WHIASU
Wales Health Impact Assessment Support Unit
Uned Gymorth Asesu Effaith ar Iechyd Cymru

Health Impact Assessment Notes Report

Rapid Participatory Health Impact Assessment (HIA) Workshop
Pilot for online access to Chlamydia/Gonorrhoea testing

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1. Introduction

Wales Health Impact Assessment Support Unit (WHIASU) was approached by the Sexual Health Lead in Public Health Wales to support a Rapid Participatory HIA workshop on the pilot for online access to Chlamydia/Gonorrhoea testing. The pilot of this service is being undertaken in one Health Board area in Wales only (Hywel Dda University Health Board (UHB)). The pilot of this service started in mid-November 2018 and is currently still running. The aim of this HIA workshop was to provide an opportunity for those involved in the pilot to reflect on the service to date and comments from the workshop will contribute to evidence to inform the future development of the service in Wales.

2. The Health Impact Assessment workshop

The HIA workshop was held on the afternoon of November 26th 2019 at Glangwili Hospital in Carmarthen and was qualitative in nature. During the workshop, attendees were divided into two groups (clinicians and management/support staff) to aid discussions, which were facilitated by Nerys Edmonds, Principal Health Impact Assessment Development Officer and Ed Huckle, Principal Health Impact Assessment Development Officer and support in taking notes was provided by Laura Evans, Public Health Practitioner. Appendix 1 contains the workshop agenda.

3. Attendees

The list of participants can be found in Appendix 2. In total there were 14 participants and all attended the workshop in person. There was a diverse group of individuals, with 2 individuals from Signum Health (the organisation managing the online platform used for the pilot), 8 representatives from the sexual health clinics/service (clinicians and managers) in Hywel Dda UHB and 4 persons employed by Public Health Wales of which 2 were laboratory staff, one was a Consultant in Public Health and the other the Sexual Health lead). 3 members of staff from WHIASU attended to facilitate the workshop and document the comments and views expressed throughout.

4. Identification of Vulnerable Groups

The group used the WHIASU 'Population Groups Checklist' (WHIASU, 2019) to aid discussions regarding those groups who were considered to be more impacted than others by the pilot online testing service (see Appendix 3). A list of those population groups identified as more sensitive to impacts of the pilot service are listed below.

Population groups:

Sex/Gender related groups:

-Pilot targeted the whole population (16 years old +). Participants advised that it is not always advantageous to target communication to a specific gender related group as those who do not identify with this group will be missed.

- Significantly lower uptake from men to date. SUGGESTED ACTION: There is a need to do more to reach men with a much more intensive promotional and social media campaign. An example given was practice nurses who are doing outreach to local farming communities.

- Transgender – there have been some requests for kits which is positive. However an unintended consequence was identified if the wrong kit is sent out in relation to the type of sexual activity. SUGGESTED ACTION: Participants felt that the options on the online form regarding gender and what type of sex you are having need to be reviewed and clarified to ensure they meet the need of this group correctly.

Age related groups:

-Conscious decision by those managing the pilot to not include an upper age limit, however from a safeguarding perspective required a lower age limit, which was 16 (as this is the legal age for consent).

-Those aged 17/18 who are still living at home – these individuals can be more anxious of the process of online testing especially the packaging of the testing kits delivered to their address as they do not want their parents to know they are being tested for an STI and therefore are sexually active.

-Those aged 16-18 – those who are not yet legally classed as an adult (18 years old).

-Older individuals – may have less experience/knowledge around use of the internet.

Income related groups:

-Different socioeconomic groups – for example pilot has unearthed a group of individuals who potentially have a higher socioeconomic status (have jobs, access to the internet) that would have previously ordered a test kit online (from commercial company) and ordered medication online rather than attend an NHS clinic who are now using the NHS online service.

-Those in lower socioeconomic groups – e.g. those who are unemployed, homeless.

Groups at higher risk of discrimination or other social disadvantage:

-People with sensory or learning disabilities/difficulties – access to services and understanding of language used in promoting pilot (a piece of work is being undertaking separate to the pilot looking at how sexual health services are being provided to all groups of people).

- The homeless/sofa surfers/Travellers – harder to reach populations as do not have fixed address, which is required to order test kit, therefore identified as a missing population group.

