Public Health England

Protecting and improving the nation's health

HS009

Health Impact Assessment in spatial planning

A guide for local authority public health and planning teams

October 2020

Organisations who have contributed to and support this guide

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

Sport England

NHS London Healthy Urban Development Unit

IEMA Transforming the world to sustainability

POS Planning Officers Society

tcpa

University of Liverpool Environmental Assessment and Management Research Centre

University of West London The Career University

Tower Hamlets

wakefieldcouncil

Swindon Borough Council

Liverpool City Region Combined Authority

Metro Mayor Liverpool City Region

livewell

EPOA Essex Planning Officers Association

Essex County Council

Chelmsford City Council

Active Essex Local Delivery Pilot

Solihull Metropolitan Borough Council

Medway Council Serving You

Hertfordshire

Portsmouth City Council

Place Changers

BCA Insight

PHD Public Health by Design

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Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Michael Chang, Carolyn Sharpe, Aimee Stimpson, Carl Petrokofsky and Andy Netherton (Public Health England) with contributions from Professor Thomas Fischer and Dr Tara Muthoora (University of Liverpool), and Laura Taylor-Green (Essex County Council). See Annex 1 for acknowledgements and full list of contributors.

For queries relating to this document, please contact: HealthyPlaces@phe.gov.uk

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Foreword

The COVID-19 global pandemic has changed the way individuals, families and society value our relationship with the spaces and places in which we live, work and play.

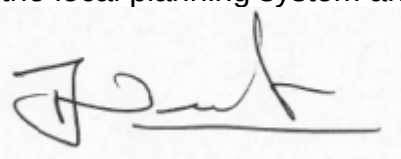
Public Health England's disparities in the risk and outcomes of COVID-19 report has confirmed those who live in more deprived urban and rural areas are more susceptible to the effects of COVID-19. The pandemic has replicated existing underlying health inequalities and, in some cases, has widened them.

As we look past the initial peak of the pandemic, evidence indicates that many want to embrace the positive changes seen in our environments during the social lockdown such as increased opportunities for walking and cycling, more spaces for social interaction, and a greater value placed on our green and blue spaces. As the nation shifts towards economic renewal, for example, by building more and better homes, strengthening the use of health impact assessments (HIA) in spatial planning offers local authorities a powerful lever to improve public health and wellbeing, and ultimately reduce inequalities.

HIA is a tool used to identify the health impacts of a plan or project and to develop recommendations to maximise the positive impacts and minimise the negative impacts, while maintaining a focus on addressing health inequalities. By bringing such health considerations to the fore, HIAs add value to the planning process.

When used in the planning system, HIAs can also identify opportunities to deliver co-benefits across a range of policy areas: better quality housing, particularly in areas where they are most needed, will in the long term improve health outcomes; more and better active travel infrastructure in areas of poor air quality will lead to improved cardiovascular health; safer and more inclusive spaces for older people as well as those with a mental or physical health problem will deliver benefits to individual quality of life. Each of the above opportunities will also contribute to reductions in health inequalities.

This guide was created in collaboration with national, regional and local experts in planning, public and environmental health, and impact assessment. This collaboration demonstrates a strong commitment from many who believe HIAs to be an essential tool to 'health-proof' spatial plans and project designs for future generations. The guide aims to provide local authority teams with the practical information they need to embed HIA in the local planning system and, in doing so, create safer and healthier places.



Professor John Newton
Public Health England

Executive summary

This guide focuses on the use of Health Impact Assessment (HIA) in the planning system. An HIA is a process that identifies the health and wellbeing impacts (benefits and harms) of any plan or development project. A properly conducted HIA recommends measures to maximise positive impacts; minimise negative impacts; and reduce health inequalities.

HIAs puts people and their health at the heart of the planning process. An HIA supports the planning system to address local health and wellbeing needs and tackle inequalities though influencing the wider determinants of health.

As health inequalities continue to widen in England (1), there is a need to better identify and address the health impact of planning decisions. To help achieve this, Public Health England (PHE) has developed this guide on HIAs for planning in England.

This guide describes the health and wellbeing outcomes that are influenced through planning and how these outcomes can be optimised through the process of plan-making (when developing policies in local plans) and planning applications (designing proposals for development projects). It also describes how these health outcomes can be considered in other impact assessments (such as strategic and environmental impact assessments).

The guide is targeted towards local authority public health and planning teams, planning applicants, impact assessment practitioners, and others involved in the planning process.

It provides information to support:

- the National Planning Policy Framework (NPPF) and the Planning Practice Guidance (PPG) on promoting healthy and safe communities
- local adoption of planning policies and guidance on the use of HIAs
- consideration of how the planning process impacts population health, wellbeing and inequalities through the wider determinants of health
- consideration of whether an HIA is required; what the trigger points should be; the type of HIA needed; and alignment with other planning assessments
- consideration of the range of health and wellbeing issues to be included in an assessment
- engagement of relevant practitioners when considering health in impact assessments, including environmental health officers and impact assessment practitioners operating in the private sector

This guide is applicable to the English policy context.

Glossary

These definitions describe various terms used in this publication.

Authority Monitoring Report (AMR)	A statutory annual performance update on the Local Planning Authority such as on local plan policy implementation.
Design and Access Statement (DAS)	A statement submitted with a planning application that explains the design thinking behind the proposal and shows how everyone will be able to use the places they want to build.
Environmental Impact Assessment (EIA)	A statutory assessment to evaluate the likely significant impacts of a proposed project as defined in Regulation 4 of the Town and Country Planning (EIA) Regulations 2017.
Health inequalities	Avoidable and unfair differences in health status between groups of people or communities.
Integrated Impact Assessment (IIA)	An integrated assessment to appraise the environmental, social and economic sustainability impacts, and the equalities, health, crime and disorder effects of the policies.
Joint health and wellbeing strategy	A strategy to inform commissioning decisions across local services to ensure they are focused on the health needs of service users and communities based on the JSNA.
Joint Strategic Needs Assessment (JSNA)	A statutory assessment of the current and future needs and assets of an area to improve health and wellbeing outcomes and impact on the wider determinants of health.
Local information requirements list	A list of the information a local area requires to be submitted in support of a planning application.
Local Planning Authority (LPA)	A public authority whose duty it is to carry out specific planning functions for a particular geographic area.
National Planning Policy Framework (NPPF)	The government's planning policies for England and how these should be applied in plan-making and making planning decisions. It was last updated in February 2019.
Plan-making	Refers to the process of creating local plans and policies, and other development plan documents by the LPA.
Planning Practice Guidance (PPG)	Web-based resource which brings together planning guidance on various topics to support the National Planning Policy Framework.
Public Health Outcomes Framework (PHOF)	A high-level overview of public health outcomes, supported by a broad set of indicators, that allows local authorities to assess progress in comparison to national averages and other local areas.
Section 106	Planning obligations that are legal agreements to mitigate the impacts of a development proposal.
Sensitive receptors	Population groups or areas which are more susceptible to the adverse effects of impacts from a proposed policy or project.
Strategic Environmental Assessment (SEA)	A statutory assessment which allows local authorities to assess, consult on, and monitor the likely impacts their plans, programmes and strategies will have on the environment.
Supplementary planning document (SPD)	Produced by Local Planning Authorities to build upon and provide more detailed advice on the policies contained in a local plan.
Sustainability Appraisal (SA)	A statutory planning assessment which requires a LPA to carry out a SA during plan preparation to achieve relevant environmental, economic and social objectives.
Wider determinants of health	A diverse range of social, economic and environmental factors which impact on people's health.

1. About the guide

Introduction

1.1 The factors that influence our health are multiple and complex. Most of these factors lie outside the health and social care system. It has been estimated that socio-economic and physical environments determine 60% of health outcomes (2). Focusing on these determinants of health is essential for improving population health and wellbeing and reducing inequalities.

1.2 HIA is a valuable process that enables local action on the wider determinants of health. It can help maximise the health benefits of a plan or development and minimise the potential harms, while maintaining a focus on reducing inequalities. There is an economic as well as a moral case for tackling health inequalities. Poor health and health inequalities in England are estimated to cost the NHS an extra £4.8 billion a year from the greater use of hospitals by people in deprived areas (3) and cost the UK £31-33 billion a year in lost productivity (4).

1.3 The NPPF sets out the government's planning policies and how they should be applied. It requires planning policies and decisions to "enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs" (5). It also emphasises that the level of detailed supporting information provided to local planning authorities (LPAs) should be relevant, necessary and material, and that having the right information is crucial to good decision-making. The supporting PPG, healthy and safe communities, suggests the use of HIA can be beneficial "where there are expected to be significant impacts" (6).

1.4 The development of this guide has been informed by research from the Universities of the West of England (7) and Liverpool (8), and the York Health Economics Consortium (9). Their recommendations called for better integration of local health and wellbeing needs and priorities into the local plan and decision-making process. To achieve this, they recommended further guidance on how and when to undertake an HIA and on the screening and scoping stages, improved integration and alignment of HIAs with other assessments, and strengthened local HIA capacity and skills. This guide responds to these recommendations.

Purpose of the guide for England

1.5 This guide aims to increase the coverage of HIAs in the planning process[1]. It forms part of PHE's strategic commitment to local systems to support preventative action on the wider determinants of health (10), and helps clarify the process of establishing HIA policies and requirements to users of the planning system.

1.6 It has been developed with input from stakeholders and expert practitioners. See Annex 1 for acknowledgements.

1.7 Target audience groups are:

- local authority public health teams and wider health and social care partners (including: primary care, Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnership (STP) / Integrated Care Systems (ICS), local NHS Trusts) to
  - make the case for the positive and proactive role of HIAs to help local authorities and health organisations deliver their duty to improve population health and reduce health inequalities under the Health and Social Care Act 2012
  - support planning teams to create planning policy and development management guidance such as supplementary planning documents (SPDs) input into the development of strategic, local or neighbourhood plans, inform pre-application discussion on health impacts, and inform recommendations on preventative and mitigation measures to address these impacts
- local authority planning teams and those responsible for plan-making and decision-making on planning applications to
  - meet the requirements set out in the NPPF and PPG on healthy and safe communities
  - adopt planning policy and guidance requiring the proportionate use of HIAs
  - help consider how best to employ HIAs in relation to other statutory assessments
  - develop proportionate and justified HIA requirements in strategic and local plans
  - inform whether an HIA is required and the scope of the assessment
  - create development management guidance such as SPDs on the use of HIA
- planning applicants, consultants and others involved in the planning process to
  - consider a wide range of health and wellbeing impacts within the design processes for development projects prior to submission of planning applications to the local authority

[1] Town and Country Planning Association found 30% of LPAs have an HIA requirement in local plans (11)

- inform the content and structure of commissioned HIAs either as a standalone assessment or as part of other assessments, promoting the use of existing tools and resources in Table 1

Alignment with existing HIA guidance

1.8 This guide supplements existing HIA guidance for the UK. It focuses on the earlier stages of the planning process to help support the local policy case for the use of HIAs. Technical guidance for carrying out HIAs already exists as well as guidance on quality assurance and the consideration of health in other impact assessments such as EIA (Table 1).

