PRACTICE NOTE
PLANNING A HEALTHIER BRISTOL **Assessing the health impacts of development**
February 2013

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1. INTRODUCTION

The environment is a major determinant of the health and wellbeing of the population[1] and the planning system has a major influence on the environment. As the "Joint Strategic Needs Assessment of Health and Wellbeing in Bristol" (2012 strategic summary, page 8) states:

> *"…a healthier city will not come just from individual actions, but needs an integrated approach to planning the built environment to create a supportive environment and infrastructure for a Healthy City. This needs to focus on areas with poor health outcomes and inequalities (eg Inner City or South Bristol) and to take account of the health impact of living in the city in the future, eg: improving access to green spaces and to shops selling healthy food, as well as incorporating sustainability issues for a healthier future."*

Bristol Local Plan policy DM14 aims to ensure that the impact on health and wellbeing, including health inequalities is considered from the outset in the determination of planning applications and requires systematic health impact assessments (HIA) to be undertaken for larger proposals (those that are defined as 'super' major developments under the Bristol Planning Protocol).

This note offers advice and guidance on the implementation of policy DM14. It sets out the local policy context and provides guidance on undertaking a health impact assessment (HIA).

The local planning authority has agreed a health and planning protocol with the Director of Public Health (formerly NHS Bristol) covering consultation on planning applications and which will give the local planning authority access to public health expertise in coming to a judgement on the level of health impact, its significance and the quality of any health impact assessment.

Box 1

The World Health Organisation (1948) defines health as: "*A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*", and this definition is used in HIAs. It covers both the factors (the determinants of health) that support health and those that cause ill-health.

[1] Rao, M., Prasad, S., Adshead, F. and Tissera, H. *The Built Environment and Health.* The Lancet September 2007: 370 (9593): 1111-1113. doi:10.1016/S0140-6736(07)61260-4 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61260-4/fulltext

2. POLICY CONTEXT

The impact of development on human health and wellbeing is a material consideration in the determination of planning applications.

The **National Planning Policy Framework (March 2012)** recognises that supporting the health, social and cultural wellbeing of communities is part of the social role of planning in delivering sustainable development and includes improving health, social and cultural wellbeing for all within the twelve core planning principles.

The NPPF has a section on Promoting Healthy Communities that states: *"The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities"*.

Policy EN5 of the still extant **RPG10 South West Regional Strategy** (September 2001) states that local authorities should have regard to the impacts of proposed developments on the health of local communities.

The government's white paper **"Healthy People, Healthy Lives: our strategy for public health in England" (November 2010)** highlights the influence of the environment on people's health and includes the following objectives:

- Create healthy places to grow up and grow old in (para 3.4)
- Active travel (walking and cycling) and physical activity need to become the norm in communities (para 3.32)
- Create an environment that supports people in making healthy choices, and that makes these choices easier (para 3.62)

The vision in Bristol's draft **Joint Health and Wellbeing Strategy (February 2013)** is for Bristol as *"a place where all who live, work or learn in the city lead healthy, safe and fulfilling lives, now and in the future".* One of its four themes is *"a city of healthy, safe and sustainable communities and places".*

The **Core Strategy of the Bristol Local Plan (June 2011)** aims to deliver *"A safe and healthy city made up of thriving neighbourhoods with a high quality of life"* and *"A city which reduces its carbon emissions and addresses the challenges of climate change."*

"Better health and well-being" is one of its eleven objectives. Many of the other objectives also contribute to making Bristol a healthier city.

Core Strategy policy BCS21 (Quality urban design) states that *"Development in Bristol will be expected to…deliver a safe, healthy, attractive, usable, durable and well-managed built environment comprising high quality inclusive buildings that integrate green infrastructure"*.

Other relevant Core Strategy policies include BCS9 (Green infrastructure), BCS10 (Transport and access improvements), BCS11 (Infrastructure and

developer contributions), BCS13 (Climate change), BCS15 (Sustainable design and construction), BCS18 (Housing type) and BCS23 (Pollution).

Development Management policy DM14 (Health impacts of development) sets out the requirement for a HIA for residential developments of a 100 or more dwellings, non-residential developments with a floorspace of 10,000 sq m or greater[2] and other developments that are likely to have a significant impact on health and wellbeing.

Policy DM14 clearly states that developments that will have an unacceptable impact on health and wellbeing will not be permitted.

Box 2

DM14 The Health Impacts of Development
(draft publication version – January 2013)

Development should contribute to reducing the causes of ill-health, improving health and reducing health inequalities within the city through:

i. Addressing any adverse health impacts; and
ii. Providing a healthy living environment; and
iii. Promoting and enabling healthy lifestyles as the normal, easy choice; and
iv. Providing good access to health facilities and services.

Developments that will have an unacceptable impact on health and wellbeing will not be permitted.

