

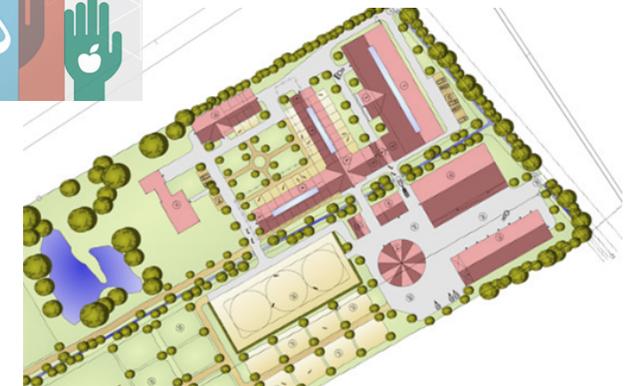
Health is disruptive – Will it be better integrated with SEA in a (post) COVID-19 world?



9th – 11th September 2020

HIA in Town Planning and the role of SEA:

Conclusions from projects on practices in England for Public Health England, and the Planning Advisory Service on behalf of the Local Government Association



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Links Between Health Issues and the Development of Strategic Plans



Provides peer support to local government to understand and respond to planning reforms



Politically led, cross party, membership organisation providing a national voice for local government

Aims

To explore the extent to which health issues are addressed in the strategic plan making process

Objectives

- To reflect on the opportunities available for effective integration of SP making and health issues.
- To consider emerging practice from SPs in current development.
- To explore collaborative approaches that help health-led SPs.
- To provide recommendations for improvements in health linkages.

Methodology

- A targeted literature review on
 - (a) the integration of different issues in strategic planning, as well as the development of strategic planning over time; and
 - (b) the connections between health and strategic planning.
- A 'World Cafe' workshop with 30 strategic planners responsible for the delivery of 10 SPs. Discussion on the themes of Health, Transport and Environment (separate research papers)
- An analysis of a no. 8 SP case studies (6 statutory and 2 non-statutory)

Research Questions

Findings from SPs (no. 8)

1. What specific documents?

6	Equalities IA
1	Joint Strategic Needs Assessment & Health and Wellbeing Strategy
1	Equalities and Human Rights IA
1	Health Inequalities Strategy
3	Integrated IAs inclusive of HIAs
8	SEAs inclusive Sustainability Appraisals (6 explicitly incl. health, 2 implicitly)
1	Community Safety IA

2. What are the key policies / messages?

8	Link health (physical and mental) to housing, jobs and higher quality environment
4	Green infrastructure, air / water quality, healthy food (provision and production)
2	Request HIA in project development (SPD, specific thresholds, toolkits and guidelines)
8	Enhanced health facilities
6	Reduce health inequalities (from EqIA) e.g. London Plan aims 'Healthy City'

3. What is the specific health approach in the IAs?

3	IAs include HIA / SEA & SA / EqIA (objectives led)
5	With explicit health objectives
3	Implicit health objectives (bolted on) e.g. 'new affordable homes come with health benefits and lead to a reduction in deprivation'
8	Health objectives linked to specific target indicators e.g. reduction in health inequalities

4. What are the impacts on health and is equal weight given to different integration aspects?

6	Result in positive impacts (economic health and social determinants)
2	Result in negative health impacts (environmental) major housing led developments (noise, emissions, unsustainable travel, loss of green spaces)

5. Who is responsible for the preparation of SPs as well as the IAs relevant to health?

8	Local Authority led
5	Private consultancy (preparation of IAs)
3	LPAs (in house production)
3	Inclusion of Public Health personnel in production via HIA not in any of the SEA/SA

6. What is the approach taken to the assessment of health effects?

8	Matrix scoring system (e.g. ++ to --) with statements of development e.g. 'meeting housing needs sustainably' or 'inclusive economic growth'. Outcomes are blurred with no clear recommendations for a preferred option.
2	Assessed impacts without knowing location (site specifics) of development

How is health and wellbeing considered in strategic plan making?

Findings from the Practitioners (no. 30) from feedback on plan progress (3 questions with 5-6 prompts)

- Health covered in HWS not a planning issue
- Need for a national requirement for HIA
- HIA not strategic, more influence at project level
- Difficulty in retrofitting health so only considered for new strategic sites
- Unsure how to measure targets, define 'good growth'
- Any discussion on health linked to climate change
- Health used to argue benefits of building on Green Belt
- SEA / SA not genuine part of SP making, but when in doubt refer to SEA/SA
- JSNAs / HWS not being fed into process
- Principles agreed by HWBs change with electoral cycles and under resourced L.A.s ('not part of the day job')
- No stakeholder mapping undertaken

How are health practitioners included in joint working?

