Health Impact Assessment:

Local guidance for developers and their agents wanting to conduct a health impact assessment

Public Health Evidence & Intelligence Team
Halton Borough Council
Runcorn Town Hall
Heath Road
Runcorn
WA7 5TD
Telephone:0303 333 4300
Email:health.intelligence@halton.gcsx.gov.uk

Reader Information	
Author	Sharon McAteer: Public Health Development Manager
Contributor(s)	HBC Public health Team: Performance, Quality and Governance group
Reviewer(s)	Adam Majors: Speciality Registrar in Public Health
Number of pages	40
Date release	November 2022
Description	Halton's Core Strategy policy C22 states that all major developments should have a Health Impact Assessment conducted on them, as part of the planning application process. This document describes what a Health Impact Assessment is and offers guidelines on when and how they should be conducted.
Contact	Sharon.mcateer@halton.gov.uk
Related documents	Halton's Core Strategy Local Plan Halton Delivery and Allocations Local Plan

Contents

1. Introduction 4
2. Background 6
2.1 The Core Strategy 6
2.2 Health as a local Strategic Priority 7
3. What is Health Impact Assessment (HIA)? 10
3.1 What is health impact assessment 10
3.2 What can HIA offer? 10
3.3. A social model of health and well-being 10
3.4. Use of expertise, evidence and local knowledge 11
3.5 How can HIA be applied? 11
4. When should a HIA be carried out? 12
What type of HIA should be carried out? 14
6. Process for carrying out a HIA? 15
Policy analysis 15
Profiling the areas and communities affected 15
Stakeholder involvement 15
Using available evidence 16
Evaluating the likelihood and scale of potential impacts 16
Recommendations for action to enhance or mitigate impacts 17
7. How should HIAs be carried out? 19
Appraisal of received HIAs 20
Appendices 21
1: Halton tool adopted from the Devon Health Forum 21
2 Healthy Urban Development Unit (HUDU) HIA tool 32
3: HIA development and review process 33
4: Halton Borough Council HIA Review Matrix ..... **Error! Bookmark not defined.**

Figure 1: Integration of the Sustainable Communities Strategy with other strategies and plans 8
Figure 2: Social determinants of health 10
Figure 3: Requirement for a HIA to be carried out 12
Figure 4: Core Strategy related policies and assessment requirements 12
Figure 5: assessing the size and level of risk to health associated with the development 17

1. Introduction

Since the first Community Strategy, health has been one of the objectives of the Local Strategic Partnership and is reflected in Halton Borough Council's corporate plan. This reflects the challenging health issues the borough faces. Despite significant improvements in health, the socio-economic circumstances means the relative health status of the borough is poor.

There is a long accepted relationship between a person's health status and the broad social and environmental context within which they live. The social, economic and environmental context at whatever level, regional, sub regional or local, is the focus of spatial planning policy. As such it is important to ensure that measures to promote, protect and improve health are maximised through spatial planning developments.

The Health Impact Assessment (HIA) process offers a systematic approach involving an evidence-based assessment of the potential health impacts developments, strategies and projects may have on health, identifying both negative and positive elements. It offers recommendations for action that can be taken to minimise or eliminate potential negative impacts on health before a project, development or strategy is implemented. It also looks at the opportunities to maximise positive contributions. In this way it is prospective assessment of potential health consequences of proposed actions.

In early 2009, the then Halton & St Helens Health Impact Assessment Group, co-ordinated by Halton & St Helens Primary Care Trust's Public Health Team, were approached by Halton Borough Council's planning team to conduct a HIA screening exercise on the draft Preferred Options stage of the Core Strategy prior to it going to public consultation. A report was produced in July 2009 detailing a range of recommendations to make best use of the health opportunities to Core Strategy could divest to the local population.

Within the Core Strategy a specific policy was developed making it a requirement of the planning application process to carry out a HIA on all large scale developments.

However, the policy gave no guidance on what constitutes a large development or guidance on how to conduct a HIA. This document aims to address these issues.

Why use this Health Impact Assessment for Planning Tool?

The National Planning Policy Framework (NPPF) sets out the purpose of the planning system as being "to contribute to the achievement of sustainable development." Ensuring a strong, healthy and just society is recognised by the NPPF and Securing the Future *(*UK Sustainable Development Strategy) *as one of the* guiding principles' of sustainable development.[i,ii]

HIA promotes sustainable developments that support the creation of strong, vibrant and healthy communities, by:

[i] National Planning Police Framework (2012), p.2

[ii] Securing the future: Delivering UK sustainable development strategy (2005) p.16

- Demonstrating that health impacts have been properly considered when preparing, evaluating and determining development proposals.
- Ensuring developments contribute to the creation of a strong, healthy and just society.
- Helping applicants to demonstrate that they have worked closely with those directly affected by their proposals to evolve designs that take account of the views of the community.
- Identifying and highlighting any beneficial impacts on health and wellbeing of a particular development scheme.
- Identifying and taking action to minimise any negative impacts on health and wellbeing of a particular development scheme.

A VISION FOR HALTON IN 2037 [iii]

The overarching vision is taken from the Halton Sustainable Community Strategy 2011-2026:

> "Halton will be a thriving and vibrant Borough where people can learn and develop their skills, enjoy a good quality life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and within safer, stronger and more attractive neighbourhoods."

