

5.0 Stages of a Health Impact Assessment

5.1 The procedural steps involved have been well established by various leading health institutions, including the World Health Organization (WHO). The HIA process to be followed for developments in Greater Cambridge is set out in the flow diagram below (see Figure 2); a written overview of each stage of the HIA procedure has also been provided as part of this SPD to assist applicants.

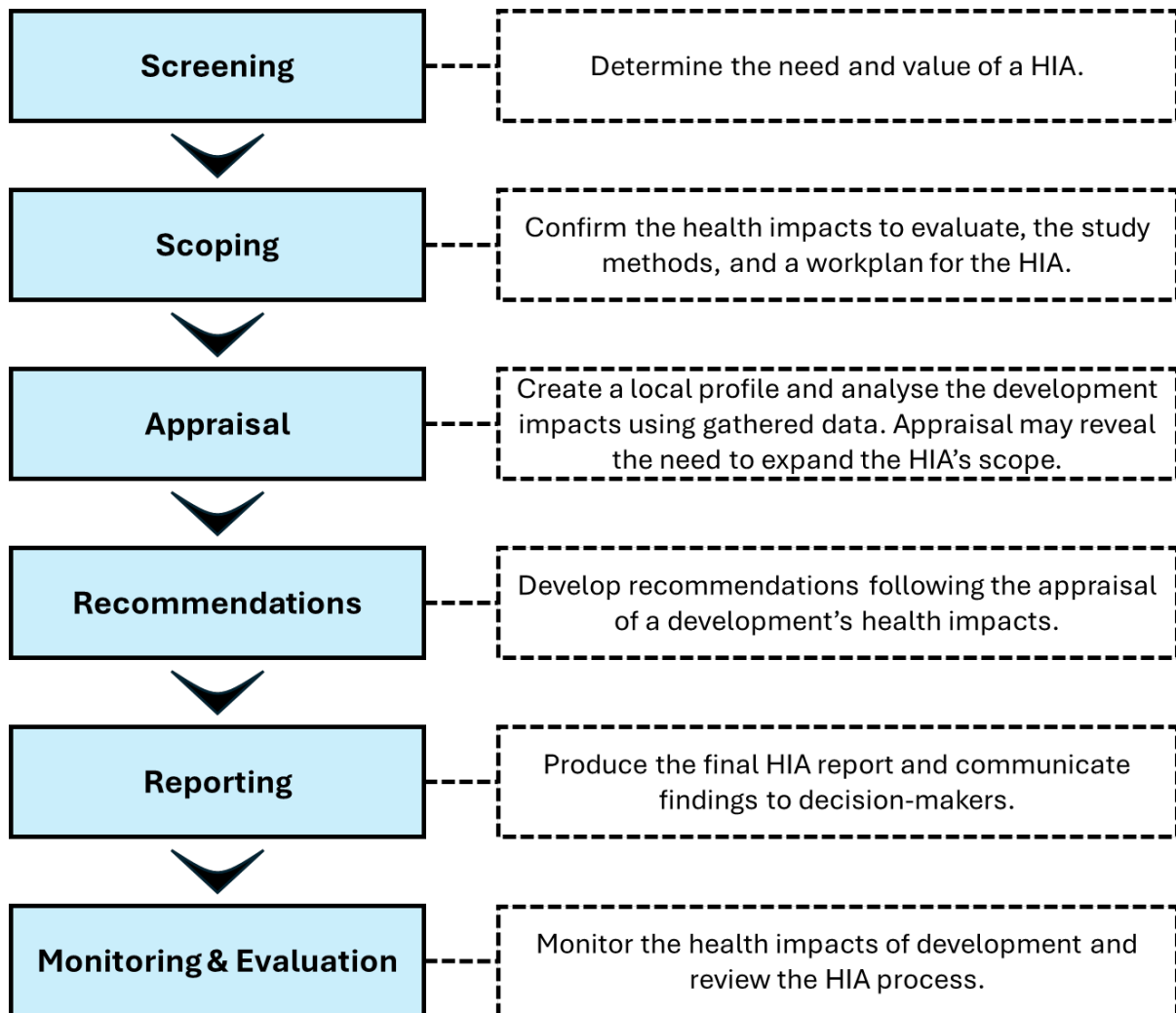


Figure 2: The general stages of the HIA process (Source: Adapted from Public Health England's (2020) [Health Impact Assessment in Spatial Planning](#)).