- How to move away from tick box exercise?
- Deficiency in joint working e.g. children not going to the nearest school meaning fewer opportunities to cycle and walk
- Links between L.A.s needs strengthening
- Collaborative working with NHS difficult due to different timescales / funding. NHS Estates Plan not integrated and lack of uptake in S106 funds for health issues leading to emphasis on clinical needs rather than wider determinants.
- Lack of understanding of the role of Directors of Public Health
- Private sector lack experience in health impacts unless biophysical (air, noise, water)
- Need for training elected members as no knowledge of health in spatial planning
- Need to triple lock long term strategic decisions to avoid election cycles
- Difference between Local Plans and Strategic Plans not understood

How is health and wellbeing integrated into strategic planning?

- Within IIA, HIA had equal weight
- Political distrust in the process, move SP away from electioneering and towards visioning
- Climate change and health offering a focus for cross boundary working
- Hindered by inconsistent objectives e.g. new housing assessed by drive times in conflict with climate change / health strategies
- Confusion as to what level of assessment (neighbourhood, local, strategic) and associated evidence gathering (granulation of data)

Recommendations

- Development of situation specific guidance
- IA tools which make concrete suggestions for the development of health initiatives
- A culture change in planning through training and capacity building
- Support for assessors in choosing suitable methods for health implications.
- Guidance on how development that leads to a subordination of environmental health determinants to economic prerogatives should be approached.
- Definition for 'good growth', what does it look like?

The use of Health Impact Assessment in English Town Planning



Public Health
England

Protecting and improving the nation's health

Executive agency of executive agency of the Department of Health and Social Care
Key objectives: Health and Wellbeing, Mental Health and Wellbeing, and Health Inequalities, to be replaced by National Institute of Health Protection (Jan 2021)

Aims

To explore the use of HIA in Town Planning

Objectives

- To provide a current account on the use of HIA in English Town Planning (2012 onwards)
- To develop an HIA Quality Review Table used as a basis for a PHE Screening Framework
- To identify the enablers and barriers to effective use of HIA in plans, policies programmes and projects

Methodology

- A integrative literature review on
 - (a) Review of town planning HIAs and health in other IAs
 - (b) The identification of enablers and barriers
 - (c) Design of quality review table
- Typology & Sample - Quality reviews of 40 HIAs (10 HIAs of LP IIAs; 10 HIAs next to LP SEAs/SAs; 10 HIAs in project EIAs; 10 project standalone HIAs)
- Case Studies – An in-depth review of one good practice case study for each of the 4 types of HIA
- Stakeholder Consultation through Expert and Practitioner workshops (London and Liverpool)

Quality Review Framework

- A baseline description.
- Identification and evaluation of key issues and options.
- Determination of potential significance of health impacts.
- Consultation processes.
- Presentation of information and results.
- Alternatives, mitigation, recommendations on preferred options, and monitoring