Flowing from this, the spatial vision underpinning Halton's Local Plan is as follows:

> "In 2037, Halton is well equipped to meet its own needs with housing for all sections of society, a range of employment opportunities, plus retail and leisure facilities for everyone. Halton continues to contribute positively to achieving the economic, environmental and social potential of the Liverpool City Region and the North West."

[iii] Taken from Halton Borough Council (2022) Delivery and Allocations Local Plan https://www3.halton.gov.uk/Documents/planning/planning%20policy/newdalp/DALP%20Adopted.pdf

2. Background

2.1 The Core Strategy

The Core Strategy sets out in 'Halton's Story of Place' how the Borough has developed over time and introduces the Borough's characteristics, including the issues and challenges that the Borough now faces and those likely to have an impact and drive further change during the period to 2028 and beyond. The Core Strategy then introduces a vision for the Borough, imagining the place we would like Halton to be by2028 and identifies a series of 13 Strategic Objectives that will help us to deliver that vision. From this, a Spatial Strategy has been prepared, showing how development will be distributed throughout the Borough, and indicating which areas will be subject to the most substantial change. This is followed by a series of core policies relating to key themes of development including transport, urban design, conservation and health.

The Core Strategy will significantly contribute to the delivery of a prosperous, well connected and attractive Borough, supporting healthy communities, performing a key role within the Liverpool City Region and well positioned to respond to future economic and social changes and challenges.

The Halton Core Strategy Local Plan[iv] is the lead document within Halton's Planning Policy Framework setting out the overall strategy for future development in the Borough looking ahead to 2028.

Policy CS22: Health and Well-Being

Healthy environments will be supported and healthy lifestyles encouraged across the Borough by ensuring:

- proposals for new and relocated health and community services and facilities are located in accessible locations with adequate access by walking, cycling and public transport;
- applications for large scale major developments are supported by a Health Impact Assessment to enhance potential positive impacts of development and mitigate against any negative impacts
- the proliferation of Hot Food Take-Away outlets (Use Class A5) is managed; and,
- opportunities to widen the Borough's cultural, sport, recreation and leisure offer are supported.

[iv] http://www3.halton.gov.uk/lgnl/policyandresources/policyplanningtransportation/289056/289063/314552/1c)_Final_Core_Strategy_18.04.13.pdf

On 17th April 2013 Halton Borough Council resolved to approve the formal adoption of the Halton Core Strategy Local Plan as part of the development plan for the Borough, and to delete certain of the saved policies from the Halton UDP (as set out in Appendix 4 of the Core Strategy document). As such, planning decisions will be taken in accordance with its contents, unless material considerations indicate otherwise.

The Delivery and Allocations Local Plan (DALP) sets out the long-term spatial vision, strategic priorities and policies for future development in the borough to 2037, including the quantity and location of new homes, employment provision, shops, facilities and other services, transport and other infrastructure provision, climate change mitigation and adaption and the conservation and enhancement of the natural and historic environment.

The spatial vision will be achieved through the delivery of 13 strategic objectives. There is a specific objective covering health, although most of them will contribute to improvements in health and wellbeing if managed with health in mind.

> SO11: Improve the health and well-being of Halton's residents throughout each of their life stages, through supporting the achievement of healthy lifestyles and healthy environments for all

2.2 Health as a local Strategic Priority

The challenges and opportunities facing Halton has led to the identification of a number of priorities for the Borough - outlined in the Sustainable Communities Strategy (SCS) 2011-2026 - over the medium term with the overall aim of making it a better place to live and work. The current Strategy is Halton's third. It recognises the substantial improvements that have been made but that more still needs to be done. In particular the strategy comes at a time of significant financial challenges to the public sector as well as to individuals with the implementation of the Welfare Reforms. The SCS provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. Each of the five strategic priorities is overseen by a specialist strategic partnership, with an overarching Local Strategic Partnership bring key issues from each together, to manage priorities in a co-ordinated and integrated way.

Figure 1: Integration of the Sustainable Communities Strategy with other strategies and plans

The overall aim for Health in Halton, identified in the SCS is:

- To create a healthier community and work together to promote well being and a positive experience of life with good health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

Objectives

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
- To lay firm foundations for a healthy start in life and support those most in need in the community by increasing community engagement in health issues and promoting autonomy.
- To reduce the burden of disease and preventable causes of death in Halton by reducing smoking levels, alcohol consumption and by increasing physical activity, improving diet and the early detection and treatment of disease.
- To respond to the needs of an ageing population improving their quality of life and thus enabling them to lead longer, active and more fulfilled lives.
- To remove barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.
- To improve access to health services, including primary care.

It thus recognises that health is created and maintained within the social, environmental and economic environment in which people live. More details about the SCS can be found at **www.haltonpartnership.net**

Since April 2013 the Health and Wellbeing Board operates as the Health Strategic Partnership. One of its statutory responsibilities is to develop and oversee implementation of a Joint Health and Wellbeing Strategy. Based on evidence from another statutory duty, the Joint Strategic Needs Assessment, as well as evidence from stakeholders, the 2022-2025 Strategy moves away from a topic focus of previous strategies to action across the lifecourse plus a specific focus on the wider determinants of health.

