Local Development Framework

Health Impact Assessment

Supplementary Planning Document

Consultation draft October 2010

CONTENTS

ACRONYMS

DPD	Development Planning Document
EIA	Environmental Impact Assessment
HIA	Health Impact Assessment
HUDU	Healthy Urban Development Unit
LDF	Local Development Framework
SCDC	South Cambridgeshire District Council
SPD	Supplementary Planning Document
SS	Sustainability Statement

CHAPTER 1

INTRODUCTION TO THE SUPPLEMENTARY PLANNING DOCUMENT AND LEGISLATIVE POLICY

1.1 This South Cambridgeshire District Council (SCDC) Supplementary Planning Document (SPD) on *Heath Impact Assessment* forms part of the South Cambridgeshire Local Development Framework (LDF), and therefore is a material consideration in the determination of planning applications.

1.2 The SPD expands on Policy DP/1 and other policies in the district-wide Development Control Policies Development Plan Document (DPD), adopted July 2007, and policies in individual Area Action Plans for major developments that may vary from the district-wide policies. It provides additional details on how they will be implemented. Policies seek to ensure the creation of healthy and inclusive communities and that Health Impacts on populations are adequately addressed throughout the development process.

1.3 The SPD builds on international guidance, Gothenburg consensus paper on Health Impact Assessment - Main concepts and suggested approach (December 1999)[1], the European Commission Health & Consumer Protection Directorate-General paper "Ensuring a high level of health protection A practical guide" (December 2001) [2] and on national guidance, Introducing Health Impact Assessment (HIA): Informing the decision-making process (2002), and recognised good practice contained in The Merseyside Guidelines for Health Impact Assessment (May 2001) [3].

PURPOSE

1.4 The aim of this Supplementary Planning Document is to provide additional advice and guidance on undertaking HIA for development proposals within South Cambridgeshire and to expand on the broad policies set out in the Development Control Policies DPD: Policy DP/1 Sustainable Development.

1.5 The SPD will help achieve Development Control Policies Objective **DP/e "To ensure that major new developments create distinctive, sustainable and healthy environments that meet the needs of residents and users, and contribute towards the creation of vibrant socially inclusive communities."**

1.6 Specific objectives of this document are to:
- Assist applicants' and agents' understanding of whether a Health Impact Assessment is required;
- Assist applicants' and agents' understanding of Health Impact and its relationship to other assessments such as Environmental Impact Assessments (EIA);

- Assist applicants and agents to help identify important health impacts and ensure that proposed developments carefully consider key determinants to protect human health;
- Assist applicants and agents to gain planning decisions quickly by informing them of what information is required to accompany applications, to justify their proposals and to demonstrate what impact the proposals may have on human health.

SOUTH CAMBRIDGESHIRE LDF POLICY

1.7   The policy requiring Health Impact Assessments of major development proposals is contained in the Development Control Policies DPD:

POLICY DP/1 Sustainable Development

1.   **Development will only be permitted where it is demonstrated that it is consistent with the principles of sustainable development, as appropriate to its location, scale and form. It should:**

   a. **Be consistent with the sequential approach to development, as set out in the Strategy chapter of the Core Strategy DPD;**
   b. **Minimise the need to travel and reduce car dependency;**
   c. **Make efficient and effective use of land by giving priority to the use of brownfield sites and achieve adaptable, compact forms of development through the use of higher densities;**
   d. **Include mixed-use development of compatible uses as appropriate to the scale and location of the development;**
   e. **Where practicable, use sustainable building methods and verifiably sustainable, locally sourced materials, including recycled materials, and include a Travel Plan to address the travel needs of labour during construction;**
   f. **Where practicable, minimise use of energy and resources;**
   g. **Where practicable, maximise the use of renewable energy sources;**
   h. **Incorporate water conservation measures;**
   i. **Minimise flood risk;**
   j. **Where practicable, use sustainable drainage systems (SuDS);**
   k. **Mitigate against the impacts of climate change on development through the location, form and design of buildings;**
   l. **Ensure no unacceptable adverse impact on land, air and water;**
   m. **Contribute to the creation of mixed and socially inclusive communities and provide for the health, education, recreation, community services and facilities, and social needs of all sections of the community;**

   n. Where practicable, include infrastructure for modern telecommunications and information technology to facilitate home working;

   o. Conserve and wherever possible enhance biodiversity of both wildlife and the natural environment;

   p. Conserve and wherever possible enhance local landscape character;

   q. Involve community and providers of community services in the design process;

   r. Conserve and wherever possible enhance cultural heritage.

  2. In criteria e, f, g, j and n it will be for any applicant or developer proposing to compromise sustainability to demonstrate the impracticability of use of sustainable methods, systems, materials and energy sources and provision of sustainable infrastructure. Additional cost will not, on its own, amount to impracticability.

  3. For major developments, applicants must submit a Sustainability Statement and a Health Impact Assessment, to demonstrate that principles of sustainable development have been applied.

2.3 The principles of sustainable development are fundamental to international obligations and to national, regional and strategic planning policy. These principles also underpin the strategy, and all policies and proposals of the South Cambridgeshire Local Development Framework. The eastern region is the driest in the UK. It is also a low-lying area that is vulnerable to the implications of climate change. However, it is also a rural area that is to accommodate a great deal of growth surrounding the important historic city of Cambridge. It is therefore of key importance to the continuing success of the district that development is sustainable and achieves environmental, economic and social gains for current and future generations.

2.4 This key policy draws together sustainability issues to ensure that the fundamental principles of sustainable development underpin all development proposals. The issues dealt with are covered in greater detail in the later subject chapters. It also includes references to key sustainability issues of building methods and materials, which will be part of the overall consideration of the development proposal, but are not directly related to the planning system.

2.5 All planning applications for major development are required to submit a Sustainability Appraisal and a Health Impact Statement to demonstrate that they have addressed sustainability issues, including

impact on health, in their development proposals. Major development is defined as:

- Residential development: the erection of 20 or more dwellings, or, if this is not known, where the site area is 0.5 hectares or more; or

- Other development: where the floor area to be created is 1,000 m^2 or more, or the site area is 1 hectare or more.

2.6   To assist in the preparation of a Sustainability Statement and Health Impact Assessment, further guidance will be provided in a Supplementary Planning Document.

1.8   It should be noted that Major Development size thresholds above, are indicative and not exhaustive. 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 Schedule 1 and 2 of the Environmental Impact Assessment Regulations.

1.9   The District Council has adopted a district-wide **Design Guide: High Quality and Sustainable Development in South Cambridgeshire SPD** that contains relevant guidance on design issues. The Design Guide SPD contains a brief introduction to Health Impact Assessment and an introduction to Building Healthy Communities, which is expanded upon in this Health Impact Assessment SPD

1.10   This document provides broad guidance on health impacts and building healthy communities with regard to South Cambridgeshire District Council policies. It provides guidance on the preparation of Health Impact Assessments (HIA) for new developments in South Cambridgeshire to assist decision making on such developments by taking into account the key determinants to protect human health. It also states what standard of HIA will be acceptable as part of a planning application submission.

1.11   It describes what a Health Impact Assessment (HIA) is and the steps involved in undertaking a HIA. It is intended to give guidance to developers who are required to undertake an HIA as part of the planning process, and is intended to be used as a tool during the masterplanning stage, when preparing documents in support of a planning application.

