



**Health Impact
Assessment**

2017



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PLANNING GUIDANCE for HEALTH IMPACT ASSESSMENT

BACKGROUND

Purpose

1.1 This Planning Guidance provides guidance on the preparation of Health Impact Assessments (HIAs) for selected new developments in West Lothian. These should identify key determinants of human health and provide sufficient information for them to be taken into account in decision making, in order to protect and promote health. As Planning Guidance the HIA will not form part of the development plan however, once adopted by the council it can be considered as a material consideration in the determining of a planning application.

Context

1.2 Scottish Planning Policy 2014 (para 15) states that, 'planning can provide opportunities for people to make sustainable choices and improve their quality of life. Well-planned places promote well-being, a sense of identity and pride, and greater opportunities for social interaction. Planning therefore has an important role in promoting strong, resilient and inclusive communities. Delivering high-quality buildings, infrastructure and spaces in the right locations helps provide choice over where to live and style of home, choice as to how to access amenities and services and choice to live more active, engaged, independent and healthy lifestyles'.

1.3 There is growing evidence of the various ways in which planning decisions may affect health. Significant planning issues that affect health include, but are not limited to:

- ▶ Availability, quality, affordability of housing to meet differing needs
- ▶ Active travel infrastructure
- ▶ Protection from environmental hazards
- ▶ Availability, access to, and quality of green and open space
- ▶ Availability of and access to services, amenities and employment
- ▶ Design of neighbourhoods to promote active connections and social cohesion

1.4 Major planning applications are generally required to be accompanied by an Environmental Statement, which is a report of an environmental impact assessment. European legislation requires these for selected applications under the Environmental Impact Assessment (EIA) Directive (2014/52/EU). These will assess environmental impacts, which may affect human health, but do not include the full range of potential health impacts.

1.4 Health Impact Assessment (HIA) is well established and often used in other parts of the UK and internationally. Sources of guidance and quality standards for HIA include, for example, the HIA Gateway, the World Health Organisation and the Scottish HIA Network. Links for all of these are given in Appendix 4.

What is HIA

1.5 HIA is a way to identify and improve the health consequences of any defined policy or proposed development, including unintended and unanticipated consequences. An HIA includes explicit consideration of how impacts may affect different groups in the population. It includes recommendations to mitigate any harm to health and enhance any benefits. An HIA should not only identify potential harms to be mitigated but should also identify and support positive aspects of a development that bring opportunities for good health.

1.6 HIA usually involves consulting with stakeholders, including local communities, on the potential impacts and how they may occur in the local context. This does not replace the requirement for consultation laid out in the Planning (Scotland) Act (2006). However, it may be integrated within this and the HIA may draw on consultation findings.

Development Planning

1.7 The planning system seeks to promote development that will create healthy and sustainable communities. The impacts of major planning decisions are long lasting. West Lothian Council has published the Proposed Plan for the West Lothian Local Development Plan (LDP) that sets out the spatial strategy for West Lothian for a ten year period together with a supporting policy framework. The LDP establishes the overall vision for the area and the policy framework within which planning applications are assessed.

Development Management

1.8 West Lothian Council will request Health Impact Assessments for selected planning applications that are most likely to impact on human health. These include, but are not limited to:

- Major residential developments (currently defined as 50 units or more); and
- Developments requiring an Environmental Impact Assessment

1.9 The HIA report may be a standalone document or integrated into an Environmental Statement. In either case the assessment should be informed by a screening exercise that considers a full range of potential health impacts. It is recommended that applicants discuss the scope of the HIA with the council before formally submitting their planning application. Guidance on scoping, and on completing an HIA, is provided below.

Procedure for HIA submission and consideration



GUIDANCE ON HIA

2.1 The steps to carry out an HIA are well established, and are similar to the steps for Environmental and other Impact Assessments. They are generally described as follows:

Pre Screening	In this context an HIA is needed if the proposed development is in one of the categories defined above or screening is requested by Development Management.
Screening	Hold a stakeholder workshop (see below) to identify relevant populations and impacts
Scoping	Define terms of reference for appraisal Ensure appropriate expertise is included – this should include someone with training in or experience of HIA.
Appraisal	Collate evidence from a range of sources to identify and assess likely health impacts from the proposed development. Evidence is likely to include: <ul style="list-style-type: none"> ▶ Proposed development and policy analysis ▶ Community profile ▶ Stakeholder engagement ▶ Published literature
Make recommendations	Use findings to recommend changes to the proposed development or other changes that would improve health impact.

