been created by amalgamation in the last three years. No formal partnership arrangements (Memorandum of Understandings or the like) exist in relation to Health Protection or Health Promotion. In relation to public health initiatives across the local government area, council is active in performing regulatory roles in public health, ie food safety, on-site sewerage management, water quality monitoring, prevention of Legionella and vector borne disease control. Palerang Council has a role in providing direct provision of community services.

GSAHS Health Development has over a number of years developed active interventions to progress a social model of health. In this model health is viewed as a result of a series of socio economic, cultural and environmental factors, housing conditions, employment and community. There have been partnership approaches between GSAHS and previous councils within the Palerang LGA to address aspects of the determinates of health including support to develop and implement social plans and provide health promotion activities. The level of input from GSAHS has primarily been through social plans but not in the overall council strategic management plans of council. A more considered approach to focusing on the relationship between health and the built environment has only more recently become a part of local contemporary health promotion practice. The shift to recognising the physical environment as a determinant of health is evolving; one contributing factor to the change in local practice was undertaking the HIA.

In relation to considering public health when preparing strategic plans or integrated planning approaches, a prior history of intersectorial policy action is not evident. The Palerang Council amalgamation occurred on 11 February 2004, when ten councils surrounding the ACT were reduced to seven. The amalgamation required the preparation of a single LEP to replace the 5 LEPs that are administered by Palerang Council to development consistent Council-wide planning provisions. Through this necessity council planners have found the HIA to be extremely timely and valuable.

In general, rapport building after the council and GSAHS amalgamations was required. Both organisations commented on the need to establish or re-establish links with staff members engaged in public health activities. The HIA process assisted in developing new relationships between GSAHS and council planners and has identified key points of contact within both organisations. The team work approach has reinforced the value of a cross discipline planning approach. From a community perspective Matt Gardiner, local councillor and chairperson of the HIA committee commented "that the process helped the local community to see the overlaps between health and council planning. The links between council and health - the bureaucracy are not easy for people to understand." It is not yet possible to offer examples of improved links or cooperation in relation to council planning processes apart from the obvious benefits of building relationships for future activities.

Generating new knowledge, tools and skills

Both organisations commented that the HIA had developed an internal environment fostering the use of the HIA process. This is evidenced by GSAHS developing further training in HIA for both local government and area health staff across GSAHS. For Palerang Council planners the Bungendore HIA document remains a living document influencing planning. The differences between a plan generated through the HIA process were noted and include; clarification of a position based on evidence that can be presented to the community and council and verified by local consultation processes; hands on learning and an opportunity to consult with subject experts; tools to support decision making and acknowledging the role of other stakeholder in improving health.

Use of resources to undertake the HIA

Previous process assessment has identified difficulty with completing the HIA work while still undertaking normal work. When stakeholders were asked - *Was the resource commitment justified?* Andrew Gow commented that "the HIA was a cost neutral way to create community wellbeing in the long term over decades."

Section 4

Discussion

The outcomes

A Health Impact Assessment is concerned with assessing a project, program or policy proposals before their implementation. It produces a practical set of recommendations to inform the decision-making process of the proposal. The purpose is to influence decision makers to increase positive health impacts of a proposal.⁴

This HIA was a discrete intervention, established as a demonstration project. The retrospective process evaluation focused on the processes involved in conducting the HIA and concluded that the core elements and stages of the HIA had been undertaken. The conclusion was based on comparing a timeline of activity and actions with recommended NSW HIA recommendations. A second mapping exercise compared developmental site responsibilities as per the 2005 project agreement between CHETRE and GSAHS with evidence of implementation. Sixteen responsibilities were identified and implemented. The intention of these two exercises was to determine if the project was implemented as intended. These exercises showed that a systematic approach was implemented that was in line with the NSW HIA Guidelines. An observation is that the Project Agreement approach with identified responsibilities assisted in keeping the project on track. Factors related to project progress and development are described. In relation to the longer term outcome of the project they should not be viewed as shortcomings, but as part of the experience of a *learning by doing approach*. An example of this is the extended time frame of the project.

