

New Directive. New world? Health and EIA

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24th May 2018.
Edinburgh

What we will cover ...

- Importance ... only to European Member States?
- Structure: legal instruments in the European Union
- Changes (opportunities offered by international politics)
- Work in England and across the UK (challenges posed by national international politics)
- New Directive → new world?



Salus populi suprema lex esto

"The health (welfare, good, salvation, felicity) of the people should be the supreme law"

Cicero, De Legibus (book III, part III, sub. VIII)



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Introduction

- Environmental impact assessment (EIA) common practice
- In Africa, not a single country is actively promoting HIA
- Health included under EIA
 - Strong focus on environmental determinants of health
 - Poor methodological guidance
 - Weak inclusion of health sector
 - Weak evidence-base

Countries/regions promoting HIA
Winkler et al. Bull World Health Organ (2013)

Resource extraction projects

Public sector

Are the SDGs an opportunity to guide a regulatory framework for HIA?

Mirko Winkler
IAIA18



... Quality assurance

**A review package for Health
Impact Assessment reports
of development projects**



Mette Winge Fredsgaard, Ben Cave and Alan Bond



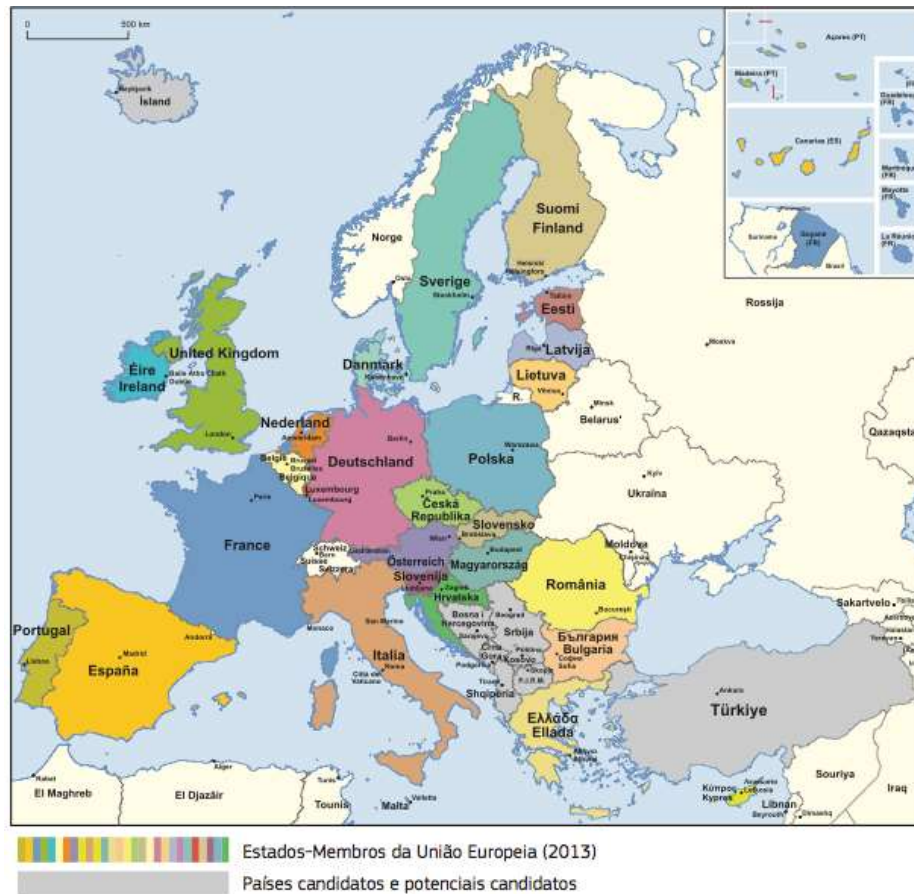
- A review package (2009) to 'hardwire' public health and its values into the assessment process



The Legal framework in EU



Europe of 28 member states



Some figures

- 28 Member States
- + 500 Mill habitants, third largest population after China & India
- 4 million km²
- 23 official languages
- 17 countries use the EURO as their currency



How does the EU work?

- The European Union (EU) has its **own legal system**
- The EU can adopt **legislative acts**.
- **Member states** must comply with legislative acts and they must apply them.
- The **scope** of the legal systems are defined in the **treaties** (examples: environment, agriculture, transport).
- If a policy area is **not cited** in a treaty, the Commission **cannot propose a law** in that area.