Table 1. Existing HIA guidance in the UK

General HIA	• Health impact assessment of government policy by the Department of Health (12)
Carrying out of an HIA	• Health Impact Assessments – a practical guide by the Wales Health Impact Assessment Support Unit (WHIASU) (13) • Rapid Health Impact Assessment Tool by NHS London Healthy Urban Development Unit and other HIA guidance (14) • Health Impact Assessment (HIA) and Local Development Plans (LDPs): A toolkit for practice by WHIASU (15) • Local authorities have developed local HIA guidance (See Annex 4)
Quality assurance methods	• Quality Assurance Review Framework for Health Impact Assessment by WHIASU (16) • Review Package for Health Impact Assessment Reports of Development Projects by Ben Cave Associates (17)
Health in other impact assessments	• Health in Environmental Impact Assessment. A briefing for public health teams in England by PHE (18) • Health in Environmental Impact Assessment. A Primer for a Proportionate Approach by Institute for Environmental Management and Assessment (IEMA) (19) • Addressing human health in Environmental Impact Assessment by International Association for Impact Assessment (IAIA) and European Public Health Association (EPHA) (20) • Health Equity Assessment Tool by PHE (21)

1.9 A separate PHE guide helps planning applicants understand the health issues that PHE expects to see addressed by applicants when preparing an Environmental Statement for Nationally-Significant Infrastructure Projects (NSIPs) under the Planning Act 2008. PHE, NHS England and CCGs are statutory consultees for such NSIP applications. For further information, see Advice on the content of Environmental Statements accompanying an application under the Nationally Significant Infrastructure Planning Regime (22).

1.10 An HIA is one mechanism to integrate health throughout the planning process. There are other methods local authorities may wish to consider as part of a health in all policies approach described in PHE's other resources and supporting information on good planning for health (23).

1.11 Please note at the time of publication of this Guide, the government published the Planning for the Future White Paper for England (24). The White Paper sets out reforms to the planning system that aim to make it simpler, faster and more predictable in creating local plans and making decisions on development projects. Its' proposals will have implications for how and whether the use of HIAs can be justified, and this Guide may be updated as these proposals are implemented.

2. HIA in planning policy and practice

What is an HIA?

2.1 The World Health Organization defines an HIA as a combination of process and methods used by those planning, deciding and shaping changes to the environment to evaluate the significance of health effects of a plan or project (25). An HIA helps decision-makers in local authorities and other stakeholders make choices about actions to best prevent ill-health, promote good health and reduce health inequalities.

2.2 When applied in the planning system, an HIA puts people at the heart of the process. It is an objective assessment tool for addressing the barriers and enablers for creating healthy places. An HIA can help identify a set of evidence-based practical recommendations to promote and protect the health of local communities.

HIA process

2.3 An HIA process follows 5 stages (13):

1. Screening: Determine whether an HIA is needed and justified subject to anticipation of health impacts on population groups.
2. Scoping: Identify the potential health impacts and target population groups to assess.
3. Assessing: Assess the significance of health impacts, qualify and quantify potential costs and benefits, how health varies in different circumstances, across different populations and any alternatives.
4. Reporting: Engage all relevant stakeholders and recommend preventative and mitigation actions to deliver the greatest possible health gain.
5. Monitoring and evaluating: Include indicators and mechanisms, and set out processes and resources for the local authority and/or with the planning applicant to undertake and act on results of regular monitoring.

2.4 The HIA process can also include a stage for quality assurance. This is a recommended additional stage whereby those responsible for agreeing the recommendations of an HIA (the local planning and/or public health team), review the quality of the final HIA submitted as part of the planning application. The quality assurance stage ensures HIAs are carried out objectively, address local health and planning priorities, and are based on quality evidence base. The quality assurance findings can then be used to inform how recommendations are taken forward in plans or development projects.

Practice example: Hertfordshire County Council Public Health review of HIAs
Hertfordshire County Council requires developers to undertake HIAs in line with its HIA Position Statement. Public health seeks engagement during early masterplanning of strategic sites to ensure HIAs are undertaken and scoped effectively; submitted HIAs are reviewed using the WHIASU Quality Assurance Framework (16).

Types of HIA

2.5 There are 3 types of HIA (13) which are:

- comprehensive HIAs are more in-depth and so are the most resource intensive, requiring extensive literature searches and data collection, and stakeholder and public engagement - this type of HIA is most suited to more complex proposals
- rapid HIAs involve a brief assessment of health impacts, including a literature review of quantitative and qualitative evidence, and the gathering of knowledge and further evidence from local stakeholders - rapid HIAs usually include the establishment of a small steering group and carrying out a stakeholder workshop
- desktop HIAs can encompass engaging a small number of participants using existing knowledge and evidence to undertake the assessment of health impacts

2.6 In practice adopting the appropriate type of HIA depends on the focus, scale and scope of the plan or development project, the stage at which the HIA will seek to influence, and the time and resources available to commission, undertake or review the HIA. When setting out requirements during earlier stages in the decision-making process, it is best to specify the type of HIA expected to be undertaken. Refer to Figure 2.

Health and wellbeing outcomes

2.7 Table 2 summarises a list of factors that an HIA can seek to address; ranging from health improvement to health protection issues. It reflects how health outcomes relate to the wider determinants of health and wellbeing such as access to services and amenities, traffic and transport, social and economic factors, and land use factors. There may be further health determinants and outcomes that are relevant to local areas and their consideration within an HIA should be based on local health needs and priorities. See Annex 2 for more details on health outcomes.

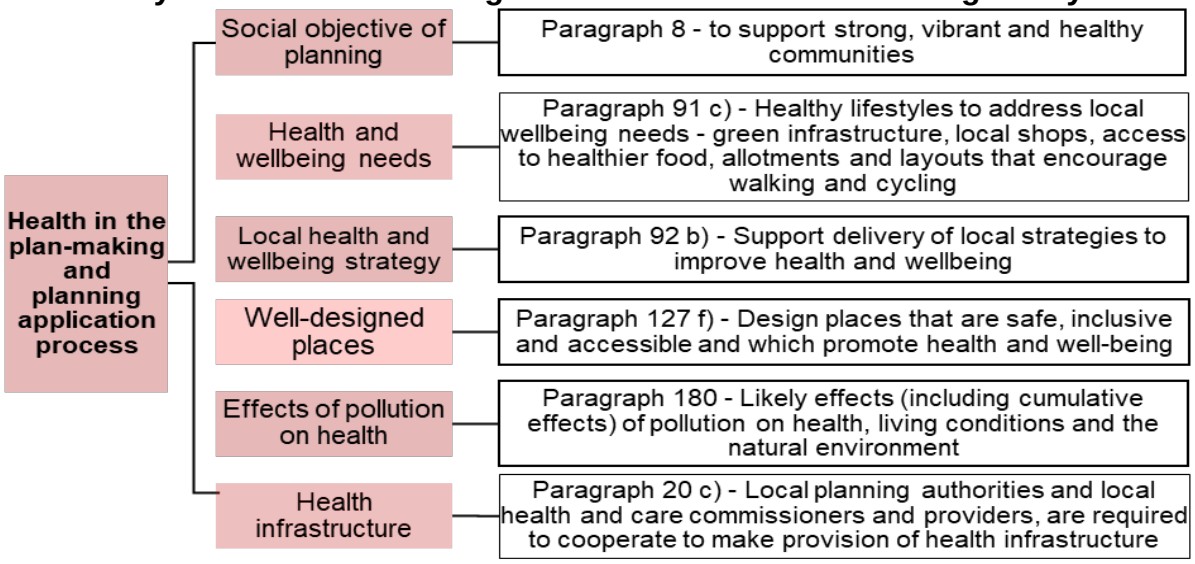
Table 2. Wider determinants of health and wellbeing outcomes

HIA health considerations (Annex 2)	Wider determinants of health and wellbeing			
	Access	**Traffic and Transport**	**Socio-economic**	**Land Use**
Reduce Health inequalities Improve mental health and wellbeing Improve diets and weight Improve musculoskeletal health Improve respiratory health Improve cardiovascular health Protect environmental health Provide access to health and care infrastructure	• Local public key services and facilities • Good quality affordable housing • Healthy and affordable food • Natural environment • Green spaces and public realm • Leisure, sport, recreation, play and physical activities within the environments	• Accessibility • Access to public transport • Opportunities for active travel (cycling and walking) • Links between communities • Community severance • Connections to jobs • Connections to services, facilities and leisure	• Employment, including skills development and training opportunities • Local business activity • Regeneration • Tourism and leisure industries • Community/ social cohesions and access to social networks • Community engagement	• Sustainable and efficient land use in urban and/or /rural settings • Quality of Urban and natural environments, such as air and noise pollution • Climate change impacts

Planning policy context for HIAs

2.8 The PPG on promoting healthy and safe communities is explicit about when the use of HIAs can be justified in planning applications for development projects through the Director of Public Health (DPH). It states that “it is helpful if the Director of Public Health is consulted on any planning applications (including at the pre-application stage) that are likely to have a significant impact on the health and wellbeing of the local population or particular groups within it. A health impact assessment is a useful tool to use where there are expected to be significant impacts.” (6)

Figure 1. Policy basis for considering health in the National Planning Policy Framework



2.9 The PPG guidance on HIAs is set in the context of meeting NPPF requirements for the consideration of health and wellbeing (Figure 1). HIAs can support local authorities to discharge their legal duty to take appropriate actions to improve the health of local people under the Health and Social Care Act 2012.

2.10 When developing policies either as part of joint plans or spatial development strategies, local authorities are required to consider requirements set out in relevant regulations. These policies relate to issues of a strategic nature and relevant cross-boundary issues, including enhancing the natural environment, healthcare facilities and housing as set out in the NPPF (5).

