Public Health England

UNIVERSITY OF LIVERPOOL
Environmental Assessment and Management RESEARCH CENTRE

Health Impact Assessments

Research on Health Impact Assessments (HIA) in planning practice in England

Executive summary

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Executive summary

Health Impact Assessment (HIA) is a tool for systematically identifying the impacts of plans and development projects, and for informing recommendations to promote and protect health and wellbeing and narrow inequalities. An HIA is a mechanism for public health practitioners to influence the development of local spatial policy and planning decisions relating to housing, major infrastructure projects, the food environment, transport, neighbourhood design, and the natural environment (1).

To date, it remains unclear how frequently an HIA is used in spatial planning across England. Despite being an important tool for considering the health impacts and effects of planning, its effectiveness to improve health outcomes remains unsubstantiated. Public Health England (PHE) therefore commissioned the University of Liverpool to undertake a review of current HIA practice in the English planning system. The findings of the University of Liverpool research have helped inform PHE's HIA guide – 'Health impact assessment in spatial planning: A guide for local authority public health and planning teams'' – published alongside this research (2).

About HIA

An HIA is a dedicated tool for the advancement of health and wellbeing. In English spatial planning, the use of an HIA is not a legal or policy requirement. The key policy lever for HIA use comes from the Planning Practice Guidance (PPG) in which it states an HIA is "a useful tool to use where there are expected to be significant impacts" (3).

The World Health Organization Gothenburg consensus in 1999 provides a useful HIA definition: an HIA is "a combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, programme or project on both, the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects" (4).

Undertaking an HIA requires a multidisciplinary approach. Relevant disciplines to engage include: public health, social and political sciences, environmental health, urban planning, epidemiology, and statistics (5). Like the other impact assessment tools, an HIA follows a 5-stage process: Screening, Scoping, Assessment, Reporting and Monitoring.

Other impact assessments, relevant to spatial planning, included in the scope of the research include strategic environmental assessment (SEA) and sustainability appraisal (SA), both of which are relevant to plan-making; and environmental impact assessment (EIA) which is relevant to projects. SEA, SA and EIA are statutory impact assessments for plans or projects, and their requirements are set out in regulations and national planning policy. Annex 1 illustrates HIA implementation in the planning processes.

Methods

Rapid literature review

A rapid literature review of the application of HIA, as well as of health in other impact assessments, in the English planning system was carried out. The review focused on evidence from 2012 onwards, that is the year of the introduction of the first National Planning Policy Framework (NPPF) and the Health and Social Care Act 2012.

HIA quality review

To evaluate the quality of HIAs identified, a review table was designed based on various sources that describe what health issues should be considered in spatial planning. The HIAs for review were identified based on:

- systematic screening of
  - local and other strategic plan making exercises of the 325 local authorities in England responsible for local plan making
  - non-technical summaries of EIAs listed on the Institute of Environmental Management and Assessment (IEMA) web-pages
- recommendations from key stakeholders

Forty HIAs were identified for the review. Their quality was evaluated using 45 review questions grouped into 6 categories. A quality score between A (the work had been well performed) and D (the task was not attempted) was assigned to each question. To improve the reliability of the overall HIA quality scores, each HIA was reviewed by 2 researchers before a final score was agreed.

Limitations of the quality review

It was difficult to assign a quality score for 2 of the 6 types of HIAs evaluated (without the support of the project stakeholders) for 2 reasons. Firstly, for HIAs prepared alongside EIAs, the Non-Technical Summaries listed on the IEMA's web-pages did not clearly state when an HIA had also been carried out.

Secondly, for standalone HIAs, there is no national repository for HIAs submitted in the planning system. Therefore, the systematic collection of HIA examples was not possible. Although they should be publicly available as part of submitted planning application documents, standalone project HIAs could only be identified and sourced by local authority contacts.

HIA case studies

For example, HIAs were selected and described in further detail; each representing one of the 4 different types of HIAs (See Annex 2).