1.12   It highlights that HIA is a flexible approach to determining positive and negative effects a development can have on human health. It draws on elements of project management and research and evaluation, as well as experience and expertise from other forms of impact assessment, such as Environmental Impact Assessment, Economic Impact Assessment, Social Impact Assessment, and Regulatory Impact Assessment and as such acknowledges

that Health Impact Assessments can be undertaken in a range of different ways, but there is a growing consensus about the core elements and purpose, and these core elements form the basis for the guidance contained in this Supplementary Planning Document.

1.13   This document cannot, however, be comprehensive and address every possible type of situation. The best advice is to contact the Council with queries regarding any of the information contained herein.

CHAPTER 2

WHAT IS HEALTH IMPACT ASSESSMENT?

2.1   HIA is commonly defined as "*a combination of procedures, methods and tools by which a policy, program 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.*"[1]   It is a tool to appraise both positive (e.g. creation of new jobs) and negative (e.g. generation of pollution) impacts on the different affected subgroups of the population that might result from the development. Public participation is considered a major component of the process.

2.2   It usually assesses a policy or proposal that does not have health improvement as a primary objective. The implementation of the development 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.

2.3   The Health Impact Assessment aims to identify all these effects on health in order to enhance the benefits for health and minimise any risks to health. It includes specifically a consideration of the differential impacts on different groups in the population, because certain groups are 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 (physically and learning) and elderly people.

2.4   A HIA is usually forward looking (prospective) and done at a time when it is possible to change the proposed development if necessary, e.g. at the masterplanning stage. It may be necessary to submit two HIAs, one at the outline stage of a planning application and one the reserved matters stage. This will be dependent on how detailed the outline application is.

WHY CARRY OUT A HEALTH IMPACT ASSESSMENT?

2.5   Spatial planning and development has the potential to impact on human health and wellbeing. This is because a wide range of social and environmental factors affect the health of local communities within South Cambridgeshire. Good health is related to 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. These factors are known as the "wider determinants of health" and include:

- Individual lifestyle factors such as smoking habits, diet and physical activity.

- Interactions with friends, relatives and mutual support within a community.

- Wider influences on health including - living and working conditions, unemployment, water and sanitation, health care service, housing, food supplies, education, and the work environment.

2.6   Figure 1 below (adapted from Dahlgren, G and Whitehead, M) [13] illustrates the determinants of health and they should be incorporated into any checklist used to indentify the health impacts of the development proposal. Further information on the social determinants of health can be found in Appendix 2.
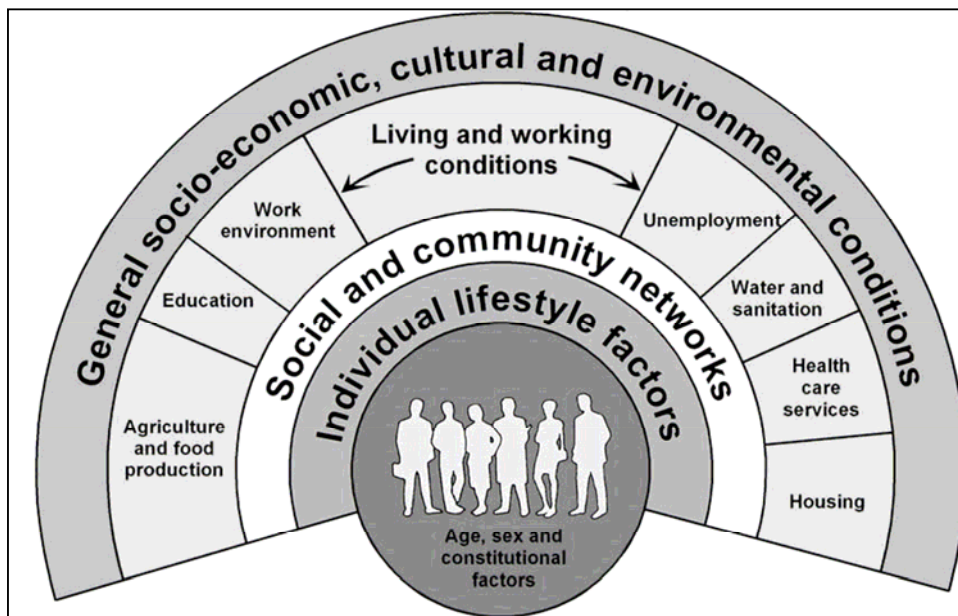
Figure 1: Rainbow Model of Health

2.7   Ensuring these issues are considered at the planning and design stage can improve both the physical and mental health of the population. Guidance expressed within the District Design Guide SPD can contribute to sustainable planning, good design and the development of community resources. These can encourage environments which: increase people's sense of safety and wellbeing, their opportunities for social interaction and community connectivity, improve air quality and water conservation and promote active travel and physical activity.

2.8   It is important to consider the effects of the wider determinants of health on not only the physical environment (e.g. impact of air and noise pollution, traffic patterns, housing stock) but also the social environment. This refers broadly to the social norms and values shared by members of social groups, as well as the quality, content, and volume of interpersonal interactions within urban and rural and between urban and rural communities. It is also known that these wider determinants are not distributed equally among populations (e.g. those people living in areas of deprivation tend to have poorer health outcomes). By

considering these effects and their distribution, development policies and plans can enhance the potential to influence health and wellbeing, and therefore health inequalities.

HEALTH IMPACT ASSESSMENT – AIMS AND OBJECTIVES

2.9   A Health Impact Assessment should:

- Appraise the potential positive and negative health and well-being impacts of the proposed development on planned new communities and the adjacent existing communities in the development area.

- Highlight any potential differential distribution effects of health impacts among groups within the population by asking 'who is affected?' for the impacts identified.

- Suggest actions / mitigations that aim to minimise any potential negative health impacts and maximise potential positive health impacts, referencing where possible the most affected vulnerable group(s).

RELATIONSHIP TO OTHER ASSESSMENTS (ENVIRONMENTAL IMPACT ASSESSMENT, SUSTAINABILITY STATEMENT)

2.10   For those development proposals that are already required to submit an Environmental Impact Assessment (EIA) it makes sense to integrate health impacts into the EIA rather than duplicate the assessments as the methodology is very similar and there is a large overlap in the evidence gathered and used in both assessments. It also makes it easier to cross reference the impacts helping to ensure the HIA is comprehensive. At the outset it needs to be made clear that environmental impacts are not health impacts. When carrying out the screening and scoping stages for both the HIA and the EIA, it is important to be ensure that:

- All health impacts are included, not only those that result from physical hazards.

- There are opportunities for affected communities to participate early in the assessment.

- It considers health benefits to be maximised, as well as risks to be minimised.

2.11   For those development proposals that do not require an Environmental Impact Assessment because they are likely to cause little or no environmental impacts (i.e. no requirement to provide an EIA under the Environment Impact Assessment Regulations 1999) an HIA will still be needed as the development

can cause important health impacts. To assess and enhance the health effects of all relevant proposals including health in EIA on its own cannot be relied upon.

2.12　　There is considerable overlap between HIA and other assessments, e.g. EIA and Sustainability Statement (SS) and it may be beneficial to produce an Integrated Impact Assessment (IIA) that incorporates all the assessments in one document, or if the assessments are produced as separate documents ensure good interconnectivity and cross referencing between the assessments.