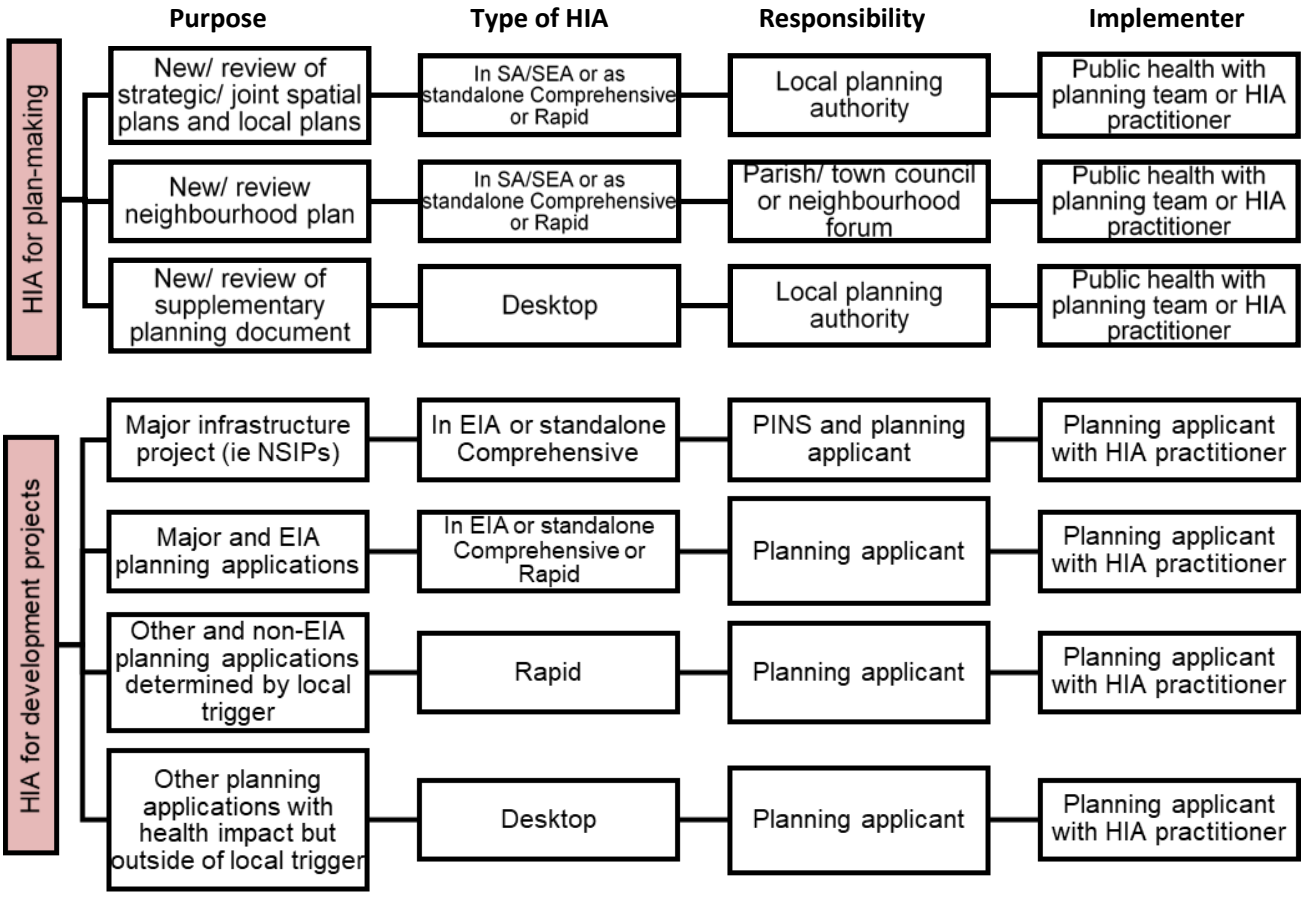
Practice example: Liverpool City Region Spatial Development Strategy and health
The Liverpool City Region Combined Authority is creating a strategic Spatial Development Strategy covering the 6 constituent local authorities in the north west of England. The Spatial Development Strategy will have policies to ensure developments have regard to their effect on the health and health inequalities of and between people living in the Liverpool City Region.

When to use HIAs

2.11 An HIA is most effective when it is undertaken prospectively and concurrently to inform and shape a plan, policy or development project during options appraisal and design (that is before decisions are made and submitted as part of a planning application) (8). The intention to use an HIA should be determined early in the planning process. Depending on the scale of the plan or project, it may be appropriate to integrate or align an HIA with a sustainability appraisal (SA) / strategic environmental assessment (SEA) for plan-making or EIA and other assessments required as part of local information requirements for planning applications.

2.12 Figure 2 indicates the type of HIA that may be appropriate for different applications. The type and purpose of an HIA and responsibilities should be agreed from the outset. When agreeing the type of HIA, factors including the anticipated scale of impact, significance, proportionality to the plan or development project and local health needs and priorities should be considered. Sections 4 to 6 of this guide provide information on this process.

Figure 2. Indicative type of HIA appropriate for plans and development projects



2.13 To improve the quality of an HIA and help secure consensus on meeting local needs and priorities, stakeholder or community engagement can be scoped into the process. Stakeholder and community engagement will be proportionate and dependent on the type of HIA. Those implementing and carrying out the HIA should make sufficient time and resources available for this stage of the process.

Practice example: Barton Park Healthy New Town HIA 2017
The HIA qualitatively assessed the potential health impacts of the proposed Barton Park development and the Underhill Circus redevelopment. While the Barton Park HIA was carried out retrospectively, it fed back recommendations into the design process of the Underhill Circus redevelopment to help support physical and mental health and wellbeing.

Improving the use and implementation of HIA requirements

2.14 Local authority public health and planning teams need to agree how HIAs will be enforced, funded and resourced. Considerations such as the existence of policy requirements, proportionality, and role and capacity of public health involvement may be useful. Local arrangements should have agreement from the DPH, head of planning and elected members, and in consultation with relevant stakeholders and developers. There are different options available for implementing HIAs in the plan-making and the planning process.

2.15 When preparing plans and policies, the available options to include an HIA are:

- resourced as part of existing assessment procedures for SEA/SA or IIA, to be undertaken by commissioned HIA practitioners or done in-house between the planning and public health teams
- implemented as a standalone assessment, to be undertaken by commissioned HIA practitioners or done in-house by the planning and public health teams
- undertaken for those planning documents that do not require a SEA/ SA such as neighbourhood plans and SPDs, by commissioning HIA practitioners or done in-house between the planning and public health teams

Practice example: London Borough of Croydon local plan HIA 2015-16
The HIA on the draft local plan was undertaken by spatial planning and public health departments. It involved a scoping report, policy screening and an HIA workshop, and the assessment was based on the NHS London Healthy Urban Development Unit (HUDU) rapid HIA tool. Other stakeholders will include housing, transport, environmental health and pollution departments, and NHS partners including the CCG and Croydon Health Services NHS Trust.

2.16 For planning applications, the available options to improve the use of an HIA are:

- adopt an HIA policy with triggers in the strategic or local plan
- where appropriate, inclusion in the local information requirements list for applying for planning permission or a prior approval application for change of use
- provide detailed guidance on how to carry out an HIA, for example as a SPD
- discuss with planning applicants during the pre-application stage
- use of planning conditions to implement HIA recommendations
- use of Section 106 planning obligations to implement HIA recommendations, including requiring developers to cover monitoring costs for some years after construction
- allocate local authority resource to advise on and review HIAs. This can be funded as part of planning performance agreements[2] for major projects

2.17 To make HIAs more effective and meaningful, those involved throughout the HIA process can be supported by undertaking continuing professional development (CPD) training in order to build capacity for this activity. Training can clarify the local process and can enhance the understanding of health and wellbeing, the impact and effects on the population, and the identification of recommendations.

[2] A project management tool for the LPA and applicants to agree actions and resources for handling applications.

Practice example: London Borough of Tower Hamlets HIA capacity building programme
Tower Hamlets has formalised the partnership between public health and planning and has appointed an HIA Officer to lead on the delivery of its HIA policy, including an HIA capacity building programme. This includes developing guidance for developers and planners, a best practice community engagement guide, briefings for HIA stakeholders and workshops/webinars for planners focusing on HIA in development management and the process of HIA itself.

Monitoring of HIA use and health impacts

2.18 Where possible, local authorities should evaluate the effectiveness of HIAs/HIA policies against a range of health outcomes outlined in Annex 2. The indicators in the Public Health Outcomes Framework (PHOF) (at local authority level) and the Local Health Fingertips tool (at ward level) (26) can support local authorities to benchmark and monitor health and wellbeing metrics. The indicators are grouped into 4 domains (see Table 3 for relevant indicators), many of which are directly or indirectly influenced by the planning system.

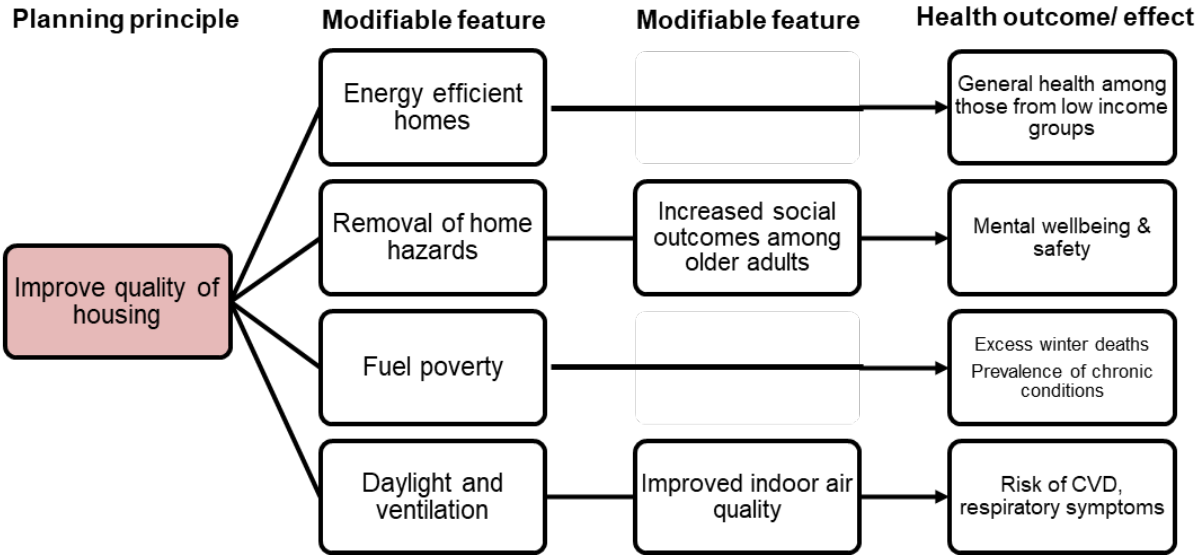
2.19 Changes to the number of HIAs undertaken and the way in which HIAs are undertaken, as well as progress towards improving public health outcomes can also be monitored through the statutory monitoring requirements of the LPA Authority Monitoring Report (AMR) and the Director of Public Health Annual Report. These should be aligned, as required by the NPPF, to local health and wellbeing needs and priorities.

Table 3. Public Health Outcomes Framework indicators relevant to planning

Domain	Indicators relevant to planning
Wider determinants of health	B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time B16 - Utilisation of outdoor space for exercise/health reasons B17 - Fuel poverty B18 - Social isolation
Health improvement	C09a - Reception: Prevalence of overweight (including obesity) C10 - Percentage of physically active children and young people C16 - Percentage of adults (aged 18+) classified as overweight or obese C17a - Percentage of physically active adults C27 - Percentage reporting a long term Musculoskeletal (MSK) problem C28a - Self-reported wellbeing - people with a low satisfaction score C29 - Emergency hospital admissions due to falls in people aged 65 and over
Health protection	D01 - Fraction of mortality attributable to particulate air pollution
Healthcare public health and premature mortality	E03 - Mortality rate from causes considered preventable Under 75 mortality rate from respiratory disease considered preventable E14 - Excess winter deaths index E15 - Estimated dementia diagnosis rate (aged 65 and over)

2.20 PHE's Spatial Planning and Health evidence resource (27) describes how health outcomes are shaped by actions taken across the wider determinants of health such as neighbourhood design, housing, transport, food environment and the natural environment. For example, Figure 3 highlights housing and health outcomes.