A Health Impact Assessment will be required for residential developments of 100 or more units, non-residential developments of 10,000 m^2 or more and for other developments where the proposal is likely to have a significant impact on health and wellbeing. Where significant impacts are identified, measures to mitigate the adverse impact of the development will be provided and/or secured by planning obligations.

[2] These are defined as 'super' major developments in the Bristol Planning Protocol (2011) http://www.bristol.gov.uk/page/major-developments

3. SUBMISSION REQUIREMENTS

Para 4.21.14 of the Core Strategy states that Design and Access Statements, which accompany a planning application, should demonstrate how development proposals contribute to the criteria set out in Core Strategy Policy BCS21 (quality urban design). One of these criteria is to *"deliver a safe, healthy, attractive, usable, durable and well-managed built environment high quality inclusive buildings that integrate green infrastructure".*

For most proposed non-super major developments, a section in the Design and Access Statement (or alternatively in a supporting planning statement) will be sufficient to describe the impact of the proposed development on health and wellbeing and provide enough information to make a decision. Statements should be proportionate to the size of the development and its likely impact on health and wellbeing.

Statements should identify the impacts on health and wellbeing, both positive and adverse and show how the proposal would address any adverse impacts.

They need to consider how the proposed development would contribute to reducing the causes of ill-health, improving health and reducing health inequalities within the city. This includes the impact on creating a healthy living environment (eg noise levels, air and water quality) as well as how the development supports people in making healthy choices (eg being more physically active, healthy eating and drinking) and that makes these choices easier.

The development of recommendations is as important as the identification of the impacts and should include measures that maximise positive impacts on health and wellbeing, including reducing health inequalities within the city, as well as measures mitigating any adverse impacts.

Under Policy DM14, a HIA must be submitted with planning applications for all 'super' major developments or transport proposals. The HIA may be a free-standing document (see Box 3) or incorporated into a environmental impact assessment, sustainability statement or other form of assessment or impact statement. If the HIA is not freestanding then a statement needs to be provided explaining how the requirements for an HIA are being met.

The HIA should include reference to how the proposals for residential development have been discussed with health service providers regarding impacts on primary health care services.

The arrangements for undertaking any HIA should be included in any Planning Performance Agreement entered into under the Bristol Planning Protocol.

Box 3

Suggested Health Impact Statement report format

- Introduction – description of proposed development
- Scope of the HIA – population and geographic area covered
- Health profile of the populations affected
- Identification of the health impacts
- Assessment of the health impacts
- Conclusions
- Recommendations
- Future monitoring and management arrangements

4. THE BENEFITS OF A HEALTH IMPACT ASSESSMENT

The effective use of HIAs will help deliver better quality of development and more sustainable development. HIAs can be a good means of consulting with the public and engaging with stakeholders. They will inform planning decisions to help create a healthier living environment in Bristol

A development that is good for health will be a better development and will be more attractive and pleasant for people who live, work or visit it. There are also likely to be economic benefits in terms of increasing the value of the development and attracting investment.

Box 4

Case study of example of 138 house Icon development in Street as a good development that has benefited from an HIA

HIAs produce a set of evidence-based practical recommendations that will inform decision-makers on how best they can promote and protect the health and wellbeing of the local communities they serve. The purpose of HIA is to assist decision-makers by giving them better information. Its purpose is not to make the decision for them. They help determine whether the impact on health of a particular proposal is unacceptable or not.

HIAs give valuable information not only about potential effects on health, but also how to manage them. It therefore provides the opportunity to change the design of a proposed development to protect and improve health. Changing a proposal as a result of a HIA means that not only its implementation is more likely to promote health, but it is also less likely to cause ill-health in the community, with the consequential benefits for individuals and the wider economy (eg absenteeism from work, cost of future adaptations) and the longer-term savings to health and social care budgets.

5. WHAT IS HEALTH IMPACT ASSESSMENT

HIAs offer a route to understanding the potential health risks and benefits of any proposed development in a rigorous fashion. They are multi-disciplinary, cross-sector and participatory. It is important that health and a proposal's impacts on health are considered at an early stage in the planning process.

HIAs are underpinned by an explicit value system focussing on openness, participation, equity and social justice, including concern about avoidable and unjust differentials in health status (often termed health inequalities).

HIAs can be freestanding appraisals or they can be an explicit element of another required appraisal or impact statement.

Box 5

Health impact assessments is

A combination of procedures, methods and tools – by which a policy, programme or project may be judged as to its potential effects - on the health of a population and the distribution of those effects within the population.

WHO Gothenburg consensus paper (!999)

HIAs should be undertaken as part of the pre-application process, as described in the Bristol Planning Protocol, so as to inform and influence the proposal that is finally submitted as a planning application.

This means that adjustments can be made at the planning stage to maximise positive health impacts and to minimise the adverse effects. HIA should be seen as an iterative process rather than a one-off event. It will normally include the following stages (Box 6), which should be set out with a timeline in any Planning Performance Agreement that has been entered into with the local planning authority.