The impact evaluation is intended to show whether the HIA met its main purpose. The interim measure aims to qualify if the proposed project outputs described in the project submission were progressing. Project outputs included the (i) use of a rapid assessment HIA (described above) (ii) use of the HIA in the development of one Local Environment Plan and Development Control Plans (iii) HIA outcomes to be incorporated into the Palerang Council Social Plan (iv) fostering of a new and productive relationship between the two organisations. Project team members were

engaged to consider a number of questions around relationships and implementation of HIA recommendations.

Palerang Council had embarked on a comprehensive LEP when invited to participate in the preparation of the Bungendore HIA. The HIA recommendations have been included in the Bungendore Discussion Paper 2006, a consultation document prior to the development of a 25 year Strategic Directions Paper and the Draft Local Environmental Plan, Development Control and Developer Contributions Plans and the Palerang Council Social Plan. A further review of outcomes in 12 months time will determine if the HIA recommendations met its main purpose of progress into the Palerang Local Environment Plan or accompanying plans.

Within the Bungendore Discussion Paper the identification of nine broad recommendations from the HIA indicates a progressing influence on the decision-making process. Inclusion of recommendations into the PCSP also indicates the influence of the HIA. One immediate outcome of investigation is the quantity of water and sourcing a further supply that will have future implications whatever the result.

Fostering a new and productive relationship

Fostering a new and productive relationship between local government and GSAHS is important to both organisations in the development of contemporary health promotion practice to build stronger intersectoral policy to recognise the physical environment as a determinant of health. This approach of focusing on the relationship between health and the built environment has only more recently become a part of local contemporary health promotion practice. Contributing factors to the change in local practice was the willingness and opportunity to undertake the HIA and an opportunity to use the HIA methodology prior to establishing planning policy in Palerang Local Government Area. While influencing decision making is an aim of the HIA, at a more basic level - rapport building for two newly formed organisations was achieved. For the next twelve months the HIA will be a living document, it allows GSAHS and Council to continue to understand how HIA influences decision making and builds stronger links to recognising the physical environment as a determinant of health.

Recommendations

That the project team meet in twelve months time, March 2008 to review the progress of the HIA recommendations progress into the Palerang Local Environmental Plan and accompanying Development Control and Developer Contribution Plans and secondly review implementation progress of HIA recommendations included in the Palerang Social and Community Development Plan.

References

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11. Palerang Council Palerang Social and Community Development Plan, 2006/07 – 2010/11.
12. NSW Health, 2004, Results of Local Government Public Health Survey.
13. Palerang Council, 2006, Summary Report Palerang Council Visioning Workshops.

Appendix 1

Table 2 Activity and Actions

Schedule of activities	Project progress as recorded on meeting minutes	Recommended tasks Draft NSW HIA Manual
Project establishment May – August 2005	<ul style="list-style-type: none"> • Submission • Agreement & partnership formation • Pre screening meetings & preparation of documents 	
Pre Screening & Introduction 28 th September 2005	<ul style="list-style-type: none"> • Pre screening background information circulated. • Overview of HIA • Outline of Bungendore HIA process and development scenarios to be assessed • Confirm Terms of Reference • Expectations of members • Role of Project Team and Steering Committee identified • Identification of next step – Screening 	The main tasks <ul style="list-style-type: none"> • Prepare a summary description of the proposal • Prepare a basic population profile • Preparation & dissemination of overview documents
Screening 19 th October 2005	<ul style="list-style-type: none"> • Consideration of draft screening report issues, suggested amendments discussed • Recommendation to undertake HIA at the rapid level • Preparation of draft scoping report • Identification of next step - Scoping 	The main tasks <ul style="list-style-type: none"> • Work through a screening tool; or • Conduct a brainstorming session addressing screening considerations • Determine if the HIA will proceed
Scoping 9 th November 2005	<ul style="list-style-type: none"> • Confirming HIA approach • Consideration of; <ul style="list-style-type: none"> - Scope statement, deliverables and timeframes, amendments made - Identification of stakeholders - Method of reaching stakeholders to be key informant interviews & questionnaires - Search strategy identified -Valuating information collected as part of HIA with a discussion 	The main tasks <ul style="list-style-type: none"> • Choosing the appropriate level of depth of the HIA • Setting up a steering group • Designing a work plan • Evidence gathering • Preparation & dissemination of draft scoping report