One Halton is a place based partnership, which means that our local authority, voluntary and community sector and NHS organisations will work collectively with a shared ambition.

To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community based support and ensuring high quality services for those who need them.

Our partnership builds on a long history of working well together, strengthened by recent experience and therefore fully aware of the challenges brought by the Covid-19 pandemic. The new health reforms have created an exciting opportunity for us the think differently about how we can work together to support people to live healthy lives, so that people are able to achieve the best for themselves, effectively managing their own lives and health as well as supporting each other.

One Halton Strategy priorities for action:

- **Tackle the wider determinants of health:** Improve the employment opportunities for people in particular where it affects children and families
- **Starting Well:** Enabling children and families to live healthy independent lives
- **Living Well:** Provide a supportive environment where systems work efficiently and support everyone to live their best life
- **Ageing Well:** older adults to live full independent healthy lives

OneHalton
Working better together
Strategy 2022 - 2027

myhalton
living life well

3. What is Health Impact Assessment (HIA)?

3.1 What is health impact assessment[v]?

> *HIA can be defined as the estimation of the effects of a specified action on the health of a defined population.*

Its purpose is:
• To assess the potential health impacts - positive and negative - of policies, programmes and projects; and
• to improve the quality of public policy decision making through recommendations to enhance predicted positive health impacts and minimise negative ones.[4]

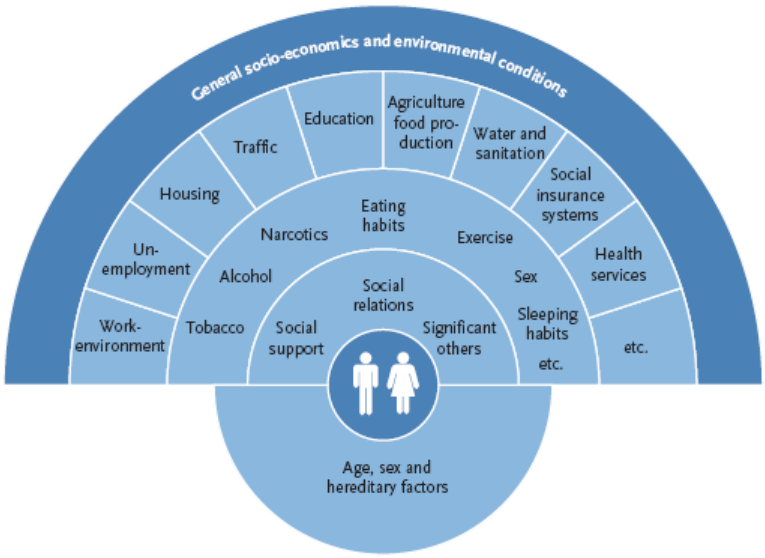
3.2 What can HIA offer?

There is no statutory requirement to carry out HIAs. However, they are increasingly recognised as having an important contribution towards establishing the potential impacts and benefits of schemes, designs and policies. HIA's strength lies in providing a tool which enables informed policy decisions to be made based on a valid assessment of their potential health impacts, at the same time adding health awareness to policy making at every level. In the longer term it has the potential to make concern for improving public health the norm and a routine part of all public policy development.

3.3. A social model of health and well-being

HIA is based on a holistic, social model of health which recognises that the well-being of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care.

Figure 2: Social determinants of health



[v] Barnes R. & Scott-Samuel A. (2000) *Health Impact Assessment: a ten minute guide,*

3.4. Use of expertise, evidence and local knowledge

HIA seeks to utilise a wide range of professional and wider stakeholder expertise and knowledge, including the local communities whose lives will be affected by the policy or development being assessed. It uses both quantitative, scientific evidence together with qualitative information. This may include the opinions, experience and expectations of people most directly affected by public policies and tries to balance the various types of evidence.

3.5 How can HIA be applied?

Ideally, HIA should be applied *prospectively* (before policy, programme or project implementation) to ensure that steps are taken, at the planning stage, to maximise positive health impacts and to minimise the negative effects. If this is not possible it can be carried out concurrently (during the implementation stage) or retrospectively (after it has finished) in order to inform the ongoing development of existing work.

4. When should a HIA be carried out?

It would not be feasible in financial or human resource capacity terms to carry out HIAs on every development proposal within the DALP. The planning team within Halton Borough Council have developed some guidelines on the range and scale of developments that require HIAs as part of planning applications.

Figure 3: Requirement for a HIA to be carried out

Type of Development	Threshold
Residential	>200 dwellings/>4ha
Retail and Leisure Proposals: Shops; financial and professional services; Restaurants and cafes; Drinking establishments; Hot food takeaways[vi]; non-residential institutions; Assembly and leisure	10Ksqm /2ha commercial or more
Business, General Industrial, Storage and Distribution	10Ksqm /2ha commercial or more

Depending on the nature of the development, a number of other assessments will be required. Given the social model of health adopted for HIAs locally, it is likely these can and should be used as evidence within the HIA process. Additionally, community consultation exercises should be utilised where it is not feasible to carry out separate community involvement in the HIA, although this is always encouraged.