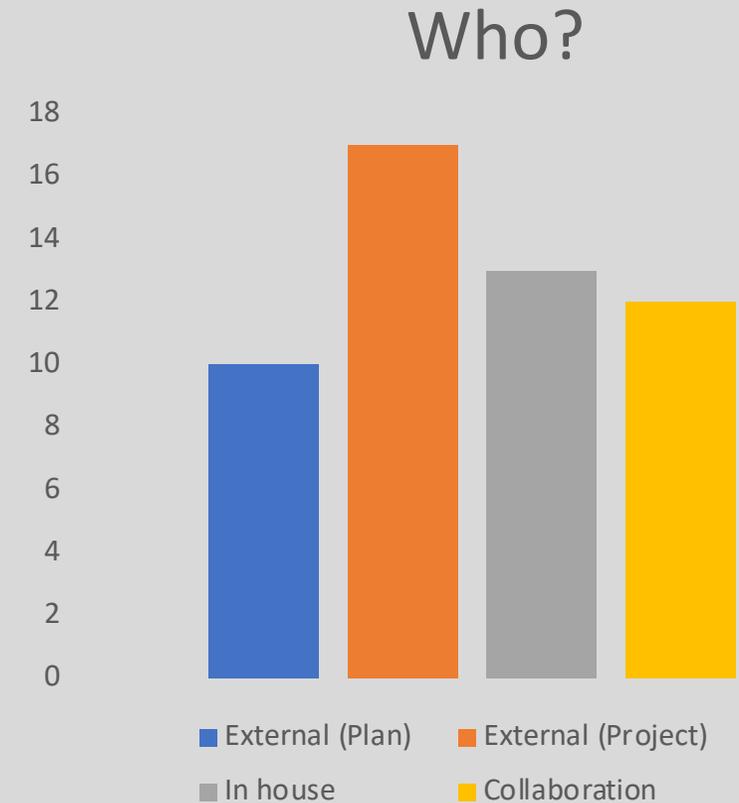
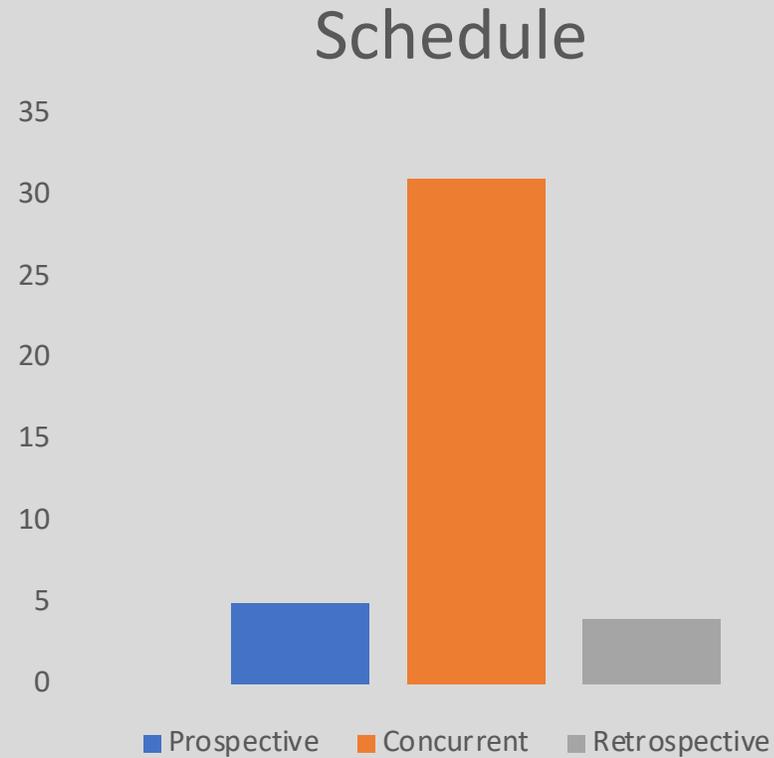
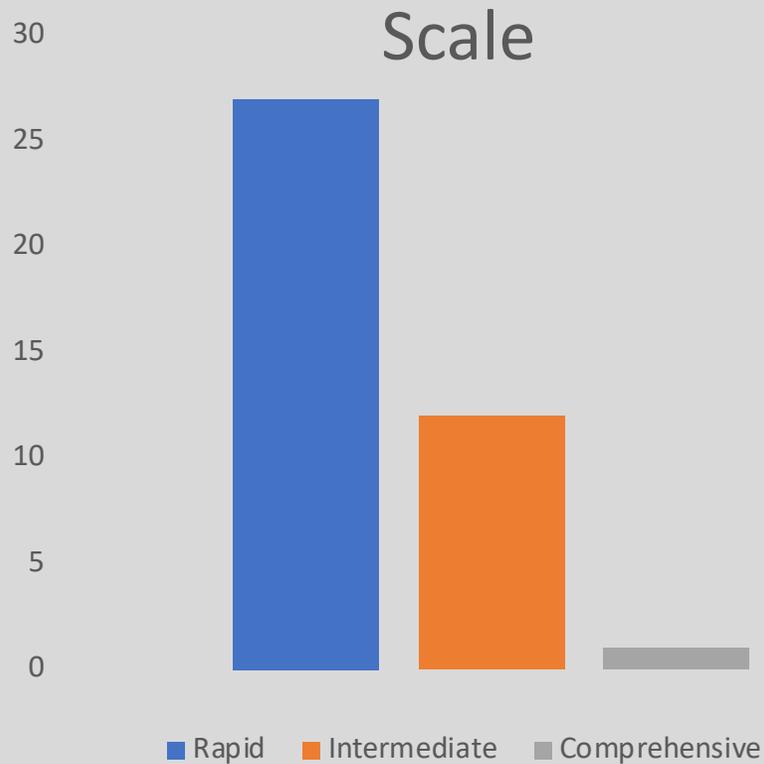
These categories were represented by a total of 45 questions. Each question was scored, as follows:

- A – the work has generally been well performed,
- B – the work was performed satisfactorily, however with omissions or inadequacies,
- C – the work was performed unsatisfactory because of omissions or inadequacies,
- D – task not attempted,
- N/A – question not applicable