5.2 All types of HIA should follow the broad steps described in this Section of the SPD, albeit the level of the detail and input needed at each stage of the HIA procedure will vary depending on the type of HIA being carried out and the context of each development project. A flowchart of the HIA process to be followed in the Greater Cambridge area has been provided in Figure 3.

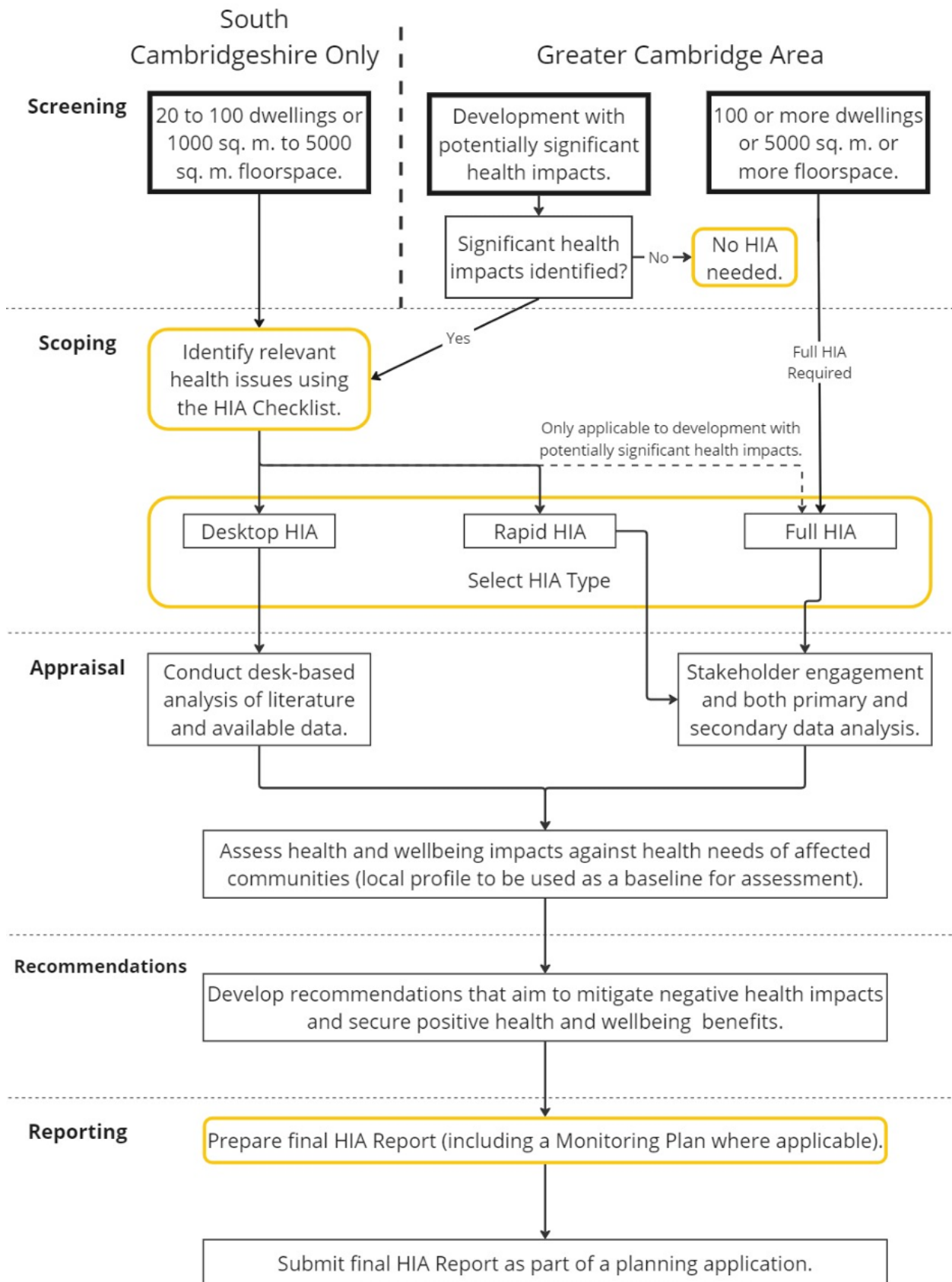


Figure 3: A flowchart of the general HIA process to the point of submitting a planning application. Boxes outlined in orange indicate areas of the HIA process where applicants are advised to engage in pre-application discussions with the LPA.