-Ex-offenders – those individuals recently coming out of prison may not have a fixed address, they may not have jobs or money.

-People who inject drugs (PWIDS) – individuals demonstrating risky behaviours.

-People with a physical disability may have a physical difficulty using the kit.

-Positive impact on people with mental health problems who are too anxious to attend a clinic setting
-Ethnicity data is collected.

Geographical groups and/or settings:
-Colleges, Universities, GP's and hospitals were all locations targeted for advertising the pilot. Communications methods used to advertise the pilot included geo-social targeting.
- Rural areas - positive impact on access to services

Men who have sex with men
Latest data suggesting an increase in the use of the service from this group.
SUGGESTED ACTION: more engagement and health promotion is needed with this group.

Other groups of note:
-The 'worried well' – those individuals who are asymptomatic who want piece of mind that they do not have an STI – online testing can be accessed by these individuals so potential for capacity in clinics to be increased for those who are symptomatic and require treatment.

Pregnant women
Sexual assault and domestic abuse victims
People seeking contraception.

A potential unintended consequence was identified for the groups above concerning the questions included in the online platform relating to these groups, particularly in relation to effective safeguarding, but also in relation to creating expectations that the service cannot address. Questions asked *include: "are you concerned about pregnancy?"; "are you a victim for sexual assault or domestic abuse?" and "do you want information about contraception?".*

Participants raised two concerns about this:

- Firstly that this may raise expectations on the part of patients who may think that by answering this question, the service will have a response and offer support – which it is not set up to provide.
-Secondly there are potential ethical and safeguarding issues if someone discloses yes to pregnancy concerns and being a victim of sexual assault and violence.
- Thirdly, if someone says they want information and contraception, expect a response and then do not get a response – this could delay emergency contraception.

There is a limited pathway at the moment when this information is only followed up IF the person returns a test and then is contacted with test results. As a significant number do not return the test, some questioned why this information is being gathered if the service is not set up to respond to it.

Staff said that this sometimes "keeps you awake at night".

SUGGESTIONS ACTIONS:
-Either remove questions or review the pathway and responses.
-A pop up window could appear if people answered yes with information on where to go for contraception and pregnancy advice, and the live fear free helpline and local SARC
-There is a protocol set up if a young person discloses risk of child sexual exploitation. Perhaps a similar protocol can be established for sexual assault and domestic abuse?
- A protocol for safeguarding concerns is needed.

Clinical Staff
The new service model and interface with patients changes the way some sensitive and risk based information is handled and options for how to respond to it are different compared to a face to face clinic appointment where sensitive issues can be more readily responded to. This raises ethical and safeguarding concerns for staff which has causes them stress. As quoted above staff at the workshop said "it keeps you awake at night".

A future example was the implementation of the new blood spot tests including for HIV, staff were concerned about how a positive results would be communicated over the phone and that a protocol would be helpful to guide practice.

SUGGESTED ACTION: develop a protocol for communicating positive HIV test from self-service blood spot test

Students
It was identified that service had a positive impact on students with a good reach in major student centres.

Sex workers
Data on whether people using the service are selling sex is not collected, however, a question is asked: have you paid for sex? So this captures punters but not sex workers.
SUGGESTED ACTION: should use by sex workers be measured/captured?

5. **Appraisal Findings**

Participants were arranged into two breakout groups and all individuals had the opportunity to provide comments and express their views within their breakout group. The groups used the WHIASU 'Health and Wellbeing Determinants checklist' (WHIASU, 2019) in order to structure conversations regarding the wider determinants of health and wellbeing associated with the pilot online testing service (see Appendix 4). Notes taken from each of the two group discussions have been combined and can be found in the table below, organised by each wider determinant in the WHIASU 'Health and Wellbeing Determinants checklist'.