HEALTHY DESIGN PRINCIPALS AND BUILDING HEALTHY COMMUNITIES

2.13　　In addition to Health Impact Assessments, which look at the impacts the development will / may have on health, it is also important to examine in detail how the proposed development is going to ensure that the new community is a vibrant and healthy one, as building new houses and shops does not build communities. Infrastructure within new communities will need to be more than the roads connecting the built environment; it has to include the social infrastructure as well. The social infrastructure will include, but is not limited to, the opportunities to meet neighbours, to get information and to take part in running the local organisations and councils.

2.14　　Healthy and sustainable communities are about people and places. When planning new growth areas, the people that move into the newly built houses are as important for the development of a healthy and sustainable community as the houses and public buildings that are provided for them. The "Egan Wheel" is a tool that can be used for judging how sustainable a community is and is shown in Figure 2 below. The concept of the Egan Wheel is further expanded in Appendix 4.

2.15　　The Cambridge City and South Cambridgeshire Improving Health Partnership produced a best practice paper [4] which focuses on putting people at the centre of new developments and is intended as a generic guide to the kind of resources and actions that are required to build social infrastructure and subsequently sustainability into any new community to ensure that it is strong and healthy.

2.16　　The guidance was been developed as the result of discussions within the Improving Health Partnership and with organisations from the voluntary community sector. It follows the publication of the Building Communities that are Healthy and Well Report [4] in which a cycle of easy-to-follow 'People Proofing Principles' was proposed.

2.17   The people proofing principles are to set up a coherent social development team structure at the outset, agree the evaluation method at start, and design all activities and actions designed to meet the following "People Outcomes".

Figure 2: The Egan Wheel

2.18   The People Outcomes are:
- I can meet up with people I know
- I can meet new people
- I can have a say in how things are run around here
- I can run things around here
- I can easily get the information I need for health, leisure, transport, housing, education, environment etc
- I know who to go to for help with…

2.19   As the development commences it is important to monitor actions against outcomes, review effectiveness of actions as a team, change or design new actions, survey local population about improvements using People Outcomes and the cycle of monitoring and reviewing should be done at least annually.

2.20   These people proofing principles can be used as part of the Health Impact
        Assessment when assessing the health impacts relating to governance, equity,
        social and cultural etc.

2.21   Building a healthy and inclusive community in larger new developments
        requires considerable input in the form of worker resources who will engage
        with members of the new community and support them to develop the kind of
        facilities e.g. clubs, networks, interest groups, good neighbour schemes that
        are found in settled communities. These community-led projects are the fabric
        that contributes to a high quality of life and promotes community cohesion.

2.22   In order to ensure that community development worker roles contribute to
        building a thriving, sustainable community from the moment that the very first
        residents move into their new homes in their new settlement, village or town,
        there must be a well-defined and co-ordinated approach to community working.
        Although community development roles may be fulfilled by different workers
        employed by different agencies, a common approach to working needs to be
        agreed by all relevant stakeholders.

2.23   The desired 'people outcomes' will be similar in different size developments but
        in smaller developments with less dedicated resources there may need to be a
        more flexible approach to meet needs through tapping into and broadening
        existing roles and skills of a range of workers.

2.24   The voluntary and community sector plays a major role in delivering a whole
        range of services in small hamlets to large towns and their flexible contribution
        should be taken into account at all stages of planning community development
        activities.

2.25   In order to ensure that the needs of new communities needs are being met it is
        essential that a monitoring component is built into the role of the community
        development team. In large scale developments it is recommended that a
        dedicated action researcher role is included and is in place from the initial
        stages.

2.26   Appendix 4 outlines the areas to be assessed as part of the people proofing
        principles and these areas should be integrated into the checklists in Appendix
        2 to give a comprehensive assessment.

CHAPTER 3

CARRYING OUT A HEALTH IMPACT ASSESSMENT

3.1   Although there is no statutory framework for carrying out an HIA, the procedural steps involved are now well established and are as follows (adapted from Introducing Health Impact Assessment (HIA): Informing the decision-making process [5] and Health Impact Assessment: a guide for local authorities [6]).

1.   **Screening**, which is deciding whether an HIA is likely to be the best way to ensure health and equity issues are effectively addressed in a given situation.

2.   **Getting the HIA team together** as the HIA needs input from a team of people to provide different perspectives and areas of expertise.

3.   **Scoping,** which decides how to undertake an HIA in a given context.

4.   **Appraisal or Assessment**, which identifies and considers a range of evidence for potential impacts on health and equity.

5.   **Developing recommendations**, which means formulating and prioritising specific recommendations that are based on the best available evidence.

6.   **Make recommendations**, as part of the HIA that include recommendations to adjust the proposed development or make other changes that would improve health impacts/consequences.

7.   **Ongoing monitoring and evaluation**, to assess if any of the specific HIA recommendations where implemented as part of the development, and if they contributed to positive effects on health and equity; if not, to review and consider the reasons for this, and how plans might be further adapted.

