Health Equity Assessment Tool (HEAT):

Full version

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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About HEAT

What is HEAT?

HEAT is a tool consisting of a series of questions and prompts, which are designed to help you systematically assess health inequalities related to your work programme and identify what you can do to help reduce inequalities. It will also help you to consider the requirements of the Equality Act 2010.

When and why should I use it?

HEAT has similarities to other health equity assessment tools, but is unique in providing a lightweight yet still systematic framework for assessing and driving action on health inequalities.

It provides an easy-to-follow template which can be applied flexibly to suit your work programme. Its specific prompts ensure consideration of multiple dimensions of health inequalities.

How is it structured?

The tool has 4 stages:

1. Prepare
2. Assess
3. Refine and Apply
4. Review.

It is designed to be completed at the start of a work plan to help you consider its potential effects, but it can be used retrospectively. In practice, your assessment is likely to be iterative and will help you continuously improve the contribution of your work to reducing health inequalities.

Because tackling health inequalities at scale is likely to require ‘buy-in’ from senior leaders in your organisation or the system you work in, we recommend that the use of the HEAT process is sponsored by a senior leader.

What should be considered when completing it?

There are a number of different dimensions or characteristics to consider when completing HEAT.

1. The protected characteristics outlined in the Equality Act 2010 are as follows:
    - age
    - sex
    - race
    - religion or belief
    - disability
    - sexual orientation
    - gender reassignment
    - pregnancy and maternity
    - marriage and civil partnership

2. Socio-economic differences by individual socio-economic position. For example, National Statistics Socio-economic Classification, employment status, income, area deprivation.
3. Area variations by deprivation level (Index of Multiple Deprivation), service provision, urban/rural or in general.
4. Vulnerable and Inclusion Health groups, for example people experiencing homelessness, people in prison, or young people leaving care.

What should be considered when completing it?

Health inequalities are unjust differences in health and wellbeing between different groups of people (communities) which are systematic and avoidable. Health inequalities in England exist across a range of dimensions or characteristics, including the nine protected characteristics of the Equality Act 2010, socio-economic status, geographic deprivation, or being part of a vulnerable or Inclusion Health group.

Health inequalities may be driven by:

1 Different experiences and distribution of the wider determinants of health or structural factors. For example, the environment, community life, income or housing. In other words, the social economic and environmental conditions in which people live, work and play.

2 Different exposure to social, economic and environmental stressors and adversities. These affect states of mind from an early age and throughout life. Stress and psychological wellbeing directly affect resilience, health conditions and health behaviours.

3 Differences in health behaviours or other risk factors between groups, for example smoking, diet, and physical activity levels have different social distributions. Health behaviours may be influenced by wider determinants of health, like income.

4 Unequal access to or experience of health and other services between social groups.

People who share protected characteristics, as defined in the Equality Act 2010, may experience poorer health outcomes as a direct result of discrimination or due to different experiences of the factors described above.

The tool

Programme or project being assessed	
Date completed	
Contact person (name, Directorate, email, phone)	
Name of strategic leader	

Steps to take	Your response – remember to consider multiple dimensions of inequalities, i socio-economic differences
A. Prepare – agree the scope of work and assemble the information you need	
1. Your programme of work What are the main aims of your work? How do you expect your work to reduce health inequalities?	
2. Data and evidence What are the key sources of data, indicators, and evidence that allow you to identify HI in your topic? • Consider nationally available data such as health profiles and RightCare • Consider local data such as that available in JSNA, contract performance data, and qualitative data from local research	
B. Assess - examine the evidence and intelligence	
3. Distribution of health Which populations face the biggest health inequalities for your topic, according to the data and evidence above?	Socio-economic status or geographic deprivation:

	Inclusion health and vulnerable groups (for example, people experiencin young people leaving care):
	Experience related to protected characteristics:
4. Causes of inequalities What does the data and evidence tell you are the potential drivers for these inequalities? • Which wider determinants are influential? E.g. income, education, employment, housing, community life, racism and discrimination. • What aspects of mental wellbeing are affected? Consider risk and protective factors. • Which health behaviours play a role? • Does service quality, access and take up increase the chance of health inequalities in your work area? Which of these can you directly control? Which can you influence? Which are out of your control?	
C. Refine and apply – make changes to your work plans that will have the greatest impact	
5. Potential effects In light of the above, how is your work likely to affect health inequalities? (positively or negatively) Could your work widen inequalities by: • requiring self-directed action which is more likely to be done by affluent groups? • not tackling the wider and full spectrum of causes? • not being designed with communities themselves? • relying on professional-led interventions?	