Screening to identify possible impacts

2.2 An understanding of potential impacts is needed to determine whether further assessment is required. To do this, it is recommended that applicants hold a workshop with stakeholders. Stakeholders should include members of the local community, local health, education and other professionals with an understanding of the community including local GP practices and the Health and Social Care Partnership. Planning and other relevant council officers may also be invited as stakeholders. The workshop should use a health impact checklist (Appendices 1&2) to identify the relevant populations and potential impacts. This exercise may be integrated within pre-application consultation with local communities.

2.3 If potentially significant impacts are identified and/or further evidence is needed regarding the health issues identified, applicants should proceed to scoping.

2.4 If the health implications are clear, applicants should provide a screening report that includes:

- ▶ The methods used and participants involved in the screening workshop;
- ▶ The relevant populations and impacts identified; and
- ▶ A statement that demonstrates how the issues identified will be addressed within the planning process and final planning application.

2.5 This report will be reviewed by Development Management who will seek advice from NHS Lothian Public Health. Further assessment may be requested if potentially significant health impacts have been identified or there is uncertainty about the likely impacts. If the potentially significant health impacts are all considered to be covered comprehensively within an Environmental Assessment, Strategic Environmental Assessment or other assessments then a separate standalone HIA will not be required.

Scoping

2.6 If further assessment of the potential health issues is requested, applicants should provide a scoping report that outlines:

- The populations and impacts identified during screening
- Questions to be addressed, and sources of evidence for these
- Indicate whether these questions will be addressed within an environmental assessment or as a separate health assessment
- Terms of reference for further HIA
- Indicate the skills that will be required to complete the work. It is recommended that this should include someone with training in, or experience of, HIA. Advice may be sought from NHS Lothian Public Health Department.

Appraisal

2.7 The purpose of the appraisal stage is not simply to describe health impacts but to inform recommendations for change. This may include cross-referencing the assessment of impacts with the local profile and investigating the mechanisms and causal pathways through which actions may lead to impacts. This information will help, for example, to decide which impacts are 'significant' as defined below, to weigh up benefits and harms or to suggest ways to mitigate adverse impacts.

Assessment questions may include, for example:

- How many people, from which population groups, will be affected by each impact?
- Will any population groups with already poorer health be affected?
- What are the pathways by which impacts will occur?
- Is there research evidence to support the predicted steps in the pathway?
- What value and priority do stakeholders place on each impact?

Most HIAs use evidence from:

- A community profile
- Involvement of stakeholders and affected populations
- Literature review of relevant research findings

Community Profiling

2.8 An HIA report should include a profile of the local community or communities. This helps to inform identification of impacts, characterise the relevant population groups who may bear these impacts, and provide background information to help apply literature evidence to the local context. This involves collating available data on:

- Demographic make-up of the local population: especially any particularly susceptible or socially excluded groups, as identified in the scope
- Health status of the local population including common health conditions: again, consider susceptible and socially excluded groups
- Social, cultural, economic features of the local area covered by the proposed development
- Features of the local area: e.g. facilities and amenities, environmental challenges
- Current provision relevant to the specific proposed development

2.9 The data used in the profile may include routine demographic, health and other data. In some cases primary data may be used, for example primary qualitative evidence may inform a 'pen profile' of an affected community. The Scottish Public Health Observatory is a useful source of routine data.

Evidence from stakeholder consultation

2.10 Stakeholders are people with an interest in the proposed development being assessed, and include potentially affected people. Informants are people with relevant information, such as knowledge of the local area or of the topic area. The assessment should seek where possible to consult with and involve the different population groups included in the scope.