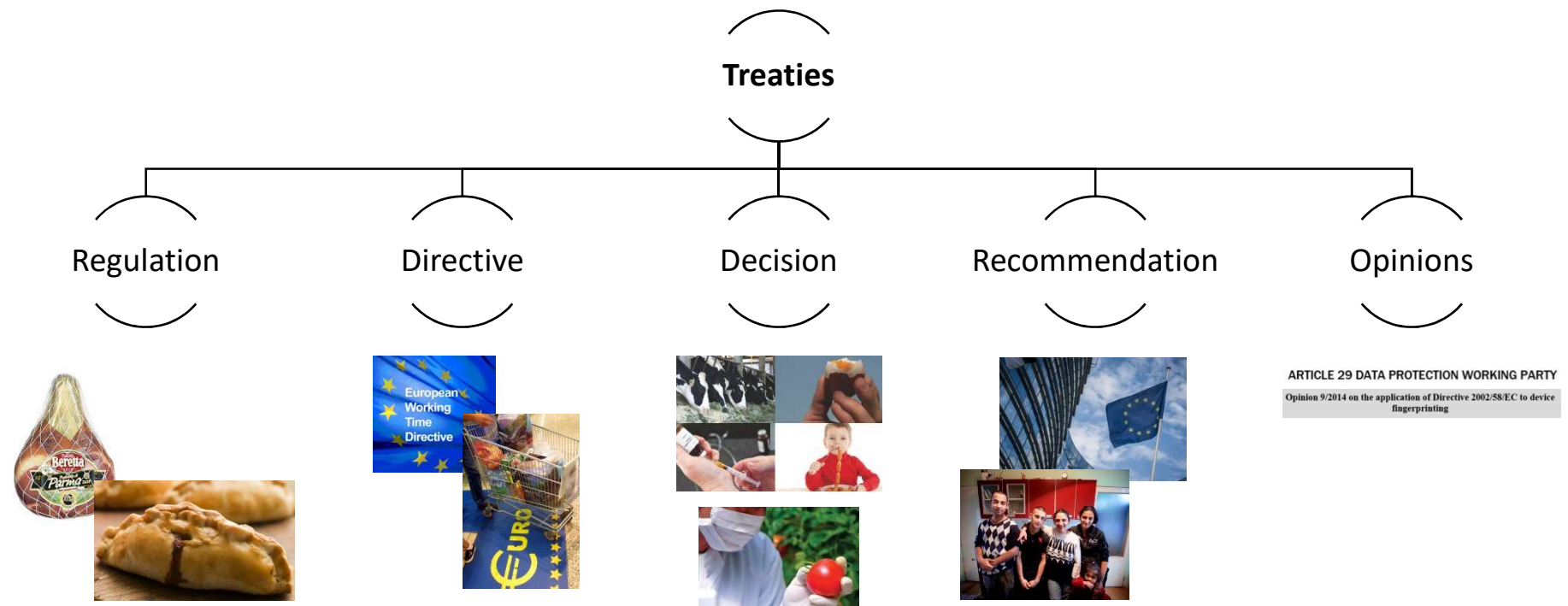


The EU Legal Structure allows for different types of legal acts ...

- Regulations;
 - Directives;
 - Decisions;
 - Recommendations; and
 - Opinions.
- Some are **binding**, others are not.
 - Some apply to all EU countries, others to just a few.
 - **EU case-law** is made up of judgements from the Court of Justice of the European Union which interprets EU legislation.