3.2   A basic outline of what is needed in each of these steps is covered in more detail below and process is summarised in Figure 3.
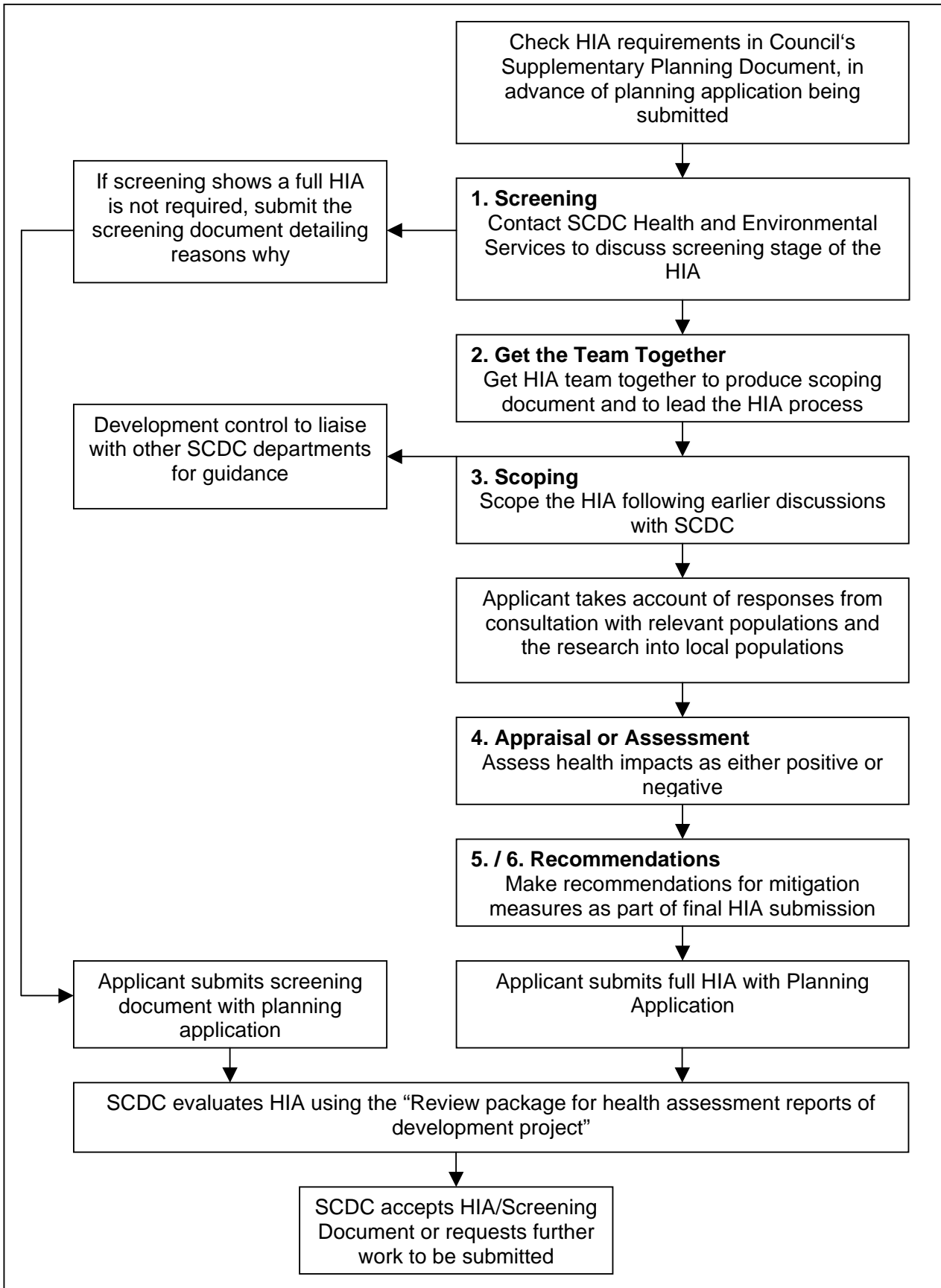
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┌─────────────────────────────────────┐
│ Check HIA requirements in Council's │
│ Supplementary Planning Document, in │
│ advance of planning application being│
│             submitted               │
└─────────────────────────────────────┘
                   │
                   ▼
┌──────────────────────┐      ┌─────────────────────────────────────┐
│ If screening shows a │◄─────│ 1. Screening                        │
│ full HIA is not      │      │ Contact SCDC Health and Environmental│
│ required, submit the │      │ Services to discuss screening stage  │
│ screening document   │      │ of the HIA                          │
│ detailing reasons why│      └─────────────────────────────────────┘
└──────────────────────┘                      │
                                               ▼
                              ┌─────────────────────────────────────┐
                              │ 2. Get the Team Together            │
                              │ Get HIA team together to produce     │
                              │ scoping document and to lead the HIA │
                              │ process                             │
                              └─────────────────────────────────────┘
                                               │
┌──────────────────────┐                       ▼
│ Development control to│◄─────┌─────────────────────────────────────┐
│ liaise with other     │      │ 3. Scoping                          │
│ SCDC departments for  │      │ Scope the HIA following earlier      │
│ guidance              │      │ discussions with SCDC               │
└──────────────────────┘      └─────────────────────────────────────┘
                                               │
                                               ▼
                              ┌─────────────────────────────────────┐
                              │ Applicant takes account of responses │
                              │ from consultation with relevant      │
                              │ populations and the research into    │
                              │ local populations                   │
                              └─────────────────────────────────────┘
                                               │
                                               ▼
                              ┌─────────────────────────────────────┐
                              │ 4. Appraisal or Assessment          │
                              │ Assess health impacts as either      │
                              │ positive or negative                │
                              └─────────────────────────────────────┘
                                               │
                                               ▼
                              ┌─────────────────────────────────────┐
                              │ 5. / 6. Recommendations             │
                              │ Make recommendations for mitigation  │
                              │ measures as part of final HIA        │
                              │ submission                          │
                              └─────────────────────────────────────┘
                                               │
┌──────────────────────┐                       ▼
│ Applicant submits     │      ┌─────────────────────────────────────┐
│ screening document    │      │ Applicant submits full HIA with      │
│ with planning         │      │ Planning Application                │
│ application           │      └─────────────────────────────────────┘
└──────────────────────┘                      │
           │                                   │
           ▼                                   ▼
┌─────────────────────────────────────────────────────────┐
│ SCDC evaluates HIA using the "Review package for health │
│ assessment reports of development project"              │
└─────────────────────────────────────────────────────────┘
                                 │
                                 ▼
                  ┌──────────────────────────────┐
                  │ SCDC accepts HIA/Screening    │
                  │ Document or requests further  │
                  │ work to be submitted          │
                  └──────────────────────────────┘
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Figure 3: Procedure for production, submission and evaluation of an HIA

1. SCREENING

3.3   In order to decide whether or not to do a HIA, a quick review of the possible health impacts, considering the size and importance of the development proposal needs to be done whilst considering the requirements contained in 1.7 – 1.8 above. A checklist that covers the basic screening questions can be used to record the impacts examined and the associated findings. A group of people with different expertise should be brought together to undertake the screening assessment.

3.4   The screening stage should filter out development proposals that are unlikely to benefit from HIA. For example, if:

- A proposal is seen as having little potential impact on health and equity issues.

- There are likely to be impacts but the evidence for these is already well documented it may be possible to develop evidence-based recommendations without the need for a fuller HIA.

3.5   If the development proposal is likely to have an impact on the local population and there is access to evidence and you have the capacity and resources to influence the decision-making process, then it is probably useful to undertake an HIA, but applicants are encouraged to contact the District Council to agree the need for an HIA at an early stage.

3.6   In order to gauge the level of HIA and the resources needed to undertake one it is necessary to consider the following: [7]

- 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?

3.7   The screening assessment should consider:

- Who is likely to be affected by the proposal, how the development will affect different population groups as they may be affected in different ways. For example health consequences/impacts on existing residents, new residents moving into the development, workers on site during construction, vulnerable groups.

- What determinants of health may be affected, this list of determinants should be drawn from existing literature and the local profile (see 3.16

below for further information on local profiles). Appendix 2 provides
example checklists of the determinants of health.

- If any further evidence / research is needed to inform the final
  recommendations of the HIA

3.8 For each of the determinants of health identified the HIA should look at [7]:

- The different population subgroups will / may be affected by the proposed
  development.

- 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?

3.9 The checklist should help define how the proposal may affect health but it will
not give defined thresholds for when a HIA is necessary. It will be a matter of
judgement where the resources available to do HIA should be spent.
**Applicants are encouraged to contact the District Council to jointly agree
the HIA process and methodology before the HIA is started**.

3.10 The screening decision(s) should be documented, including the initial
assumptions that have informed this decision, which will help the planning
authority understand the initial rationale and the reasoning behind the decisions
that were made.

2. GETTING THE TEAM TOGETHER

3.11 In order to undertake the HIA it is important to consider who will carry out the
assessment and the key tasks to be done: a small team may be needed
depending on the expertise available and scale of the proposed development.

3.12 Different areas of expertise will be required and the team should include people
with knowledge of:

- The specific proposal;
- The kind of development;
- The local area and population; and
- Health and well being.

3.13 The likely tasks to be undertaken by the team include: [8]

- Scoping the work;
- Brainstorming to identify likely impacts;
- Producing a local profile;
- Reviewing the evidence and its local relevance;
- Consulting stakeholders;
- Undertaking further assessment that might be needed; and
- Debating and agreeing the recommendations.

3. SCOPING

3.14   The different population groups to be considered need to be defined as well as the geographical scope and the timescale(s) over which to try to predict any impacts. It may be necessary to consider the phasing of the build as the predicted health impacts may change over time for different populations.