	<p>on typology for assessing evidence</p> <p>Project team to refer to schema for prioritising / examining health impacts</p> <p>- Process for negotiation and decision making confirmed</p>	
<p>Scoping 14th December 2005</p>	<ul style="list-style-type: none"> • Further consideration of screening report – choice of physical activity water, neighbourliness • Stakeholder identification & development of key informant interview questions 	<ul style="list-style-type: none"> • Amendments to Version 2 scoping report
<p>Identification 15th February 2006</p>	<ul style="list-style-type: none"> • Amendments to consultation plans • Discussion on findings to date from literature • Formulating recommendations 	<p>The main tasks</p> <ul style="list-style-type: none"> • Developing a profile • Collecting information • Preparation & dissemination summaries of literature searches
<p>Identification & Assessment 19th April 2006</p>	<ul style="list-style-type: none"> • Report on key informant interviews • Consideration of draft recommendations 	<p>The main tasks</p> <ul style="list-style-type: none"> • Manage information collection • Manage convergence and divergence in opinions of the group • Assessing the information on the impacts collected • Deliberate and prioritise impacts
<p>Negotiation and decision making 24th May 2006</p>	<ul style="list-style-type: none"> • Consideration of draft report & Recommendations 	<ul style="list-style-type: none"> • Develop draft set of recommendations • Develop a final recommendations report
<p>Evaluation and completion 31st May 2006</p>	<ul style="list-style-type: none"> • Consideration of draft report • Acceptance of report • Reflections of the process 	<ul style="list-style-type: none"> • Final report

Appendix 2

Document review

Meeting minutes

Bungendore Health Impact Assessment Steering Committee Meeting Minutes
28th September 2005, 19th October 2005, 9th November 2005, 14th December 2005,
15th February 2005, 19th April 2005, 24th May 2005, 31st May 2005.

Reports & documents – the HIA process

Overview of HIA and Bungendore HIA, 28th September, 2005
Bungendore its your future, Discussion paper, 28th September, 2005.
Draft Screening Report 19th October, 2005, amended Screening Report 26 October,
2005.
Draft Scoping Report, 9th November 2005; Version 2 Scoping Report, 14th December
2005.
Summaries of literature reviews – physical activity, neighbourliness, water, 15th
February 2006.
Key informant interview reports, 19th April, 2006.
Draft recommendations, 19th April, 2006.
Final report, 19th June 2006.

Documents – procedures

Submission - The Health Impact Assessment Demonstration site in 2005, 30th May
2005.
Submission approval, 28th June 2005.
Project agreement – CHETRE and 2005 Developmental HIA Sites and Participant
Observers, 14th July 2005.

Documents reviewed - impacts to date

Palerang Council, Bungendore Discussion Paper, July 2006.
Palerang Council Palerang Social and Community Development Plan, 2006/07 –
2010/11.

Appendix 3

Table 3 Evidence of implementation

Developmental Site Responsibilities as per Project Agreement, CHETRE and GSAHS 2005	Evidence of implementation
<p>1. Resources made available as per submission</p> <ul style="list-style-type: none"> • Palerang Council and GSAHS staff at a ratio of 0.5 over 12 weeks • Senior staff from both organisations available to participate in the steering committee • GSAHS provide services of an epidemiologist • Project costs to be jointly met by GSAHS & Palerang Council as negotiated 	<ul style="list-style-type: none"> • Identification of project team from both organisations 28th September 2005 • Terms of reference, Minutes, 4th August 2005, invitations 26th September 2005 • Yes • Non stock purchase requisition, 27th September 2005
<p>2. Provide CHETRE HIA project with all information pertaining to the proposal & a copy of the proposal to be assessed</p>	<ul style="list-style-type: none"> • Application to become a HIA Demonstration site, 30th May 2005 • Circulation of document – <i>Bungendore its your future</i>
<p>3. Undertake the screening step of the HIA</p>	<ul style="list-style-type: none"> • Minutes , 28 September 2005, 19th October 2005
<p>4. Provide CHETRE with draft screening, scoping, final and other reports or feedback</p>	<ul style="list-style-type: none"> • Preparation & dissemination of draft screening document, 19th October 2005 • Preparation & dissemination of draft scoping report • Preparation & dissemination of draft recommendations, amendments to draft report, 19th April 2005 • Final report 31st May 2005
<p>5. Proved a signed letter of support for AHS CEO prior to commencement of training</p>	<ul style="list-style-type: none"> • Letter of support confirmed 30th May 2005, 6th July 2006
<p>6. Ensure that at least two staff members attend all HIA training</p>	<ul style="list-style-type: none"> • One staff member from Palerang, three for GSAHS
<p>7.Undertake follow up tasks from the HIA training</p>	<ul style="list-style-type: none"> • Apart from disseminating the HIA findings no other tasks were required.
<p>8. Include participant observers in:</p> <ul style="list-style-type: none"> • steering committee meetings 	<ul style="list-style-type: none"> • Records of minutes

