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supplementary planning guidance

Health impact assessment



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Supplementary planning guidance

HEALTH IMPACT ASSESSMENT

Purpose

This Supplementary Planning Guidance provides guidance on the preparation of Health Impact Assessments (HIA) for major new developments in West Lothian to assist decision making on such developments by taking into account key determinants to protect human health.

In preparing this supplementary planning guidance, the council has had regard to:

- *The Interaction between Land Use and Environmental Regulation*, published by the Scottish Executive in 2004; and
- *Environment and Health in Scotland: A New Approach*, published by the Scottish Executive in March 2007.

At the time of preparing this supplementary planning guidance, there is no Scottish Planning Policy or Planning Advice Note on HIA.

Context

In recent years, health professionals have come to realise that a much wider range of factors than the provision of health services are important for determining public health. These include life circumstances, low income employment, education, housing and the environment. This has led to the development of health impact assessments (HIAs) of policies, plans and projects.

Large planning applications are generally required to be accompanied by Environmental Impact Assessments (EIAs) documented in Environmental Statements (ESs), which often play an important role in influencing the decision to grant or refuse planning consent for proposed developments. Although ESs, or the general application documentation, can include assessments of health impacts, they rarely cover the wider social and psychological elements or even the direct impacts in a systematic manner. In general, environmental benchmarks such as the health protection-based National Air Quality Objectives (NAQO), are used to assess the significance of the potential impacts. However, there is little discussion of the health impacts of achieving or not achieving the benchmarks.

HIAs are designed to check whether a proposal might reinforce health inequalities, or inadvertently damage people's health and well being in its widest sense. Over the past five years there has been growing use of HIA and organisations including the World Health Organisation, have been promoting their use and have begun to develop good practice guides drawing on the experience of Environmental Impact Assessment.

A HIA should provide a systematic approach for assessing the potential impacts of proposed policies, plans and projects on the social, psychological and physical health of communities. It is a tool to appraise both positive (e.g. creation of new jobs) and negative (e.g. generation of pollution/reduced access to green spaces) impacts on the different affected subgroups of the population that might result from the proposal being implemented. Public participation is also considered a major component of the process.

In the UK, over 120 HIAs have already been undertaken.

There are three types of HIA:

- prospective (prior to implementation);
- concurrent (during implementation);
- retrospective (after implementation).

Of most relevance to planning are prospective HIAs, because they can influence a planning decision.

What is a Health Impact Assessment ?

A Health Impact Assessment (HIA) is a way to identify and improve the health consequences of any defined policy or development proposal. It usually assesses a policy or proposal that does not have health improvement as a primary objective. The implementation of policies or proposals may result in intended objectives being met but may also result in consequences that are unintended and unanticipated. These unintended effects may be good or bad for people's health. For example, an opencast site may bring employment to an area but have potential impacts on the health of nearby residents.

A HIA aims to identify all these effects on health in order to enhance the benefits for health and minimise any risks to health. It includes explicit consideration of the differential impacts on different groups in the population, as certain groups will be potentially more vulnerable to negative impacts from development such as those on a low income, people involved in the criminal justice system, minority ethnic groups, young, disabled (physical and learning) and elderly people. A HIA is usually forward looking (prospective), done at a time when it is possible to change the proposal if necessary.

Examples of HIAs that have taken place in Scotland so far include the Craigmillar Urban Design Framework in Edinburgh and the more recently completed HIA for the East End Local Development Strategy in Glasgow.

In West Lothian, a Health Impact Assessment has been submitted by the Winchburgh Development Initiative as part of the planning application for the core development area at Winchburgh.

Guidance on how to produce a HIA is provided in Appendix 1. This is based on guidance contained within the document entitled *Health Impact Assessments: A Guide for Local Authorities* published by the Public Health Institute of Scotland in 2006.

Development Planning

Development planning is integral to health because it affects the determinants of health. Although good health is related to the quality of healthcare available however, more significant to peoples' wellbeing are factors like: good quality housing and developments, well designed street scenes, well laid out neighbourhoods, quality and efficiency in transport systems, opportunities to experience leisure and cultural services activities and green and open space. Development Planning is key in establishing parameters at a strategic level for such health determinants.