Box 6

Stage	**Description**	**When carried out**
Screening and scoping	Establish the relevance to health, the process for undertaking the HIA and identify the key issues and important health impacts	Pre-app
Assessment	Identify potential impacts, quantify or describe their health impacts (positive and negative) and on different groups.	Pre-app
Reporting and recommendations	Present results with recommendations to improve the proposal and mitigate any negative	Submitted as part of the planning application

	impacts	
A draft report and its recommendations may be subject to consultation with stakeholders prior to submissions		
Decision-making	Assessment of the quality of the HIA, how the recommendations have been implemented and whether any negative impacts on health (after mitigation) are acceptable or not. Reassessment of a revised proposal if necessary.	Determination of the planning application
Monitoring and Evaluation	Of implementation of the proposal Of the process Of the health outcomes Highlight any lessons for future developments and future HIAs	Post-planning decision

The HIA can co-ordinate, and both inform and be informed by, other planning requirements such as the Community Involvement Statement and assessments such as BREEAM for Communities (Core Strategy Policy BCS15), Lifetime Homes (Policy BCS18) and Building for Life (Policy BCS21).

HIA is based on a holistic, social model of health, which recognises that the wellbeing of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care. This is much broader than (but encompasses) the traditional biomedical model that defines health as freedom from disease, which can be diagnosed clinically, and is concerned primarily with treating symptoms rather than the underlying causes.

Thus, HIAs need to be more than a technical, medical exercise and consider the social and community aspects, using both quantitative and qualitative evidence. They must cover both health protection, and health improvement and promotion.

6. SCREENING

Screening is about taking an initial view of the potential scale of impact on the wider determinants of health and on different groups, particularly disadvantaged or vulnerable groups. It informs decisions about the scope and type of HIA (see section 8) and ensures a HIA is proportionate to the size and potential impact of the development. Screening should identify the size, nature and location of the population affected by the proposal and should make a quick, initial assessment of the potential significance (positive or adverse) of:

- The direct impacts on health and wellbeing
- The impacts on social, economic and environmental living conditions that would indirectly affect health and wellbeing

- The impacts on an individual's ability to maintain or improve their own health and wellbeing (ie to easily live a healthy lifestyle)
- Any changes in demand for or access to health and social care services
- Any disproportionate impact on any vulnerable or disadvantaged groups in the population

Significance can be in terms of a large impact on a few people or a smaller impact on a larger number of people.

7. SCOPING

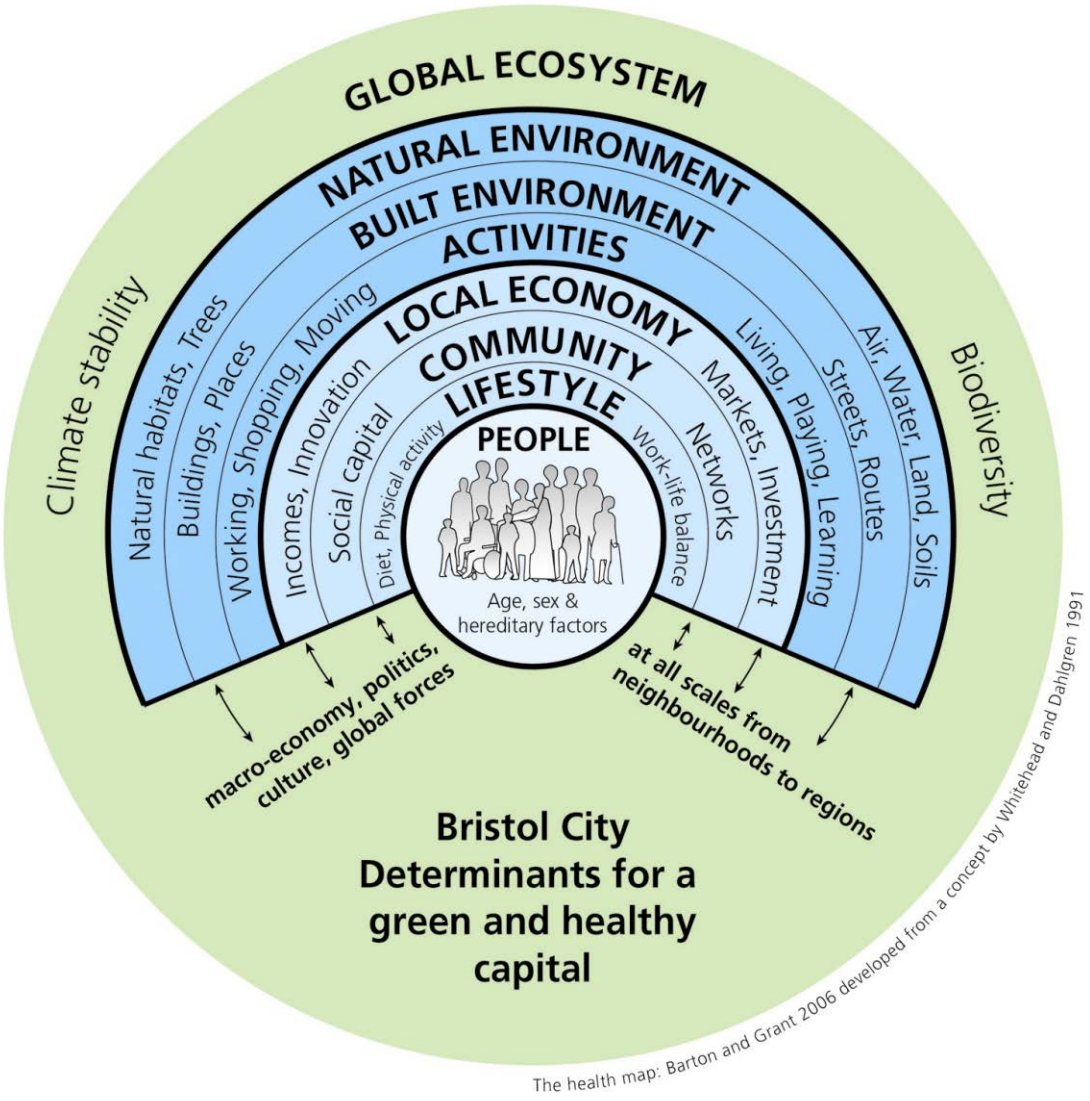
Scoping is about designing and planning the HIA, both how it is done and what it is to cover. The terms of reference or specification for the HIA need to be agreed as part of the pre-app process and should include:

- The design (eg aims, methods, who does it, stakeholder engagement)
- The scope (eg depth of assessment, issues and population covered, geographical and time boundaries, evidence base, causal paths, policy context)
- Baseline position, the proposal and any options
- Outputs (eg recommendations, reporting arrangements)
- Skills and resources (eg expertise available for undertaking the HIA)
- Timetable

The determinants of health are the focus of HIAs. The diagram[3] below provides a useful framework, identifying the wide range of determinants that influence our health and wellbeing, from our individual characteristics to the global ecosystem. These are the social, economic, environmental and cultural factors that indirectly influence health and wellbeing. They include what we eat and drink; where we live and work; and the social relationships and connections we have with other people and organisations. Some, such as gender, age and family history of illness, cannot change or are difficult to change, while others are influenced by the social, economic and physical environment we live in and can be changed by policy interventions.

Although planning is rarely sufficient on its own to change behaviour and to promote good health, it is necessary in terms of creating the environment that supports people in making healthy choices (such as physical activity, healthy eating and drinking) and that makes those choices easier.

[3] Barton H (2005) *A health map for urban planners: towards a conceptual model for healthy, sustainable settlements.* Built Environment, 31(4), pp 339-355 http://eprints.uwe.ac.uk/16409
Barton, H. and Grant, M. (2006) *A health map for the local human habitat.* The Journal of the Royal Society for the Promotion of Health, 126(6), pp252-253. http://eprints.uwe.ac.uk/7863



It will be clear from the diagram above that there is a significant overlap between health and wellbeing and sustainable development[4]. A community is not sustainable if it is not healthy, and in the absence of sustainable development, health for all cannot be maintained in the long-term.

In looking at how a particular proposal meets the objectives of Policy DM14 consideration needs to be given to the to key issues set out in Box 7.

[4] Development *'that meets the needs of the present without compromising the ability of future generations to meet their own needs'* (Brundtland Commission (1987) *Our Common Future*) - and its pillars of economic development, social development, environmental protection and cultural diversity.

Box 7		
Policy DM14 objectives	**Key issues**	
Addressing any adverse health impacts	• Protect people's health from concerns such as poor air quality and water quality, excessive noise, dereliction and land contamination and community severance. • Build resilience and respond to the health impact of global environmental issues such as climate change, peal oil and resource depletion and reducing biodiversity.	Reduce health inequalities
Providing a healthy living environment	• Create a healthy place to grow up and grow old in, to work in, to play in or to visit. • Be accessible to green open space, play, recreation, sports, leisure and community facilities, employment and training opportunities, safe spaces for meeting people, shops and other services and facilities	
Promoting and enabling healthy lifestyles as the normal, easy choice	• Create an environment that supports people in making healthy choices (such as physical activity, healthy eating and drinking) and that makes these choices easier • Support active travel (walking and cycling) becoming the norm in communities	
Providing good access to health facilities and services	• Be accessible to health facilities and services, both primary (eg GPs, dentists, pharmacies) and secondary (eg hospitals)	

It is generally easier to identify the impact on the determinants of health or risk factors (eg levels of physical activity, air quality, access to green space) than on health directly (eg cardio-vascular disease, respiratory problems, mental wellbeing). It is then a question of indicating the plausibility of the, sometimes complex, relationships (association or causal) between the risk factor and the health outcome.