5.3 A copy of the Greater Cambridge Shared Planning HIA Checklist (herein referred to as “**the HIA Checklist**”) has been provided at Appendix 3 of this SPD. The HIA Checklist has been adapted from a similar HIA checklist produced by the London Healthy Urban Development Unit (HUDU) and provides a comprehensive checklist of factors related to the wider determinants of health that may need to be considered as part of an HIA. The HIA Checklist has been designed to help applicants through the scoping and the appraisal processes, but applicants are recommended to use the HIA Checklist as a reference document throughout the HIA process.

Screening

5.4 The Screening stage determines whether later stages of the HIA procedure need to be undertaken to ensure that a development helps to meet local health and equity priorities. As an initial step, applicants should refer to Section 4.0 of this SPD to determine whether an HIA is needed in accordance with defined development thresholds.

5.5 Section 4.0 also identifies that smaller scale development that do not exceed the stated thresholds can have a significant impact on health and wellbeing factors. Applicants are encouraged to use the HIA Checklist to screen whether there are any potentially significant health or wellbeing risks that may need to be addressed as part of the planning process. Applicants are also actively encouraged to engage with the LPA at the early stages of the planning process to jointly agree the HIA requirements before the potential health impacts of a development are assessed. Any screening decision(s) should be documented as this will help the LPA understand the rationale behind conclusions made during the Screening stage.

5.6 The HIA Screening stage should also filter out development proposals that are unlikely to benefit from further HIA work. Examples of development that may not require further HIA work beyond the Screening stage include:

- A proposal that has little potential impact on health and equity issues, and there are documented public health benefits that could be secured via suitably worded conditions or planning obligations; or
- Proposals that are likely to result in health impacts, but the health impact mitigation evidence is already well documented and evidence-based mitigation strategies can be secured via suitably worded conditions or planning obligations without the need for further assessment.

5.7 In cases where it is considered that further assessment work beyond the Screening stage would not be required, clear justification should be provided in writing to the LPA, and written agreement should be secured from the LPA, to confirm that later stages of the HIA procedure would not need to be undertaken for that particular development.

Scoping

5.8 The Scoping stage should be advanced in the event that the Screening stage identifies the need for an assessment of a development's health and wellbeing impacts.

5.9 The Scoping stage centres around the confirmation of the type of HIA to be carried out, and the data gathering, data analysis, and reporting methods to be used during the subsequent stages of the HIA procedure. Areas for consideration should include timescales, geographical boundaries, resource allocation, stakeholder selection, recruitment and engagement, and data gathering techniques.

5.10 The scope of an HIA should be proportionate to the scale of the development, the prospective impacts it could have on existing and future communities, and the type of HIA being prepared to assess the impacts of the development. Nevertheless, when carrying out both the Scoping stage, it is important to ensure that:

- all potential health impacts are included, not just those that arise from physical hazards; and
- the relevant stakeholders who should be involved in engagement are identified – stakeholders should include a balance of professional, business and community interests; and
- it considers the health benefits to be maximised, as well as the health risks to be minimised.

5.11 It may be necessary to consider phasing the scope of the HIA as predicted health impacts may change over time for different populations. Applicants are also advised to ensure that the scope of an HIA is designed to be adaptable and the process is approached with a degree of flexibility as aspects of an HIA may change as a development proposal evolves.

5.12 Applicants are strongly encouraged to use the HIA Checklist provided in Appendix 3 of this SPD to frame the scope of their HIA(s).

- 5.13 Applicants are also strongly encouraged to engage in pre-application discussions with the LPA at an early stage to identify any potential methodological issues, secure feedback on the scope of the HIA, and discuss the scope of the final HIA report that will need to be submitted as part of a planning application for the development. Providing completed copies of the Checklist alongside development plans during pre-application discussions regarding HIA scoping is actively encouraged by the LPA.
- 5.14 Applicants are strongly encouraged to agree the scope of a HIA with the LPA before progressing to the next stage of the HIA procedure.