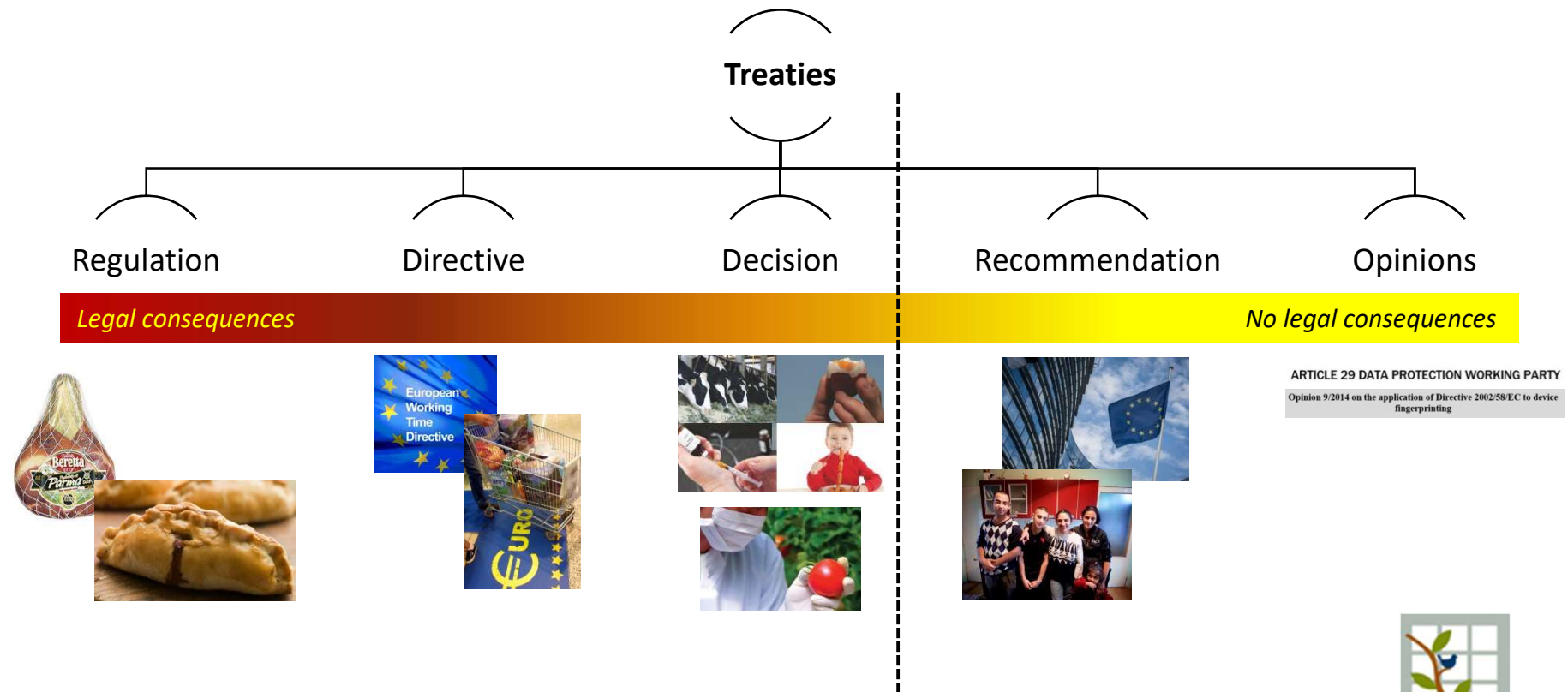
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From EUROPA. Regulations, directives and other acts.
<http://bit.ly/1KrRbGr>



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Treaties

- Every action taken by the EU is founded on treaties that have been approved voluntarily and democratically by all EU member countries.
- Treaties set out
 - ✓ EU objectives;
 - ✓ rules for EU institutions;
 - ✓ how decisions are made; and
 - ✓ the relationship between the EU and its member countries.
- Example: treaties of Lisbon applied since 2009



Regulation

- Binding legislative act.
- It must be applied in its entirety across the EU.
- Examples : the regulation EC n°2073/2005 about microbiological criteria for foodstuffs

22.12.2005	EN	Official Journal of the European Union	L 338/1
I			
(Acts whose publication is obligatory)			
COMMISSION REGULATION (EC) No 2073/2005 of 15 November 2005 on microbiological criteria for foodstuffs (Text with EEA relevance)			
THE COMMISSION OF THE EUROPEAN COMMUNITIES,	(4) Microbiological criteria also give guidance on the acceptability of foodstuffs and their manufacturing, handling and distribution processes. The use of microbiological criteria should form an integral part of the implementation of HACCP-based procedures and other hygiene control measures.		
Having regard to the Treaty establishing the European Community,			
Having regard to Regulation (EC) No 853/2004 of the European Parliament and of the Council of 29 April 2004 on the hygiene of foodstuffs ⁽¹⁾ , and in particular Articles 4(4) and 12 thereof,			
Whereas:	(5) The safety of foodstuffs is mainly ensured by a preventive approach, such as implementation of good hygiene practice and application of procedures based on hazard analysis and critical control point (HACCP) principles. Microbiological criteria can be used in validation and verification of HACCP procedures and other hygiene control measures. It is therefore appropriate to set microbiological criteria defining the acceptability of the processes, and also food safety microbiological criteria setting a limit above which a foodstuff should be considered unacceptably contaminated with the micro-organisms for which the criteria are set.		
(1) A high level of protection of public health is one of the fundamental objectives of food law, as laid down in Regulation (EC) No 178/2002 of the European Parliament and of the Council of 28 January 2002 laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety ⁽²⁾ . Microbiological hazards in foodstuffs form a major source of food-borne diseases in humans.			
(2) Foodstuffs should not contain micro-organisms or their toxins or metabolites in quantities that present an unacceptable risk for human health.			
(3) Regulation (EC) No 178/2002 lays down general food safety requirements, according to which food must not be placed on the market if it is unsafe. Food business operators have an obligation to withdraw unsafe food from the market. In order to contribute to the protection of public health and to prevent differing interpretations, it is appropriate to establish harmonised safety criteria on the acceptability of food, in particular as regards the presence of certain pathogenic micro-organisms.	(6) According to Article 4 of Regulation (EC) No 853/2004, food business operators are to comply with microbiological criteria. This should include testing against the values set for the criteria through the taking of samples, the conduct of analyses and the implementation of corrective actions, in accordance with food law and the instructions given by the competent authority. It is therefore appropriate to lay down implementing measures concerning the analytical methods, including, where necessary, the measurement uncertainty, the sampling plan, the microbiological limits, the number of analytical units that should comply with these limits. Furthermore, it is appropriate to lay down implementing measures concerning the foodstuff to which the criterion applies, the points of the food chain where the criterion applies, as well as the actions to be taken when the criterion is not met. The measures to be taken by the food business operators in order to ensure compliance with criteria defining the acceptability of a process may include, among other things, controls of raw materials, hygiene, temperature and shelf-life of the product.		
⁽¹⁾ OJ L 139, 30.4.2004, p. 1, corrected by OJ L 226, 25.6.2004, p. 3.			
⁽²⁾ OJ L 31, 1.2.2002, p. 1. Regulation as amended by Regulation (EC) No 1642/2003 (OJ L 245, 29.9.2003, p. 4).			