Practitioners workshops

The quality review framework was initially tested during a November 2019 London workshop with a group of 20 planning and public health experts, and a further 12 local planning and public health practitioners prior to completing the remaining 36 impact assessments. Interim conclusions and recommendations from the research were presented for feedback to a group of North West of England local authority planning and public health practitioners in March 2020.

Findings

Use of HIAs in England

Research indicates the application of HIA within SEA/SA in England has been increasing. A comprehensive review of practice in 2011 established that 6 of 83 (7%) adopted core strategies (also known as local plans) had applied an HIA as part of an integrated assessment (6). A systematic review of local plan appraisal practices conducted in 2019 found that 16 out of a sample of 117 local plans (14%) had integrated assessments prepared which included an HIA. A review of English local plans by the Town and Country Planning Association (TCPA) in 2018/19 found about 30% of current local plans have adopted planning policy requiring the submission of an HIA for certain development projects as part of planning applications (7).

Influence of HIA policy and guidance

HIAs are prepared more consistently in local authorities that have an HIA supplementary planning document (SPD) or policy in place. This is in line with observations for other impact assessment tools where the quality tends to be high in the presence of formal requirements. Whilst it is difficult to establish the influence of existing guidance on the quality of HIA reports, from the HIAs

reviewed, slightly higher scores were achieved in situations where a local planning authority had adopted an HIA policy and SPD guidance.

Existence of local expertise and capacity

Research also highlighted the importance of developing HIA expertise and associated capacity through, for example, training and specific guidance once HIA requirements have been put in place. Expertise is one of the strongest explanatory factors for high quality assessments. Indeed, one of the highest scoring HIAs in the sample was prepared by a team led by an internationally renowned HIA expert. This is in line with observations made elsewhere on the effectiveness of impact assessments tools (8).

HIA trade-offs

The HIA quality review found that equal weight is not always given to the social, economic, and environmental determinants of health. While standalone HIAs often focus on social and behavioural aspects, HIAs integrated with other impact assessments subordinate environmental determinants of health to social and economic determinants.

Consideration of alternatives or options

None of the HIAs reviewed considered any alternatives or different options to the plan or development projects in their assessment. HIAs more often focus on optimising a given or preferred development option rather than testing and informing alternatives or options. As a consequence, the HIAs is unable to meaningfully inform a discussion of the best possible plan or project alternative / option for improving health and wellbeing.

Recommendations

Previous research commissioned by the Department of Health in 2006 set out recommendations, including relating to the use of HIAs in spatial planning, on the need for: guidance on how and when to undertake an HIA; methods to focus on screening and scoping stages; integration with other forms of assessments; and strengthening capacity and skills (9).

Further recommendations derived from the University of Liverpool are:

Increase influence on decision making: start health proofing early to add impact to problem driven HIAs

Traditionally HIAs have adopted a problem-driven approach, which aims to improve a plan / project by 'health proofing' it, that is by optimising it from a health perspective rather than assessing alternatives and options. This can mean an HIA is applied at the end of the plan / project preparation process, after important decisions are reached. To be more influential, it is recommended that HIAs should also adopt an 'impact driven' approach. This means that an HIA should be carried out prospectively (before decisions are made) and inform/ propose different options and alternatives that will lead to improved health outcomes and reduce health inequalities.

Establish win-win-win solutions: balance the three-legged sustainability stool

HIA needs to be sensitive to potential trade-offs between the economic, social, and environmental dimensions of different health determinants. Currently, and particularly when integrated impact assessment (IIA) is applied (notably in the context of new housing development), negative impacts are consistently predicted in local plan making with regard to environmental aspects, while positive impacts are routinely anticipated for economic and, to a lesser extent, social aspects. For sustainable development, win-win-win solutions for all dimensions should be sought; an impact driven HIA is well placed to support this approach.

Ensure best practice: develop consistent guidance, actionable ideas, accessible evidence, leadership, and collaboration

It is important to develop HIA guidance with trigger points which are based on evidence of local health needs and priorities. An HIA should make concrete suggestions for health-promoting initiatives, for example sustainable transport and green infrastructure.