2.11 Stakeholders may hold some of the evidence that is needed for the assessment and it is important to ensure their views and values are taken into account to increase transparency of decision making. Applicants should make particular attempts to seek views of people whose voices are not likely to be heard otherwise.

2.12 Information from pre-application consultation may usefully be used in an HIA. Focus groups, questionnaire surveys, open meetings, workshops and other methods may be needed to address specific assessment questions.

Literature evidence

2.13 Research literature may provide information on the health impacts of similar proposals and may also explore the evidence for each link in the hypothesised pathway. The review may also seek evidence on the likely effectiveness of the HIA recommendations. The applicant should formulate the questions to be addressed in the literature review, based on the evidence that is required to predict impacts and make recommendations.

2.14 Impacts in another setting or location may differ from those that arise in the context of the HIA. When carrying out an HIA the research evidence should be integrated with other kinds of evidence about the local context to inform a judgement about whether the research findings are transferable. This would include the local profile and qualitative evidence from key informants who have knowledge of the local context and how previous proposals have affected the local area.

2.15 Evidence reviews are available, such as those produced by the Scottish Health and Inequalities Impact Assessment Network (see links in Appendix 4)



Presentation of findings

2.16 The assessment should use the above sources of evidence to show clearly how the proposed development will impact on health determinants and thereby on health. The report should include a narrative description of each impact that shows the evidence that underpins the conclusions made. It should also include a summary matrix like the one shown below.

Issues	Health Impact	Positive or Negative	Affected populations	Likelihood: definite probable possible	Severity: major moderate minor	Number of people affected
Parking/ Transport						
Potential increase in parking spaces	Easy parking access at venue Less stress	Positive	Staff Venue users	probable	minor	1000s
	Increased car use Adverse impact on environment Reduced physical activity levels	Negative	Staff Venue users	possible	moderate	1000s
Improved public transport access Targeted green transport plan Walking groups	Increased use of sustainable travel modes Reduced adverse impact on environment Increased physical activity levels	Positive	Staff Venue users Specific user groups: cyclists; walking groups	probable	moderate	1000s

Assessing significance

2.17 Significant impacts may be:

- ▶ potentially severe or irreversible negative impacts
- ▶ impacts affecting a large number of people
- ▶ impacts affecting people who already suffer poor health or are socially excluded
- ▶ positive impacts with potential for greater health gain

Recommendations

2.18 The overall aim of an HIA is to inform changes to improve health, so it should include recommendations and/or suggestions. These aim to mitigate any adverse impacts arising from the proposed development and enhance the benefits. They should relate to the identified impacts. Applicants should show how the recommendations have been taken account of in the planning application. If appropriate, this may take the form of a Health Management Plan. This will define the actions that flow from each recommendation, who will do them, timescale, resources and how their implementation will be monitored. If the HIA identifies a need for further monitoring, the applicant should include this in a Health Management Plan and show how it will be done. The HIA Gateway (see Appendix 4) gives access to completed HIA reports showing examples of mitigation and enhancement.



Content of the HIA report

2.19 The HIA report may be a standalone document or may form part of an Environmental Statement. In either case it should include sufficient information for it to be appraised by others and to justify the recommendations made. In particular, it should detail the methods and sources of evidence used for the assessment. Suggested content of the report includes:

- ▶ Summary of findings and recommendations
- ▶ The proposal and options assessed
- ▶ Methods used in the assessment
- ▶ Policy context
- ▶ Evidence from community profile

- ▶ Evidence from stakeholder engagement
- ▶ Evidence from literature
- ▶ Description of each impact including affected populations, size, certainty, causal pathway
- ▶ Matrix of impacts and affected populations
- ▶ Recommendations, and if appropriate a Health Management Plan
- ▶ Conclusions, which may include reflection on the HIA process

2.20 It is good practice to produce a short version for those who may not want to read the technical report.

APPENDIX 1: Health Impact Checklist

People

Who do you think is likely to be affected by the proposed development? Consider:

- | | |
|---|--|
| <input type="checkbox"/> People in different age groups | <input type="checkbox"/> People in different ethnic and religious groups |
| <input type="checkbox"/> Men, Women | <input type="checkbox"/> People who are susceptible or vulnerable |
| <input type="checkbox"/> People with a disability or health condition | <input type="checkbox"/> Residents, Visitors, Workers |
| <input type="checkbox"/> People of low socio-economic status | |

Impacts

Do you think the proposed development could impact on the following (positively or negatively)?