Figure 3. Health outcomes in planning pathway example: healthy housing



See full pathways and diagrams in PHE (2017), Spatial planning and health: evidence review (27)

How health organisations can contribute to the HIA process

2.21 The PPG on promoting healthy and safe communities provides details regarding the health organisations that need to be involved in planning for health (6). Local authority DPHs; at the unitary authority or county council (for 2-tier areas) level; should be the first point of contact when seeking input on public health and inequalities. The DPH and the public health team can support the HIA process by:

- helping to determine the type of HIA needed
- supporting the scoping stages to identify the likely significance of impacts and effects on population health, and health inequalities of implementing the plan or project
- signposting to public health data and supporting with their interpretation
- supporting with the collection of health information to monitor the progress of the plan or project implementation

2.22 CCGs and NHS England are statutory consultees on local plans and have a duty to cooperate with LPAs. CCGs and NHS England, through STPs and ICSs, can also be consultees for development projects and can help identify potential health impacts and mitigating actions in relation to the demands on local health infrastructure and services. CCGs and STPs/ICSs can work in partnership with public health teams to produce a collective health response.

Practice Example: Essex approach to HIAs with NHS Estates Partners
The Essex County Council Public Health Team and NHS estates forums work closely with local authority partners to ensure that the impacts of new development and upstream prevention through primary, GP and community, acute and specialist services can be considered. NHS estates teams, County and local public health teams promote the use of HIAs and health in EIAs to highlight potential impacts from proposals.

3. Developing HIA policy and guidance

3.1 Local authorities are encouraged to adopt policies that require an HIA to be carried out for certain types of developments in their local plan or spatial development processes. Such a requirement may support local health and wellbeing priorities (Annex 2) as well as the local health and wellbeing policy. An HIA policy requirement may also support other health-promoting policies such as those relating to sustainable transport, sport and play, housing, access to healthy and affordable food and green infrastructure.

3.2 To ensure a robust policy (within strategic or local plans) the policy must meet the soundness tests as defined in the NPPF (5) which are:

- positively prepared – providing a strategy which, as a minimum, seeks to meet the area's objectively assessed needs
- justified – an appropriate strategy, taking into account the reasonable alternatives, and based on proportionate evidence
- effective – deliverable over the plan period
- consistent with national policy – enabling the delivery of sustainable development in accordance with NPPF policies

Annex 3 provides examples of adopted strategic and local planning policies on HIAs.

3.3 The local authority can adopt necessary guidance, such as an SPD, which provides more details regarding when and how to carry out HIAs and the range of health and wellbeing considerations to include in the HIA scope. The SPD should be developed collaboratively by planning and public health teams and involve stakeholder and public consultation in line with planning regulations.

Annex 4 provides local HIA guidance examples. Annex 5 provides a SPD template structure.

3.4 Planning policies and SPDs can introduce triggers that require an HIA to be submitted as part of a planning application where evidence demonstrates the development impacts can be expected to be significant on sensitive receptors. The process of determining local triggers should be evidence-based and follow the steps below (and summarised in Figure 4).

Identify local health needs and priorities

3.5 Local health needs and priorities can be identified from:

- local health strategic documents, such as the Health and Wellbeing Strategy
- the local Joint and Strategic Needs Assessment (JSNA) which informs the Health and Wellbeing Strategy and is approved by the Health and Wellbeing Board
- local data sets and intelligence sources, including indicators published in the PHOF and local health profiles
- engagement with wider health and social care partners including: primary care, CCGs, STPs/ICSs and NHS trusts

3.6 A number of tools and databases are available at a national and local level to support the identification of local health and wellbeing needs and priorities, including for health impact monitoring and review purposes. Examples are set out in Table 4. Local authorities can make greater use of data and digital technology to make it easier to access and use this information to inform the HIA process.

Table 4. Examples of national and local tools and data sources

Tools and data	Source
Measures of National Wellbeing Dashboard (28)	Office for National Statistics
PHOF and health profiles (25)	PHE
Strategic Health Assets Planning and Evaluation (SHAPE) (29)	PHE
Indices of deprivation (30)	MHCLG
Active Lives, Active People, Active Places data (31)	Sport England
People and Nature survey (32)	Natural England
Food Environmental Accessibility Tool (FEAT) (33)	Cambridge Centre for Diet and Activity Research
UK Implementation of Sustainable Development Goals (34)	UK Government

Identify population characteristics

3.7 Preventing the negative impacts and maximising positive impacts of a plan, policy or planning application on population groups is key to an HIA. It is important to identify how sensitive and susceptible population groups or areas are to the impacts of a development project, whether positive or negative, for example on Black, Asian and Minority Ethnic (BAME) groups (35).

3.8 From the PHE Health Equity Assessment Tool, different characteristics to consider are (21):

- protected characteristics as defined by the Equality Act 2010: age, sex, race, religion or belief, disability, sexual orientation, gender reassignment, marriage and civil partnership, and pregnancy and maternity (36)

- individual's socio-economic position, as defined by their education, employment status, income, household composition
- area variations by factors such as deprivation level, service provision, urban/rural
- vulnerable and inclusion health groups for example homeless people, people in prison, or young people leaving care

3.9 The sensitivity of population groups to the impacts of a development project will depend on:

- location and context of the development project
- population needs set out in health needs assessments or other evidence sources
- their importance as identified in local health strategies
- influence and impact from external factors (for example major incidents)

Practice example: Wakefield Council HIA guidance priority themes by wards
Wakefield Council created guidance and tools to assist planning applicants with the process of carrying out a comprehensive or rapid HIA for planning applications. Its guidance identifies key themes in each of the 21 wards on which HIAs should initially focus.

Identify health impacts and their potential significance

3.10 Significance is not absolute and can only be identified in relation to the project and its location. Through the identification of major adverse impacts, local authorities can justify the adoption of an HIA policy or guidance. Significance can be determined by the expected magnitude of the health and wellbeing impact on specific population characteristics (Table 5). These may be positive (beneficial), neutral (no discernible change), or negative (adverse), direct or indirect, cumulative, permanent or temporary (short, medium or long term).

Table 5. Significant impact

Major adverse	Major benefit	**Significant** based on: high exposure or scale; long-term duration; continuous frequency; severity predominantly related to mortality; majority of population affected; permanent change; and substantial service quality implications. Prevention measures will be required.
Moderate adverse	Moderate benefit	**Potentially significant** based on: low exposure or medium scale; medium-term duration; frequent events; severity predominantly related to moderate changes in morbidity; large minority of population affected; gradual reversal; and small service quality implications. Prevention or mitigation measures will be required.
Slight adverse	Slight benefit	**Not significant** based on: very low exposure or small scale; short-term duration; occasional events; severity predominantly related to minor change in morbidity; small minority of population affected; rapid reversal; and slight service quality implications. Mitigation measures will be required.
Neutral		**Not significant** based on: negligible exposure or scale; very short-term duration; one-off frequency; severity predominantly relates to a minor change in quality-of-life; very few people affected; immediate reversal once activity complete; and no service quality implication.

Identify likelihood of impacts

3.10 Identify the likelihood of the impact occurring within specific population groups and its significance (Table 6).

Table 6. Likelihood of impact

Definite	Strong direct evidence (for example from a range of qualitative and quantitative sources) or direct evidence from official statistics.
Probable	Good direct evidence (for example from a range of qualitative and quantitative sources) to support the impact.
Possible	Direct evidence to support the impact but drawn from limited source(s) (for example grey literature, news articles, blogs or commentaries).
Unlikely	No direct evidence but issue highlighted as a potential impact.

Determine local HIA triggers

3.11 Understanding the significance of health impacts on population groups or sensitive receptors will allow each local authority to determine whether an HIA will be needed. This allows a range of local triggers or thresholds to be set. These triggers or thresholds provide clarity to planning applicants as to what development projects require an HIA, including suggestions of potential mitigation measures such planning conditions or planning obligations.

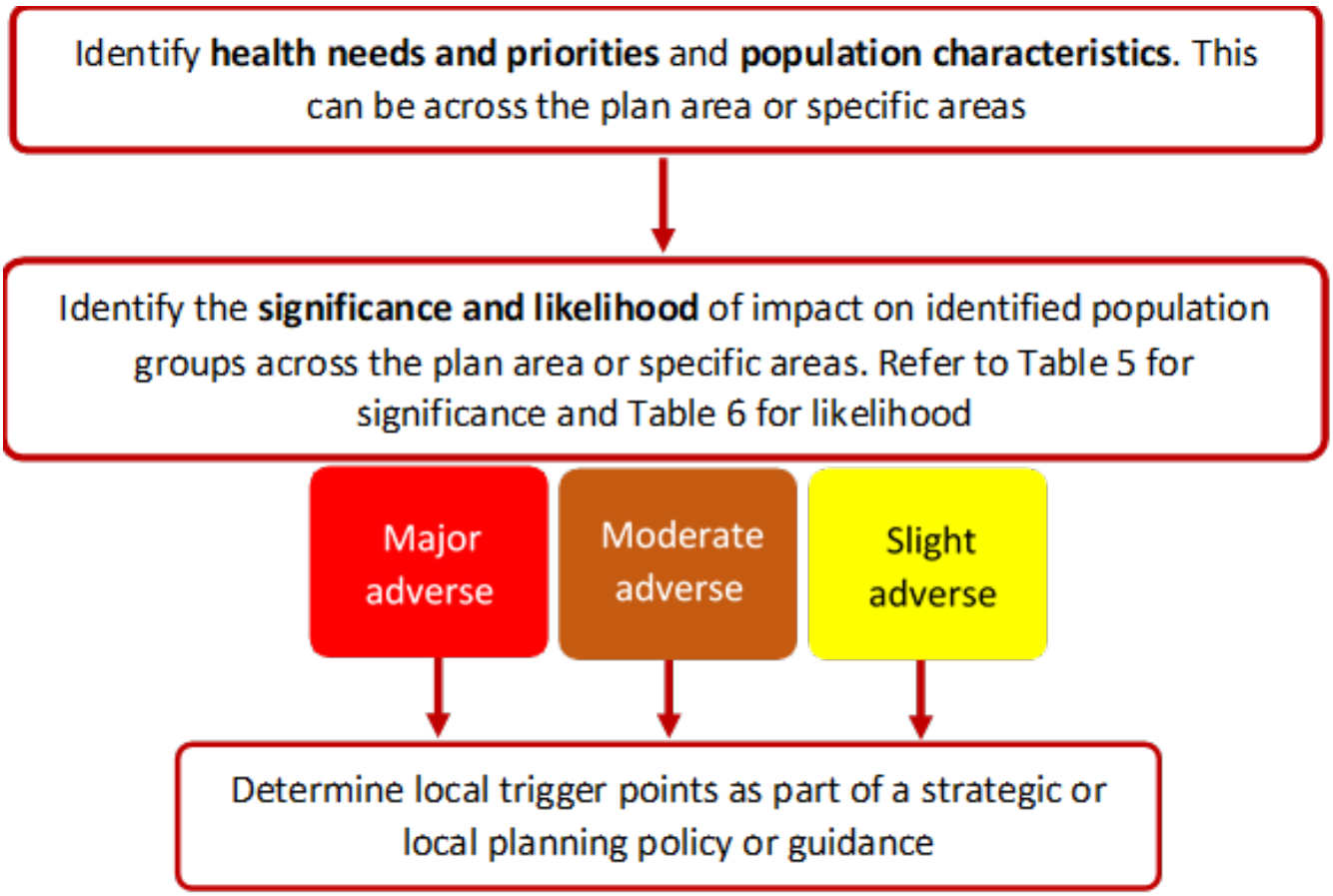
3.12 When developing strategic and local planning policies and guidance, LPAs can have regard to:

- specific locations with poor physical and mental health outcomes
- opportunities to maximise health impact on the wider determinants such as, but not limited to, socio-economic indicators, physical activity, housing, access to healthy food, access to green spaces, access to health and care services and social infrastructure
- proximity to locations where there is a higher risk of impact on the physical and mental wellbeing of vulnerable population groups such as children and young people, disabled people and older people
- proximity to locations where there is and will be potential to increase people's exposure to hazards such as air and noise pollution, land and water contamination
- being aware of triggers set in other assessments such as for EIA developments (37) or major developments for design and access statements (38)
- further information requirements to support decision-making as part of a prior approval application, such as office to residential development, where there may be impacts on matters identified in regulations for example transport and traffic impact, noise, access to natural daylight and other amenity issues (39)

3.13 Many local authorities have already defined local triggers as part of an HIA policy in their local plan (see examples highlighted in Annex 3). Example triggers are:

- size – 'major' developments defined as 10+ dwellings / area over 0.5 hectares or a floorspace of over 1,000sqm / area of 1 hectare, and major infrastructure
- use – developments which include uses for education, health and social care, leisure or community, A5 hot-food-takeaways or other food retail, and betting shops
- location – sites in areas of high deprivation, fuel poverty, poor health, elderly or vulnerable groups, levels of childhood obesity using the PHE Wider Determinants tool

Figure 4. Process of determining the need for an HIA



4. Is an HIA required?

4.1 This section describes how to carry out an initial screening stage to determine whether an HIA is required, within the parameters of the PPG and any adopted HIA policy. This section will be useful for those without an HIA policy in strategic or local plans, or for those who are in the process of developing their local triggers or thresholds. For local authorities with established HIA policy and triggers, this stage may not be required. If an application triggers the need for an HIA then those local authorities can move onto the scoping stage in Section 5.

4.2 The objectives of this process are firstly to identify the expected health impacts and effects on population groups and their significance, and secondly to conclude whether a standalone HIA is justified in planning terms (see Figure 5).

4.3 The screening stage can also be carried out to determine whether a development project requires an EIA in accordance with the EIA Regulations (37). The EIA Regulations require consideration of significant impacts on, amongst others, population and human health. Most development projects will not be subject to an EIA.

Identify policy requirement for HIA

4.4 This step establishes whether a development project triggers the requirement for an HIA to be carried out, based on a policy and trigger in strategic or local plan or a SPD. If an HIA is required, then proceed to scoping (Section 5). If there is no policy requirement for an HIA currently in place, it may still be justified to progress screening to determine if an HIA should be required based on significant impacts. An alternative option would be to seek to align an HIA with existing assessment requirements, such as design and access statements.

Identify health considerations and population characteristics

4.5 Determine the potential health impacts and effects of the proposed development using the information provided in the health and wellbeing outcomes table (Annex 2). A range of population groups should be considered (as outlined in paragraph 3.8). Local authority planning, and/or public health teams are best placed to carry out this step.

Identify significance and likelihood of these impacts

4.6 Once the range of anticipated health impacts and effects, and their relevance to different population groups, have been identified, it is necessary to determine their potential significance. Significance is not absolute and can only be identified in relation to individual development projects and their unique location and context. The potential

significance of impacts will allow each local authority to determine, subject to their own needs, whether an HIA is justified.

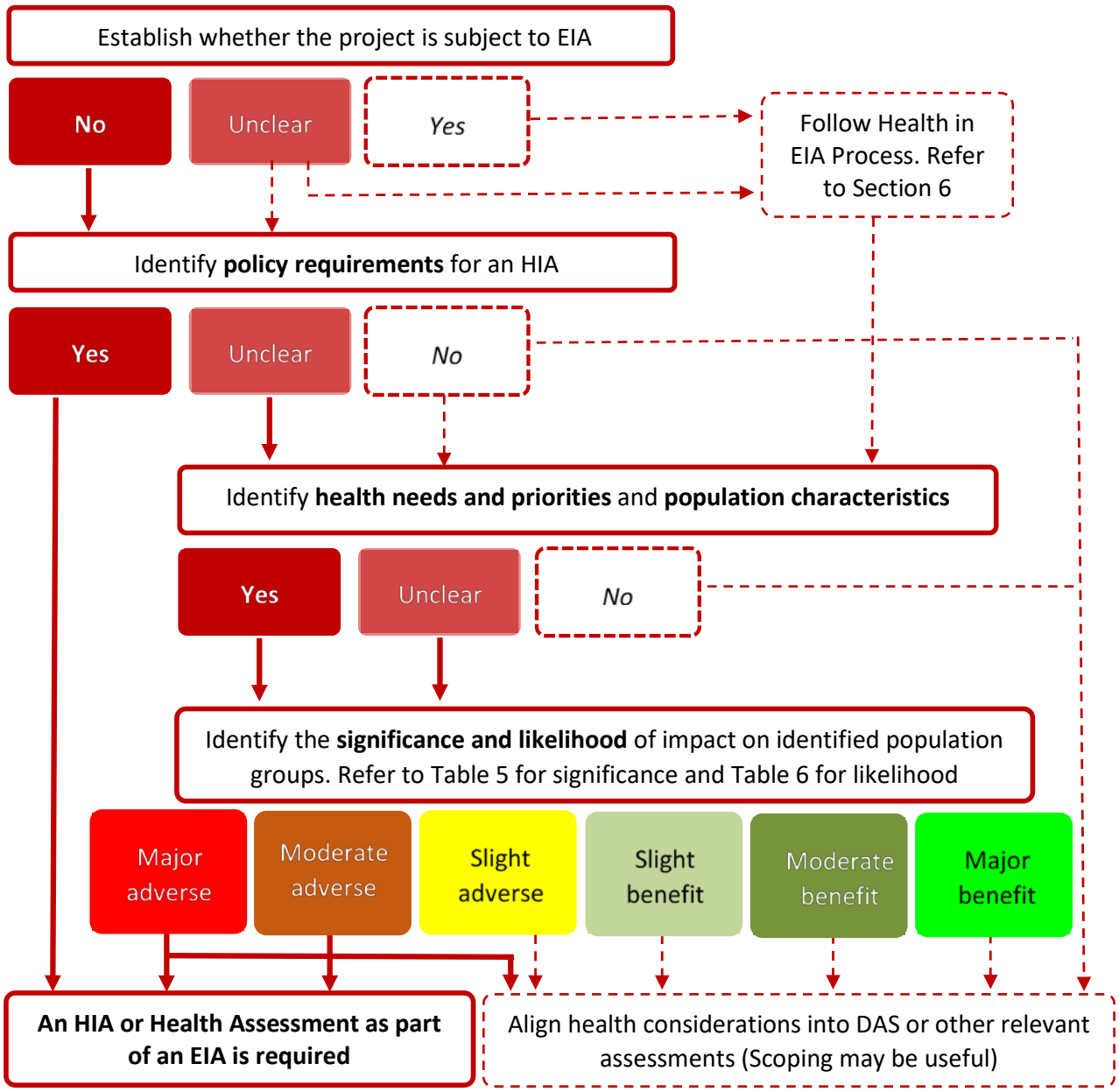
4.7 Local JSNAs and other supporting intelligence sources, such as the wider determinants and health inequalities PHE Fingertips tools, can inform this stage. Using Table 5 and Table 6 can help local authority public health and/ or planning teams establish whether a potential impact would be considered significant for each health and wellbeing consideration individually or collectively, and their likelihood of occurring.

Determine whether an HIA is justified

4.8 Discussions between the local authority public health team, planning policy team, and the development management team, during pre-application, can then take place to determine whether an HIA is justified. Discussions can be framed according to:

- policy compliance – consider whether an HIA can help meet local policy requirements such as on green spaces, transport or housing
- proportionality – consider whether undertaking an HIA would be fair and reasonable to the local threshold set in the previous task, and that it is feasible to conduct an HIA prior to submission with a planning application and for LPAs to review it for decision-making
- alternatives – consider whether it may be appropriate to integrate an HIA into, or draw on relevant health and wellbeing elements from, existing and alternative assessments such as EIA or design and access statements, following the scoping advice
- the role of the public health teams – such as providing HIA guidance to planning applicants or quality assurance of the submitted HIA

Figure 5. Process of screening for planning applications



This figure is a process diagram setting out steps to screen health impacts.

First, establish whether the project is subject to EIA. If yes, follow health in EIA process. If no and unclear, secondly identify HIA policy requirements. If no, align health into existing relevant assessments. If yes, go to undertake an HIA, or unclear go to thirdly, identify health needs and priorities and population characteristics. If no, go to align health into existing assessments. If yes or unclear, go to fourthly identify impact significance and likelihood.

5. Establishing the scope of an HIA

5.1 Local authority public health and planning teams can assist planning applicants to outline an HIA approach in detail, in terms of its objectives, scope of health and wellbeing considerations and timescales for completion. Planning applicants may undertake engagement activities, such as meetings or workshops with other wider health and social care partners, or with other experts and the public to better understand their needs in relation to the plan or development project.

5.2 Local authority public health and planning teams will not usually carry out an HIA assessment. However, they can provide advice, for example during pre-application, to planning applicants on the best ways to consider the health impacts of the plan or development project.

Determine the scope of health and wellbeing considerations

5.3 Identify health and wellbeing considerations to be included in the HIA. Refer to the evidence set out in national and local data sources (see Table 4 and Annex 2 to inform this process):

- for plan-making, this task informs the issues and options, and preferred option, and helps to identify the focus of health monitoring in the Authority Monitoring Report (AMR)
- for planning applications for developments, if impacts have already been identified in the screening process or as part of an HIA trigger policy (and as part of screening of an EIA project), this task finalises the scope of issues to act upon

Determine type of HIA needed

5.4 The Screening stage has already established that an HIA is needed. The appropriate type of HIA (comprehensive, rapid or desktop) is determined during the Scoping stage.