It is recognised that there will be gaps in information, the evidence base may be patchy and predicting the future will mean uncertainty, so assumptions will need to be made. It is important that a HIA goes ahead with the best information available at the time, acknowledges the evidence used, the gaps in knowledge and the uncertainty and explicitly states what assumptions have been made.

Any development will have many impacts and the major or significant impacts should be highlighted, and, if possible, quantified. However this is often difficult, so if not possible the likely scale of the impact should be described:

- Magnitude of any impact (eg high, medium, low, negligible)

- Nature of any impact (eg very serious, serious, minor)
- Likelihood of it happening (eg definite, probable, possible, speculative)
- Timescale of the impact (eg immediate, short, medium or long term)

HIAs may also identify any unintended health consequences that may either lend support to the proposal or suggest improvements to it.

HIAs should contain a clear analysis of whether the health of the whole population or just certain sections within the population will be affected.

The development of recommendations is as important as the identification of the impacts. Recommendations should be practicable, achievable and have an evidence base of effectiveness. It should be clear:

- What needs to be done
- Who should do it
- When it should be done
- How it should be done (eg changes to the design, use of planning conditions or Section 106 planning obligations/agreement).

Recommendations should include measures that maximise positive impacts on health and wellbeing, including reducing health inequalities within the city, as well as measures mitigating any adverse impacts.

Recommendations could issues such as active travel, access to green open space and play facilities, healthy eating and access to fresh food, housing quality, community severance and disturbance, environmental quality and hours of operation.

Some recommendations may appear to sit outside the planning system and rely on actions by other service providers, organisations or future owners, occupants or users of a development. As far as possible these recommendations should be tied into the planning decision through, for example, travel plans, management plans or Section 106 planning agreements.

8. TYPES OF HEALTH IMPACT ASSESSMENT

HIAs can be a free-standing document or health and wellbeing can be an explicit element of an environmental impact assessment, sustainability statement or other required appraisal or impact statement. They can be *prospective* (ie before project implementation) or *retrospective* (ie auditing and evaluation). HIAs for development proposals will be prospective.

Similar to other types of impact assessment, HIAs attempt to predict the likely future. Predictions can be made with varying degrees of accuracy and therefore validity. This mostly depends on the quantity and quality of information, data and evidence available, which depends in part on the financial and human resources that are invested in a HIA. Thus, the resources

available for collecting and interpreting information, data and evidence and the time this requires must be balanced with the nature of the output required.

HIAs range along a continuum of intensity from a very short process using minimal resources to a very extended process using huge resources. Rapid/Mini, Intermediate/Standard and Comprehensive/Maxi merely describe three points along a continuum.

Rapid (mini) HIA
A rapid or “mini” HIA, as the name suggests, is done quickly. It may be a “desk top” exercise, reliant on information which is already available already available “off the shelf”, or through a half day or one day workshop with key stakeholders. In either case, there is usually a minimum quantification of the potential health impacts that are identified. It can be very cost effective and give a lot of benefit for a minimum investment of resource. Resource and time constraints may dictate the need to conduct a rapid HIA, however an outcome maybe a recommendation to carry out a more comprehensive HIA. A rapid HIA may act as a scoping exercise for a more comprehensive HIA.

Intermediate (standard) HIA
An intermediate HIA is less intensive than a comprehensive HIA and more substantial than a Rapid HIA. It may combine a workshop with key stakeholders followed by desk-based work to build up a more detailed picture of the potential health impacts than those that would be identified during a rapid or “mini” HIA. It may involve a limited literature search, usually non-systematic (with perhaps proper systematic searches for one or two areas), and is mostly reliant on routine, readily available data.

Comprehensive (maxi) HIA
A comprehensive or “maxi” HIA is the most detailed and rigorous form of HIA. It involves much more than either a rapid or intermediate HIA. It usually involves the participation of the full range of stakeholders; an extensive literature search; secondary analysis of existing data and the collection of new data; possibly some mathematical modelling and simulation of impacts; commissioning work from relevant subject experts; and widespread participation with focus groups, panels, public consultations and so on. It is likely to involve several people for several months. A comprehensive HIA collects new information, data and evidence, which require considerable resources and time. A comprehensive HIA is likely to generate more accurate predictions but requires investing more resources.

9. THE IMPACT ON HEALTH SERVICES

New residential development will create extra demands on local health services and extra costs to the NHS in meeting the health needs of the new residents. Bristol Local Plan Core Strategy Policy BCS11 (infrastructure and developer contributions) requires contributions to directly mitigate direct impacts and explicitly refers to healthcare and social care facilities in the supporting text.

For most residential developments the payment of the Community Infrastructure Levy will be the appropriate contribution towards the provision of infrastructure to support growth (such as additional healthcare facilities).