HIA examples that have been applied to development projects are difficult to identify. Further, since few HIA evaluations have been published, it is difficult to assess the quality and impact of previously completed HIAs. Therefore, an HIA (planning) repository would be a valuable resource. Furthermore, it would be helpful for non-technical summaries, that are prepared for project EIAs accessible through the web pages of the IEMA, to clearly state when an HIA has been prepared. This is not presently given.

In local plan preparation, and in the absence of PHE being a statutory consultee, it is prudent to include Directors of Public Health and public health teams in, at least, the screening and scoping stages of SA / SEA or IIA. Planning and public health officers have started to collaborate more closely through HIA; it is important to further develop these relationships. HIA capacity building for both local planning and public health teams will enable more effective HIAs and the consideration of health in other impact assessments at both, plan and project level.

Conclusions

HIA has been gaining in importance in English spatial planning due to the introduction of requirements in national planning guidance and increased public health involvement in the planning process. Since 2012 there has been an increase in HIA awareness among local authority public health and planning teams. As a result, HIAs are becoming more frequently applied in plan making and development projects. HIAs are also regularly applied in alignment or integrated with other impact assessment tools during the planning applications process for development projects. Despite its widespread use, a general understanding of the benefits and specific applicability of HIA remains poor.

These research findings start to fill gaps in the current knowledge by systematically reviewing HIA practice in England, both in plan making and project development. Based on reviews of 40 HIAs, representing different situations of application, and based on advice and comments by public health and planning experts, new insights have been gained into the practice of HIA in spatial planning in England.

The research team recognises research gaps remain. Further work could help improve the quality and coverage of HIAs in the planning system and, in turn, derive public health and wellbeing benefits from the plan-making and development project process.

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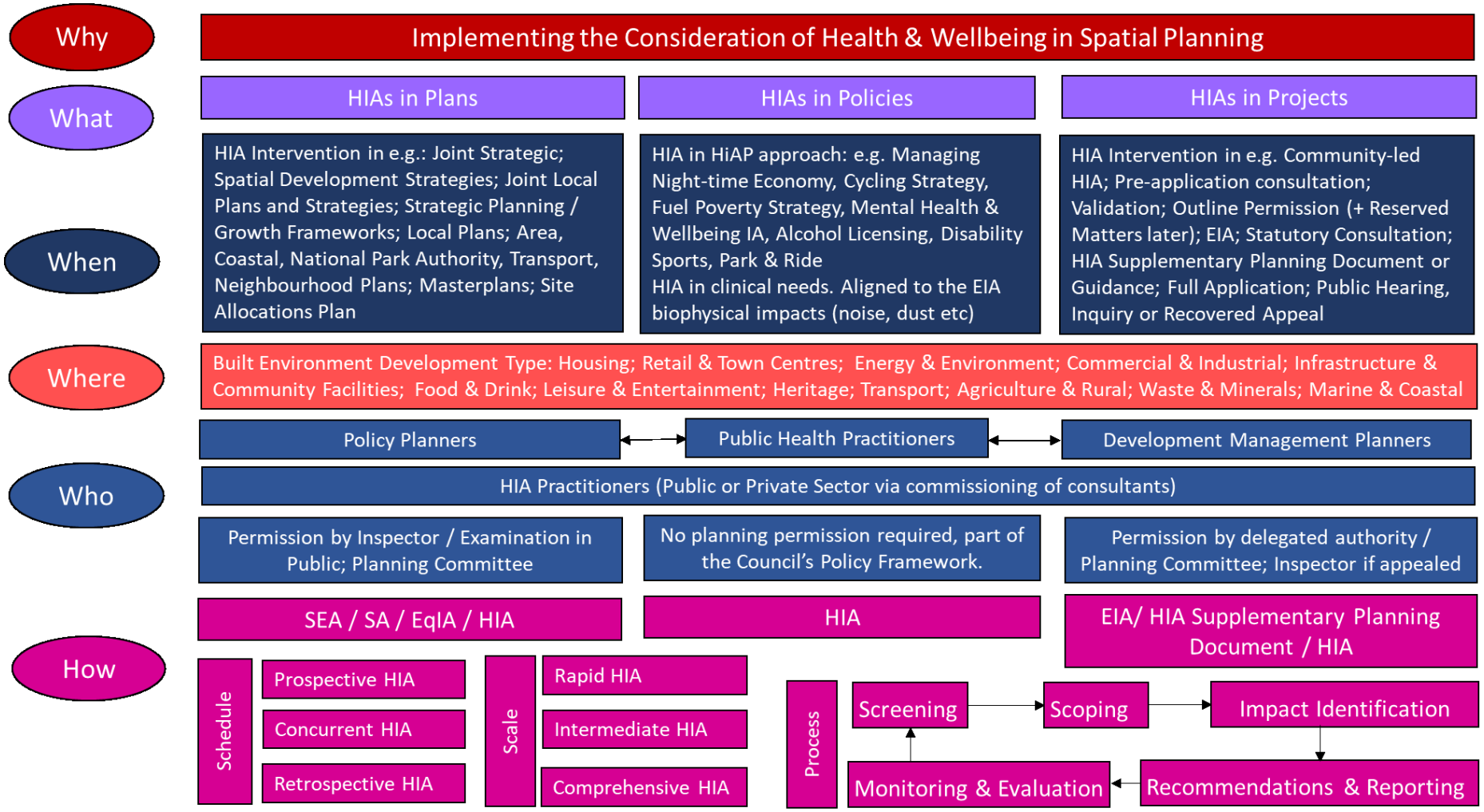
Annex 1. Application of HIA in spatial planning