The planning system, in particular through development planning, seeks to promote developments that will lead to healthy and sustainable communities. Many plans take account of the need for primary care and hospital services. Although health services are a key component for development planning, the health impacts of green space, transport, education, housing, community development, employment etc factors must be taken into account.

The impacts of major planning decisions are long-lasting. The health impacts of those decisions can also be significant. Research suggests that how we design, build and shape the environment holds great potential for addressing the greatest public health concerns we face in Scotland such as obesity, heart disease, diabetes, asthma, depression, social inequality, safety and violence.

The council intends to prepare a HIA for Local Development Plans to be produced following the commencement of new Development Planning regulations to be introduced as part of the *Planning etc (Scotland) Act 2006*. The aim of such a HIA will be to identify the potential health impacts of development and maximise positive benefits and minimise negative health impacts.

Development Control

While the council will produce a *high level* HIA that will determine sites to be allocated for development, not all necessary detail will be able to be considered at this high level on the local development plan (replacement for the local plan). For this reason, it is desirable that larger scale applications should be accompanied by their own HIA, which goes into greater detail.

As a guide, the following application types should generally be accompanied by an HIA:

- housing developments of 100 units or more (there would also be caveat to ensure that there wasn't an obvious subdivision of a site to avoid doing an HIA e.g. a site of 100 units or less split into two or three different sites);
- industrial/commercial sites over 3000sqm in floor area;
- all retail developments over 10000sqm in floor area;
- all mineral development proposals*;
- all brownfield sites**/sites that display, or have a history of, contamination;
- all wind farm proposals;
- all waste management/recycling sites;
- developments of significant infrastructure such as roads that can lead to significant increases in noise or air pollution;
- any development which will increase or amend traffic levels or patterns in an area where air quality parameters are at or above 75% of the relevant limit value which does apply or will apply in three years time i.e. 2011. This is to take account of tightening air quality standards. (Air Quality standards are to change from 31 December 2010) – The council's Environmental Health unit will require to be consulted to ascertain whether this criterion applies; and

- where residential accommodation is proposed for a site which is or is likely to be:
 - categorised as Noise Exposure Category (NEC) 'C' or 'D' in terms of PAN56;
 - a Candidate Noise Management Area (CNMA) in terms of Noise Action Planning under the Environmental Noise (Scotland) Regulations 2006; or
 - subject to an internal noise level which is greater than the current World Health Organisation recommendations (currently no more than 30dB(A) in bedrooms when required for sleep, 35dB(A) in other rooms). The council's Environmental Health unit will require to be consulted to ascertain whether this criterion will apply.
- * SPP4 *Planning for Minerals* highlights a number of operational issues which should be addressed within the context of the environmental effects of the proposed workings including noise, dust and air quality linking each section with the relevant Planning Advice Note or other appropriate reference. In addition, Circular 8/2007 *Environmental Impact Assessment (Scotland) 1999 Regulations*, includes the provision which already allows for planning authorities to request information on environmental health impacts as part of the formal EIA scoping powers. The council may therefore waive the requirement for a HIA for minerals developments, provided the requisite health impact information is provided as part of an EIA.
- ** Definition of brownfield: Land that has previously been developed. The term may encompass vacant or derelict land; infill sites; land occupied by redundant or unused buildings.

It should be noted that this is not an exhaustive list. There may be other categories of development where the council considers that the submission of an HIA is necessary, particularly categories of development contained in Schedules 1 and 2 of the *Environmental Impact Assessment (Scotland) Regulations 1999*. In exceptional cases, where there are sound reasons for doing so, the council will waive the need for an HIA to be submitted. Such cases can only be considered by the council if applicants submit a screening report which seeks to justify why an HIA is not necessary.

Given the mandatory nature of Environmental Impact Assessment for major developments, and the discretionary nature of HIA, they should generally be treated as stand-alone reports and not form part of the Environmental Statement. However if the council considers that health impacts are appropriately covered as part of a EIA or SEA it may, in certain circumstances, waive the need for separate stand alone document.