Appraisal: Data gathering

- 5.15 Data should be compiled from a range of sources to inform the construction of a local profile and the analysis to be presented within the final HIA report. The extent of primary and secondary data needed may vary depending on the type of HIA that needs to be undertaken. The evidence can be both qualitative and quantitative, and it can be taken from existing sources of evidence or new data. It is important to consider that the existing evidence base for various health determinants can be incomplete or may not be readily accessible. This may mean that data analysis needs to rely on a series of well-conceived assumptions. Where significant gaps in data arise or analysis needs to rely on assumptions, these should be documented within the final HIA report to assist the decision-making process.
- 5.16 Data gathering techniques to be employed as part of the HIA should be confirmed as part of the Scoping stage of the HIA procedure. All HIAs will need to measure health impacts against a local profile, and most HIAs will need to engage with stakeholders (Desktop HIAs may not require stakeholder engagement). It is recommended that the scope of data compilation is confirmed with relevant officers from the LPA prior to the commencement of the Appraisal stage. Additional guidance on possible data gathering techniques is also provided below.
- 5.17 **Establishing a Local Profile:** A “local profile” or a “health profile” identifies a locality’s population groups – including protected groups or those with characteristics protected by the Equality Act 2010 – and locally important health and wellbeing factors. Effectively, a local profile functions as a baseline for assessing the potential health impacts of a development. Applicants are strongly encouraged to engage with the LPA to confirm the accuracy and appropriateness of the local profile before progressing with stakeholder engagement or any further data analysis – this will likely help to streamline study timeframes and resource allocation.

5.18 Production of a local profile will also help to identify relevant population groups that might be affected by the proposed development and the background information that might be needed to streamline other aspects of the data gathering process. The extent of the local profile relevant to a particular HIA may vary depending on the type of HIA that needs to be conducted, as well as the scale and type of development proposal being considered (e.g. HIAs for a commercial development will likely need to consider the type of employees that will work on the site when it is operational).

5.19 Generally, the local profile should contain available data on:

- The demographic makeup of the local population, paying particular attention to any protected groups that have been identified during the Screening and Scoping stages.
- The health status of the local population, paying particular attention to any protected groups that have been identified.
- An assessment of the local area and local infrastructure that can influence the determinants of health and wellbeing (e.g. existing amenities, facilities, environmental challenges etc.).

5.20 As the HIA will need to consider the impacts on both the existing local population and any future population likely to use the development, the local profile should also consider any changes to population that could arise from the development (e.g. an increase in any particular type of group or significant change in demographics).

5.21 Appendix 2 includes links to sources of local demographic and health data that can be used in preparation of the local profile.

5.22 **Stakeholder Engagement:** Stakeholders can be involved in the HIA process in various ways, including questionnaires, workshops, and focus groups. Data from stakeholder participation is vital to the production of a robust HIA; the HIA Checklist can be used to help structure stakeholder participation.

5.23 Examples of stakeholders that could be involved in the HIA include:

- People with knowledge of the local area (e.g. local residents, local representatives or neighbourhood groups).
- Owners and operators of adjacent sites (e.g. local business owners).

- People with characteristics protected by the Equality Act 2010 most likely to experience health inequalities and likely to be affected by the development proposals.

5.24 The stakeholders engaged as part of the HIA should form a cross section of both the existing and planned local population, and should be able to provide specific information on:

- The opportunities that development can offer that may mitigate health issues.
- Whether mitigation measures and design ideas are likely to be feasible in the local area.
- The local value that is attached to a particular health impact or a particular local improvement.

5.25 It is key that the protected groups identified are provided with every opportunity to input and feedback on the design of the development to help mitigate any health inequalities.

Appraisal: Data Analysis

5.26 The data analysis stage uses gathered data to consider potential positive and negative impacts of the proposed development against each of the wider determinants of health, as categorised by the HIA Checklist provided in Appendix 3.

5.27 The health impacts of a development often arise in indirect ways or can happen at different stages of a causal pathway; a good appraisal will identify the nexus of impacts that can stem from a development. A Health Impact Map (similar to the [Global Risks Map](#) developed by the World Economic Forum) can help to identify the complex relationships between development and health. For example, a lack of accessible community facilities within a development can limit the ability for people to develop social connections, represent a detriment to mental wellbeing by failing to provide a space for recreation, and exacerbate health inequalities between disabled and non-disabled people.