Figure 4: Core Strategy related policies and assessment requirements

Threshold	Applicable Planning Policy	Requirement
All development that will have significant transport implications	TP14	Transport Assessment. The scope of the assessment should reflect the scale of the development
All development	PR1	An air quality assessment may be required before determining applications with a potential to pollute
All development	PR14	Submit contaminated land assessment Submit Details of mitigation measures
All development	PR16	A flood Risk assessment will be required where it is considered that there would be an increased risk of flooding as a result of the development

vi Subject to separate Supplementary Planning Document

All residential development	CS19	Encourage minimum standard Code for Sustainable homes 2013 level 4, 2016 level 6
All residential development	H3	Provision of open space - 0.8ha per thousand population for children's play and casual recreation and 1.6ha per thousand population for formal sport and recreation
Residential development that will have significant transport implications	TP14	Transport Assessment The scope of the assessment should reflect the scale of the development
Protection of outdoor playing space for formal sport and recreation	GE12	An assessment of current and future needs for the school/ educational establishment or local community, which has demonstrated that there is an excess of playing field provision and the site has no special significance to the interests of sport.
2,500sqm education 100 trips peak hours 100 spaces	TP16	Green Travel Plan
Smaller development proposals comprising jobs, shopping, leisure and services which would generate significant amounts of travel in or near to air quality management areas.	TP16	Green Travel Plan
Proposals that are likely to generate a significant number of trips	CS15	Production of Travel Plans and Transport Assessments (speak to J.Farmer)
Non-residential development	CS19	Encourage minimum BREEAM '[very good' standard

What type of HIA should be carried out?

HIA can be conducted at different levels depending on a range of factors including:

- the status and complexity of the policy, programme or project
- locally determined health priorities and targets
- the potential scale and severity of health impacts
- the quality of the evidence base and availability of data
- the support for HIA at regional and local level
- the resources available to conduct HIA.

The terms desktop, rapid and comprehensive are used to describe the different levels of a particular HIA:

Desktop HIA: This is conducted quickly and with limited resources. Only evidence which is easily accessible is used. A desktop HIA is usually conducted when there is only a short timeframe available or if the scale of the proposal does not warrant more in-depth investigation.

Rapid HIA: This type of HIA includes a broader range of evidence but is still conducted within tight time and resource constraints.

Comprehensive HIA: This is undertaken over a longer period of time and involves more resources. It is useful when the potential scale and severity of health impacts warrant an in-depth investigation.

Irrespective of the level of HIA to be carried out, a similar process should be followed. This is described in the next section.

6. Process for carrying out a HIA?

Methods for undertaking HIA involve:

- policy analysis (where appropriate)
- profiling the areas and communities affected
- involving stakeholders and key informants in predicting potential health impacts, using a predefined model of health
- using available evidence
- evaluating the importance, scale and likelihood of predicted impacts
- considering alternative options and making recommendations for action to enhance or mitigate impacts

Policy analysis

It is important that the HIA recognises the unique set of local circumstances in which the development is located. The first step in considering this it to understand and reflect on relevant national and local policy contexts. How will the development enhance local life and outcomes for those living, working and with ties to the area/borough in which the development is planned to happen.

Profiling the areas and communities affected

Moving on from the overall policy context the HIA should recognise that certain communities will be more affected, both positively and negatively, by the development. The most obvious way is the physical location of the development. However, it is also vital to consider that some groups are more vulnerable and whilst a development may not impact of the population as a whole, it may nevertheless have a serious impact on certain groups. These need to be identified and described and the assessment of impact tailored to these groups. Socio-demographic and health data as well as information from key informants should be accessed and used.

So not only geography but also in combination with age, sex, income, or other social, economic or environmental characteristics as well as communities of interest, e.g. sport enthusiasts, ramblers or cyclists.

Stakeholder involvement

Routinely available or specifically gathered data only tell part of the story. The social model of health used in HIAs locally indicates that it is important to gather information from many different perspectives. It is this richness of information – not just but including data – that helps develop a robust HIA and offers creative mitigating solutions and opportunities to enhance planned development specifications.

Stakeholder involvement is also a central tenant of HIA ethos of equity, democracy, accountability and sustainability. Not only will gathering the views of individuals and groups likely to be affected together with professional stakeholders, give a round understanding of the issues but the process of listening and involving is much more likely to generate acceptance and support for a development and reduce actual and potential conflict, distrust and anger.

There are five key reasons why we would want to get stakeholders involved in a HIA[vii]:

- to elicit the views of local people and others about a development;
- residents both existing and new will face the direct positive and negative health consequences of the development;
- residents and other stakeholders have valuable experiential knowledge that they have built up over the years about the locality in which they live and work and the impacts of past developments;
- not adequately and appropriately addressing resident's concerns can and does lead to residents experiencing social and psychological distress; and
- allowing residents and others to have a voice and influence in community processes and thereby reducing the sense of social exclusion, democratic deficit and inequity.

Using available evidence

In addition to the profile of the community it is likely that several different types of evidence will be used in conducting the HIA.