Directive

- Legislative act that sets out a goal that all EU countries must achieve. However, it is up to the individual countries to decide how.
- It cannot be applied directly by the EU countries and shall be transposed in national laws.

Examples:

- **Directive** EC n°2001/18 about the deliberate release into the environment of genetically modified organisms,
- **Directive** EC n°98/83 on the quality of water intended for human consumption



I

(Legislative acts)

DIRECTIVES

DIRECTIVE 2014/52/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 16 April 2014

amending Directive 2011/92/EU on the assessment of the effects of certain public and private projects on the environment

(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Article 192(1) thereof,

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national Parliaments,

Having regard to the opinion of the European Economic and Social Committee ⁽¹⁾,Having regard to the opinion of the Committee of the Regions ⁽²⁾,Acting in accordance with the ordinary legislative procedure ⁽³⁾,

Whereas:

- (1) Directive 2011/92/EU of the European Parliament and of the Council ⁽⁴⁾ has harmonised the principles for the environmental impact assessment of projects by introducing minimum requirements, with regard to the type of projects subject to assessment, the main obligations of developers, the content of the assessment and the participation of the competent authorities and the public, and it contributes to a high level of protection of the environment and human health. Member States are free to lay down more stringent protective measures in accordance with the Treaty on the Functioning of the European Union (TFEU).
- (2) The Commission Communication of 30 April 2007, entitled 'The mid-term review of the sixth Community Environment Action Programme' and the Report from the Commission of 23 July 2009 on the application and effectiveness of Council Directive 85/337/EEC ⁽⁵⁾, the predecessor to Directive 2011/92/EU, stressed the need to improve the principles of environmental impact assessment of projects, and to adapt Directive 85/337/EEC to the policy, legal and technical context, which has evolved considerably.

⁽¹⁾ OJ C 133, 9.5.2013, p. 33.

⁽²⁾ OJ C 218, 30.7.2013, p. 42.

⁽³⁾ Position of the European Parliament of 12 March 2014 (not yet published in the Official Journal) and decision of the Council of 14 April 2014.

⁽⁴⁾ Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on the assessment of the effects of certain public and private projects on the environment (OJ L 26, 28.1.2012, p. 1).

⁽⁵⁾ Council Directive 85/337/EEC of 27 June 1985 on the assessment of the effects of certain public and private projects on the environment (OJ L 175, 5.7.1985, p. 40).

Environmental Impact Assessment

What has changed?



EIA Directive

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Directive 2014/52/EU of the European Parliament and of the Council amending Directive 2011/92/EU on the assessment of the effects of certain public and private projects on the environment. *Official Journal of the European Communities* 2014; **L 124**: 1-18.

<http://bit.ly/2bfMc0s>



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<http://bit.ly/2bfMc0s>



EIA Directive

- (22) *In order to ensure a high level of protection of the environment and human health, screening procedures and environmental impact assessments should take account of the impact of the whole project in question, including, where relevant, its subsurface and underground, during the construction, operational and, where relevant, demolition phases.*

Directive 2014/52/EU of the European Parliament and of the Council amending Directive 2011/92/EU on the assessment of the effects of certain public and private projects on the environment. *Official Journal of the European Communities* 2014; **L 124**: 1-18.

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Environmental impact assessment process

(2) The EIA must identify, describe and assess in an appropriate manner, in light of each individual case, the direct and indirect significant effects of the proposed development on the following factors—

- (a) population and human health;
- (b) biodiversity, with particular attention to species and habitats protected under Directive 92/43/EEC(**a**) and Directive 2009/147/EC(**b**);
- (c) land, soil, water, air and climate;
- (d) material assets, cultural heritage and the landscape;
- (e) the interaction between the factors referred to in sub-paragraphs (a) to (d).