Identify planning interventions

5.5 The following resources provide evidence on how the built and natural environment influences health, as well as identify the planning interventions (relevant both to planning policy and development projects) that support action on the wider determinants of health and wellbeing: PHE's Spatial Planning for health evidence review (26), Building for a Healthy Life development benchmark (40), NHS London HUDU Rapid HIA Tool (14), Sport England Active Design guidance (41) and the Livewell Development

Accreditation (42). The interventions cited in these resources can be required as prevention and mitigation measures when recommended by an HIA.

Use the HIA Scoping Framework in Annex 6

5.6 The framework in Annex 6 serves as a roadmap for HIA preparation and can be locally-adapted to plan-making or planning applications according to local needs and priorities. This scoping framework may be made available for public and wider stakeholder review during consultation and engagement.

6. Integrating an HIA with other assessments

6.1 In certain circumstances, local authorities may prefer to integrate an HIA with other assessments. This integrated approach can be an alternative option (to a standalone HIA) for considering the health and wellbeing impacts of a plan or planning application. The health scoping framework in Annex 6 is intended to support local public health and planning teams to explore how health and wellbeing considerations can be integrated into the processes of other assessment requirements.

6.2 There are a range of statutory and policy requirements for assessments to be carried out when a new plan or planning application is proposed. These provide an opportunity to consider health, without the need for a separate and standalone HIA. In seeking to integrate an HIA with other assessments, certain considerations (in addition to the information set out earlier in this guide) may be useful to ensure the quality of the health component of the assessment. These are:

- understanding the local population's physical and mental health needs
- promotion of health equity by identifying and protecting population groups at risk of the negative impacts of development
- meeting local health and wellbeing priorities
- proportionate assessment of the anticipated impacts (positive and negative)
- engagement with wider health and social care partners (for example; primary care, CCGs, STP/ICS, local NHS Trust)
- development of SMART (Specific, Measurable, Achievable, Relevant, Time bound) recommendations for impact prevention, reduction, mitigation and enhancement
- identification of measures to assist the monitoring and evaluation of impacts

Opportunities to integrate health in a SA/SEA for plan-making

6.3 Local authorities are required to undertake a SEA to assess the effects of the plan on population and human health (43). A SA is also required for local plans and spatial development strategies to ensure they contribute towards sustainable development and incorporate SEA requirements. In practice, local authorities usually adopt an approach of integrated SA and SEA in line with legislative and NPPF requirements.

6.4 When developing local plans and policies (plan-making), local authorities determine the health impacts to be considered. It is a judgement call as to whether a standalone HIA is needed and would add value to the SA/SEA assessments, or an integrated assessment would be a more appropriate approach. Plan documents such as the joint spatial plan between local authorities and the local plan for individual local authorities, are required by law to carry out a SA/SEA during their development.

6.5 Annex 7 describes where and how an HIA can be integrated into the SA/SEA process as well as the specific opportunities that exist for public health input. This integrated assessment can offer a proportionate and sometimes favourable approach to consider the social, economic, environmental and health factors of a plan or policy.

Practice example: Health in a sustainability appraisal in East Yorkshire
A sustainability appraisal (SA) of a city council's local plan in East Yorkshire was carried out with an integrated HIA as it was considered more efficient. The human health chapter considered the likely significant health effects arising from impacts on human health during construction and from the completed development.

Opportunities to integrate heath in an EIA for planning applications

6.6 In May 2017, changes in the UK regulations on EIA clarify that 'population and human health' factors should be considered by EIA. EIAs apply to some development projects, such as housing and commercial developments, but not all developments will meet the threshold of EIA regulations (37). If a development does not require an EIA, previous sections of this guide can help determine if a standalone HIA is required. For projects that require an EIA, there is an opportunity for local authority public health teams to shape the way population and human health are assessed in an EIA through integration with an HIA.

6.7 Annex 8 describes where and how an HIA can be integrated into the EIA process. Further guidance on how health should be meaningfully addressed in an EIA is provided in PHE's briefing on health in EIA (18), IEMA's health in EIA (19) and addressing health in EIA by IAIA and EPHA (20).

Practice example: Human health as part of an Environmental Statement in Yorkshire
An Environmental Statement accompanied a detailed planning application for a major commercial development. The human health chapter considered the likely significant effects with reference to human health during construction and from the completed development. It set out relevant health outcomes and population groups as part of the assessment.

Integration opportunities in other assessments or requirements for planning applications

6.8 When submitting a planning application, applicants need to undertake and submit a range of assessments. These are set out in local information requirements by the local authority and include; design and access statements, transport, air quality, noise and flood risk assessments. Many of these assessments will need to comply with NPPF and PPG requirements in which the material consideration of health needs and priorities are already explicitly set out.

6.9 Although these assessments may or may not place health and wellbeing as central to their objectives, they can help deliver health and wellbeing benefits. It may be useful to adopt the HIA advice in this guide so that health and wellbeing factors can be adequately assessed.

Practice example: Essex Livewell Development Accreditation for Developers
The Livewell Scheme, developed by Chelmsford City Council with Active Essex LDP, Sport England and Essex County Council Public Health, is available to developers for contribution to health and wellbeing. Initially submitted at pre-app as part of an HIA, the awards are a 2-stage design and implementation wellbeing assessment against specially developed criteria.

7. Summary

7.1 It is now widely accepted that the health and wellbeing of a population is largely determined by the environments in which people are born, grow, live, work and age. Embedding health within the planning system provides an important opportunity to address the wider determinants of health and improve population health outcomes.

7.2 HIA has been recognised by national planning policy and guidance as an appropriate tool to identify the health impacts of spatial plans and development projects and to develop recommendations to maximise the benefits and minimise harm. When based on evidence of local health needs and with the involvement of local public health teams, an HIA can help address health inequalities by protecting those who are vulnerable to the negative effects of development.

7.3 This guide provides a framework for embedding HIA in the planning process; both in terms of the development of local plans and policies (plan-making), and for informing development projects for housing or other non-residential activities (planning applications). It promotes an approach which is consistent with the rigorous soundness tests applied by planners throughout the planning process. In summary an HIA should:

- maximise positive health impact, minimise negative health impact and enable an overall reduction in health inequalities
- be based on evidence and align with local health and wellbeing needs and priorities
- be delivered within the existing parameters and mechanisms of the planning process
- be proportionate to the significance of impact of the local plan or project proposal on population groups and based of locally determined triggers
- be shaped by opportunities for early and ongoing engagement and involvement by public health teams and wider health and social care partners

7.4 This guide provides local authority public health teams with the necessary information to start formalising the consideration of health and wellbeing outcomes through HIA. It provides local authority planning teams with options to support health and wellbeing, either through a standalone HIA or through an HIA which is aligned and integrated with other statutory assessments. It also supports HIA practitioners to consider a wide range of health and wellbeing impacts within the scope of a standalone or integrated HIA.

7.5 The actions set out need to be considered locally. It will take time and many conversations to establish what works best according to local circumstances. There is already wide recognition and commitment that supporting strong, vibrant and healthy communities is central to the purpose of planning. HIA provides a mechanism to achieve these aims and can support local areas to meet the health and wellbeing needs of current and future generations and promote health equity.

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- Joanne Wort and Nick Laws, Solihull Metropolitan Borough Council
- John Wilcox, Wakefield Council
- Julia Thrift and Tim Emery, Town and Country Planning Association
- Jenny Dunwoody and Polly Turton, Arup
- Laurence Carmichael and Matthew Quin, London Borough of Tower Hamlets
- Liz Green, Wales Health Impact Assessment Support Unit, Public Health Wales
- Malcolm Souch, NHS London Healthy Urban Development Unit
- Melanie Hughes, John Feetam, Dave McGuire and Rob Holt, Sport England
- Nicola Sworowski Planning Advisory Service
- Dr Rufus Howard, Joanna Bagley, Clare Richmond and Peter George, IEMA
- Paul Southon, Spatial Planning and Health Special Interest Group, Faculty of Public Health
- Planning, Ministry of Housing, Communities and Local Government
- Dr Salim Vohra, University of West London
- Dr Sebastian Weise, PlaceChangers
- Scott Elliott, Medway Council
- Shona Lucitt and Charlotte Morphet, London Borough of Waltham Forest
- Tamara Sandoul, CIEH

Annex 2. Health and wellbeing outcomes in planning

HIA health consideration	Description	Examples of planning principles and policy areas to assess relevant to local context *
Reduce health inequalities	Health inequalities exist across a range of dimensions or characteristics, including but not exclusive to the Equality Act protected characteristics, socio-economic position, life course stages and geography. These can be affected by different experiences of wider determinants of health, such as housing, environments, and access to health and other services. There are further wellbeing indicators in the national wellbeing dashboard for the different areas of life that describe "how we are doing" as individuals and as communities. Addressing impact on this outcome (that is each of the affected population characteristics) is useful to understand the effect on population and spatial inequalities to target where actions can be beneficial and help monitor effects on people's general health and wellbeing over time.	1. Housing design and affordability 2. Access to health and social care services and other social infrastructure 3. Access to open space and nature 4. Air quality, noise and neighbourhood amenity 5. Accessibility and active travel 6. Crime reduction and community safety 7. Access to healthy food 8. Access to work and training 9. Social cohesion and inclusive design 11. Climate change
	References: • PHE, (2020), Health Equity Assessment Tool (HEAT) (21) • PHE, (2019), Health matters: Prevention - a life course approach (44) • *ONS, (2019), National Well-being Dashboard (28)*	
Improve mental health and wellbeing	The mental health of individuals is influenced by social and environmental factors, such as having the ability to earn enough money, feeling part of a community, access to local services, housing and quality of places. Considerations for those with mental disabilities, such as dementia and autism also require changes in the way places and spaces are designed.	1. Housing design and affordability 3. Access to open space and nature 4. Air quality, noise and neighbourhood amenity 6. Crime reduction and community safety