Lifestyles	
Positive impacts/opportunities	Negative/unintended impacts
-Use of social media to promote pilot – used a variety of different communication methods including social media to access as many people as possible. -Pilot provides an opportunity for those individuals previously paying for online tests (from commercial companies) and medication to access free testing kit and medication through the NHS. This means a	-Not all people have access to social media. Recognised that some people in lower socioeconomic groups do have access to mobile phones and therefore could access the internet but is some scoping work needed around groups such as travellers, homeless people and those individuals who are of an older age who may not have

different socioeconomic group to those attending sexual health clinics has access to the testing. -Harm minimisation in groups who continue to not practice safe sex	knowledge/experience in using a mobile phone and/or the internet? -Recognition that there are some groups of people (for example those who are homeless, PWIDS) who are harder to reach and track through NHS sexual health services (consistently finding these individuals can be hard) – therefore joined up working between different NHS (and non-NHS) organisations to provide holistic care is challenging. In other Health Boards there are buses that provide a full health MOT service to these groups of people however this does not exist in Hywel Dda UHB. Linking with charities and services/programmes provided by non-NHS organisations (for example needle exchange programmes) may be a way to have a more joined up system and help in tracking individuals access to services and treatment. Have identified a need to access areas/programmes that are not currently within NHS service areas e.g. needle exchange programmes – this is a way of accessing harder to reach populations, those who experience discrimination and are less likely to engage with online testing process. -Sexual health service have recognised they have previously had an assumption that they are an inclusive service (e.g. people do not need to use real names in accessing their services) however in reality this assumption has meant that the service is missing hard to reach groups. -There are lots of repeat users of the service and many users are existing clinic users. This may suggest that the safe sex messages and practices are not being applied and the online service misses the face to face education component of a clinic appointment on safe sex practice.
Social and Community Influences on Health	
Positive impacts/opportunities	Negative/unintended impacts

-Pilot provided bilingually (Welsh and English). -Pilot has shown there has been an increase in individuals reporting that they have been made aware of the pilot by a friend. Individuals are talking about the online testing service with their contacts/social networks. -Unlike physically attending clinics, the online access to testing means the process is kept private from the rest of the community and it is the individuals own decision whether or not they tell anyone else about the testing (this gives the individual more control and enables the individual to avoid feelings of embarrassment and shame from other people knowing about the testing). The challenge with running clinics in rural areas is that the whole community will know the time and place of the clinic and therefore see who attends for testing. This can result in individuals who are attending for testing feeling embarrassed which means they are less likely to attend. -Users are hearing about the service from friends suggesting a positive impact for "peer influence". - Some participants felt that it was a protective response that child sexual exploitation questions are asked and responded to in relation to responding to possible ACEs.	-Information on the online platform for the testing is not currently available in any other languages (other than Welsh and English). Platform used for the online testing service should enable the language preference of the individual to be used however this is currently not possible but looking into this for the future. -Language/terminology used in pilot may not be easily understood by all groups of people – need to ensure this is suitable for all individuals. -The homeless/sofa surfers/Travellers/ex-offenders – harder to reach populations as do not have fixed address, which is required to order test kit, therefore identified as a missing population groups. -Potential impact on family relationships - younger age group (17/18 year olds) anxious about the packaging of the testing kits delivered to their address as they do not want their parents to know they are being tested for an STI and therefore are sexually active. -Those aged 16-18 are asked child sexual exploitation questions. There is some unease in asking these questions. Is the sexual health service doing them a disservice?
Mental Well-being	
Positive impacts/opportunities	Negative/unintended impacts
-More control over sexual health -Empowerment -Online access to testing gives control to the individual and puts them in control of the decision making – they decide when they order the test, if/when they send the	-Individuals' decision on whether to engage with service or not. Those who decide not to return test kit could have no further contact with service.

test back, how much they engage with the sexual health service. This gives ownership/responsibility of the process to the individual and may mean the individual is more likely to get tested as this sense of control means they are less anxious/unsure/uneasy of the process. - Better for people who are too anxious or embarrassed to attend a clinic. -Reducing anxiety/worry of carrying an infection.	
Living and Environmental Conditions affecting health	
Positive impacts/opportunities	Negative/unintended impacts
-May find that those living in rural areas are used to going online to access services/goods etc. as this is easier for them than travelling to urban environments for these things, therefore online testing suited to this group of people as use of internet in this way is more familiar to them. -Less travel to clinics. -Community is safer from infection.	-May be harder to promote/advertise the online testing service in rural areas compared to urban areas – unclear how much messages about the service are getting out and being transferred in these two environments. -Health and safety - regarding the HIV testing, there is a risk of spread. -Possible safety issue of texting out information on domestic abuse helpline. At present people are not asked their communication preferences e.g. text, phone, email etc.
Economic Conditions Affecting health	
Positive impacts/opportunities	Negative/unintended impacts
-Pilot can be accessed by those individuals who may find it difficult/have barriers preventing them from accessing sexual health clinics – this includes: - Those who are self-employed who would lose money from taking time out of their working day to attend a clinic. - Those who are unemployed who cannot afford to travel to a clinic. - Those with zero hour contracts who have to take opportunities to work as and when	

