

Hertfordshire County Council

Position Statement: Health Impact Assessments (HIAs)

This position statement outlines Hertfordshire County Council’s stance on Health Impact Assessments (HIAs) in relation to planning. It has been produced by the Hertfordshire Public Health department and Spatial Planning Unit.

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1 Background

1.1 Definitions: HIA, health and health impact

A **health impact assessment** is defined as:

“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” (World Health Organization, 2018a).

The World Health Organization (WHO) defines **health** as:

“A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity” (World Health Organization, 2018b).

Health impact is defined as:

“A health impact can be positive or negative. A positive health impact is an effect which contributes to good health or to improving health. For example, having a sense of control over one’s life and having choices is known to have a beneficial effect on mental health and wellbeing, making people feel “healthier”. A negative health impact has the opposite effect, causing or contributing to ill health. For example, working in unhygienic or unsafe conditions or spending a lot of time in an area with poor air quality is likely to have an adverse effect on physical health status” (World Health Organization, 2018c).

1.2 What does a HIA consider?

HIAs consider how the population will be affected assessing both positive and negative health impacts. Health inequalities should be a key consideration to ensure they are not increased further by proposed developments (U.K. Department of Health, 2010).

Health inequalities are defined as:

“... the unjust and avoidable differences in people’s health across the population and between specific population groups... Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual’s control. These circumstances disadvantage people and limit their chance to live longer, healthier lives” (NHS Health Scotland, 2018).

Population groups who are particularly vulnerable to health inequalities include: children and young people, older adults, people with disabilities, people from lower socio-economic groups and people with long term illnesses (NHS Health Scotland, 2018). See Appendix A for a detailed list of vulnerable population groups.

The health inequalities should be assessed using the social determinants of health (Department of Health, 2010). The adapted version of Whitehead and Dahlgren’s Social determinants of health model, called the “health map” (fig 1) published by Barton and Grant (2006) is recommended for HIAs.

Figure 1. The Health Map – the determinants of health and wellbeing in our neighbourhoods



(Source: Barton & Grant, 2006).

Collaboration across multiple sectors is required to optimise health using the health map such as public health, urban designers, planning departments, ecologists, community development organisations and environmental health departments (Barton & Grant, 2006). This was the intention of Barton and Grant (2006) when it was developed. Appendix B provides a health and wellbeing determinants checklist to use in conjunction with Figure 1.

1.3 What HIAs can and can't do.

A HIA will follow a staged process (see section 3.2) to identify the **potential positive and negative health impacts** of developments. They don't only focus on negative impacts. By following each stage of the methodology, a clear brief will be produced from the screening and scoping stages to determine the type of HIA that will be undertaken, i.e. rapid or in-

depth. They assess the health impacts at different stages of the proposed developments (i.e. construction phase, operational phase / occupation, and decommissioning – where applicable). The size of the HIA should be proportionate to the scale, type and location of the proposed development.

HIAs do not undertake clinical trials. They use primary research (e.g. surveys, focus groups and interviews) and secondary research (e.g. desk research using existing data). The extent of primary research will be determined as part of the scoping stage.

The HIA written report presents the potential positive and negative health impacts with suggested mitigation measures. They identify population groups that may be more vulnerable to negative health impacts created by certain aspects of the development. The findings from the HIA should be used to inform planning decisions and to make amendments to proposed developments (where reasonable and appropriate). **HIA does not provide a definitive answer on whether planning permission should be granted or an objection made.** The findings of the HIA should be used as one component of the decision making process.

It is essential to use a quality assurance framework to assess the validity of the report.

1.4 What's the difference between a HIA and an Environmental Impact Assessment (EIA)?

An Environmental Impact Assessment (EIA) is a process by which information about the environmental effects of a project is collected, both by the developer and from other sources, and taken into account by the planning authority in determining planning applications. The types of project that require EIA are contained in the Town and Country Planning (Environmental Impact Assessment) Regulations 2017.

The EIA considers the effects of “... *biophysical issues related to environmental hazards, for example, water and air quality*” (Cave, Fothergill, Pyper, Gibson & Saunders, 2017, p.7). The considerations of health impacts can sometimes be very narrow and the wider determinants of health on existing and new populations have not been considered fully as part of the EIA.

A HIA assesses health in a broader sense giving consideration to the wider determinants of health (figure 1) and in particular the effects on vulnerable populations who are more likely to experience health inequalities (Marmot, 2010).

It is therefore important to explore the potential health impacts and benefits of/from a development (such as mineral extraction). Undertaking a Health Impact Assessment may be an appropriate mechanism for assessing these health impacts and benefits.