Source: University of Liverpool for the research

Annex 2. Case studies of HIAs reviewed

HIA in plan making and with Integrated Impact Assessment (IIA)

Brief summary
This IIA (532 pages) for a local plan included both qualitative and quantitative assessment and was integrated with SEA, SA, HIA and EqIA. It was undertaken by a consultancy in 2016 and it is currently published for consultation. The HIA is concurrent and intermediate and fully integrated. The specific HIA approach is explained on 2 pages in the IIA. The LPA does not have SPD or local policy for the use of HIA in place.
What was the setting and population covered?
This is an IIA of a city council's local plan in the North East of England region. At the early stages of the plan making process, the Director of Public Health undertook a Rapid HIA to inform the IIA, setting out the factors that can influence health and well-being. High level impacts on the health inequalities of Local Plan themes were identified at this stage. The IIA evaluated the 15-year local plan, consisting of 52 policies and site allocations individually and as a whole against 21 environmental, social and economic objectives, one of which was specific to health. Eight of the objectives were assigned criteria relevant to health. These were decided upon in consultation with the Director of Public Health. The local plan has 12 strategic priorities, 2 being specific to health. Its site assessment criteria include proximity to schools, town and district centres, rail stations, green space, GP surgeries, and community facilities, whether the site is within one of the city's 10 most deprived wards.
What was it seeking to achieve?
The methodology used is explained, and is colour coded; it is based on a (++, +, 0, ?, -, --) grading system. It identifies the expected magnitude of change in terms of housing allocations and employment land use. Out of 105 policies, 17 were found to have negative impacts on healthy lifestyles because of the loss of open space; 5 policies were found to have negative impacts due to an increase in traffic, congestion, and noise. Impacts over time were identified, highlighting their significance in terms of health as well as cumulative impacts.
What did it do?
The IIA and integrated HIA scored well for its approach to the consultation process with health professionals. It had a logical layout with ease of navigation and was prepared prior to important decisions being made. The IIA highlighted the relationship between health and education with specific policies for its main education institution in terms of education, skills and health and community facilities, as well as recognizing health inequalities. The IIA provided information on the negative and positive effects of the local plan and scored highly for economic, social, cultural and biophysical determinants of health. It discussed mental health and well-being in terms of access to open space and local food growing as well as access to health and social care activities, healthier built environments, sustainable transport, community cohesion, noise and light pollution, vibrations and odours. It explained the reasons for selecting options which were linked to the identified impacts.
What was the outcome?
The local plan passed its examination by the Planning Inspector and was adopted in 2017.
What did we learn?
Weaknesses in appraising health impacts on BAME communities and vulnerable groups. Reference is made to Travellers and Gypsies and the disabled. The IIA did not address issues of occupation health and safety or waste. It is not clear who is expected to act or offer any offset measures. It does not offer any information on how monitoring will occur, who will undertake the monitoring, or any timescales for follow up. Although it does include a set of indicators, they are not aligned to the Public Health Outcomes Framework (PHOF).
What is the single most important one line of advice which we can give to others starting a similar project?
Collaboration with the Director of Public Health at an early stage to shape the strategic options