HM Government of Great Britain & Northern Ireland.

The Town and Country Planning (Environmental Impact Assessment) Regulations. 2017.

<http://bit.ly/2rTVGJF>.



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Public Health England

- Briefing note to raise awareness amongst Directors of Public Health (DsPH) and their public health teams ...
- ... about Environmental Impact Assessment (EIA) and the May 2017 changes.
- It identifies when and how public health teams can contribute to the EIA process.
- This note is part of Public Health England's work to describe and demonstrate effective, practical local action on a range of wider determinants of health.



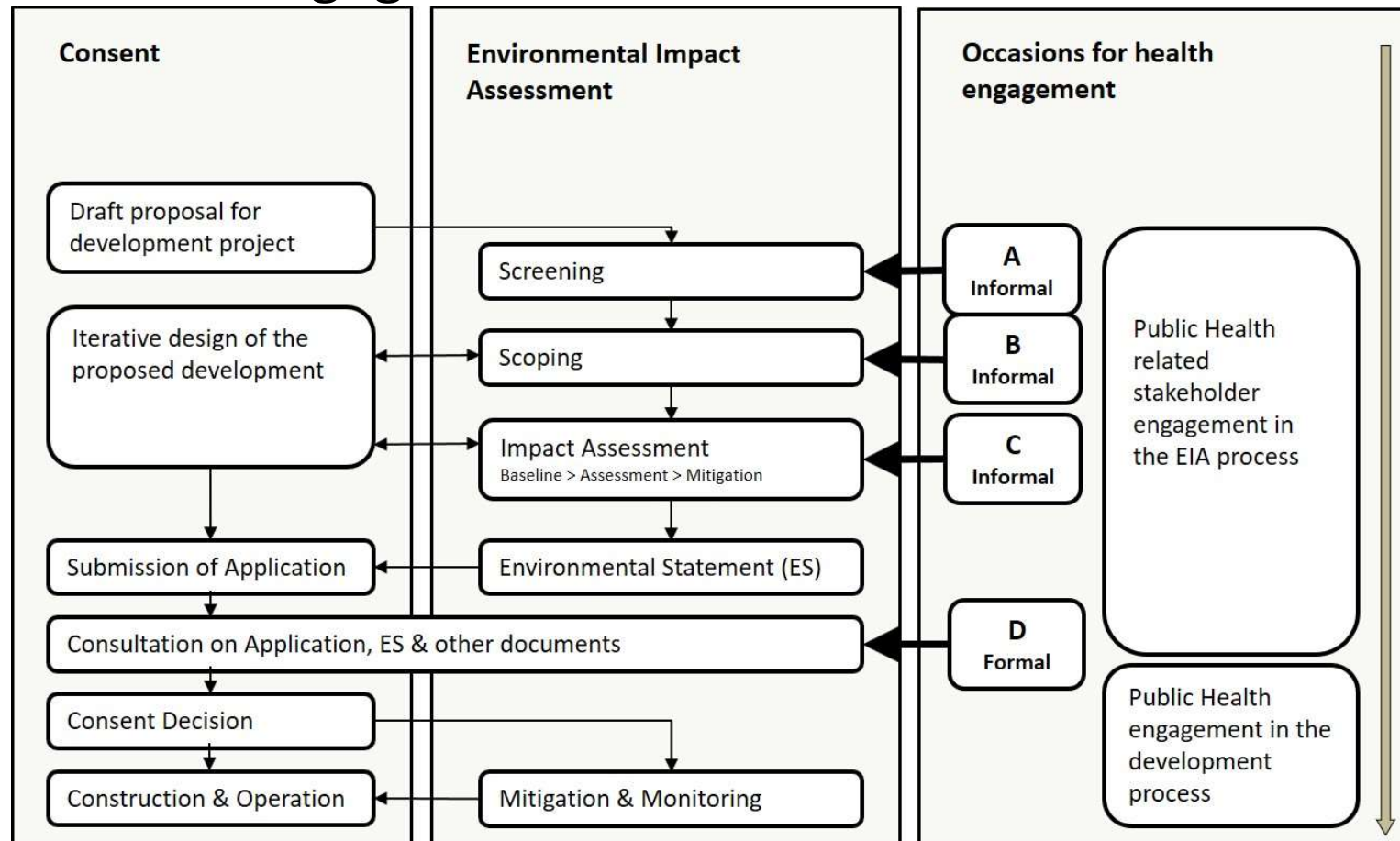
Protecting and improving the nation's health

Health and Environmental Impact Assessment:
A Briefing for Public Health Teams in England

Environmental Impact Assessment: a briefing for public health teams in England. London, England, Public Health England. 2017. www.gov.uk/government/publications/health-and-environmental-impact-assessment-guide-for-local-teams



The consent & the EIA processes & occasions for health engagement



Health and Environmental Impact Assessment: a briefing for public health teams in England.