Some major residential developments may be so large or are targeted at a specific segment of the population, which have particular health needs, that there is an additional demand on local health services that is directly related to the development. In these cases, Section 106 contributions can be required to make the development acceptable by funding, for example, an extension to a GP surgery to provide it with the capacity to serve the new population.

The preferred method to calculate the financial consequences of the health needs of the residents of a new development is the model[5] developed by the London Healthy Urban Development Unit (HUDU)

The HUDU model (with Bristol data where appropriate) calculates the size of any potential planning obligation in relation to the health needs of residents of new developments. The HUDU model enables a full appreciation of health service requirements resulting from a new residential or mixed-use development. The original HUDU Model was launched in April 2005 and updated and improved in 2007. The Model uses the numbers of proposed housing units in a development, and the likely resulting population. The model uses the number of net new residents to avoid double-counting requirements from the existing population. It calculates the following information:
Amount of hospital beds or floor space required for that population in terms of GP and primary care, intermediate care, mental health, acute elective and acute non-elective.

- The capital cost of providing the required facilities
- The revenue costs of running the necessary services before mainstream NHS funding takes account of the new population.

Section 106 contributions will only be required to meet the capital costs.

Discussions with health service providers regarding impacts on primary health care services should take place and be recorded in the HIA.

10. ASSESSING THE QUALITY OF A HEALTH IMPACT ASSESSMENT

Producing or commissioning a HIA should occur as part of the pre-application process and responsibility will rest with the applicant. It needs to be submitted as part of the documentation supporting a planning application.

It is important that there is a means of judging the quality of any HIA that is submitted. That it is relevant, comprehensive and has clear conclusions and recommendations.

[5] www.healthyurbandevelopment.nhs.uk/pages/hudu_model/hudu_model.html and www.hudumodel.com

A HIA that is of poor quality can cause delay in determining an application due to insufficient information.

A HIA review package has been developed (see Appendix 3) to enable the local planning authority to reach an opinion as to the quality of the completed HIA report in a simple, quick and systematic manner. The review package consists of four review areas (context, management, assessment and reporting), 12 categories and 36 sub-categories or criteria. These criteria are intended to cover the key areas in HIA and to ensure that the assessment picks up on the critical issues. The local planning authority can also call on public health expertise to help assess the quality of any HIA submitted via the Director of Public Health.

11. THE PLANNING DECISION

The HIA will be considered along with all other planning application documentation and the consultation responses.

The HIA will have been carried out as part of the pre-application process and its recommendations should have already been incorporated into the proposal that was submitted as a planning application.

If this is not the case, the recommendations from the HIA will need to be implemented through revised plans, planning conditions or clauses in Section 106 planning agreements, as necessary.

These will be implemented, monitored and enforced in the same way as any other revision, planning condition or Section 106 agreement.

Planning Obligations (Section 106 payments) can be used to address any negative health impacts directly related with new developments, under policy BCS11 (infrastructure and developer contributions). Planning obligations need to be necessary to make the development acceptable in planning terms and to be fairly and reasonably related in scale and kind to the development[6]. This can cover issues such as active travel, access to green open space and play facilities, community severance and disturbance and environmental quality.

There may be recommendations for other stakeholders, such as other service providers, regulators or future owners, occupants or users of a development. As far as possible these recommendations should be tied into the planning decision through, for example, travel plans, management plans or Section 106 planning agreements. If not they may be incorporated as planning advice.

[6] Community Infrastructure Levy (CIL) Regulations (SI 2010/948)

Glossary

Bristol Protocol (2011)
The Bristol Protocol sets out how the city council wants to engage with developers to manager the major planning proposals. GWE Business West, Bristol Propoerty Agents and Bristol City Council jointly produced it.

Community Involvement Statement
The Planning and Compulsory Purchase Act 2004 introduced the requirement for local authorities to produce a Statement of Community Involvement. Bristol's was adopted in October 2008. It sets out how the City Council will involve local people in planning and development issues affecting Bristol.

As part of it, developers are expected to involve the local community and local councilors in early discussion of the implications of their proposals and how these might be dealt with. They should prepare a Community Involvement Statement to detail the pre-application involvement that has taken place and how this has influenced the application.

Design and Access Statement
A Design and Access Statement is a succinct report accompanying and supporting a planning application to illustrate the process that has led to the formulation of the development proposal and to explain and justify the design and access arrangements in a structured way.

The legislative requirements are set out in the Town and Country Planning (General Development Procedure) (Amendment) (England) Order 2006 and the Planning (Applications for Planning Permission, Listed Buildings and Conservation Areas) (Amendment) (England) Regulations 2006.

Environmental impact assessment (EIA)
EIA is an important procedure that may be required for certain types of development where there are likely to be significant environmental effects on the environment. The requirement for EIA in UK legislation comes from European Directive 85/33/EEC on "The assessment of the effects of certain public and private projects on the environment" as amended by Directives 97/11/EC and 2003/35/EC.