3.15   The scope should define the methods to be used in the assessment, the stakeholders to be involved and methods for their participation. The scope may need to be revisited and reconsidered later in an assessment if becomes clear that impacts will be spread more widely than originally thought. **The scope should be agreed between the council and the applicant(s) prior to progressing to the nest stage.**

4. APPRAISAL / ASSESSMENT – GATHERING THE DATA

Local Profile

3.16   The purpose of producing a local profile is to inform the identification of impacts, the relevant population groups that might be affected, and to provide the background information needed to apply the evidence. In effect the local profile becomes a 'baseline' position against which the possible health impacts can be compared. Larger developments will need to compare the possible health impacts with a predicted local profile based what types of population would be expected to occupy the proposed development.

3.17   The local profile should contain available data on:

- The demographic make up of the local population, paying particular attention to any vulnerable groups that have been identified in the scoping document.

- The health status of the local population, paying particular attention to any vulnerable groups that have been identified in the scoping document.
- An assessment of the local area e.g. current amenities, facilities, environmental challenges etc.

3.18 It is important to consider the scale of the development, as it may not be possible to involve all local people in larger developments. Therefore the anticipated impacts based on a profile of the likely residents who will move into to the proposed development will need to be taken into account.

Involve stakeholders

3.19 The stakeholders to be involved include the potentially affected people and the people with relevant knowledge of the local area. They should form a cross section of both the existing and planned local population. Although the precise details on who the planned local population will be may not be known there should be enough information included in the planning application to make an informed judgement e.g. housing mix statement, master plan etc, which can be used in the Health Impact Assessment. Stakeholders can provide specific information on:

- The different ways the proposal could affect their health;
- Whether mitigating measures are likely to work locally; and
- What values can be attached to different impacts.

3.20 The stakeholders can be involved in a number of different ways, and can include focus groups, questionnaires and open meetings. The scoping document should contain a determination of the best method or mix of methods for the proposed development. The screening checklist can be used to structure the content of the involvement. The Council has produced a Community Engagement Toolkit which although designed for Council officers to use contains a good summary of how to engage stakeholders, a copy can be obtained from the policy and performance department of the Council.

Appraisal / Assessment

3.21 The aim of the assessment is to identify all the potential health impacts using the evidence collected from the local profile and stakeholders. This will involve examining the proposal and identifying the key elements of the proposal and considering their relationship to the range of wider determinants of health and inequality and decide which impacts might require further assessment.

3.22 The screening should already have identified some likely impacts, but a more detailed assessment should be done. The HIA process means looking for unintended impacts, and the assessment should be systematic and transparent about how the impacts were identified.

3.23 The appraisal stage often starts with considering potential positive and negative impacts of the proposal against each of the categories identified in the determinants of health checklist (Appendix 2), or a similar set of health

determinants. Impacts often arise in indirect ways or unforeseen consequences, and can happen at different stages of a causal pathway.

3.24   HIA does not require new methodologies. The decision making process should dictate what information is needed and what methods and evidence will be used by the applicant in the production and submission of the planning application and associated HIA. The evidence can be both qualitative and quantitative and can be existing sources of evidence, or new data. It is important to consider that the existing evidence base for various health determinants and interventions to improve health can be patchy, and may not be readily accessible. In many situations this may involve deciding to go ahead with the best information that is readily available at the time. This means making it clear that there are significant gaps in the evidence base used and documenting this fact in the final HIA submission.

3.25   A checklist or matrix can be used as an aide memoire to make sure different areas of impact and different population groups are considered (a sample checklist is included at Appendix 2). The impacts may often occur in indirect ways so it is important to think broadly during this part of the process, as well as looking at how the development will affect different population groups as they may be affected in different ways and at different times during the building and occupation phases.

3.26   The checklist should make it clear what impacts will affect what groups of people. Each impact needs to be scored as either positive or negative for each population group. For each impact it is important to examine:

- How many people will be affected by that 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.

3.27   It is also appropriate to further clarify which of the impacts identified are 'significant'. These 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.

3.28   As producing a HIA is an iterative process there may be a need for more information to clarify the recommendations of the HIA. This may be to help determine which impacts are 'significant' as defined above, and/or to weigh up the benefits and harms, and/or to suggest ways to mitigate adverse impacts.

5. DEVELOPING RECOMMENDATIONS

3.29   Recommendations should aim to minimize / mitigate any potentially harmful impacts arising from the proposal, and maximise the health gain / benefits. The recommendations may need to be prioritised, to ensure that the stakeholders' views are clearly expressed. The recommendations may be prioritised based on the significant impacts i.e. the most serious impacts identified should have a higher priority within the recommendations. This is particularly important if resources for implementing the proposal are limited, or there are competing priorities, such as economic or employment considerations.

6. MAKING RECOMMENDATIONS

3.30   Sometimes recommendations may impinge on other areas of the proposed development, for example recommendations from a HIA on increasing physical activity may be in conflict with the viability of transport policy or increase the likelihood of transport related injuries. Or recommendations for vehicle free zones may affect the viability of commercial properties. A balance will need to be struck between conflicting recommendations. The decision and reasoning will need to be documented in the final HIA submission. A good HIA should take account of these different influences, to ensure that recommendations are not only based on the best available evidence, but also consider the decision-making context so that any recommendation(s) have the greatest chance of being valued and acted on. The applicant will need to ensure that the recommendations are worked through to an acceptable conclusion – i.e. if a recommendation results in conflict, there should be another recommendation or process to address both the initial concern and resolve the conflict – e.g. through designing out potential transport injuries, allowing restricted access (both physical and timing) for deliveries etc.

3.31   **Further dialogue with the District Council may be needed to confirm the recommendations of the HIA prior to the final submission.** The HIA serves as a support to decision-making, particularly during the masterplanning stage, and is not intended as a substitute for it. The HIA can contribute to informed decisions based on a valid assessment of potential health impacts, and it has the potential to improve the quality of decision-making.

7. MONITORING AND EVALUATION

3.32   It is important to understand the difference between monitoring and evaluation. HIAs should include a recommendation to carryout future monitoring of the health impacts that result from the development proposal. This means that corrective action can be taken to address any unforeseen impacts. Evaluation is concerned with evaluating the process of undertaking and producing the HIA rather than the consequences of the HIA.

3.33   A good HIA will both monitor the outcomes of the HIA and evaluate the process
        to help those involved in the assessment to:

- Improve the process of producing future HIAs;
- Modify future proposals to achieve health gains;
- Observe whether the recommendations were implemented; and
- Assess the accuracy of predictions made during appraisal.

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

3.35   Evaluation can be undertaken in a number of ways. The NHS Health
        Development Agency [9] has produced guidance on evaluation that outlines two
        main types of evaluation; process and impact.

3.36   **Process evaluation** can provide lessons about why and how the HIA worked.
        It may not be relevant to share the findings of the process evaluation with the
        Council but should be used in to improve future HIA submissions by the
        applicant. The questions to be asked as part of a process evaluation include:

- How was the HIA undertaken? – including details of time, place,
  geographic area/population group affected by the proposal, what the
  proposal sought to achieve, and the methods used.

- What resources (financial, human, time) were used, and what was the
  associated opportunity cost?

- What evidence was used, and how did it inform the development of
  recommendations?

- How were health inequalities assessed?

- How were recommendations formulated and prioritised (what factors
  influenced this decision-making process)?
- How were the decision makers involved and engaged in the process,
  what were their expectations, and were they fulfilled with the limited
  resources available?