2 Policy context

In order to achieve sustainable development, the National Planning Policy Framework (8 b) defines the social objective of the planning system as follows:

‘to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being..’ (Ministry of Housing, Communities and Local Government, 2019).

This is supported by the National Planning Practice Guidance which states that local planning authorities should ensure local plans and planning decisions take health into consideration. This includes; “... health, social and cultural wellbeing and the reduction of health inequalities” (Public Health England, 2017, p.2).

Following changes to EIA regulations in 2017, all EIAs are required to consider the impact on human health. Because EIAs are by definition focussed on environmental concerns, they do not consider social/health inequalities, and therefore cannot holistically assess health impact. The EIA regulations are not prescriptive on how impact on human health is assessed, however the Public Health position is that HIA is a tool that can assist development applications in meeting the human health requirements.

3 Hertfordshire County Council Position on HIAs

3.1 Thresholds for undertaking HIAs

Guidance is given in this position statement on the thresholds for which a HIA should be sought in relation to different types of development. These have been broken down into the following categories: housing, waste, minerals, non-residential space and national significant infrastructure projects.

These thresholds are indicative only and the county council may seek a HIA if there are vulnerable communities within close proximity to the proposed development.

3.1.1 Housing

100 or more residential units. This threshold may be reduced depending on the nature, scale and location of the development.

3.1.2 Waste

Proposals for waste management as detailed below

- landfill of waste other than inert waste
- Thermal treatment of waste, or chemical treatment of waste

- Hazardous waste management installations
- Composting of waste over 10,000 tonnes green waste per annum
- Anaerobic digester
- Super household waste recycling centre

The above is not an exhaustive list. As waste management evolves additional types of waste facilities may be added to the above list.

3.1.3 Minerals

- New rail aggregate depots
- New minerals workings where the surface area of the workings is being increased
- Other permanent infrastructure such as coated stone plants or ready mix plants.

3.1.4 Non-residential space

No threshold set. HIA requirements will be determined by the nature, scale and location of the development. A screening assessment must be undertaken as per the recommendations in section 3.2.

3.1.5 National Significant Infrastructure Projects (NSIP)

All projects which fall within the NSIP definition, for example, an airport expansion. Where NSIP straddles other counties, HIA's should be cross boundary.

3.2 Methodology for undertaking HIAs

Table 1 sets out the guidance for each stage of the HIA process and includes the recommended toolkits to be adopted. It is essential the HIA considers all stages of the proposed development which includes: construction, operational and decommissioning (if applicable).

As Health Impact Assessment guidance evolves, the recommended methodologies set out in Table 1 may change over time. It is recommended the developer / planning applicant contacts Hertfordshire Public Health & the Local Planning Authority (LPA) prior to commencing work on the HIA to confirm the information set out in Table 1 is still current.

Table 1: Methodology recommendations at each stage of the HIA process

HIA Stage	Recommended Toolkit	Additional Information
Stage 1: Screening	Wales Health Impact Assessment Support Unit (WHIASU) screening toolkit (Appendix C)	Screening stage to be completed even where the development meets the threshold to trigger a HIA. The information at this

		stage helps to inform scoping.
Stage 2: Scoping	WHIASU scoping toolkit (Appendix D)	Involve Hertfordshire Public Health as one of the stakeholders. The type of HIA required (desktop, rapid or full will be determined at the scoping stage).
Stage 3: Assessment	To be determined by the person / organisation leading the HIA process.	It is recommended the HIA is undertaken by an independent body with previous experience of conducting HIAs.
Stage 4: Reporting / Feedback	Format to be determined by the person / organisation leading the HIA process.	
Stage 5: Monitoring / Management / and evaluation	Format to be determined by the local planning authority and Hertfordshire Public Health.	

In order to ensure the completeness and quality of the Health Impact Assessment:

- (a) the developer must ensure that the Health Impact Assessment is prepared by competent experts; and
- (b) the Health Impact Assessment must be accompanied by a statement from the developer outlining the relevant expertise or qualifications of such experts.

3.3 Quality assurance framework to assess HIAs

The majority of HIAs will be assessed using the Wales Health Impact Assessment Support Unit (WHIASU) Quality Assurance Framework (Appendix E). However, the quality assurance framework used could change over time. It is therefore recommended that the developer / planning applicant seeks clarification from Hertfordshire Public Health and the LPA during the scoping stage to ascertain which quality assurance framework will be used to assess their HIA.

4 Further information

Please contact the Hertfordshire Public Health department by email:

PublicHealth@hertfordshire.gov.uk

5 References

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