Where EIA is required the developer must produce an environmental statement (ES) describing likely significant effects of proposed development on the environment and proposed mitigation measures. The availability of an ES must be advertised, circulated to statutory consultation bodies and be made available to the public. Its contents and comments made by third parties must be taken into account by the local planning authority before any decision is taken on whether to grant development consent.

Planning Performance Agreement (PPA)
An agreement between the local planning authority and an applicant for a specific development proposal which identifies a defined shared vision and identifies key milestones and timescales for the delivery of a planning

decision, by both the local planning authority and the applicant. PPA is a project management tool that helps local authorities and applicants deliver decisions on planning applications for major developments.

APPENDIX 1 – USEFUL WEBSITES

Bristol's JSNA (local health data)
http://www.bristol.gov.uk/jsna

National HIA Gateway–
www.hiagateway.org.uk

UWE health impact resource–
www.bne.uwe.ac.uk/who/hia

IMPACT - International Health Impact Assessment Consortium at the University of Liverpool–
www.liv.ac.uk/ihia

Wales Health Impact Assessment Support Unit (WHIASU)–
www.whiasu.wales.nhs.uk

Ben Cave Associates HIA review package
www.bcahealth.co.uk

Department of Health - health impact assessments
www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/index.htm

National Heart Forum – Healthy Places
http://www.healthyplaces.org.uk

World Health Organisation (WHO) health impact assessments
www.who.int/hia/en

Commission for Architecture and the Built Environment (CABE) archived web-pages - health
www.cabe.org.uk/health

RTPI health
http://www.rtpi.org.uk/knowledge/topics/health

London Health Commission HIA
www.london.gov.uk/lhc/hia
www.london.gov.uk/lhc/publications/hia

NHS London Healthy Urban Development Unit (HUDU)
www.healthyurbandevelopment.nhs.uk

Planet Health Cymru (Planning for the Environment, Transport and Health in Wales)
www.planethealthcymru.org

Stoke-on-Trent Healthy City
http://www.healthycity-stoke.co.uk/pages/healthy-urban-planning-design

Healthy Spaces and Places (Australia)
http://www.healthyplaces.org.au/site/

Centers for Disease Control and Prevention - Designing and Building Healthy Places (USA)
http://www.cdc.gov/healthyplaces/

New York Active Design Guidelines
http://www.nyc.gov/html/ddc/html/design/active_design.shtml

APPENDIX 2 – USEFUL REPORTS

Health Impact

Homes and Communities Agency/ATLAS (September 2011) *"Producing a successful health impact assessment "*

HUDU (May 2009) *"Watch Out for Health: a checklist for assessing the health impact of planning proposals"*

Kemm, J. (2007) *"More than a statement of the crushingly obvious: a critical guide to HIA"* West Midlands Public Health Observatory

Institute of Public Health Ireland (October 2009) *"Health Impact Assessment Guidance"*

Welsh Health Impact Assessment Support Unit (September 2004) *"Improving Health and Reducing Health Inequalities: a practical guide to health impact assessment"*

Scott-Samuel, A., Birley, M., Arden, K., (2001) *"The Merseyside Guidelines for Health Impact Assessment"*

Health Scotland (October 2007) *"Health Impact Assessment of Transport Initiatives"*

Department of Health (March 2007) *"Draft Guidance on Health in Strategic Environmental Assessment: consultation document"*

Fredsgaard ,M.W., Cave, B. and Bond, A (2009). "*A review package for Health Impact Assessment reports of development projects"* Ben Cave Associates Ltd)

National MWIA Collaborative (May 2011) *"Mental Wellbeing Impact Assessment"*

Health and Planning

National Institute for Health and Clinical Excellence (May 2013) *"Spatial Planning: public health briefing for local government"* – IN DEVELOPMENT

Town and Country Planning Association (July 2012) *"Reuniting Health with Planning – healthier homes, healthier communities"*

Glasgow Centre for Population Health (July 2012) *"Planning for Better Health"*

Croucher, K. Wallace, A. Duffy, S. (June 2012) *"The influence of land use mix, density and urban design on health: a critical literature review"* The University of York

Scottish Government (December 2011) *"Good Places: better health for Scotland's children"*

Alzheimer's Australia NSW (July 2011) *"Building Dementia and Age-friendly Neighbourhoods"*

Spatial Planning and Health Group (June 2011) *"Steps to Healthy Planning"*

Local Government Group (June 2011) *"Plugging Health into Planning"*

Marmot Review Team (April 2011) *"The Marmot Review: implications for Spatial Planning"*

Ballantyne, R., Blackshaw, N., (March 2011) *"Active Planning Toolkit"* NHS Gloucestershire

Town and Country Planning Association (November 2010) *"Spatial Planning for Health: A guide to embedding the Joint Strategic Needs Assessment in spatial planning"*

ChaMPs public health network (July 2010) *"Top Tips for a Healthy Planned Environment"*