they come along otherwise they will have no work (gig economy).	
Access and quality of services	
Positive impacts/opportunities	Negative/unintended impacts
-View held by those involved in managing the pilot is that it should not matter how the individual accesses sexual health services (online or via a clinic), the service provided to the individual should be the same (same safeguarding, risk prevention processes etc.) Therefore the pilot wanted to provide not only the online testing and treatment, but follow up and additional care such as providing additional information/services (e.g. contraception) – important not to lose gold standard with online access to testing. There are opportunities to think about and take action regarding more joined up working in Wales, taking a more holistic approach. In England, testing services are commissioned out to providers and it depends on the provider as to what additional care/information is provided to the individuals in addition to the testing and treatment. -Online platform means there is possibility of linking up services online in future to offer a more joined up system for individuals. Those individuals accessing online testing service for chlamydia/gonorrhoea can be asked if they want to be signposted to online information on emergency contraception and vice versa. -Online access to testing opens up the testing to a new group of people who were not previously tested. - Access to the online testing in the pilot has shown that individuals requesting the testing kits are spread across the whole health board area rather than clustered around the sexual health clinic areas –	-Not all individuals have access to the internet. -Not all individuals have knowledge/skills/confidence to use the internet to access online testing. -Issues arising with cross border care/access to testing – those who live in Wales but have a GP in England cannot access the testing kits online in Wales which provides complications for individuals trying to access the service. -Differences in the tests that individuals are able to access online between Wales and England – in England other kits are available for other tests but these cannot be accessed by those living in Wales. -It appears the same people are still attending the sexual health clinics so access to online testing service has not affected these individuals' behaviours. -No discernible impact yet on reducing service demand in clinics. -Those attending clinic have a discussion with the clinician regarding wider health and wellbeing – important that this is not lost when individuals access the online testing service. - Need more investment in the promotion strategy to reach harder to reach groups. The website "Frisky Wales" is not well recognised and language does not work for all groups.

provides opportunity for wider engagement.	
Macro-economic, Environmental and sustainability Factors	
Positive impacts/opportunities	Negative/unintended impacts

Comments / questions asked:

- Original driver for the pilot was that currently sexual health clinics do not have capacity to deal with the current demand for sexual health services. In addition, another key driver was that a qualitative piece of work undertaken showed that online testing is what people wanted (there was buy in from the community). Also buy in from Welsh Government as they have provided funding for the pilot.
- The purpose of the pilot was to identify a hidden population not being tested and to reduce the number of asymptomatic individuals presenting at sexual health clinics. However, as of yet, the online access to testing is still 'mopping up' those individuals who had not yet been tested and treated by sexual health clinics.
- Suggestion that the wellbeing lens referred to in Hywel Dda's Health and Wellbeing Framework may be a useful tool (http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf) to refer to as the pilot expands. This lens encourages looking at things from a different angle and moving from illness towards wellbeing.
- Not currently aware of the demand for dried blood spot testing so there is a need to undertake a pilot for this to identify if there is the infrastructure in place to support this testing.
- For the role out of this service further across Wales, there will be a need to think about the capacity required to manage the extra use of services, the extra demand.
- Moving forwards, need a more joined up service between sexual health clinic consultants and pharmacies.
- Suggested that pharmacy staff could be trained to deliver other testing to individuals too/provide other services. This would mean that individuals would not necessarily need to go to their GP to obtain results and treatment, instead they could go straight to a pharmacy who would provide treatment and other tests/services (e.g. contraception), as required, as well as having safeguarding processes in place.
- For a centralised service would need a group of trained sexual health advisors who can support individuals. A suggestion that in the future this support/advice from sexual health advisors could be provided remotely via video conferencing.
- There is a need to look at who is accessing the online testing service and how they are using the service, to see if requests for testing kits are from new individuals previously not known to the sexual health services (where new number created) or from those who have had contact with sexual health services previously (where

existing numbers come up). Are individuals undertaking repeat testing or are there lots of requests from new individuals?