<ul style="list-style-type: none"> the development of draft documents undertake task as negotiated between the participant observer and the developmental site 	<ul style="list-style-type: none"> Records of minutes Records of minutes
9. Finalise the HIA by 28 th February 2006	<ul style="list-style-type: none"> Minutes 31st May, 2006
10. Writing up results as a case study by 31 st March 2006	<ul style="list-style-type: none"> Case study prepared and submitted
11. Being prepared to consider and act on the recommendations of the HIA	<ul style="list-style-type: none"> To be assessed
12. Advising the CHETRE HIA project team of any potential problems in a timely manner	<ul style="list-style-type: none"> CHETRE site visit, 15th February 2006
13. Collaborating with other HIA Sites	<ul style="list-style-type: none"> Yes, participation by one team member in a special interest group convened by SWAHS for urban development HIA, also ongoing liaison with SWAHS.
14. Advising the CHETRE HIA project team of results and outcomes of the HIA	<ul style="list-style-type: none"> Case study submitted Ongoing liaison
15. Participation in the evaluation of the phase 3 of the NSW HIA project	<ul style="list-style-type: none"> To be advised
16. Support the dissemination of the HIA results.	<ul style="list-style-type: none"> 2006 Australian Health Promotion Association National Conference, Alice Springs 2006 Australian Public Health Association Conference, Sydney 2006 NSW Health Promotion Symposium, Sydney 2006 La Trobe University Training for Victorian Department of Human Services, Melbourne 2006 CHETRE HIA Training, Sydney 2007 CHETRE HIA Training, Sydney 2007 Rural Health Research Colloquium, Tamworth 2007 GSAHS HIA Workshop, Wagga Wagga <p>Also in written format: 2006 Final Report and 2006 Case Study, appearing on the CHETRE website</p>

Appendix 4

Interview questions

Respondents: Matthew Lynch, Palerang Council, James Allwood, GSAHS, Andrew Gow GSAHS, Cr Matt Gardiner, Councillor, Palerang Council.

Process assessment

1. Do you have any comments about the HIA process?
 2. How and when have the recommendations been delivered to other relevant planners and organisations; for example Steering Committee Member organisations?
-

Impact assessment

1. As a result of the HIA have the links between Palerang Council or services and GSAHS improved in any way?

If yes, can you offer any examples of improved links or cooperation?

If no, can you think of any reasons why links have not improved?

2. Has your organisation or department included any recommendations from the HIA into planning agendas or followed through with implementing a recommendation?

If yes, how and when were the recommendation considered, accepted / implemented.

- Which ones were implemented?

- Has your organisation or department used the HIA final report information to influence any other policy development?

Has any policy changed as a result of the HIA? What factors contributed to this?

If no, what are the likely factors why the recommendations were not used?

3. Can you think of any indirect policy or community outcomes as a result of the HIA; for example?

- A change in information sharing with another organisation
 - A raised profile of local issues, including interest by the community in locality development
 - The development of new partnerships or working relationships
 - A change in the local communities knowledge of locality development or a raised profile of local issues
-

4. In retrospect do you feel the HIA process generated new knowledge, tools or skills that would not normally be available during a planning process?

If yes,

- In your opinion has your organisation or department developed a favourable internal environment to fostering the use of the HIA process if required

- Was the resource commitment justified?
If no, why not?
Was the resource commitment justified?