- Published research on the relationships between the kind of development under consideration and health e.g. housing, transport, green space.
- Other reports, data and information that has already been gathered for the development e.g. Environmental Statement, Transport Assessment and/or plan, noise or air pollution modelling reports. Some of the relevant ones have been detailed in section 4.
- There may be unpublished local reports that you are given access to
- Opinions of key informants and stakeholders

Evaluating the likelihood and scale of potential impacts

Using the social model of health detailed in Figure 2 the HIA should consider the likely impact the development under investigation could have on health of the immediate and wider community. It may be likely to affect anyone equally or may be of greater relevance to a particular group, either because of their proximity, their demographics (age/gender/ethnicity) or existing health issues they face. All angles need to be considered –

vii. Vohra S. (2005) Integrating Health into Environmental Impact Assessment Living Knowledge

the information in the community profile, from evidence and from stakeholders will all provide valuable insights.

It will be necessary to assess both the likelihood of the impact to happen and the scale of the impact, whether this is assessed to be a positive impact or a negative one.

Figure 5: assessing the size and level of risk to health associated with the development

Category of health	nature and where possible, size of impact and how measurable impact is -i.e., is it qualitative (Q), estimable (E), or calculable(C)?)		Risk of impact: Is it definite (D), probable (P), or speculative (S)?	Actions: remedial for negatives and maximising for positives
	Positive impact	Negative impact		
List each category and assess scale and risk separately for each	Size :1+ 2+ 3+; Description/ rationale including what evidence was used	1- 2- 3- Description/ rationale including what evidence was used		

It may not be possible to quantify the impacts as:

- many of the effects on an individual's or community's health are not easily measurable,
- many health effects are indirect and take many years to manifest themselves,
- the methodology to collect quantifiable health impact evidence and make judgements based upon it is currently not well developed, and finally
- there is argument about the tendency for quantifiable estimates developed for HIAs to give a false sense of reassurance and precision on what are a range of complex interactions between a range of social, cultural, economic, political, environmental and personal determinants of health.

It is likely that some impacts will be quantifiable but even these should be used with caution. There are likely to be modelled and caution needs to be taken about the level of accuracy that can be gleaned from this if broad, and crude, judgements have had to be made to feed in to the model. They provide a valuable insight to the scale of the issue but need to be contextualised.

Recommendations for action to enhance or mitigate impacts

After examining all the evidence and discussing the issues this raises with local stakeholders, the HIA should seek to make recommendations:

- are there actions that could be taken to further enhance the positive impacts
- are there actions needed to eliminate or reduce, to mitigate, any potential negative impacts

The recommendations should make it clear what, by whom and by when such actions can expect to be taken. The recommendations can be written up as a Health Management Plan which identifies these elements. Each action will need to be discussed and agreed with the lead person/agency prior to the plan being written. The plan should be included within the HIA report.

7. How should HIAs be carried out?

There are a range of specific guidance that cover the role of planning system and its the impact on health.

Locally, a tool adapted from one developed by the Devon Health Forum some years ago follows the social determinants of health model outlined in Figure 2, page 11 of this guidance.

Public Health England developed a tool for local authority public health teams and local planners https://www.gov.uk/government/publications/health-impact-assessment-in-spatial-planning

One of the most widely used tools now is that developed by the London Healthy Urban Development Unit (HUDU). They provide templates and further guidance to assist developers in carrying out HIAs and have collated some of the evidence of how spatial planning impacts health. See Appendix 2 for more details

Whichever approach you are thinking of taking, we recommend you contact Halton Borough Council's public health team as soon as possible to discuss the HIA scope with them. They will be able to offer guidance on carrying out your HIA and provide local data & information.

Using localised evidence

The tools above and other national guidance will not ensure that your HIA is developed in the context of the local situation and levels of health and social need.

We recommend that you use as much local evidence as possible. Both the use of other assessments already carried out for the development as well as local health data.

- Environmental impact assessment
- Noise
- Wildlife and habitat
- Transport
- Community consultation

Use of local health data

There is a wide range of health data that can be used to ensure your HIA is grounded in the particular issues facing Halton residents and even the residents of the electoral ward the development will be located in.

Halton JSNA annual summary:
https://www3.halton.gov.uk/Documents/public%20health/JSNA/JSNASummary.pdf

Topic and ward health profiles https://www3.halton.gov.uk/Pages/health/JSNA.aspx

National organisations also hold a wide range of local authority level data. In particular the national **Office for Health Improvement and Disparities Fingertips tool**
https://fingertips.phe.org.uk/profile/health-profiles

ONS population estimates and projections

Local authority single year population estimates

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

ONS Ward population estimates
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental

ONS population projections for local authorities

https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

Nomis labour force data https://www.nomisweb.co.uk/

Appraisal of received HIAs

HBC Planning development team will work with HBC public health team to ensure that they are able to engage with the process as early as possible.

On receipt of a draft or completed HIA report the public health team within the council will appraise the scope, methodology and findings of the HIA. In particular they will be asking the following kind of questions:

- What was the scope of the HIA and the definitions of health used? How was the scope justified?
- Was the methodology used appropriate, explicit and logical?
- What evidence and sources of evidence were included and excluded and was the justification given explicit, reasonable and appropriate?
- Was there any stakeholder involvement? If so were a range of stakeholders consulted and was the justification for having or not having stakeholder involvement explicit, reasonable and appropriate?
- Was the appraisal of impacts systematic and the reasons for judging the significance and extent of the positive and negative health effects explicit, appropriate and justified?
- Where there any recommendations made? Did these include mitigation and enhancement measures and was there a clear link between the recommendations and the key issues emerging from the assessment?