5.28 Wherever applicable, the appraisal matrix should make clear the differential impacts on the groups of people identified in the population profile, particularly people with characteristics protected by the [Equality Act 2010](#). Each impact needs to be scored as either positive or negative for each population group.

The Appraisal should also identify the significance of each health and wellbeing impact by examining:

- How many people will be affected by that impact;
- Which groups may be more or less impacted;
- The causal pathways for an identified impact on health and wellbeing;
- The duration of impact;
- What priority to give to each impact when compared to other impacts or other development factors.

5.29 To assist in the impact prioritisation and, subsequently, the development of recommendations, each identified health and wellbeing impact should be categorised as per the significance categories and parameters presented by Public Health England in their [Health Impact Assessment in Spatial Planning](#):

- **Significant Impact (major adverse impact or major benefit):** Categorisation based on the following: high exposure or scale of impact; long-term duration; continuous frequency; severity predominantly related to mortality; majority of population affected; permanent change to day-to-day life; and substantial service quality implications. For identified harms, prevention measures will be required and should be prioritised. Identified benefits should be incorporated as part of the development, where feasible.
- **Potentially Significant Impact (moderate adverse impact or moderate benefit):** Categorisation based on the following: low exposure or medium scale of impact; medium-term duration; frequent events; severity predominantly related to moderate changes in morbidity; large minority of population affected; gradual reversal; and small service quality implications. Prevention or mitigation measures will be required to address identified harms. Identified benefits should be incorporated as part of the development, where feasible.
- **Slight Impact (slight adverse impact or slight benefit):** Categorisation based on the following: very low exposure or small scale of impact; short-term duration; occasional events; severity predominantly related to minor change in morbidity; small minority of population affected; rapid reversal; and slight service quality implications. Design intervention may be required

but should be balanced against development constraints and the need to mitigate more significant impacts.

- **Not Significant (neutral impact):** Categorisation based on the following: negligible exposure or scale; very short-term duration; one-off frequency; severity predominantly relates to a minor change in quality-of-life; very few people affected; immediate reversal once activity complete; and no service quality implication. No further action required.

5.30 Once the significance of each impact has been appraised using the data and a determination has been made as to which health impacts need to be addressed as a priority during further design stages, a series of recommendations should be developed.

Developing Recommendations

5.31 After gathering data and analysing prospective health impact trends arising from the development proposals, a series of recommendations should be made, particularly where intervention is necessary to prevent a development from harming an existing population or future site users. The LPA will expect the final HIA report to contain a list of recommendations made following data collection and analysis (see the Reporting sub-section for further guidance).

5.32 Recommendations should aim to avoid, minimise or mitigate any potentially harmful impacts arising from the development proposal, while maximising the health gains or benefits that can be delivered through a development.

5.33 Recommendations may need to be prioritised based on the significance of a potential health and wellbeing impact (i.e. recommendations to address the most serious health and equity impacts identified by the HIA should have a higher priority within the list of recommendations). Recommendation prioritisation is particularly important if the resources available to implement proposals are limited or there are competing development priorities (e.g. economic, employment, or historic environment considerations).

5.34 Sometimes health improvement recommendations may influence the function or feasibility of other aspects of a development. For example, recommendations for vehicle-free zones may affect the viability of commercial properties. A balance will need to be struck between conflicting development considerations and any resultant design decisions will need to be appropriately justified. A good HIA should take account of the various constraints and factors that can influence a development proposal to ensure that recommendations are

contextually appropriate and have the greatest chance of being valued and acted upon by a developer.

5.35 Applicants must ensure that each recommendation made as part of the HIA is worked through to an acceptable conclusion. The decision and reasoning to act upon or not act upon each recommendation will need to be formally documented within the final HIA report.

5.36 Further dialogue with the LPA may be needed to confirm the recommendations of the HIA and the suitability of any response to the HIA's recommendations prior to the submission of a planning application. Additional guidance can be secured as part of pre-application engagement with officers at the LPA.