	Addressing impact on this outcome through, for example the Mental Wellbeing Impact Assessment, can ensure design and management of spaces give parity to mental and physical health needs.	9. Social cohesion and inclusive design
	References: • National MWIA Collaborative, (2011), Mental Well-being Impact Assessment: a toolkit for wellbeing (45) • *PHE, (2019), Wellbeing and mental health: Applying All Our Health (46)* • *PHE, (2018), Dementia: Applying All Our Health (47)* • *RTPI, (2020), Dementia and Town Planning (48)* • APA, (2018), *Autism Planning and Design Guidelines 1.0 (49)*	
Improve diet and weight	Obesity affects people across the lifecourse. Children and young people living with excess weight are more at risk of being overweight or obese as adults. Obesity and overweight also affects those in the over 75 age group. Issues should be considered within a whole systems approach tackling both food and active environments. Supporting this outcome can help encourage people to have healthier diets, increase active travel and physical activity in community settings.	1. Housing design and affordability 2. Access to health and social care services and other social infrastructure 3. Access to open space and nature 5. Accessibility and active travel 7. Access to healthy food 8. Access to work and training
	References: PHE, (2020), Using planning to promote healthy weight environments (50)	
Improve musculoskeletal health	Musculoskeletal (MSK) conditions describe conditions affecting the bones, joints, and muscles, as well as rarer autoimmune conditions such as lupus. Common symptoms include pain, stiffness and a loss of mobility and dexterity, often interfering with people's ability to carry out their normal daily activities and are the greatest cause of disability in England Global Burden of Disease 2017. With an ageing population, more people will be living with MSK conditions, increasing the burden on the health and social care sector and an impact on the economy. Supporting this outcome in the environment means promoting physical activity in everyday life while minimising causes of physical disabilities.	1. Housing design and affordability 2. Access to health and social care services and other social infrastructure 3. Access to open space and nature 5. Accessibility and active travel 9. Social cohesion and inclusive design
	References: PHE, (2019), Musculoskeletal Health: A 5 year strategic framework for prevention across the lifecourse (51)	

Improve respiratory health	Respiratory disease (those affecting the airways and lungs) is a major contributor to the overall life expectancy gap is the third leading cause of death in the UK. They are also a major driver of health inequalities, and much of this disease is largely preventable. This inequality is related to a multitude of factors, such as greater exposure to risk factors (air pollution, poor housing) and variation in healthcare quality and access. Supporting this outcome means understanding factors that increase risk of respiratory illness, and influencing wider policies that affect respiratory health, such as air pollution, housing, and transport.	1. Housing design and affordability 2. Access to health and social care services and other social infrastructure 3. Access to open space and nature 4. Air quality, noise and neighbourhood amenity 5. Accessibility and active travel
	References: • *PHE, (2020), Review of interventions to improve outdoor air quality and public health (52)* • PHE, (2019), Respiratory disease: applying All Our Health (53)	
Improve cardiovascular health	Cardiovascular disease (CVD) remains a significant cause of disability, death and health inequalities. Heart attacks and strokes are highly preventable through population level measures, and support for individual behaviour change. Environmental and social factors include employment, housing and air pollution. Supporting this outcome can help you harness the benefits of behaviour change in reducing CVD risk - this includes lifestyle factors such as physical activity and obesity.	2. Access to health and social care services and other social infrastructure 3. Access to open space and nature 4. Air quality, noise and neighbourhood amenity 5. Accessibility and active travel
	References: PHE, (2019), Cardiovascular disease prevention: applying All Our Health (54)	
Protect environmental health	Protection of the public's health through the environment on issues such as road accidents, air, noise and light pollution, land and water heavy metal and chemical poisoning from areas such as contaminated brownfield sites, extreme hot and cold weather, and community safety, are determinants that require consideration.	1. Housing design and affordability 4. Air quality, noise and neighbourhood amenity 6. Crime reduction and community safety 10. Minimising the use of resources 11. Climate change

	Addressing impacts on this outcome can help identify, assess and control factors in the environment that protects the public's health from radiation, chemicals, and other natural and human-made hazards.	
	References: • PHE, (2019), Environmental public health strategy. A PHE environmental public health service fit for the challenges of 2020 and beyond (55) • CIEH, (2017), *Planning & Noise Professional Practice Guidance. Planning & Noise New Residential Development (56)*	
Provide access to health and care infrastructure and services	Considering the future demands on capital and revenue requirements for the full range of health and care services (from GPs to other specialist services), particularly large-scale housing growth is critical to supporting current activities by local healthcare commissioners and providers. Supporting this outcome can also help them set out strategic overview of NHS services that may change in the future.	2. Access to health and social care services and other social infrastructure 5. Accessibility and active travel 8. Access to work and training
	References: • NHS England, (2019), *Putting Health into Place: Principles 9 – 10 Develop and Provide Health Care Services (57)* • *NHSI, (2018), Securing section 106 and community infrastructure levy funds (58)*	

* Based on NHS London HUDU Rapid HIA Tool (14) as it provides a useful starting point for more details and guidance

Annex 3. Strategic and local HIA policies and triggers

Some local authorities have adopted HIA local plan policies on the use of HIAs. See examples below.

Coventry	**Local Plan Policy HW1: Health Impact Assessments** ▪ The use of land for mineral-working deposits ▪ Waste development ▪ All forms of residential development where: (i) Number of homes to be provided is 150 or more (ii) Site area is 5 ha or more ▪ All forms of urban development (not involving housing) where: (iii) The area of development exceeds one hectare (iv) In the case of industrial estate development exceeds 5 ha	Coventry City Council Local Plan (2017), with further detail included in the Health Impact Assessment SPD
Greater Norwich	**Joint Core Strategy Policy 7: Supporting Communities** ▪ In areas providing over 500 dwellings ▪ In areas of complexity that will be masterplanned ▪ Over 100 dwellings in areas not identified in the Joint Core Strategy	Local Plan: Joint Core Strategy for Broadland, Norwich and South Norfolk (2014) with more detail available in the Health Impact Assessment Advice Note (2012)
London	**GG3 Creating a healthy city (D)** Assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example using HIAs	The London Plan. Intend to Publish Spatial Development Strategy for Greater London (December 2019)
Plymouth and South West Devon	**Policy DEV1 Protecting health and amenity** Requiring a Health Impact Assessment to be submitted as part of any Environmental Statement submitted in relation to planning applications with a likely significant health impact.	Plymouth and South West Devon Joint Local Plan (March 2019)
South Cambridgeshire	**Local Plan Policy SC2: Health Impact Assessment** ▪ Development of 20 or more dwellings ▪ Applications for 1,000 sqm or more floorspace *For developments over 100 dwellings or 5,000 sqm a full HIA is required. For developments between 20 and 100 dwellings or 1,000 to 5,000 sqm of floorspace an extended screening or rapid HIA can be undertaken	South Cambridgeshire Local Plan (2018) with more detail available in the South Cambridgeshire District Council, Local Development Framework HIA SPD (2011)
Tower Hamlets	**Local Plan Policy D.SG3. Health impact assessments** Developments required to complete and submit a rapid health impact assessment: a. Major development within an area of sub-standard air quality b. Developments which contain any of the following uses: c. Developments of a scale referable to the Greater London Authority	Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits (January 2020)

Annex 4. Local HIA guidance and SPDs

Some local authorities with HIA triggers in place provide guidance as to how an HIA should be carried out. See examples below.

Camden	When developments trigger a rapid HIA, applicants are advised to use the NHS London Healthy Urban Development Unit Rapid HIA Tool. For larger scale developments that trigger a comprehensive HIA, developers should contact Camden and Islington Public Health through their Development Management team for guidance and advice on the HIA and impacts on which to focus.	Camden Health impact assessments in planning applications webpages (accessed June 2020)
Coventry	Coventry City Council's HIA SPD provides information and guidance on completing the health toolkit and HIA. It also identifies sources of data for applicants to consider and provides examples of health impacts of the built environment to be considered as well as examples of recommendations for mitigating negative impacts and enhancing positive ones.	Coventry City Council HIA - Technical Guidance SPD (accessed June 2020)
East Devon	East Devon District Council's (EDDC) Environmental Health Officers have tailored a local HIA tool and guidance document which they request developers use for completing an HIA. All submitted HIAs will be evaluated by EDDC staff against local priorities and health issues, as identified in the local JSNA.	EDDC Health Impact Assessment Webpages (last updated March 2020) • Health Impact Assessment Tool (2017) • Guidance for applicants (2017) • Summary of local health considerations (2017)
Essex	The 2008 Essex Planning Officers' Association Health Impact Assessment guide has been up-dated and now includes the wider Essex Healthier Places guidance.	The Essex Design Guide. Health impact assessments (2020)
Halton	Two options for applicants who need to submit an HIA. The preferred option is to contact local public health staff who are trained in conducting desktop or rapid HIAs, alternatively an independent HIA can be commissioned.	Halton Borough Council, Local guidance for developers and their agents wanting to conduct a HIA (2014).
Sunderland	Sunderland City Council has produced HIA developer guidance (2020) to provide applicants with the detail that is expected to be included with an HIA that is submitted to the council in support of a planning application. The guidance includes an HIA Assessment Matrix.	Sunderland City Council Health Impact Assessment Developer Guidance (2020) an HIA Assessment Matrix
Wakefield	Wakefield's Public Health Team have created an HIA for planning toolkit to assist planning applicants in the process of carrying out an HIA for a development project. The toolkit contains a tool and guidance for undertaking a rapid or a comprehensive HIA. Additional advice can be sought from Wakefield's Health Improvement Team.	Wakefield Council's Health Impact Assessment and Spatial Planning Webpages • Rapid HIA tool and tool guidance, (no date) • Comprehensive HIA tool and tool guidance, (2019)
Worcestershire	Worcestershire County Council Public Health Team has developed a HIA in planning toolkit for planning professionals, developers and neighbourhood groups which includes a guide to the HIA process, useful data sources, practice examples and an HIA matrix for planning.	Worcestershire County Council Health Impact Assessment Planning Toolkit (2016)

Annex 5. Local HIA guidance template

The structure below is intended as a brief guide for local teams to develop their own HIA guidance and toolkits.