See Appendix 3 for the assessment tool we use.

Appendices

1: Halton tool adopted from the Devon Health Forum

HIA Screening Checklist

Name of development

Date of HIA

Adapted from a tool developed by The Devon Health Forum, December 2003.

Record information on the policy you are screening in the table below:

Name Of Policy	
Status of Policy **(in development/implemented)**	
Screened by	
Date Screened	
Decision Taken	
Documents circulated to	

Health Determinants

When you consider the policy against the screening questions, you may find it useful to refer to this table to identify how the determinants of health are affected.

Categories of influences on health	**Health Determinants**
Biological Factors	Age, sex, genetic factors,
Personal/family circumstances	Family structure, education, occupation, unemployment, income, risk-taking behaviour, diet, smoking, alcohol, substance misuse, exercise, leisure time, means of transport (cycle/car ownership).
Social environment	Culture, peer pressure, discrimination, social support (friendly neighbours, social groups/feeling isolated), community, religion.
Physical environment	Air, water, housing conditions, working conditions, noise, smell, vies, public safety, civic design, shops (location/range), communications (road/rail), land use, waste disposal, energy, local environmental features.
Public services	Access and quality of GP surgeries and hospitals, child care, social services, housing / leisure / employment / Social security services, public transport, police, voluntary and community agencies and services.
Public policy	Economic / social / environmental / health trends, local / national priorities, policies and programmes.

Based on The Merseyside Guidelines for Health Impact Assessment, adapted from Lalonde (1974) and Labonte (1993)

Stage One: Rapid Appraisal

The following questions prompt you to identify potential health impacts of the policy.

Describe the health impact using the symbol '+' or '-' for a positive or negative impact. Use the 'Action' column to describe what action you could take to reduce negative impacts and enhance positive impacts.

As this checklist is designed to be applied to all kinds of policies, some of the questions may not be relevant to the policy you are screening. Just leave these blank, as this will not have an impact on the overall appraisal. If you find that there is insufficient evidence about a particular health impact, be as objective as you can using your best judgement about information and record this in your decision-making.

Population Groups (for example)

Whole Population	Young Offenders	Low income households
Children aged 0 – 14	Travellers	Unemployed People
People aged 15 – 25	Black and ethnic minority populations	People with mental health problems
Older People	Parents / Guardians	Disabled People
Rural Households	Homeless	Care Leavers

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
1.Income levels and the distribution of wealth. *It is recognised that there is a potential link between people's income and health – wealthier people tend to be healthier. Will the policy reduce inequalities in income?*	.		
2.Employment *Employment gives us income, a sense of purpose and structure to our lives – which all affect health. Will the policy improve employment opportunities for all parts of the community?*			
3.Healthy beginnings for children *Children need positive environments in which to develop and grow; and parents and guardians need to be able to provide the foundations to make this happen. Will the policy support healthy beginnings for children?*			

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
4.Personal supportive networks *People benefit from relationships with friends, colleagues, and community groups in terms of the sense of place and belongings it gives. Will the policy promote community networks and greater social inclusion?*			
5.Peoples feeling of control over their own lives and decisions *If people feel they have a choice in the decisions affecting their employment, income, living conditions, and support systems etc, this may have a positive effect on their health. Will the policy affect people's ability to make their own decisions?*			
6.Physical safety, level of and fear of crime in communities *Worries about physical safety and security may have a negative impact on health. Will the policy promote physical safety in communities and tackle the fear of crime?*			

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
7.Educational opportunities for all age ranges *Acquisition of new skills can offer an individual a sense of achievement and well-being. Improved education is linked to factors affecting quality of life and well-being. Will the policy promote educational opportunities (such as basic skills or numeracy / literacy training), which are accessible to all parts of the community?*			
8.Health related or risk taking behaviour *Lifestyle has a large impact on health including physical activity / active lifestyles, diet and access to healthy food, smoking, use of drugs, alcohol consumption, and sexual behaviour. Will the policy promote healthy lifestyles?*			

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
9.The provision of quality housing *The link between housing and health is well recognised, with poor housing particularly associated with ill health in children. Housing affects mental and physical health and a decent home is acknowledged as important for our health. Will the policy affect the quality and provision of local housing?*			
10.The natural environment *The natural environment impacts on health in terms of air quality, water quality, noise pollution, smells, and waste or through the protection of wildlife and landscapes. Will the policy affect the natural environment in a way that will impact on health?*			
11.The built environment *The nature of the built environment affects how people feel about where they live and work. Will the policy work to conserve urban green spaces and*			

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
amenities and support building programmes, which are sustainable?			
12.Modes of transport and support infrastructure *Transport has many obvious health impacts; access; connectivity etc. Will the policy affect public transport, car usage, promote walking / cycling and address issues for those without a car?*			
13.The provision of fair, equitable access to pubic services *People expect fair access to public services such as health, social and welfare services, transport, and leisure opportunities. Will the policy improve access, especially for disadvantaged groups?*			

Will the policy have an effect on:	Populations affected	Description of health impact (+ - or ?)	Action
14.Health inequalities among different groups *Inequalities in health are widespread. Will the policy work to decrease health inequalities experienced by different groups of people in the community?*			
15.Equality and Diversity *Assessing the likely impact on race equality:* *Will the policy promote unlawful racial discrimination, damage race equality of opportunity, or damage good relations between people of different races?*			-

Stage Two: Is further HIA recommended?