Public Health England. 2017.

www.gov.uk/government/publications/health-and-environmental-impact-assessment-guide-for-local-teams



A primer to spark discussion

- Jointly authored by
Ben Cave Associates
IEMA
Faculty of Public Health
- The audience include
Public health teams
EIA practitioners
Planning officers
Consultees
Consenting authorities



Health in Environmental Impact Assessment

A Primer for a Proportionate Approach



Available at

www.iema.net/assets/newbuild/documents/IEMA%20Primer%20on%20Health%20in%20UK%20EIA%20Doc%20V11.pdf



Five principles should underpin health in EIA

- **Comprehensive approach to health.** Consider the wider determinants of health and wellbeing.
- **Proportionate.** Agree with stakeholders a focus on the likely significant health effects of a project.
- **Consistency.** Work in accordance with up-to-date policy, guidance and scientific consensus.
- **Equity.** Consider the distribution of health effects across a population and if appropriate take action.
- **Reasonableness.** Deliver an objective assessment based on evidence and on sound judgement.



Challenges to, and opportunities for, the practice of EIA

- Defining health in EIA
- Relationship between EIA and HIA
- Health outcome measures in EIA
- Public health evidence in EIA
- Defining significance for health in EIA
- Competencies for assessing health in EIA
- Risks of business-as-usual coverage of health in EIA
- EIA and environmental permitting links to health



Key messages

The Briefing note and the Primer offer brief guidance and recommendations.

More is needed ...

- The next 12-18 months is a window of opportunity for **public health** to help shape EIA good practice.
- Full guidance for EIA practitioners, consultees and consenting authorities is required.
- IEMA is working with the Faculty of Public Health to prepare guidance.



Health in EIA: an IAlA symposium

- For 2019?
- A good idea that requires some hard work ...



Thank you

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Health in EIA in Scotland – where can you find support?

Margaret Douglas

Martin Higgins

Scottish Health and Inequalities
Impact Assessment Network

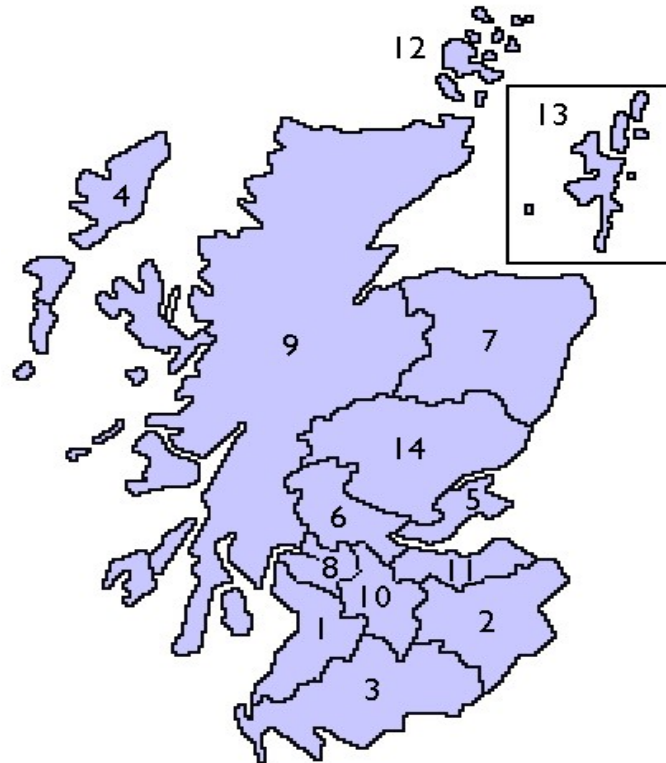


Public Health in Scotland

- All Territorial NHS Boards have a Director of Public Health (DPH) with a PH team of Consultants in Public Health, Researchers/Analysts, Health Protection Nurses and others
- Cover 3 'domains' of PH practice – Health Protection, Health Improvement, Health Services
- Strong focus on health inequalities and 'upstream' health determinants
- First point of contact usually DPH

14 NHS Boards

- 1 NHS Ayrshire & Arran
- 2 NHS Borders
- 3 NHS Dumfries & Galloway
- 4 NHS Western Isles
- 5 NHS Fife
- 6 NHS Forth Valley
- 7 NHS Grampian
- 8 NHS Greater Glasgow & Clyde
- 9 NHS Highland
- 10 NHS Lanarkshire
- 11 NHS Lothian
- 12 NHS Orkney
- 13 NHS Shetland
- 14 NHS Tayside



Health Improvement:

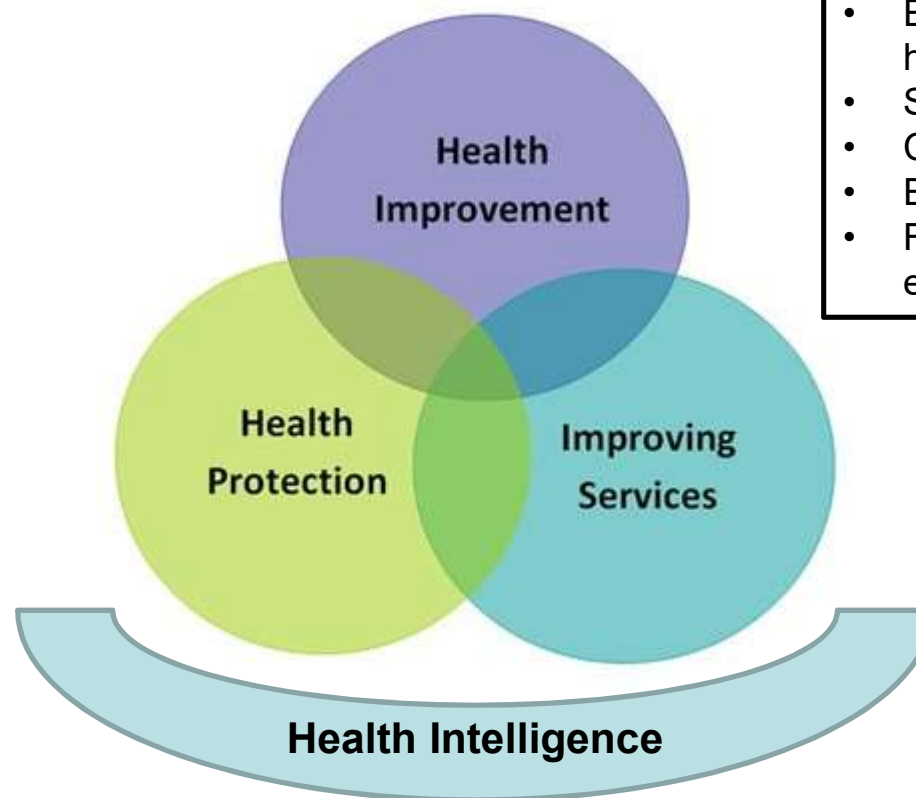
- Reducing inequalities
- Health in All Policies
- Partnership work
- Early intervention
- Lifestyle interventions
- Health education
- Community development

Improving Services:

- Health systems policy
- Quality and standards
- Evidence based healthcare
- Screening programmes
- Clinical governance
- Efficiency
- Research, audit, evaluation

Health Protection:

- Air, water, food
- Infectious disease surveillance and control
- Immunisation programmes
- Preparedness and disaster response
- Environmental hazards



Scottish Public Health Workforce

	headcount
Directors of Public Health	18
PH Consultants/Specialists/Registrars	171
PH Academics	360
PH Managers/Practitioners	970
PH Scientists	50
Analysts	374
PH Nurses	640
Environmental Health Officers	980

What's New

News alerts: w/b 5th May 2018

PHINS Bulletin 2018 – Request for Submissions

Quarterly website update - March 2018

New report - Hospital admissions, deaths and overall burden of disease attributable to alcohol consumption in Scotland

New Children & Young People's Profile published

Topical Issues

Assets and asset-based approaches in health policy

Excess Mortality in Scotland and Glasgow

Rurality and health

Vitamin D deficiency and its potential contribution to Scotland's health problems

ScotPHO Profiles



Scottish Burden of Disease study



ScotPHO reports and papers



Register for news and updates



A guide to key data sources



Scottish policies and strategies



The [Scottish Public Health Observatory \(ScotPHO\)](#) collaboration is led by ISD Scotland and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. See how to [make the best use of the ScotPHO website](#).

Health & Wellbeing (Edinburgh, City of)

This chart compares the local value for each indicator to the Scottish average (by default - unless a new comparator is selected below). The grey bars show the range of the data for all of the areas at the selected geographical breakdown. e.g. At NHS Board level the bars will show percentile range (between 5th ? 95th percentiles) for all NHS board values for each indicator in a given time period.

Due to differences in data availability, data reported in the profiles may not be consistent with that of published reports

Clicking on an indicator will drill-down into the data.

