



Consultation Response: the Environmental Outcomes Reports

Name: Faculty of Public Health – Healthy Places Special Interest Group

Organisation: Faculty of Public Health (the Faculty, FPH)

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An outcomes-based approach

1 Do you support the principles that will guide the development of outcomes?

The Faculty supports the principles that will guide the development of outcomes set out in paragraph 4.7 and submits that there are population health outcomes that satisfy each of the proposed criteria.

2 Do you support the principles that indicators will have to meet?

The Faculty supports the principles that indicators will have to meet set out in paragraph 4.18 and submits that there are population health indicators that meet each of the proposed principles.

3 Are there any other criteria we should consider? Please specify:

The Faculty is concerned that health is not included as one of the outcomes to be assessed in the Environmental Outcomes Report listed in paragraph 4.10.

Paragraph 4.9 states that the list of potential outcomes in paragraph 4.10 “reflects the most common, and significant elements of assessment that arise in current practice. They should be applicable across all regimes and provide a more effective foundation for assessment going forward”.

The Faculty submits that population health:

1. is an outcome that satisfies both parts of the test set out in paragraph 4.9, in that it: a) arises in current practice, and b) should be applicable across all regimes, and
2. should be included in the list of criteria set out in paragraph 4.10, rather than be left to separate, future policy development.

Thus, in response to your question 3: Are there any other criteria we should consider? We believe that population health is a vital criterion for inclusion.

In paragraph 4.9 you state: We will also consider how we can best use EORs to achieve health related outcomes, and this will be subject to further policy development. We strongly believe that health outcomes should be addressed within the proposed new, single assessment through the EOR, rather than as a separate policy. Attempting to separate the issues in this way runs counter to the

overwhelming evidence and our lived experience that human health and the environments in which we live are inextricably linked.

There is strong evidence that the built environment can positively impact on health. For example, by increasing physical activity, strengthening social engagement, improving mental health, and reducing road traffic accidents and perceptions of crime. Green and blue spaces have consistently been found to improve mental health, quality of life, encourage physical activity. Access to such spaces in low-income neighbourhoods can reduce health inequities.

The current definition of health used within the EOR primarily focuses on bio-physical health. We strongly recommend that the World Health Organisation definition of health be used: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” (Constitution of WHO, 1946). Thus, the EOR must consider both the direct and indirect effects of the wider determinants of health, as well as bio-physical factors. Consideration of the impact on health inequities is explicit in the WHO definition and this should frame how health is addressed within the EOR.

Faculty members have identified how existing assessments (Strategic Environmental Assessment and Environmental Impact Assessment) enable decision-makers to trade off positive and negative aspects of development policies or schemes in a transparent, democratic, and ethical way. A narrow definition of health without equity considerations will undermine full appreciations of these trade-offs. The Institute of Public Health has produced clear guidelines on conducting Health Impact Assessments, to ensure that there is consideration of the health impacts of policies, laws, programmes, and plans in terms of their inclusivity, equity and sustainability. These guidelines can be found on the IPH website, and we strongly recommend that they be used to shape the development of the EOR.

The Faculty submits that the EOR should include health as a key outcome to be assessed. This will ensure there is a requirement in law to consider the impact of development proposals and plans on population health. Without this, we are concerned that individual plans and development proposals will not be assessed to see if they will be detrimental to population health. This means that important opportunities to redesign plans so that they can positively improve population health will be missed.

We look forward to seeing the inclusion of population health as a priority outcome in the revised version of the EOR following this consultation.