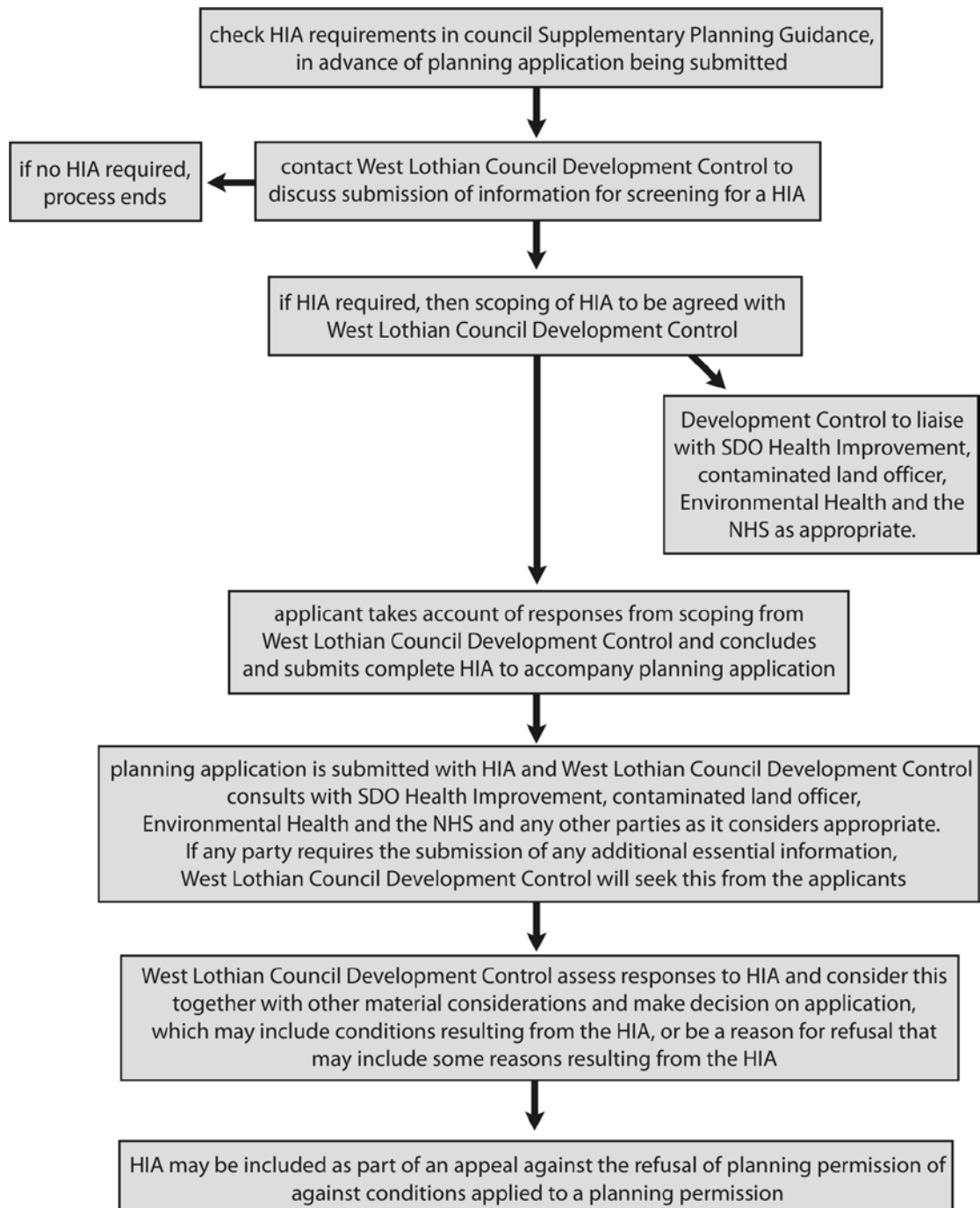
It is recommended that applicants agree the scope of HIAs with the council before formally submitting, their planning application. This will be done through the Development Control service, in conjunction with councils Service Development Officer in Health Improvement, the Environmental Health unit, the councils contaminated land officer and the NHS, where appropriate. The latter four parties will be consulted on the application formally also beyond the screening process as will other consultees as appropriate, such as SEPA and the Public Analyst.