You should now be more aware of the potential health impacts of the policy. The table below will help you decide whether a more in-depth HIA is needed, by considering the characteristics of the policy, organisational factors and the nature of potential health impacts. Please circle the most appropriate response to the following questions.

Favouring further HIA	Characteristics of the policy	Not favouring further HIA
Yes	Is the policy important to your organisation? (i.e. cost, size, scope, statutory duties)	No
Yes	Is the policy likely to cause significant disruption to the populations identified? (balance positive long term effects and short term disruptions)	No
Yes	Is the policy potentially contentious/sensitive?	No
Yes	Is the policy already being appraised by another type of impact assessment? (i.e. Sustainability Appraisal)	No
	Organisational Factors	
Yes	Is there discussion at the policy level in your organisation about the potential health impacts of this policy?	No
Yes	Is there community concern about this policy?	No
Yes	Will some issues be missed in the planning process, which would be highlighted by carrying out a HIA?	No
Yes	Will the organisations or individuals with a stake in this policy be committed to the process of a HIA?	No
Yes	Are there barriers (political or institutional), which will prevent a HIA from being carried out?	No
Yes	Can you influence the outcome of the policy with the results of a HIA?	No
	The nature of the potential health impacts	
Yes / Don't Know	Are there potentially serious negative impacts, which require further research?	No
No	Is there already valid evidence, which describes the health impacts of this kind of policy?	Yes
High High	Is there likelihood that the health impacts of this policy might be intensifies for disadvantaged groups? Positive health impacts Negative health impacts	Mod / Low Mod / Low

2 Healthy Urban Development Unit (HUDU) HIA tool

https://www.healthyurbandevelopment.nhs.uk/our-services/delivering-healthy-urban-development/health-impact-assessment/

HUDU Rapid Health Impact Assessment (HIA) Tool

HUDU has developed a rapid HIA tool which is less resource intensive using existing evidence to quickly assess the impacts of a development plan or proposal and recommend measures to address negative impacts and maximise benefits.

The tool does not identify all issues related to health and wellbeing, but focuses on the built environment and issues directly or indirectly influenced by planning decisions. Health impacts may be short-term or temporary, related to construction or longer-term, related to the operation and maintenance of a development. The tool has been used on strategic planning applications in London's 'Opportunity Areas' and on infrastructure projects, such as the Northern Line Extension in Nine Elms Vauxhall.

The latest version of the rapid HIA tool can be downloaded here and a fillable form version of the assessment matrix is available here.