New Economics Foundation (February 2010) *"Good Foundations: towards a low carbon, high wellbeing built environment"*

Barton, H., Grant, M., Guise, R. (2010) *"Shaping Neighbourhoods for local health and global sustainability"*

Commission for Architecture and the Built Environment (November 2009) *"Future Health: sustainable places for health and well-being"*

Royal Town Planning Institute (June 2009) Good Practice Note 5: *"Delivering Healthy Communities"*

Kings Fund (April 2009) *"The Health Impacts of Spatial Planning Decisions"* HUDU

IDeA Planning Advisory Service (November 2008) *"Prevention is still Better than Cure: planning for healthy communities"*

National Heart Forum (July 2007) *"Building Health "*

Mayor of London (June 2007) *"Health Issues in Planning: best practice guide"*

Sport England (March 2007) *"Active Design"*

HUDU (February 2007) "*Health and Urban Planning Toolkit*"

Institute of Public Health in Ireland (July 2006) *"Health Impacts of the Built Environment: a review"*

Institute of Public Health in Ireland (March 2005) *"Health Impacts of Transport: a review"*

Housing Corporation (2004) *"Neighbourhoods for Life: a checklist of recommendations for designing dementia-friendly outdoor environments"*

Cave, B., Molyneux, P. (2004) *"Healthy Sustainable Communities: a spatial planning checklist"* Milton Keynes South Midlands Health and Social Care Group

Cave, B., Molyneux, P., Coutts, A. (2004) *"Healthy Sustainable Communities: what works"* Milton Keynes South Midlands Health and Social Care Group

Barton, H., Tsourou, C. (2000, pp70-72) *Healthy Urban Planning*

World Health Organisation (1999) *"Healthy Cities and the City Planning Process"*

Other areas

City of Stoke on Trent (March 2012) *"Healthy Urban Planning SPD"*

City of Stoke on Trent (March 2010) *"Health-proofing Masterplan Designs: a guide"*

South Cambridgeshire District Council (March 2011) *"Health Impact Assessment SPD (adopted)"*

West Lothian Council (August 2008) *"Health Impact Assessment SPG"*

Cambridgeshire JSNA (2010) *"New Communities"*

Luton Borough Council (October 2002) *"An easy guide to health impact assessment for local authorities"*

London Health Commission (March 2011) *"Fair London, Healthy Londoners?"*

Mayor of London (April 2010) *"London Health Inequalities Strategy"*

Mayor of London (January 2008) *"Living Well in London: the Mayor's draft health Inequalities strategy for London"*

HUDU (July 2007) *"Delivering Healthier Communities in London"*

Transform South Yorkshire (Jan 2011) *"South Yorkshire Residential Design Guide"*

APPENDIX 3 - HIA Review Package

Fredsgaard,M.W., Cave,B. and Bond,A. *A review package for Health Impact Assessment reports of development projects* (2009. Ben Cave Associates Ltd) - It is available at www.hiagateway.org.uk and at www.bcahealth.co.uk

This has been developed to enable someone to reach an opinion as to the quality of the completed HIA report in a simple, quick and systematic manner.

The review package consists of four review areas (context, management, assessment and reporting), 12 categories and 36 sub-categories or criteria. These are summarised below. Each review area considers the way in which the HIA report describes aspects of the HIA. The 36 criteria are intended to cover key areas in HIA and to ensure that the assessment picks up on the critical issues.

Review Area	Category
1: Context - the context within which the development is taking place.	1.1 Site description and policy framework 1.2 Description of project 1.3 Public health profile
2: Management - the process whereby decisions are made throughout the HIA on whether to proceed, the topics that should be considered as well as the process of the HIA.	2.1 Identification and prediction of potential health effects 2.2 Governance 2.3 Engagement
3: Assessment - the conclusions that the report reaches and the methods used to substantiate the conclusions.	3.1 Description of health effects 3.2 Risk assessment 3.3 Analysis of distribution of effects
4: Reporting - the ways in which the results are communicated to the reader.	4.1 Discussion of results 4.2 Recommendations 4.3 Communication and layout

The recommended approach is for two people to review the HIA report separately and then to reach a consensus on the final grade of the HIA report, having discussed the individual grades and the overall grade. It is important that the process is fully documented. The grading system is set out below.

A	**Blue**	**Good**	Relevant tasks well performed, no important tasks left incomplete, only minor omissions and inadequacies
B	**Green**	**Satisfactory**	Can be considered satisfactory despite omissions and/or inadequacies.
C	**Yellow**	**Unsatisfactory**	Parts are well attempted but must, as a whole, be considered just unsatisfactory because of omissions or inadequacies.
D	**Red**	**Not Satisfactory**	Significant omissions or inadequacies, some important tasks(s) poorly done or not attempted.

NA	**Clear**	**Not applicable**	There are some situations (for a particular type of project for example) where a criterion will not apply, however the reviewer is advised to avoid N/A unless there is no alternative.