Note: All development proposals, including those for development plans that are subject to SEA or EIA requirements under the *Environmental Assessment (Scotland) Act 2005*, may still require to undertake a separate HIA unless the council is convinced that all aspects required in this supplementary planning guidance have been covered by the overarching SEA. Prospective applicants are encouraged to contact the councils Development Control section to seek clarification on this matter. Regardless of the submission of an independent HIA, health and population effects should still be reported in SEA Environmental Reports. Some advice on integrating SEA and HIA is provided in the draft guidance on SEA and EIA and health prepared by the UK Department for health http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_073261.

The council may also take the opportunity at a later date to use the threshold of 'major developments' in the new *Planning etc (Scotland) Act 2006* to update the guidance.

The council would recommend using SEA methodology in approaching HIA, (particularly for strategic plans such as development plans and transport plans). SEA methodology presumes that alternative options will be considered, which may not always be the case for individual developments, although it may be relevant. However, SEA methodology may encourage an options appraisal approach.

Procedure for HIA submission and consideration:



APPENDIX 1 TO SPG: HEALTH IMPACT ASSESSMENTS: A GUIDE FOR APPLICANTS

Stages of a Health Impact Assessment

The steps to carry out in a health impact assessment are now well established and can be described as follows:

Screening	The first stage is to select proposals and policies that should be subjected to HIA
Getting the HIA team together	HIA needs input from a team of people to provide different perspectives and areas of expertise.
Scoping	This means setting the boundaries of the HIA: the geographical scope, the population groups whose health is considered, and the timescale over which to predict impacts. Identify affected population groups.
Local profile	This means collating relevant data on the local populations and features of the local area(s).
Involve stakeholders	Consult with local people and other stakeholders to identify their views on possible impacts.
Identify and assess impacts	This means identifying likely health impacts from the proposal, the carrying out further review or research to inform recommendations.
Make recommendations	The HIA should include recommendations to adjust the proposal or make other changes that would improve health impacts.
Monitoring impacts	Once the proposal is implemented, the health impacts that arise in practice should be monitored.

In practice, you often have to return to an earlier stage when there is more information. For example, once you have identified the impacts you may decide that they will affect a larger population than you first thought, so you will have to re-define the population scope of the HIA.

Screening(/Rapid Impact appraisal)

A decision about whether or not to do a HIA should be based on a quick review of the possible health impacts, and consideration of the size and importance of the proposal. One approach is for a group of people with different perspectives and areas of expertise to identify potential impacts using the checklist below. The questions in the checklist help identify how the proposal may affect health but do not give defined thresholds for when HIA is necessary. It is usually a matter of judgement where the resources available to do HIA should be spent.

Screening can be done: (a group approach which might negate the need for full HIA)

- 1) by an external, independent person who is not involved in designing the proposal. For example, in the Netherlands, staff of the Netherlands School of Public Health screen all government policies to find those that have significant implications for health.
- 2) by those involved in designing a proposal, as part of the planning process. For example, UK government policy makers use a series of impact assessment checklists when formulating government policy. These help them identify impacts on many issues including health, gender, environment and human rights. The screening will be submitted to the council

and co-ordinated by planning (Development Control for planning applications) with appropriate consultation with service units within the council where the council such as Highways, Environmental Health, Contaminated Land Officer and Service Development Officer Health Improvement and externally with NHS Lothian and other consultants as appropriate).

Screening should include consideration of:

- Who may be affected by the proposal. This will include different groups such as new and existing residents, workers etc. It is important to identify vulnerable groups.
- What determinants of health may be affected. These may be suggested from literature evidence or by using the checklist on page 10.
- What further evidence is needed to inform recommendations. Judgement is required to decide what further assessment would be useful in informing or changing the proposal or other actions.

Questions to use in screening

- What population subgroups will be affected by the proposal?
- Who might be disadvantaged by the proposal?
- Will there be differential impacts? Does the proposal affect population subgroups in different ways?
- What is the geographical and population scale of the proposal?
- Will any of the results of the proposal be irreversible?
- Is there conflict or disagreement about the proposal? If so, would a HIA help to resolve it?
- Are there time, money and expertise to do a HIA?
- Is it possible to change the proposal in light of the HIA findings?

Source: adapted from Scottish Needs Assessment Programme Health Impact Assessment: piloting the process (2000) and Netherlands School Of Public Health Checklist for Health Impact Screening (1998).

A screening report should be drafted that outlines the population groups affected and areas of impact.