HIA in Plan Making aligned with SEA / SA

Brief summary
This rapid and qualitative desktop HIA from 2016 was prepared next to a SA/SEA for a local plan and an associated area action plan. It was conducted in a retrospective manner. The HIA has 13 pages and the SA/SEA 231 pages. The LPA has an HIA SPD in place and the HIA was prepared in-house, as was the SA/SEA.
What was the setting and population covered?
This rapid HIA from the West Midlands was prepared next to the SA/SEA for a city council's local plan. It was published at the same time as the SA/SEA. In the HIA, key health issues of the local population were identified and the links between planning and health were explained. In this context, healthy communities (physical activities, crime) and health inequalities were mentioned as important objectives. The assessment focused on physical activities, housing, employment, accessibility, access to health food, crime reduction and community safety, and social cohesion and social capital, as well as environmental impacts.
What was it seeking to achieve?
The aim of the HIA was to assess the potential of the local plan to positively influence the health and wellbeing of the population and to explore possibilities for reducing health inequalities.
What did it do?
The appraisal methodology included the 5 procedural stages of screening, scoping, appraisal, reporting and monitoring. This follows the HIA SPD. A qualitative approach was used with expert knowledge (Public Health Practitioner) being at the heart of the assessment. It is said that this is the first time that specific policy guidance on health and wellbeing has been considered in a local plan since the 1950s.
What was the outcome?
Suggestions were made for improving levels of physical activity and accessibility (also focusing on sustainable transport, - including walking and cycling), the development of green infrastructure, health and social case provisions, energy efficient homes, age friendliness, job opportunities, accessibility to employment and training opportunities, childcare facilities, consistent access to healthy food, crime reduction though design, and other measures (for example speed limits), and the reduction of pollution and noise levels. There is also a call for an extensive engagement with local communities when planning new projects.
What did we learn?
Of benefit was that a Public Health Practitioner was seconded to the Planning Department from the public health team. Annual Monitoring Report data will be used and reference made to the progress of health impacts through the Public Health Outcomes Framework Indicators. There was no explanation as to why the health and well-being issues used were chosen in the HIA. No BAME impacts were assessed; only impacts on the elderly, travellers and gypsies. The HIA should have been concurrent to part of the SA process, but was only applied retrospectively. The former approach would also have allowed for public consultation to be considered.
What is the single most important one line of advice which we can give to others starting a similar project?
A Public Health Practitioner was seconded to the Planning Department from the public health team and helped to produce an overall high quality HIA.