Quality Framework Grading Summary

PLAN (shaded cells selected for case study)												
IIA	DATE	GRADE	HIA SPD	TYPE	TIMING	SEA / SA + HIA	DATE	GRADE	HIA SPD	TYPE	TIMING	
		A-D	Y/N	R/I/C	P/C/R					R/I/C	P/C/R	
1	London SE*	2019	B	N	R	C	North West**	2013/18	C	N	C	R
2	London N	2016	A-B	Y	R	C	London N ~	2019	B	N	I	C
3	East England	2018	C	N	R	C	London SE	2013	B	N	R	C
4	North East	2017	A-B	N	I	C	W Midlands	2016	A-B	Y	R	R
5	South West	2019	B-C	N	R	C	London SW	2016	B-C	N	R	C
6	South	2012	B-C	N	R	C	South West**	2014/18	B	N	I	R
7	E Midlands	2017	C	N	R	C	E Midlands	2018	C	N	R	C
8	W Midlands (joint)	2016	A-B	Y	I	C	E Midlands	2018	A-B	N	R	C
9	North West*	2017	A	N	C	C	Yorkshire & the Humber	2016	A-B	N	R	C
10	W Midlands	2016	B	N	R	R	North East	2017	B	N	R	C
PROJECT (shaded cells selected for case study)												
EIA + HIA	DATE	GRADE	HIA SPD	TYPE	TIMING	HIA (no EIA)	DATE	GRADE	HIA SPD	TYPE	TIMING	
				R/I/C	P/C/R					R/I/C	P/C/R	
1	South West	2017	A	Y	I	C	South West	2013	C	Y	R	C
2	E Midlands^	2013	A-B	N	R	P	South West	2013	D	Y	R	P
3	South West	2019	C	Y	I	C	London SW^^	2019	B	N	R	C
4	East	2012	B	N	I	P	London N	2019	C	Y	R	C
5	South East~~	2017	B	N	R/I	R/C	London N	2018	C	Y	R	P
6	South East	2019	C	N	R	P	North West	2019	C	N	R	C
7	South East	2013	A	Y	I	C	South East	2016	C-D	Y	R	C
8	South East	2014	B	Y	I	C	Yorkshire & the Humber	2017	C	Y	R	C
9	South West	2019	B	Y	R/I	C	Yorkshire & the Humber-	2013	A	Y	I	C
10	South East	2018	C	Y	I	C	London E	2019	B	N	R	C

General Findings



12 had HIA SPDs

Triggers for Project HIAs through SPDs

General

10 to 300 + residential dwellings

1,000 to 10,000 sqmt commercial floorspace

Land site is 0.5 hectares or more

Significant Sites or Major Developments (not defined)

Health & Wellbeing

Health care facilities

Significant impacts on health or wellbeing e.g. Bristol

Vulnerable groups, sensitive receptors e.g. Camden

Wider Determinants

Policies that relate to the wider determinants of health e.g. GLA

Neighbouring ward that's high in the indices of multiple deprivation e.g. Wakefield

Specific topics e.g. Hot food Takeaways e.g. Halton

Any development that will lead to a loss of public open space e.g. Norfolk

Better Practice

HIA seen as part of community obligations secured through S106 e.g. Islington

Applicant assistance offered for completion of HIA e.g. Stockport

25
SPDs

Findings

- Guidance & HIA SPDs
 - All HIAs used guidance
 - About 30% of local authorities have SPDs for HIA in place; in our randomly selected sample 7 of the 10 standalone HIAs and 6 of the HIAs prepared next to EIAs were produced in local authority areas that had HIA SPDs.
- Supporting context, capacity and expertise
 - HIAs are prepared more consistently in local authority areas that have HIA SPDs in place
 - One of the highest scoring HIAs in the whole sample was prepared by a team led by an international renowned HIA expert
 - Those HIAs that were jointly prepared by planning and public health officers were of a particularly high quality

Findings

- Consistent aims and objectives
 - There is some concern with regards to equal weight not being given to social, economic, and environmental determinants of health. This is particularly evident in situations where HIA is integrated with other IAs in IIA and with proposed major housing developments
- Consideration of different levels of strategicness (+ alternatives, methods, techniques)
 - none of the HIAs considered any alternatives or options in their assessment (reflecting problem driven, rather than impact driven approach)
 - HIA is consistently prepared late in plan and project preparation.
- Linkages...
 - frequently relationships are implied rather than explicit and specific, meaning that whilst requests are made to develop sustainable transport or green infrastructure, these are currently not site or quantity specific