6. **Suggested actions and next steps**

During the workshop participants suggested several actions and also raised some queries concerning areas that they felt should be further considered and explored. These actions and queries are outlined below.

Population Groups:

- Sex/Gender related groups:
  - There is a need to do more to reach men with a much more intensive promotional and social media campaign.
  - Participants felt that the options on the online form regarding gender and what type of sex you are having need to be reviewed and clarified to ensure they meet the need of this group [transgender] correctly.
- Men who have sex with men:
  - More engagement and health promotion is needed with this group.
- Pregnant women, sexual assault and domestic abuse victims and people seeking contraception:
  - Either remove questions [relating to these groups that are included in the online platform] or review the pathway and responses.
  - A pop up window could appear if people answered yes with information on where to go for contraception and pregnancy advice, and the live fear free helpline and local SARC.
  - There is a protocol set up if a young person discloses risk of child sexual exploitation. Perhaps a similar protocol can be established for sexual assault and domestic abuse?
  - A protocol for safeguarding concerns is needed.
- Clinical staff:
  - Develop a protocol for communicating positive HIV test from self-service blood spot test.
- Sex workers:
  - Should use by sex workers be measured/captured?

Additional actions:

- Suggestion that the wellbeing lens referred to in Hywel Dda's Health and Wellbeing Framework may be a useful tool (http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf) to refer to as the pilot expands.
- The demand for dried blood spot testing is not currently known, so there is a need to undertake a pilot for this to identify if there is the infrastructure in place to support this testing.
- For the role out of this service further across Wales, there will be a need to think about the capacity required to manage the extra use of services, the extra demand.

- There is a need to look at who is accessing the online testing service and how they are using the service, to see if requests for testing kits are from new individuals previously not known to the sexual health services (where new number created) or from those who have had contact with sexual health services previously (where existing numbers come up). Are individuals undertaking repeat testing or are there lots of requests from new individuals?

  At the conclusion of the workshop, the following actions were agreed to completed.

Next steps:

- WHIASU team will write up the notes from the workshop and produce a draft workshop report.
- The draft workshop report will be circulated to participants for comment and agreement.
- The report will then be finalised for wider circulation and go to the Test and Post Working Group for consideration to inform the development and expansion of the programme.

7. Conclusion

The completed workshop evaluations (9 were received in total) show the HIA workshop was viewed as beneficial and a positive experience by participants. Several attendees came to the workshop with no prior expectations, however those who did advised that the workshop had exceeded these expectations. Feedback from individuals showed that the workshop provided an opportunity for them to share their views with others and several expressed that they felt their voices were heard, which reflects the participatory, open and inclusive nature of Health Impact Assessment.

Positive comments were received regarding the format of the workshop, with individuals advising the breakout sessions with facilitators worked well. Constructive feedback received included one comment advising document sharing in advance of the workshop would have been useful and another comment from an individual who said they would have liked further details on how the information is going to be used/presented (i.e. scene setting).

The workshop discussions have resulted in the identification of some areas for further consideration and a number of suggested actions to be completed, which can contribute to the ongoing development of this programme of work. Information gathered from the workshop discussions will complement existing evidence and service user feedback survey data, which will be used to inform future service provision in Wales.

HIA Workshop – Pilot for online access to Chlamydia/Gonorrhoea testing
26th November 2019 - Glangwili Hospital, Carmarthen

WHIASU

10.12.2019

Appendix 1 - Programme for the HIA Workshop - 26th November 2019, Glangwili Hospital, Carmarthen

2pm	Registration (Tea/ Coffee available)
2:10	Introductions
2:30	An outline of Project – *Zoe Couzens, Principal Sexual Health Practitioner, Public Health Wales (PHW*)
2:40	Outline of Health Impact Assessment and the morning – *Nerys Edmunds, Principal HIA Development Officer, PHW/Wales HIA Support Unit (WHIASU)*
2:50	Introduction to Appraisal Tool – *Nerys Edmunds*
2:55	Screening session – using appraisal tool to identify key health impacts of the proposal - *Nerys Edmunds, Ed Huckle, Principal HIA Development Officer and Laura Evans, Public Health Practitioner, PHW/WHIASU*
3:50	Tea/ Coffee break
4:00	Screening session – continued
4.30	Feedback or recommendations – *Nerys Edmunds*
4:45	Finish and Evaluation