Screening checklist for potential impacts

Which groups of the population do you think will be affected by this proposal?	
<ul style="list-style-type: none"> • minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers) • women and men • people in religious/faith groups • disabled people • older people, children and young people • lesbian, gay, bisexual and transgender people 	<ul style="list-style-type: none"> • people of low income • people with mental health problems • homeless people • people involved in criminal justice system • staff <p><i>there may be other groups beyond this list</i></p>
(The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.)	
<ul style="list-style-type: none"> • What positive and negative impacts do you think there may be? • Which groups will be affected by these impacts? 	
What impact will the proposal have on lifestyles?	
<ul style="list-style-type: none"> • diet and nutrition • exercise and physical activity • substance use: tobacco, alcohol or drugs • risk taking behaviour • education and learning, or skills 	
What impact will the proposal have on the social environment?	
<ul style="list-style-type: none"> • social status • employment (paid or unpaid) • social/family support • stress • income 	
What impact will the proposal have on equality?	
<ul style="list-style-type: none"> • discrimination • equality of opportunity • relations between groups 	
What impact will the proposal have on the physical environment?	
<ul style="list-style-type: none"> • Living conditions • Working conditions • Pollution or climate change • Accidental injuries or public safety • Transmission of infectious disease 	
How will the proposal impact on access to and quality of services?	
<ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education • Leisure 	

GETTING THE HIA TEAM TOGETHER

The HIA team

The team's role will include:

- scoping the work (see below);
- brainstorming to identify likely impacts;
- collating data for the local profile;
- reviewing evidence and its local relevance;
- consulting stakeholders;
- doing any further assessment that might be required, e.g. to calculate how many people will be affected by different impacts; and
- debating and agreeing the recommendations.

The team should report to a steering group that will set the terms of reference for an assessment and agree the recommendations.

Different areas of expertise will be required. The team should include people with knowledge of:

- the specific proposal;
- knowledge of the kind of development;
- the local area and population; and
- health and well being

Scoping

The terms of reference should define the different population groups to be considered, the geographical scope and the timescale over which to try to predict impacts. It should also define the methods to be used in the assessment, stakeholders to be involved and methods for their participation. Sometimes later in an assessment it becomes clear that impacts will be spread more widely than originally thought, and the scope has to be reconsidered.

The terms of reference should be established by agreement between the council and applicants.

Local profile

The purpose of this profile is to inform the identification of impacts, the relevant population groups who may bear these impacts, and to provide the background information needed to help apply the evidence on the health impacts of transport to the specific context. This involves collating available data on:

- demographic make up of the local population: especially include any particularly vulnerable groups, as identified in your scope.
- health status of the local population: again consider vulnerable groups.
- features of the local area, including current facilities, amenities, environmental challenges etc.

Involving stakeholders

Stakeholders to be consulted include potentially affected people and people with relevant knowledge of the local area. They may provide information on, for example: different ways the proposal could affect health; whether mitigating measures are likely to work in the local context; and what values are placed on different impacts. Focus groups, questionnaires, open meetings etc can all be used as methods of consultation. The screening checklist can be used to structure discussions.

Identifying and assessing possible health impacts

The aim is to identify all the potential health impacts, to define them and decide which might require further assessment. Screening should already have identified some likely impacts, but for a more detailed assessment a systematic trawl should be done. As HIA means looking for unintended impacts, assessors should be systematic and transparent about how they are identified. Impacts often arise in an indirect way, and can occur at different stages of a causal pathway.

Impacts may be identified by:

- screening findings, particularly if the checklist of health determinants has been applied;
- reviewing the relevant research evidence;
- findings from consulting with stakeholders; and
- the HIA team brainstorming other possible effects of the proposal.

One way to present the findings is to prepare a matrix showing impacts and population groups. This should help make it explicit who will bear what impacts, and indicate the overall balance of positive and negative impacts on each population group.

Where it is appropriate, 'significant' impacts may be defined as:

- 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; and
- positive impacts with potential for greater health gain.

Sometimes more information is needed to inform recommendations, for example to help determine which impacts are 'significant' as defined above, to weigh up benefits and harms, or to suggest ways to mitigate adverse impacts. Before carrying out a further assessment of the identified impacts, it is important to define the aims of that assessment: what questions need to be answered in order to inform recommendations?