HIA of a project conducted within an EIA

Brief summary
This mainly qualitative HIA of 154 pages (+ 4 annexes) was included as an Annex of an EIA for a housing development masterplan, produced in 2013. It was of the intermediate type and was conducted in a concurrent manner with the EIA. The HIA was prepared by an independent charity. The local planning authority has an HIA SPD in place.
What was the setting and population covered?
Over 1,000 new houses and other uses, including retail and community facilities, as well as open and green spaces are planned. An SPD HIA is in place and was used. Additionally, national and international good practice guidance was consulted. New residents, workers, and visitors, as well as existing residents nearby were at the heart of the assessment which looked at construction and operational phases.
What was it seeking to achieve?
The HIA states that the main aim was to 'health proof' the master plan of the housing development. It aims to inform development in order to maximise positive and minimize negative impacts of the operation phase and do the same for existing and new populations during construction and operation. Mitigation measures for negative impacts were suggested and indicators were identified for monitoring. In order to obtain a clearer idea about impacts, a health impact matrix was used. Impacts on different groups (including residents, workers and visitors, gender, age, disability ethnicity, faith and other groups) were assessed in terms to 15 determinants of health. An overall score was also provided. in this context, a scoring system of +++,++,+ ~, -, --,--- was used.
What did it do?
A process was followed, consisting of screening, scoping, baseline assessment and community profiling, stakeholder consultation and involvement, evidence and analysis, health impact statement, and follow-up. The HIA included sections on background to the development, methodology of the HIA, policies of relevance, a comprehensive community profile section, health proofing of the masterplan, community consultation feedback, impacts, optimisation and monitoring sections. Expert knowledge and experience of those conducting the HIA (which included an international renowned HIA expert) was at the heart of the assessment. Importantly, a master class was held on how to undertake a comprehensive HIA.
What was the outcome?
A set of mitigation and enhancement measures were devised. Overall, moderate to major beneficial effects on health and well-being were predicted - particularly for the operational phase. There were negative effects predicted on some people, in particular during the construction phase.
What did we learn?
It is difficult to assess effects on new residents when, at the time of the HIA, it was not yet known who they would be. In addition, ward level data was usable only to a limited extent when looking at assessing impact on those living near the new development. Community consultation included questions to the community on health and well-being. Health proofing of developments can be an effective way to optimise development and enhance positive outcomes whilst reducing negative effects.
What is the single most important one line of advice which we can give to others starting a similar project?
Health proofing by an acknowledged HIA expert can be a good way to optimize a master plan from a health perspective.

Standalone HIA for a project

Brief summary
This standalone 78 pages qualitative HIA was produced in 2013 for a mining project. Considering our definition, it was of the intermediate type (even though the cover page states 'rapid') and was conducted in a concurrent manner with the project planning process. The local planning authority has an HIA SPD in place and the HIA was prepared by an HIA steering group (consisting of representatives of those affected; the developer and the council).
What was the setting and population covered? [Word limit: 100]
The HIA was conducted for a planned a surface mine of nearly 140 ha. It is located about 3 km from the town centre of the next major town. There is a farm close to the site boundary and a Gypsy and Traveller site is located approximately 1 km away. Whilst mining activities would occur Monday to Friday 7:00-19:00 and Saturday 7:00 to 12:00, maintenance activities are said to occur every day of the week, including Sundays.
What was it seeking to achieve? [Word limit: 100]
This is a community driven HIA that critically reflected on project assumptions with regards to no significant health impacts being expected to be the outcome of the project. Whilst expert input was at the heart of the HIA, results from interviews and a survey were also important information sources in the assessment of impacts.
What did it do? [Word limit: 200]
The HIA is said to have followed Irish HIA guidance and a rapid HIA guide, as well as Welsh guidance on the health impacts of mining. Information collected from focus groups, interviews and scoping surveys was used to inform the HIA. Information was grouped into 6 sections, based loosely on the broader determinates of health: travel and transport; air quality; jobs and economic growth; noise and vibration; site safety; and other impacts. An impact table document was prepared on this basis and a + and – scoring system. The HIA process applied included screening, scoping, appraisal, reporting, and evaluation. The main parts of the report included an introduction, site description, findings, and recommendations.
What was the outcome?
An important finding of the HIA is that there was a lack of unanimity in the team conducting the HIA. As a consequence, the Steering Group was unable to make recommendations on the potential overall impact on health and wellbeing related to the proposed development. However, in case the scheme went ahead, a number of recommendations were still provided for enhancing positive outcomes and reducing negative impacts.
What did we learn?
This was a Community-led HIA which was produced to critically reflect on the health assumptions behind the project (which were that there were no significant negative health impacts). Advice from Council Planning Officers and Public Health Analysts was sought. Whilst there was no agreement amongst team members on the health impacts overall, the HIA enabled a better appreciation of both negative and positive impacts of the development. At the end, the project did not obtain planning permission.
What is the single most important one line of advice which we can give to others starting a similar project?
There may be disagreement amongst those involved in the HIA on impact significance, but measures for project optimization may still be proposed.