- How and when were the recommendations delivered to the relevant
  decision makers?

- What did those involved in the HIA think about the process used?

3.37   **Impact evaluation** considers whether, and how well, the HIA worked, including:

- How and when were the recommendations accepted and implemented by the decision makers (e.g. the masterplanning group) – and what factors contributed to this?

- What are the likely reasons why recommendations were rejected?

- Were the aims and objectives of the HIA met?

- What other impacts were associated with the HIA? – e.g. improved partnership working, or raising the profile of local health needs and putting health on partner agencies' agendas, or organisational development and new ways of working within and across the organisations involved.

3.38   It is becoming increasingly common for HIA to be included as part of an Integrated Impact Assessment and addressing other environmental or economic factors. In such cases, evaluating the specific health component can present a particular challenge. It is important at the start of the HIA process to define what evaluation will take place and set a cut-off point at which the evaluation will stop

CHAPTER 4

EVALUATION OF THE HIA USING THE "REVIEW PACKAGE FOR HEALTH IMPACT ASSESSMENT REPORTS OF DEVELOPMENT PROJECTS"

4.1   The Council will assess all Health Impact Assessments submitted as part a planning application against the criteria in the "Review package for health impact assessment reports of development projects" [10] produced by Ben Cave associates. The review package promotes best practice and as best practice may change applicants may wish to ensure they have access to the most up to date version.

4.2   The aim of the review package is to enable the Council to reach an opinion as to the quality of the completed HIA report in a systematic way and to outline the areas of weakness that may need further work and included in further submissions of the planning application.

4.3   The review package assesses the HIA in four main areas:

- Context
- Management
- Assessment
- Reporting

4.4   The assessment is further broken down into twelve categories and thirty-six sub-categories with a view to ensuring the review addresses the critical areas for public health.

4.5   The assessment will produce an overall grade for the HIA as follows:

A   Relevant tasks well performed, no important tasks left incomplete, only minor omissions and inadequacies.
B   Can be considered satisfactory despite omissions and/or inadequacies.
C   Parts are well attempted but must, as a whole, be considered just unsatisfactory because of omissions or inadequacies.
D   Not satisfactory, significant omissions or inadequacies, some important task(s) poorly done or not attempted.
N/A Not applicable.

4.6   **A HIA will only be deemed acceptable to the Council if it meets grades A or B. Assessments falling below these grades will require further work and resubmission.**

4.7   Although the assessment will provide an overall grade there are likely to be more specific recommendations based on the weakness of the assessment,

particularly relating to the identification of all possible health impacts and the mitigation of any negative impacts.

4.8   The checklist to be used by the Council as written in the "Review package for health impact assessment reports of development projects" is contained in Appendix 3.

4.9   As a minimum a Health Impact Assessment submitted to the Council, as part of a planning application, will need to contain the following in order to meet minimum requirements.

1.   The Health Impact Assessment document should contain an outline of the screening assessment undertaken including:

   a.   Details of any discussions / agreements reached with the Council as part of the screening process. (See 3.3 – 3.9)

   b.   As a result of the screening, the reasons for the decision to proceed to a full HIA or not. (See 3.10)

2.   An outline of the different populations that have been considered in the HIA as part of the scoping stage. (See 3.14 - 3.15)

3.   A Local Profile or the evidence used to determine the health impacts. (See 3.16 – 3.18)

4.   An outline of the consultation undertaken. (See 3.19)

5.   A list of the both the positive and negative impacts identified. (See 3.26 – 3.27) Applicants should refer to Appendices 2 and 4 for guidance on the type of health determinants to be considered when looking at the possible health impacts.

6.   A list of prioritised recommendations to mitigate the negative impacts. (See 3.30)

7.   An outline of the monitoring proposed both during construction and post completion to ensure the mitigation measures have been implemented and are have worked and are still working. (See 3.32 – 3.34)

4.10   It is important to ensure that the Health Impact Assessment has addressed all the relevant points in the "Review package for health impact assessment reports of development projects" [10] (as outlined in Appendix 3) as the submitted HIA will be scored against this checklist.

APPENDIX 1

CONTACT DETAILS, REFERENCES AND FURTHER READING

Health and Environmental Services
Tel: 03450 450 063 (Health Protection Unit)

New Communities
Tel: 03450 450 500

Development Control
Tel: (01954) 713155 (Duty Officer)

Planning Policy
Tel: (01954) 713183

South Cambridgeshire District Council
South Cambridgeshire Hall
Cambourne Business Park
Cambourne
Cambridgeshire
CB23 6EA

Tel: 03450 450 500
Website: www.scambs.gov.uk

REFERENCES

[1] Gothenburg Consensus Paper on Health Impact Assessment, European Centre for Health Policy, WHO-Euro, Brussels 1999

[2] European Commission Health & Consumer Protection Directorate-General paper "Ensuring a high level of health protection A practical guide" (December 2001)

[3] Scott-Samuel, A., Birley, M., Ardern, K., (2001). *The Merseyside Guidelines for Health Impact Assessment.* Second Edition, May 2001. 20 pages. ISBN 1 874038 56 2. Published by the International Health Impact Assessment Consortium.

[4] Building Communities that are Healthy and Well in Cambridgeshire, Cambridge City and South Cambridgeshire Improving Health Partnership, June 2008

[5] Lorraine Taylor, Health Development Agency, Clive Blair-Stevens, Department of Health, *Introducing health impact assessment (HIA): Informing the decision-making process*, HDA 2002

[6] Public Health Institute of Scotland, *Health Impact Assessment: a guide for local authorities*

[7] 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)*.

[8] Adapted from Chris Norman, Steven McLucas, Brian Carmichael *Supplementary Planning Guidance Health Impact Assessment* West Lothian Council (August 2008)

[9] Taylor, L., Gowman, N., Quigley, R. *Evaluating health impact assessment* NHS Health Development Agency 2003

[10] Mette Winge Fredsgaard, Ben Cave, Alan Bond *"A Review package for health impact assessment reports of development projects"* Ben Cave Associates 2009

[11] Adapted from *West Lothian Council HIA SPG* West Lothian Council August 2008

[12] Healthy Urban Development Unit (HUDU) *Watch out for Health – A checklist for assessing the health impact of planning proposals* HUDU 2009

[13] Dahlgren, G and Whitehead, M (1991), Rainbow model of Health in Dahlgren, G (1995) European Health Policy Conference: Opportunities for the Future. Vol 11 – Inter-sectoral Action for Health.