Appendix 2 - List of participants

Name	Role and organisation
Nerys Edmonds	Principal HIA Development Officer, WHIASU, Public Health Wales
Ed Huckle	Principal HIA Development Officer, WHIASU, Public Health Wales
Laura Evans	Public Health Practitioner (Policy and HIA), WHIASU, Public Health Wales
Lisa Wilson	Sexual Health Nurse, Hywel Dda UHB
Deborah Harris	Sexual Health Nurse, Hywel Dda UHB
Alex Ford	Health Care Support Worker, Hywel Dda UHB
Alison Lucitt	Nurse Manager, Hywel Dda UHB
Judith Bowler	Nurse Manager, Hywel Dda UHB
Helen Munro	Consultant in Sexual Health, Hywel Dda UHB
Debbie Harvey	Business Development Manager, Signum Health
Zoe Couzens	Sexual Health Lead, Public Health Wales
Jonathan Evans	Operations Manager, Microbiology Cardiff, Public Health Wales
Ellen Griffiths	Sexual Health Nurse, Hywel Dda UHB
Lisa Humphrey	Service Delivery Manager, Hywel Dda UHB
Jenny Bayliss	Operations Manager, Microbiology Swansea, Public Health Wales
Megan Harris	Consultant in Public Health, Public Health Wales
Zubair Farooq	Business Development Manager, Signum Health

Appendix 3 - Population Groups Checklist

This checklist is for use during a HIA Screening and Appraisal in order to identify the population groups who could be more impacted than others by a policy/project/proposal.

The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA Screening and Appraisal. In a HIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages. Please also note that terminology can change over time/publication.

Sex/Gender related groups

- Female
- Male
- Transgender
- Other *(please specify)*

Age related groups *(Could specify age range for special consideration)*

- Children and young people
- Early years (including pregnancy and first year of life)
- General adult population
- Older people

Income related groups

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

Groups at higher risk of discrimination or other social disadvantage

- Black and minority ethnic groups *(please specify)*
- Carers
- Ex-offenders

- Gypsies and Travellers
- Homeless
- Language/culture *(please specify)*
- Lesbian, gay and bisexual people
- Looked after children
- People seeking asylum
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties
- Refugee groups
- Religious groups *(please specify)*
- Lone parent families
- Veterans

Geographical groups and/or settings

- People in key settings: workplaces/schools/hospitals/care homes/ prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in isolated or over-populated areas
- People unable to access services and facilities

1. Lifestyles	• Diet / Nutrition / Breastfeeding • Physical activity • Risk-taking activity i.e. addictive behaviour, gambling • Sexual activity • Social media use	• Use of alcohol, cigarettes, Electronic Nicotine Delivery Systems (i.e. e-cigarettes), • Use of substances, non-prescribed medication, and abuse of prescription medication	Physical, mental, social, environmental health & wellbeing
2. Social and community influences on health	• Adverse childhood experiences i.e. physical, emotional or sexual abuse. • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Divisions in community • Domestic violence • Family relationships, organisation and roles • Language • Cultural and spiritual ethos	• Neighbourliness • Other social exclusion i.e. homelessness, incarceration • Parenting and infant attachment (strong early bond between infant and primary caregiver) • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital, support and social networks • Third Sector and Volunteering	
3. Mental Health & Wellbeing	Consider: • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?		
4. Living & environmental conditions affecting health	• Air Quality • Attractiveness of area • Community safety • Access, availability and quality of green and blue space, natural space • Housing quality and tenure • Indoor environment • Health and safety i.e. falls, home safety, safety of public places • Light pollution	• Noise • Quality and safety of play areas (formal and informal) • Road safety • Odours • Urban/Rural built and natural environment & neighbourhood design • Waste disposal, recycling • Water quality i.e. sea water	
5. Economic conditions affecting health	• Unemployment • Poverty including food and fuel poverty • Income • Personal and household debt	• Economic inactivity • Type of employment i.e. permanent/temporary, full /part time • Working conditions i.e. work environment, bullying, health and safety	

6. Access and quality of services	• Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services	• Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel	
7. Macro-economic, environmental and sustainability factors	• Biodiversity • Climate change i.e. flooding, heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade	• Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	

Appendix 4 -Health and Wellbeing Determinants Checklist