Indicative sections	What should be included?	Useful resources
Introduction	• What is an HIA and why is it an important tool? • Describe the national, strategic and local policy context for healthy planning and use of HIAs • Make the case for HIA as a key lever for action on the wider determinants of health	• NPPF and PPG • Joint Health and Wellbeing Strategy • PHE Spatial planning for health • Resources from the TCPA, the Institute of Health Equity; including "the Marmot Reviews"
Local HIA requirements	Describe when an HIA will be required locally, determined by: • Local HIA triggers • HIA screening stage (state whose responsibility it is to complete the screening stage)	• See examples provided in Annex 3 and Annex 4
HIA process and assessment guidance	• Describe the types of HIA & when these are required • Describe the 5 stages of an HIA and include who is responsible for each stage • Include / reference an assessment guide / toolkit to support its completion	• Use Annex 6 • NHS London HUDU Rapid HIA Tool • WHIASU practical guide
Local population health context	• Include a list of planning and health priorities that the HIA should address • It may be possible to consider different priorities for different wards (see Wakefield example)	• Use Annex 2 • Local Plan / Spatial Plan; other strategic documents relating to air quality, transport, food environment, green infrastructure. • Relevant local JSNA chapters
Quality assurance	Ideally an additional quality assurance stage should be included between the 'Assessment' and 'Reporting' stages	• WHIASU quality assurance framework
Implementation	Include how HIA recommendations will be implemented and any monitoring & evaluation expectations of the developer / planning applicant	-
Sources of health evidence	Include useful sources of health evidence to support the assessment	• See Table 4 • Relevant JSNA chapters
Further information	• Provide examples of quality HIAs • Indicate how further support can be accessed	• HIA gateway (currently archived) • WHIASU

Annex 6. HIA scoping framework for plan or development project

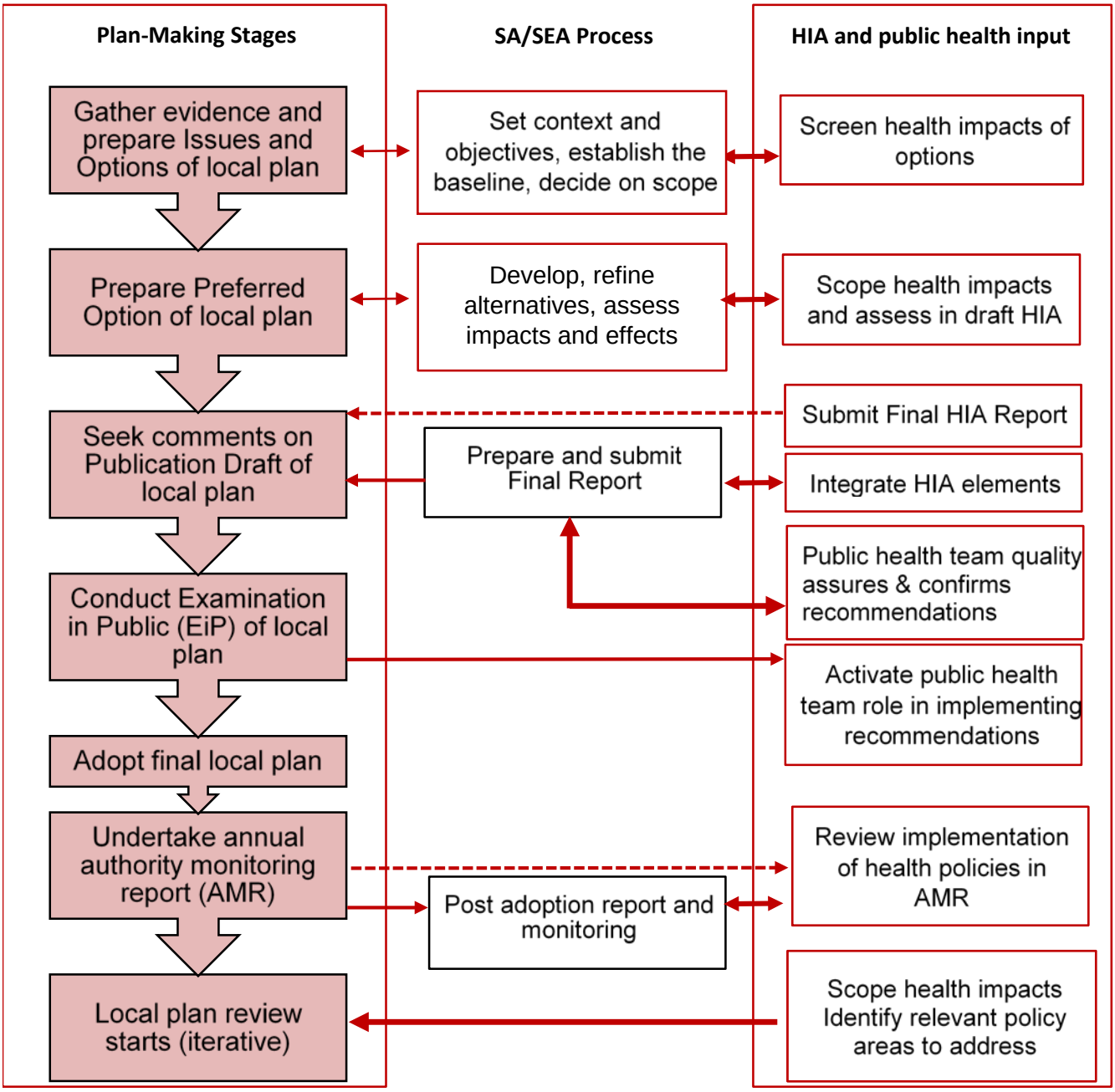
This framework can be adapted to meet local policy requirements, the type of HIA to be used and the type of plan/ development project. This will help to identify and prioritise those impacts on health and wellbeing outcomes to focus on during the assessment and reporting stages of an HIA or integrated assessment.

Scoping questions (Adapt the scope and scale of the questions to the plan or project)	Assessment response		
1. Describe the baseline of the plan or development project • How does the JHWS informed by the JSNA or any other plans and policies that are/may be relevant and influence / determine what health issues should be considered? • Are there any health issues that are addressed in another assessment and do not need to be covered again but integrated or aligned during the Assessment stage? • Is data on the state of physical & mental health & wellbeing available to inform the process? • What different development options or alternatives have been/ should be considered?	Descriptions		
2. Identify national, regional and local planning and health policy compliance • Are there issues relating to policy compliance with the national policy, strategic/ local plan and health strategies?	List		
3. Identify HIA health outcomes (refer Annex 2) • How relevant are each of the health and wellbeing outcomes set out in Annex 2? • Are there other issues that should be identified and considered?	Description and outcomes		
4. Identify impact on people or places • How significant are the population groups to the impacts arising from the plan or development project? • What is the likelihood? • What is the extent of impact and duration (short, medium and long-term permanent and temporary) etc?	*Significance of impact (Table 5)*	*Likelihood of impact (Table 6)*	*Duration*

5. Identify wider determinants of health to be considered in planning policy or projects • What are the relevant planning issues, policy areas and design elements to assess? • If impacts can be not avoided, what mitigation measures may be required?	*Description and outcomes*
6. Undertake stakeholder and public participation • How will the HIA process align with consultation requirements proportionate to the type of HIA? • How should the report be made available to other agencies and the public likely to be affected?	*Description and outcomes*
7. Recommend preferred option and identify monitoring • How has the Assessment informed decisions on the plan or project proposal, its options and preferred option? • Will the reasons be provided for selecting the proposal options and the preferred option dealt with?	*List and description*
8. Identify monitoring and implementation • Will the assessment provide recommendations that are S.M.A.R.T., and linked to the impacts identified? • How monitoring and follow-up will be done, resourced, and specify what will be monitored, how, and by whom? • What are the proposed mechanism for quality assurance of the assessment results?	*List and action plan*

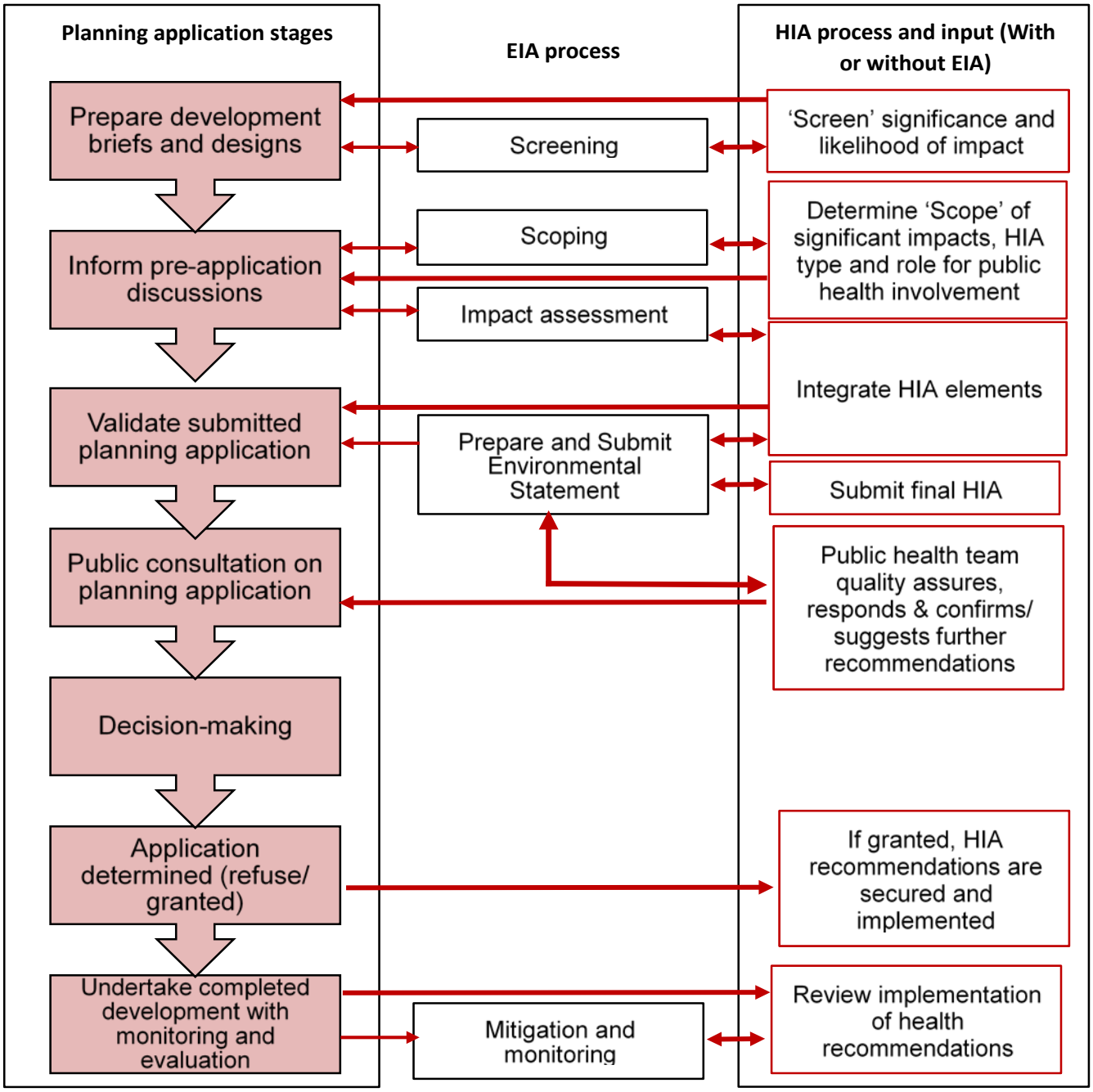
Annex 7. HIA integration in SA/SEA process

This figure illustrates where and how an HIA can be integrated into the SA/SEA process, as well as being undertaken as a standalone assessment as part of the statutory plan-making stages. For example, during stage 1 of plan-making which involves gathering evidence and preparing issues and options of the local plan, HIA and public health input can help screen the possible health impact of the options.



Annex 8. HIA integration in EIA process

This figure illustrates where and how an HIA can be integrated into the EIA process, as well as being undertaken as a standalone assessment if it meets a certain local trigger and not subject to an EIA. If an HIA is integrated into an EIA, it should be undertaken to the same quality, scope and scale as a standalone HIA. For example, when preparing development briefs and designs (the first planning application stage), the HIA process and public health input can help screen significance and likelihood of impact.



Updated from PHE (2017) Health in EIA briefing (18)