Physical infrastructure

- Living and working conditions
- Housing quality, mix, flexibility
- Natural space – quality and access
- Care and maintenance of buildings and spaces
- Impact of vehicles
- Pollution – air, water, soil
- Flooding, safety

Connections

- Walking and cycling routes
- Public transport provision
- Car dependency
- Streets and spaces

Social networks

- Identity and belonging
- Social status and inclusion
- Social interaction and participation
- Support networks
- Influence and sense of control
- Equality of opportunity
- Crime
- Healthy behaviours – physical activity, nutrition, substances, self-help

Services and facilities

- Quality of and access to facilities, services and amenities – healthcare, education, social institutions
- Indoor and outdoor public spaces
- Play and recreation
- Local economy, work and learning

Other Impacts

(This is an example but other similar checklists are available – see the resources in Appendix 4)

APPENDIX 2: Using A Checklist To Identify Possible Impacts

A health impact checklist is best used in a group exercise as one person working alone cannot identify all the relevant impacts. The checklist does not contain questions with factual answers but is intended to stimulate thinking in a 'structured brainstorm'. The group discussion allows several perspectives to be heard, and important recommendations often emerge in the interaction between participants.

The checklist can be used in a group exercise involving 6-12 people, or in larger participatory workshops in which participants are divided into smaller groups to use the checklist. It is useful to have a facilitator and a scribe.

If participants do not have detailed knowledge of the proposal already, they should be given a detailed (written or verbal) briefing, and have the opportunity to ask questions about it before the exercise begins.

The checklist is intended to help participants:

- ▶ Identify relevant populations and potential impacts.
- ▶ Suggest recommendations to improve the impacts.
- ▶ Identify where further evidence may be required to demonstrate impact and inform the recommendations.

Participants should have a copy of the checklist as an aide memoir to structure the discussion of the group.

The group first jointly identifies the different population groups who may be affected by the proposal. The group should then consider the groups of people suggested in the checklist and agree which may be differentially affected by the proposal, and how. Population groups need not be mutually exclusive.

The group then considers possible impacts on health and wellbeing. The checklist is intended to help people think broadly about the indirect and unintended effects of the proposal as well as the direct intended ones. Impacts do not have to be limited to the issues shown but these should stimulate thinking. Participants are asked to identify both positive and negative impacts.

Usually group members work individually for 10 minutes or so to go through the determinants on the checklist and make a note of the impacts they think the proposal may have on the spaces on the checklist. Then the group discusses these ideas collectively.

The group should try to specify whether each identified impact will be positive or negative, or whether this is uncertain and needs further investigation. The group should also identify which population groups will bear each impact. Sometimes impacts are positive for some populations but negative for others. Sometimes some members of the group think an impact will be positive but others think it will be negative. In these situations the group can often make recommendations to promote a positive impact. Impacts may last for a short time or continue for a longer period. Some impacts may be negative in the short-term but neutral or positive later on. Timescales should therefore be mentioned if they are relevant to the proposal and potential impacts.

The scribe should try to capture the group's understanding of how each impact will arise, as well as documenting the impacts. Often the same underlying impact will be identified at different points in the checklist. For example, a proposal may bring employment and so also impact on income. In this case the underlying issue to identify in the exercise is the potential employment – further assessment might focus on the quality of the employment, who would benefit etc.

At the end of this stage it is helpful for the facilitator to summarise the impacts identified. This helps to highlight the impacts that the group thinks are most significant and lead discussion about further evidence and recommendations.

Having identified impacts, the group identifies what further information is needed, the questions to be answered and kinds of evidence that would be appropriate.