FURTHER READING

The HIA Gateway – managed by the West Midlands Public Health Observatory
http://www.apho.org.uk/default.aspx?QN=P_HIA

CIEH - Good Housing Leads To Good Health, A toolkit for environmental health practitioners. September 2008

South Cambridgeshire District Council

Core Strategy Development Plan Document (DPD) www.scambs.gov.uk/ldf/corestrategy

Development Control Policies DPD www.scambs.gov.uk/ldf/dcpoliciesdpd

Site Specific Policies DPD www.scambs.gov.uk/ldf/sspdpd

Cambridge East Area Action Plan (AAP) www.scambs.gov.uk/ldf/ceaap

Cambridge Southern Fringe AAP www.scambs.gov.uk/ldf/csfaap

Northstowe AAP www.scambs.gov.uk/ldf/northstoweaap
North West Cambridge AAP www.scambs.gov.uk/ldf/nwcaap

Affordable Housing Supplementary Planning Document (SPD)
Biodiversity SPD
Conservation Areas SPD

District Design Guide: High Quality and Sustainable Development in South
Cambridgeshire
Landscape in New Developments
Listed Buildings: works to or affecting the setting of SPD
Open Space in New Developments SPD
Public Art SPD
Trees SPD

www.scambs.gov.uk/ldf/spds

Community Engagement Toolkit

APPENDIX 2

EXAMPLES OF HEALTH DETERMINANTS CHECKLISTS

Screening checklist for potential impacts – Adapted from West Lothian SPG on Health Impact Assessment [11]

1. Which groups of the population do you think will be affected by this proposed development (there may be other groups beyond this list)?
   - 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
   - people of low income
   - people with mental health problems
   - homeless people
   - people involved in criminal justice system
   - staff

2. What positive and negative impacts do you think there may be?

3. Which groups will be affected by these impacts?

4. What impact will the proposal have on lifestyles?
   1. diet and nutrition
   2. exercise and physical activity
   3. substance use: tobacco, alcohol or drugs
   4. risk taking behaviour
   5. education and learning, or skills

5. What impact will the proposal have on the social environment?
   - social status
   - employment (paid or unpaid)
   - social/family support
   - stress
   - income

6. What impact will the proposal have on equality?
   - Discrimination
   - equality of opportunity
   - relations between groups

7. What impact will the proposal have on the physical environment?
   - Living conditions
   - Working conditions
   - Pollution or climate change e.g. existing pollution impact: air, noise, contaminated land
   - Accidental injuries or public safety
   - Transmission of infectious disease

8. How will the proposal impact on access to and quality of services?
   - Health care
   - Transport
   - Social services
   - Housing services
   - Education
   - Leisure

Checklist of Potential Health Impacts/Health Determinants adapted from WHO European Centre for Health Policy, Screening, A preliminary draft. (1999)

1. Personal/family lifestyles and characteristics
   - Diet
   - education & learning
   - exercise/ physical activity
   - substance use
   - skills, e.g. coping skills

2. 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

3. Physical environment
   - living conditions
   - accidental injuries
   - working conditions
   - public safety
   - pollution
   - transmission of infectious disease
   - climate

4. Access to and quality of services
   - social services
   - transport
   - housing
   - education
   - leisure
   - health services

Adapted from Watch out for health – a guide to healthy sustainable communities (HUDU) [12]

Healthy Lifestyles – Does the development proposal encourage and promote:
- Healthy exercise
- Opportunities for play and exercise
- Open spaces
- Green space and parks
- Playing fields
- Manage parks and spaces for everyone
- Green space within 15 minutes from any home.

Housing Quality – Does the development proposal encourage and promote:
- Housing quality
- Lifetime homes standards
- Adaptability and flexibility
- Are homes well designed and oriented and have the highest energy efficiency rating; and constructed from environmentally friendly materials as locally sourced as possible
- Tenure mix
- Affordability

Access to Work – Does the development proposal encourage and promote:
- Access to employment and training opportunities
- Does the development or policy promote diversity in jobs for local residents; and provide opportunities for business

Accessibility – Does the development proposal encourage and promote:
- Accessibility
- Encourage mobility
- Public transport
- Reduce car dependency
- Minimise the need to travel
- Is the community served by frequent, reliable, cheap public transport
- Are the streets pedestrian-friendly and cycle-friendly

Food Access – Does the development proposal encourage and promote:
- Access to wholesome locally produced food
- Address food deserts
- Does the development or plan allow for allotments, city farms or healthy living centres; safeguard good agricultural land from development; and avoid centralisation of shopping and provision of large supermarkets

Crime Reduction and Community Safety – Does the development proposal encourage and promote:
- Crime reduction and community safety is there effective security and street surveillance
- Traffic calming and home zones

Air Quality and Neighbourhood Amenity – Does the development proposal encourage and promote:
- Air quality and an attractive environment
- Good urban design
- High quality public spaces
- Minimise air and noise pollution and conserve existing quality townscape

Social Cohesion and Social Capital – Does the development proposal encourage and promote:
- Social cohesion and social capital
- Opportunities for social interaction, leisure activities and local empowerment
- Avoid community severance by major roads or large commercial schemes
- Are existing health inequalities likely to be reduced

Public Services – Does the development proposal encourage and promote:
- Access to good public services
- The right services in the right place
- Sustainable design and construction in public buildings
- Are community facilities provided and is community involvement encouraged

Resource Minimisation – Does the development proposal encourage:
- Waste reduction
- Minimise energy and water use
- Minimise use of non-renewable resources
- Promote recycling and waste reduction
- Promote sustainable urban drainage
- Minimise land contamination

Climate Change – Does the development proposal encourage and promote:
- Climate stability and minimisation of greenhouse gases
- Does the plan or development reduce energy use in buildings and transport

APPENDIX 3

REVIEW PACKAGE FOR HEALTH IMPACT ASSESSMENT REPORTS OF DEVELOPMENT PROJECTS

	Review area, categories and sub-categories	Score
1	Context[1]	
1.1	**Site description and policy framework**	
1.1.1	The report should describe the physical characteristics[2] of the project[3] site and the surrounding area.	
1.1.2	The report should describe the way in which the project site and the surrounding area are currently used.[4]	
1.1.3	The report should describe the policy context and state whether the project accords with significant policies[5] that protect and promote wellbeing and public health and reduce health inequalities.	
1.2	**Description of the project**	
1.2.1	The aims and objectives of the project should be stated and the final operational characteristics of the project should be described.[6]	
1.2.2	The estimated duration of the construction phase, operational phase, and where appropriate, decommissioning phase should be given.	
1.2.3	The relationship of the project with other proposals should be stated.	
1.3	**Public Health Profile**	
1.3.1	The public health profile should establish an information base from which requirements for health protection, health improvement and health services can be assessed.	
1.3.2	The profile should identify vulnerable population groups. The profile should describe, where possible, inequalities in health between population groups and should include the wider determinants of health.[7]	

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[1] If the HIA is prepared in conjunction with an Environmental Impact Assessment, or other studies, elements of this description may be shared with those other studies.

[2] The physical characteristics may include the location, design, size and an outline of the area of land take during the construction and operation phase. Presentation or reference to diagrams, plans or maps will be beneficial for this purpose. Graphical material should be easy to understand without having any knowledge about planning and design.

[3] The review package uses the term project to mean *the execution of construction works or of other installations or schemes; or other intervention in the natural surroundings and landscape including those involving the extraction or mineral resources*

[4] Does the site description indicate whether the site and surrounding area are used, either formally or informally, and if so who by?

[5] The policies may be local, regional, national or international policies or they may be sector specific.

[6] Has a do nothing option and other alternatives to the project been described? Does the report also describe the primary advantages and disadvantages to health of the proposal and alternatives? It should be noted if no alternatives are being assessed.