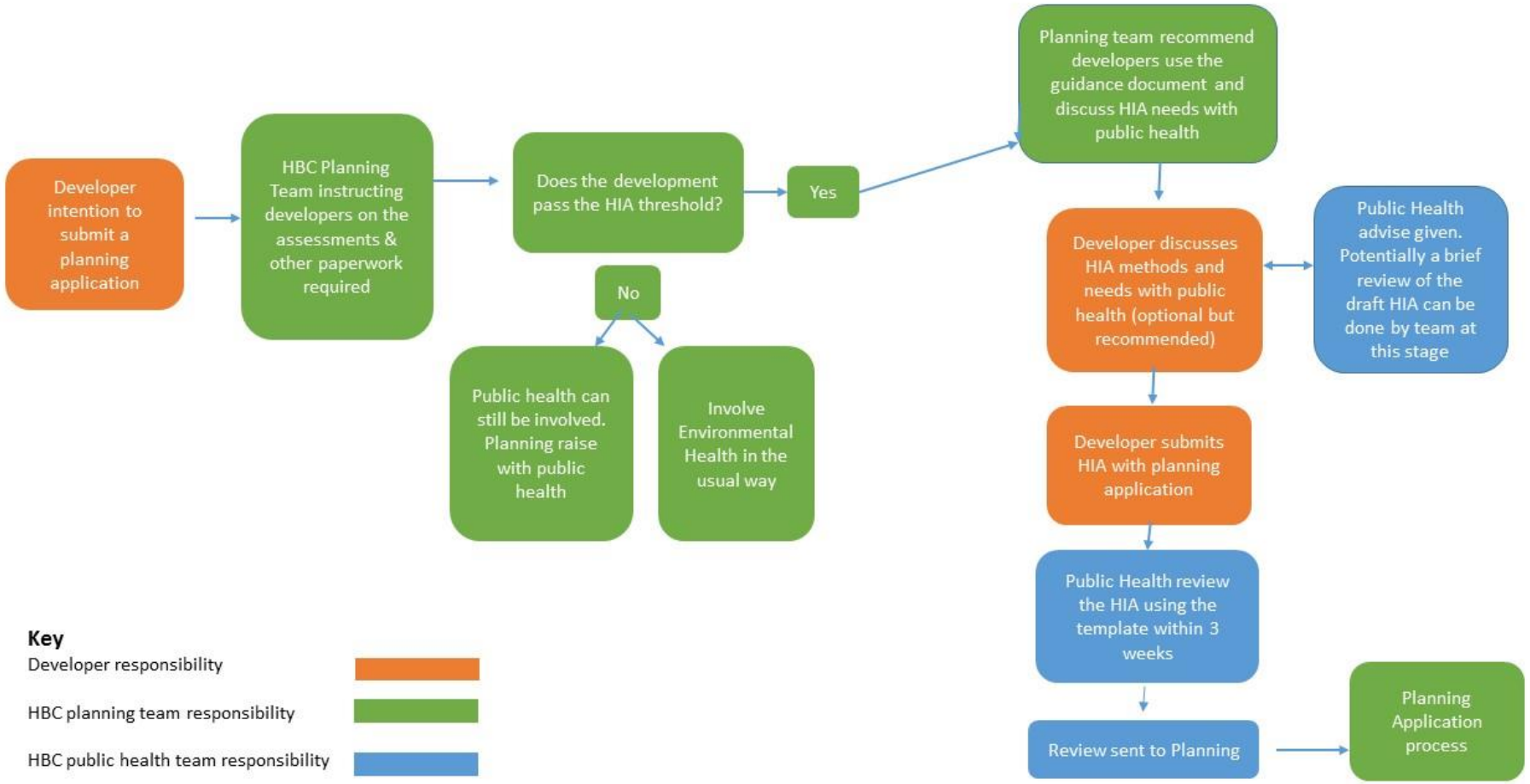
Healthy Urban Planning Checklist

HUDU also publishes a healthy urban planning checklist which is a desktop assessment aiming to 'mainstream' health into the planning process. The checklist poses a series of questions which if met can positively influence health and wellbeing.

It is intended that the checklist should be applied to **larger (but not strategic scale) development proposals**. It can also be used to help with preparing a local or neighbourhood plan, or to **screen** possible health impacts **for a full HIA**. Local planning authorities in London are encouraged to use the checklist and customise it for local use.

The Healthy Urban Planning Checklist can be downloaded here**.**

3: HIA development and review process



HBC Public health HIA Review Matrix

	Criteria	Grading: Good(G) Satisfactory (S) Requires Strengthening (RS) Inadequate (I)	Comments • What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
1	**Section 1: Information about the project, policy, plan or proposal**		
1.1	There is a clear description of the project or plan being assessed including: • The context in which the project or plan 'sits' (e.g. geographic, population, the physical location) • Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts) • The national and/or local policy context • Lists other relevant documents submitted as part of the application		
2	**Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?**		
2.1	There is a clear explanation of the methodology used to make the assessment including tool(s) used and why		

	Criteria	Grading: Good(G) Satisfactory (S) Requires Strengthening (RS) Inadequate (I)	Comments • What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
2.2.	The HIA has been framed around a definition of health and wellbeing that is holistic (physical and mental) and includes the social (wider) determinants of health		
3.	**Section 3: Evidence: Is the evidence used to identify and assess impacts robust?**		
3.1	The HIA report includes the key types of evidence required. 1. Community /population health and socioeconomic data profile 2. Literature/evidence review or use of such information within the HIA 3. Stakeholder opinion and experience 4. Technical data i.e. air quality statistics or health outcome that is relevant to the particular development/geographical area of the proposed development		

	Criteria	Grading: Good(G) Satisfactory (S) Requires Strengthening (RS) Inadequate (I)	Comments • What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
3.2.	**Stakeholder knowledge and experience (qualitative).** • The methods of engagement were appropriate and their effectiveness evaluated. • The range of stakeholders and how many people from different groups were engaged is recorded.		
3.3.	**Technical data** The HIA uses robust data sources on air quality, noise, transport or from other key environmental, economic or technical disciplines where relevant to the proposal and possible impacts. Any data/facts need to site the source they have used	**S**	

	Criteria	Grading: Good(G) Satisfactory (S) Requires Strengthening (RS) Inadequate (I)	Comments • What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
4.	**Section 4: Appraisal, Assessment and the identification of impacts**		
4.1	Any positive impacts or opportunities to maximise health and wellbeing outcomes are identified and how they were identified is presented clearly.		
4.2.	Any negative impacts, gaps or unintended consequences are identified and how they were identified is presented clearly.		
4.3	Possible cumulative impacts of related policies or projects in the vicinity are considered.		
4.4.	It is made clear how each impact identified is supported by the evidence gathered. The strength and sources of evidence for each impact is clearly communicated.		
4.7	It is clear who will be impacted and any potential inequalities in the distribution of impacts are identified.		

	Criteria	Grading: Good(G) Satisfactory (S) Requires Strengthening (RS) Inadequate (I)	Comments • What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
	For housing and commercial developments this should include assessment of affordability and accessibility for different groups		
4.9	Has the scope of the HIA been fulfilled?		
5	**Section 5: Recommendations, Conclusions and Monitoring**		
5.1	There is a clear link between the evidence gathered, assessment and recommendations.		
5.2	Recommendations should: • Be specific, measurable, appropriate, realistic and time bound • Be clearly linked to the impacts identified • Prevent or mitigate potential negative impacts or unintended consequences.		

	Criteria	Grading: Good(G) Satisfactory (S) Requires Strengthening (RS) Inadequate (I)	Comments • What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
	• Maximise the benefits and opportunities of positive impacts. • Be clear on who is expected to take action		
5.4	A process is in place for monitoring the implementation of recommendations and indicators have been identified to monitor key health and wellbeing impacts		
Further Comments			