APPENDIX 3: Criteria to assess screening, scoping and HIA reports

Criteria to assess screening reports

	Yes/No/NA
A broad range of health determinants was considered systematically	
Identification of impacts has involved range of relevant stakeholders including community interests	
Participants have had an opportunity to comment on the findings	
The report identifies potentially significant impacts appropriately	
The report identifies uncertainties and any further evidence needed	
If appropriate, the report documents how health issues will be addressed within planning process and final application	

Criteria to assess scoping reports

	Yes/No/NA
The report identifies the relevant populations and impacts, based on screening	
The report identifies the appropriate questions and sources of evidence related to these impacts	
Terms of reference for the assessment are clearly defined and appropriate	
Appropriate skills are available to do the assessment	

Criteria to assess HIA reports

	Yes/No/NA
The aims and scope of the HIA are clearly defined	
A systematic approach was used to identify impacts	
The methods and evidence used are clearly stated and appropriate to the assessment questions	
Relevant stakeholders have been involved	
The report includes a profile of health, health determinants and susceptible populations in the affected communities	
Research and other evidence is used appropriately	
The assertions in the report are supported by appropriate evidence	
There is a summary impact matrix showing the impacts and pathways	
The recommendations are related to the impacts and evidence presented	
The recommendations are feasible, clearly specified and if appropriate there is a SMART Health Management Plan	

APPENDIX 4: Links, Resources and Supporting Documents

HIA Websites

Scottish Health and Inequalities Impact Assessment Network: The network's website includes HIA guidance and reviews summarising the evidence of the links between health and other sectoral areas – currently these include Transport, Housing, Greenspace, Rural Development and Community Venues. <http://www.scotphn.net/networks/scottish-health-and-inequalities-impact-assessment-network-shiian/introduction/>

HIA Gateway: The Gateway provides access to HIA resources including guidance, reports of completed HIAs, evidence reviews, sources of training. http://www.apho.org.uk/default.aspx?QN=P_HIA

London Health Observatory: Has produced HIA resources including a Guide to Reviewing Published Evidence for Use in Health Impact Assessment <http://www.lho.org.uk/viewResource.aspx?id=10846>

World Health Organisation: Provides access to HIA guidance, evidence and examples. <http://www.who.int/hia/en/>

HIA Training

International Health Impact Assessment Consortium (IMPACT): provides HIA training and resources <https://www.liv.ac.uk/psychology-health-and-society/research/impact/about/>

Health and Planning Guides and Checklists

Healthy Urban Development Unit: The London Healthy Urban Development Unit (HUDU) helps to create healthy sustainable communities and ensure that new developments are planned with health in mind. Publications include a healthy urban planning checklist and rapid HIA tool. <http://www.healthyurbandevdevelopment.nhs.uk/>

Spatial Planning and Health Group: This group aims to study, promote and disseminate knowledge on the relationship between spatial planning and health, and to promote policies and action based upon evidence. Published a report containing a spatial planning and health checklist. <http://www.spahg.org.uk/>

New South Wales Healthy Urban Development Checklist: This is a long document that includes evidence on links between health and planning. It has a summary checklist on p42-44 https://www.google.co.uk/url?sa=t&rct=j&q=&escr=s&source=web&cd=1&ved=0ahUKEwj67cT17MnJAhWMarQKHfvAAwQFgggMAA&url=http%3A%2F%2Fwww.health.nsw.gov.au%2Furbanhealth%2FPublications%2Fhealthy-urban-dev-check.pdf&usq=AFQjCNEOt_rN8K5WuMkjm3Yta9V90RU7DA&cad=rja

Routine Data

Scottish Public Health Observatory (ScotPHO): Provides routine data on health, risk factors, behaviours and wider health determinants. <http://www.scotpho.org.uk/>

National Policy

Good Places Better Health: Good Places, Better Health was launched in 2008 as the Scottish Government's strategy on health and the environment. <http://www.gov.scot/Topics/Health/Healthy-Living/Good-Places-Better-Health>

Place Standard: The aim of the Place Standard tool is to support the delivery of high quality places – which can be instrumental in reducing health inequalities. <http://www.creatingplacescotland.org/place-standard-tool-new-draft>

Scottish Planning Policy 2014: Sets out national planning policies. <http://www.gov.scot/Topics/Built-Environment/planning/Policy>