Reporting

5.37 Presenting the results of the HIA clearly to communities and decision makers is an important step in the procedure.

5.38 The final HIA report should provide the following elements in a clear and accessible way:

- A description of the proposed development.
- A summary of the professional experience and qualification of the HIA author(s).
- A description of the HIA's objectives and geographic scope.
- A description of the health and equity priorities identified at the beginning of HIA process.
- The qualitative and quantitative data used and how this data was sourced, including the views expressed by stakeholders that participated in the HIA.
- The overall findings and any recommendations made to improve the health impacts of the development proposal.
- An "Implementation Plan" or similar section detailing how recommended health improvements or mitigation strategies will be implemented as part of the development.

- Where considered appropriate by the LPA, a Monitoring Plan that details the relevant health improvements and health determinants that will be monitored after the completion of the development (or a particular stage of development), and the parties responsible for the monitoring activity.

- 5.39 To help applicants and HIA authors frame the relevant sections of their final HIA report, a copy of the Assessment Matrix used by Public Health and Environmental Health Officers at South Cambridgeshire District Council and Cambridge City Council is provided in Appendix 4.
- 5.40 The final HIA report should be submitted as part of a planning application for the respective development. For the purposes of EIA development, an HIA can comprise a chapter or chapters within the final Environmental Statement, although a standalone HIA may be needed if additional health impacts need to be considered beyond the significant health impacts reviewed as part of an EIA.
- 5.41 For planning applications that do not require an EIA, Officers would prefer the final HIA report to be presented as a standalone document for ease of reference. However, Officers will accept HIAs that are included as part of a Sustainability Statement, particularly the less comprehensive types of HIA (i.e. Desktop HIAs), provided all the necessary detail expected of the HIA report is included within the consolidated Sustainability Statement. Where HIAs have been integrated as part of another document, the location of the HIA should be explicitly stated to the LPA within a Covering Letter or the Planning Application Forms for the development.
- 5.42 Failure to provide the LPA with the HIA report could result in delays to the decision-making process or refusal of the planning application.

Monitoring and Evaluation

- 5.43 Upon completion of development (or a particular phase of development highlighted by the HIA report), the Monitoring and Evaluation stage begins. At this stage, the health impacts of development should be recorded and analysed to enhance the existing evidence base and better inform later development projects.
- 5.44 **HIA Monitoring** provides an opportunity to assess how effectively each of the HIA recommendations were implemented as part of the development, and whether a particular design choice or rationale contributed to positive effects on public health and wellbeing.

5.45 Any monitoring should be meaningful and defined by a Monitoring Plan that outlines the health determinants and development-specific variables to be monitored. Monitoring should also contribute to the ongoing implementation and management of assets or infrastructure designed to improve public health (e.g. the management or maintenance of public open space and green infrastructure). Where HIA monitoring reveals no improvement or a worsening in public health, the HIA may need to be reviewed and further action may need to be considered.

5.46 For developments with significant public health considerations, planning obligations (e.g. planning conditions or Section 106 Agreements made in accordance with the Town and Country Planning Act 1990) may be used to ensure that landowners or site operators are required to act in accordance with an agreed HIA Monitoring Plan or monitoring recommendations made within the final HIA report.

5.47 **HIA Evaluation** is concerned with evaluating the process of undertaking and producing the HIA, as opposed to the development-specific outcomes and effects of the HIA. Questions to consider during HIA evaluation could include:

- How was the HIA undertaken? (Including details of time, place, geographic area and population group affected by the proposal, what the proposal sought to achieve, and the methods used during the HIA).
- Were the aims and objectives of the HIA met?
- What resources (e.g. financial, human, time) were used, and what was the associated opportunity cost?
- How were the decision makers involved and engaged in the process, what were their expectations and were these expectations fulfilled with the resources available?
- How and when were the recommendations accepted and implemented by the decision makers (e.g. the masterplanning group) and what factors contributed to these development choices?
- If recommendations were not acted upon, what was the reason for this, and would this justification be a factor for other development in the local area?

- Did the HIA process impact other areas of the project's management and coordination? (e.g. did it improve partnership working or raise the profile of local health needs?)

5.48 Process evaluation can provide lessons about why and how the HIA worked; in some cases (e.g. where monitoring and implementation occurs over an extended period of time after the implementation or commencement of use of the development), process evaluation requirements may also need to be included within the Monitoring Plan if deemed necessary by the LPA.