[7] People's health is influenced by the conditions in which they live. Health determinants are the personal, social, cultural, economic and environmental factors that influence the health status of

1.3.3	The information in the profile should be specific about the timescale; the geographic location and the population group being described and links should be made with the proposed project.[8]	
2	**Management**	
2.1	Identification and prediction of health impacts	
2.1.1	The report should describe the screening and scoping stages of the HIA and the methods used in these stages.[9]	
2.1.2	A description of how the quantitative evidence was gathered and analysed (where appropriate) should be given and its relevance to the HIA justified.[10]	
2.1.3	A description of how the qualitative evidence was gathered and analysed (where appropriate) should be given and its relevance to the HIA justified.[10]	
2.2	**Governance**	
2.2.1	The governance process for the HIA should be described.[11]	
2.2.2	The terms of reference for the HIA should be available to the reader and the geographical, temporal and population scope of the HIA should be made explicit.	
2.2.3	Any constraints in preparing the HIA should be explained.[12]	
2.3	**Engagement**	
2.3.1	The report should identify relevant stakeholder groups, including organisations responsible for protecting and promoting health and wellbeing that should be involved in the HIA.	
2.3.2	The report should identify vulnerable population groups that should be involved in the HIA.[13]	
2.3.3	The report should describe the engagement strategy for the HIA.[14]	

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individuals or populations. These include, but are not limited to, factors such as income, employment, education, social support and housing.

[8] Does the profile include consideration of the future profile of the population?

[9] Tools or checklists are methods mostly used to screen for potential health impacts. The scoping stage often includes consultation, workshop, matrices, specific checklists, literature review, expert advisory panels, etc. Sometimes the scope of the HIA is predetermined by the commissioner of the HIA; do the authors justify the use of particular methods?

[10] Is the use of any statistical techniques adequately justified?

[11] Was the HIA guided and scrutinised by a steering group? What was the membership of the steering group? Which organisation has final ownership or/accountability for the report and its findings? Was the commissioner's relationship to the HIA process including the development of findings and reporting of the HIA made explicit?

[12] This might include limitations of method or availability of evidence, for example time, resources, accessibility of data, non-availability/involvement of key informants and stakeholders. It might also describe any limitations in the scope of the HIA.

[13] Does the report describe how stakeholders were identified and whether key informants have been selected as representatives?

[14] Does the report describe how the stakeholder groups, key informants, other stakeholders and citizens who were involved were involved? There may be reasons for not engaging or consulting members of the public. If so, are these provided and adequately explained? Does the report explain the engagement methods, and their timing, e.g. were leaflets, meetings, interviews, etc. used and at what stage and for which stakeholder groups?

3	**Assessment**	
3.1	Description of health effects	
3.1.1	The potential health effects of the project, both beneficial and adverse should be identified and presented in a systematic way.[15]	
3.1.2	The identification of potential health impacts should consider the wider determinants of health such as socio-economic, physical, and mental health factors.	
3.1.3	The causal pathway leading to health effects should be outlined along with an explanation of the underpinning evidence.[16]	
3.2	**Risk assessment**	
3.2.1	The nature of the potential health effects should be detailed.[17]	
3.2.2	The findings of the assessment should be accompanied by a statement of the level of certainty or uncertainty attached to the predictions of health effects.	
3.2.3	The report should identify and justify the use of any standards and thresholds used to assess the significance of health impacts.	
3.3	**Analysis of distribution of effects**	
3.3.1	The affected population should be explicitly identified.	
3.3.2	Inequalities in the distribution of predicted health impacts should be investigated and the effects of these inequalities should be stated.[18]	
3.3.3	Effects on health should be examined based on the population profile.[19]	

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[15] Does the identification of impacts consider short-term, long-term (and are these timescales defined?), direct and indirect impacts on health and wellbeing? Does the identification of health impacts distinguish between the construction phase, the operational phase and where relevant the decommissioning phase?

[16] The potential health effects may be presented in diagrams, which show the causal pathways and changes in intermediate factors by which the project may affect population health, or may be descriptive.

[17] Does the assessment consider the severity of impact / exposure (intensity, reversibility and impact on vulnerable population groups), the impact magnitude (number of people affected and duration of impact / exposure) and the importance (political and ethical)? Have the health impacts of each alternative been assessed? Sometimes the health impacts are ranked and prioritised before making recommendations, if so; have the criteria for prioritising and ranking health impacts been given?

[18] How does the report define inequalities? Inequalities are found between social groups and can be measured in different ways e.g. by geography, social class or social position, population (ethnicity, gender, sexuality etc).

[19] It should be possible to determine whether effects are more prevalent in certain demographic or vulnerable groups.

4	Reporting	
4.1	**Discussion of results**	
4.1.1	The report should describe how the engagement undertaken has influenced the HIA, in terms of results, conclusions or approach taken.	
4.1.2	The report should state the effect on the health and wellbeing of the population of the option and any alternatives that have been considered.	
4.1.3	The report should justify any conclusions reached, particularly where some evidence has been afforded greater weight than others.	
4.2	Recommendations	
4.2.1	There should be a list of recommendations to facilitate the management of health effects and the enhancement of beneficial health effects.[20]	
4.2.2	The level of commitment of the project proponent to the recommendations and mitigation methods should be stated.	
4.2.3	There should be a plan for monitoring future health effects by relevant indicators and a suggested process for evaluation.	
4.3	Communication and layout	
4.3.1	Information should be logically arranged in sections or chapters and whereabouts of important data should be signalled in a table of contents or index.	
4.3.2	There should be a lay summary (executive summary) of the main findings and conclusions of the study. Technical terms, lists of data and detailed explanations of scientific reasoning should be avoided in this summary.[21]	
4.3.3	All evidence and data sources should be clearly referenced.	

[20] Do the recommendations cover the construction, operational and, where appropriate, decommissioning phases in the short, medium and long term (and are these timescales defined?). Some HIAs include recommendations as a management plan and list the roles and responsibilities of stakeholders and provide a timetable for action. Do the recommendations link with the findings of other relevant studies for example, Environmental Impact Assessment.

[21] Does the summary cover all main issues discussed in the HIA report and contain at least a brief description of the project and the potentially affected population, a description of the most important positive and negative health effects and the project's impact on equality, an account of the main recommendations and mitigation measures to be undertaken buy the developer and the main outline of the action plan recommended to manage, and monitor the health effects and evaluate the HIA. Is a brief explanation of the methods by which data were obtained, and an indication of the certainty which can be placed in them included?

APPENDIX 4

AREAS TO BE ASSESSED AS PART OF THE PEOPLE PROOFING PRINCIPLES – ADAPTED FROM THE EGAN WHEEL

Governance
"When decisions are made about a community, local people are included in the decision making process. The community enjoys a sense of civic values, responsibility and pride"

Equity - Fair for Everyone
"People of all ages, races, cultures, sexes and abilities are given access to services, jobs and education in the community. This fairness is not a luxury; it is normal to everyone. The fairness lasts to provide opportunities for future generations."

Social and Cultural: Active, Inclusive & Safe
"A Community spirit is created. People are always welcome to join in events (e.g. sports, fundraising, festivals). Neighbours look out for one another and respect each other. All people are treated fairly. There are low levels of crime, drugs and anti-social behaviour with viable, effective and community-friendly policing"

Housing and the Built Environment
"A sense of place (e.g. a place with a positive 'feeling' for people and local distinctiveness). Buildings are attractive, safe and useful to the people who use them. Buildings that people want to go into with lots of open space for people to play and relax."

Services
"Well served – with public, private, community and voluntary services that are appropriate to people's needs and accessible to all."

Environmental
"Environmentally sensitive – providing places for people to live that are considerate of the environment".

Transport and Connectivity
Well connected – with good transport services and communications linking people to jobs, health and other services.

Economy
Thriving – with a flourishing and diverse local economy