• not tackling the root causes of health inequalities?	
6. Action plan What specific actions can your work programme or project take to maximise the potential for positive impacts and/or to mitigate the negative impacts on health inequalities? • How can you act on the specific causes of inequalities identified above? • Could you consider targeting action on populations who face the biggest inequalities? • Could you design the work with communities who face the biggest health inequalities to maximise the chance of it working for them? • Could you seek to increase people's control over their health and lives (if appropriate)? • Could you use civic, service and community-centred interventions to tackle the problem – to maximise the chance of reaching large populations at scale? • Who else can help?	
7. Evaluation and monitoring How will you quantitatively or qualitatively monitor and evaluate the effect of your work on different population groups at risk of health inequalities? What output or process measures could you consider?	
Set a health equity assessment review date, recommended for between 6 and 12 months from init Review date:	

D. Review – identify lessons learned and drive continuous improvement	
Date completed (should be 6-12 months after initial completion):	
Contact person (name, directorate, email, phone)	
1. Lessons learned Have you achieved the actions you set? How has your work: a) supported reductions in health inequalities associated with physical and mental health? b) promoted equality, diversity and inclusion across communities and groups that share protected characteristics? What will you do differently to drive improvements in your programme? What actions and changes can you identify?	

7000 Acres

Tillbridge Solar Project

7000 Acres response to the request for guidance around Health and Wellbeing

Deadline submission – 28th January 2025

For the Attention of the Planning Inspectorate:

To the examiners: Tillbridge Solar Project - National Infrastructure Project

Following the session on Health and Wellbeing 15/1/2025 held at the Lincolnshire Showgrounds, please see the response as per your request to 7000 Acres around guidance on this specific subject:

1. Given the significance of the cumulative impact (4 NIPs within a 6-mile radius), as experts on this subject, we believe that the ExA should request a full Health Impact Assessment involving local information and data to help with the process. As per industry guidelines, an Environmental Impact Assessment and Health Impact Assessments are separate processes (see IEMA: Health in Environmental Impact Assessment – A Primer for a Proportional Approach). 7000 Acres has highlighted this in their Written Representation IEMA Guidance where we point out the deficiencies within the applicant's documents on this subject particularly around population health.
2. Given that the applicant's expert failed to attend the hearing on Health and Wellbeing, and this topic is important to this examination, we still believe that there should be a special hearing with a range of experts from both public health and the Statutory NHS bodies, especially someone from our Mental Health Trust, who would be able to guide the ExA on this subject.
   At the hearing held on the 15th January at the Lincolnshire showground a Mental Health Professional with 7000 Acres made a verbal presentation setting out the importance of the visual environment and the effects it has on psychiatric health. The emerging recognition of the use of social prescribing in the therapy of depression and stress conditions was highlighted here. Social prescribing interventions often employ immersion in rural settings and contact with nature – an opportunity that blanketing the area with black panels will be denied to the residents of West Lindsey and the wider area. The presentation included several references to the use of Social Prescribing and the effects of the visual environment but as the applicant's expert was not present, they could not give these matters consideration. (**A transcript has been submitted to the Tillbridge NIPs site identified as item 33398**).
3. The applicant needs to be held to account as to their process. Industry IEMA guidelines state, that in beginning of the process, a steering group should be formed to formalise the Governance of health stakeholder inputs and consensus building. This should have involved our local health stakeholders. Furthermore, each project was presented to the NHS local body (then Lincolnshire CCG) as individual projects, which unfortunately did not highlight the extent of all these developments, all within a six-mile radius of Gainsborough. Had they been presented as one project covering 10,000 acres, affecting 30 villages, and given its close proximity to Gainsborough, this would have been a concern to them. In this area, we have high rates of cancer, rising depression rates, an older population, a significant number living on their own, issues which could affect social care going forward just to name a few. We object as experts to many of the assessments made within the applicant's documents by the author, who we believe is a town planner and who made most of his observations through a desk top review which is not satisfactory.
4. Having heard the residents speak about mental health issues and the reasons why they have moved to this area, we are concerned at the possibility that there will be widening of health inequalities. Many more potential health concerns may exist as local issues have not been identified within the applicant's document (population health). Census and ONS data cover West Lindsay which is a large district and not specific to the affected area. Local deep dive data is required for this purpose, and the applicant should have carried out a Qualitative survey to assess the impact of their scheme on Health and Wellbeing. The applicant did not

feel that they should complete a HEAT Tool (Health Equity Assessment Tool), which is a public health requirement. This would be part of a Health Impact Assessment, a working document to tease out issues around health inequality and the impact all these schemes will have going forward. We attach a copy for the ExA.

5. We would recommend you take the time to read the 7000 Acres Written Representation report which highlights potential risks.