Questions may include:

- how many people will be affected by each impact;
- the pathways by which impacts occur;
- what value people place on each impact; and
- what priority to give to each impact, compared with other impacts or other factors.

It is often helpful to map the causal pathway by which impacts are expected to arise. This can be by using a diagram that shows some possible impacts of providing cheaper public transport. Alternatively the links between an intervention and impacts can be outlined in words. This allows the evidence for each link to be explored, and may help identify points in the pathway where changes could be made to improve the health impacts.

HIA does not require new methodologies. The methods and evidence used will depend on exactly what information you need to inform decision making, the kind of impacts identified, and the scope of the proposal. Both quantitative and qualitative methods may be appropriate.

It is important to involve affected communities when trying to value or prioritise impacts.

Checklist of Potential Health Impacts/Health Determinants

Personal/family lifestyles and characteristics

- diet
- exercise/ physical activity
- substance use
- education & learning
- education & learning
- skills, e.g. coping skills

Social environment

- social status
- employment, or having other recognised roles
- social/family support
- cultural and spiritual participation
- stress
- income, & relative income
- equity: will it alter relative positions of people/attitudes to vulnerable people

Physical environment

- living conditions
- working conditions
- pollution
- climate
- accidental injuries
- public safety
- transmission of infectious disease

Access to and quality of services

- social services
- housing
- leisure
- transport
- education
- health services

Source: WHO European Centre for Health Policy, Screening, A preliminary draft. (1999)

Assessing impacts

Further assessment should aim to inform recommendations to improve the health consequences of a proposal. Sometimes simply identifying the impacts is enough. Sometimes more information is needed, for example to help weigh up benefits and harms or suggest ways to mitigate adverse impacts.

You should make sure the information you get from the assessment is what you need to decide what changes, if any, should be made to the proposal. This means deciding which impacts seem critical. The further information about these impacts required could include:

- quantifying the number of people who will be affected by each impact;
- exploring the pathways by which impacts occur;
- finding out what value people place on each impact; and
- formally prioritising the impacts, against each other or against other factors.

The methods and evidence used will depend on exactly what information you need to inform decision making, the kind of impacts identified, and the scope of the proposal. It is often helpful to involve someone with expertise in public health or health promotion, but HIA does not require new methods or new skills. It often involves critically appraising and using evidence in published literature, and applying it to a local situation. Again it is important to involve affected communities, especially when trying to value or prioritise impacts.

Making recommendations

Recommendations should aim to mitigate any adverse impacts arising from the proposal, and maximise the benefits. Adjustments to the proposal are often relatively minor changes. Sometimes recommendations may impinge on other sectoral areas, for example recommendations from a HIA on land use policy may impact on transport policy. Stakeholders should be involved in suggesting appropriate recommendations. The Steering Group for the HIA should agree them.

Monitoring impacts

The recommendations of most HIAs include a recommendation for future monitoring of the health impacts that result from the proposal. This means that action can be taken to address any impacts that were not foreseen, and it also builds the evidence base for future HIAs.

Monitoring should be meaningful. This means defining the population(s) to monitor, deciding in advance the aims of monitoring, and defining the outcomes that should be monitored. Monitoring should feed into the future implementation and review of the proposal and, ideally, be part of standard monitoring processes.

The aims of monitoring may be:

- to monitor implementation of the recommendations of the HIA team;
- to identify impacts that were not foreseen in the HIA; and
- to inform the evidence base for future assessments, particularly where there has been uncertainty over the likely impacts.

Background papers

- *The Interaction between Land Use and Environmental Regulation*, The Scottish Executive: research document published 2004.
- *Environment and Health in Scotland: A New Approach*, published March 2007 Scottish Executive.
- *WHO European Centre for Health Policy, Screening, A preliminary draft*. Published 1999.
- *Health Impact Assessment: piloting the process* published 2000 by Scottish Needs Assessment Programme.
- *Checklist for Health Impact Screening* published 1998 by Netherlands School Of Public Health.
- *The Urban Environment* published by The Royal Commission on Environmental Pollution 2007.
- *A Guide to Conducting Health Impact Assessments*, NHS Lothian, 2008.
- *Guidance on EIA Scoping, Environmental Resources Management*, the European Commission, June 2001.

For further information on this guidance, please contact:

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