Please select a time period: [Print Chart](#) [Print Definitions](#) [Export Data](#) Please select an area you would like to compare against: [Bottom](#)

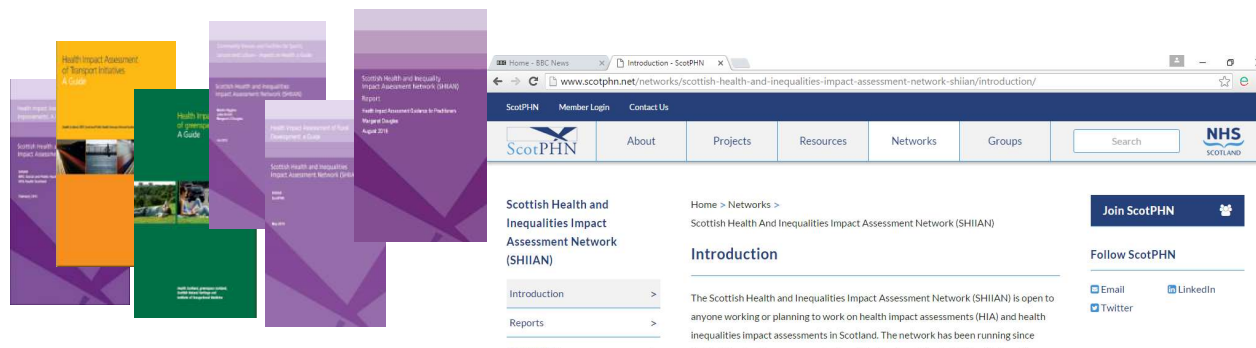
Domain	Indicator	Period	Number	Measure	Type	National Average	'Worst'	Comparator	'Best'
Life Expectancy & Mortality	1 Male life expectancy ¹⁸	2013	n/a	77.9	yrs	77.1			
	2 Female life expectancy ¹⁸	2013	n/a	82.2	yrs	81.1			
	3 Deaths all ages ¹²	2015	4,240	1,087.9	sr4	1,159.1			
	4 All-cause mortality among the 15-44 year olds ¹²	2015	183	76.8	sr4	102.2			
	5 Early deaths from CHD (<75) ¹²	2015	180	45.4	sr4	53.2			
	6 Early deaths from cancer (<75) ¹²	2015	555	155.5	sr4	163.8			
Behaviours	7 Estimated smoking attributable deaths ^{3,16}	2014	687	312.9	sr4	266.8			
	8 Smoking prevalence (adults 16+) ^{3,14}	2015	n/a	16.7	%	20.7			
	9 Alcohol-related hospital stays ¹⁵	2016	2,534	555.2	sr4	680.8			
	10 Alcohol-related mortality ¹⁷	2014	80	19.3	sr4	22.0			
	11 Drug-related hospital stays ^{12,15}	2015	843	155.2	sr4	146.9			
	12 Active travel to work ^{3,14}	2015	n/a	26.4	yrs	14.9			
Ill Health & Injury	13 New cancer registrations ¹²	2014	2,682	679.8	sr4	644.9			
	14 Patients hospitalised with chronic obstructive pulmonary disease (COPD) ¹²	2015	698	177.3	%	245.8			
	15 Patients hospitalised with coronary heart disease ¹²	2015	1,150	292.8	sr4	386.9			
	16 Patients hospitalised with asthma ¹²	2015	383	79.3	sr4	92.4			
	17 Patients with emergency hospitalisations ¹²	2015	26,843	5,997.9	sr4	7,605.9			
	18 Patients (65+) with multiple emergency hospitalisations ¹²	2015	3,664	4,864.0	sr4	5,405.3			
Mental Health	19 Road traffic accident casualties ¹²	2015	229	48.6	sr4	59.9			
	20 Population prescribed drugs for anxiety/depression/psychosis	2016	75,248	14.8	%	18.5			
	21 Patients with a psychiatric hospitalisation ¹²	2014	1,198	254.0	sr4	269.7			
	22 Deaths from suicide ^{17,19}	2014	79	16.7	sr4	13.9			
Social Care & Housing	23 Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance	2016	20,220	4.7	%	6.1			
	24 People aged 65 and over with high levels of care needs who are cared for at home ³	2017	1,450	34.2	%	35.2			
	25 Children looked after by local authority ³	2015	1,368	16.1	cr2	14.8			
	26 Single adult dwellings	2016	93,474	38.3	%	37.4			

Scottish Health and Inequalities Impact Assessment Network (SHIAN)

- Running since 2001
- Now part of Scottish Public Health Network
- Aim to promote and support HIA and inclusion of health in other impact assessments
- Evidence based guides to HIA of specific sectors
- General HIA guidance
- Training
- Support and advice to colleagues



Scottish Health and Inequalities Impact Assessment Network



<http://www.scotphn.net/networks/scottish-health-and-inequalities-impact-assessment-network-shian/introduction/>

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Scottish Health and Inequalities Impact Assessment Network



- What support is needed to assess health in EIAs?
- Health expertise on assessment team?
- Evidence and data?
- Support/advice from Public Health teams?
- How can we increase and enhance support available?