

Planning Policy Team

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Health Impact Assessments (HIA)

Technical Advice Note (TAN)

May 2021

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1. Introduction

- 1.1. The built and natural environment is a key determinant of our health and wellbeing, and therefore it is crucial that through the planning system we plan for and design healthier built environments. Healthy built environments both encourage and support good physical and mental health, and also help to reduce health inequalities. To ensure that development in Oxford promotes and contributes to healthy place shaping, proposals should consider health outcomes from the outset.

2. Purpose of this TAN

- 2.1. In order to achieve this aim, Policy RE5 of the Oxford Local Plan 2036 requires that for all major development proposals in Oxford, applicants must undertake a Health Impact Assessment (HIA). The intention of this TAN is to provide advice and guidance to developers, landowners and planning officers on how to successfully conduct a Health Impact Assessment to ensure that health is considered in planning, particularly in the early stages of major development.

3. What is a Health Impact Assessment (HIA)?

- 3.1. HIAs are undertaken in order to predict, assess and address the potential health implications of development proposals. The use of HIAs in planning ensures that health and wellbeing is properly considered in the development process. To be most effective, they should be undertaken at the earliest stage possible. The definition of a HIA is set out in the Oxfordshire Health Impact Assessment Toolkit:

“ A Health Impact Assessment (HIA) is a tool used to identify the health impacts of a plan or project and to develop recommendations to maximise the positive impacts and minimise the negative impacts, while maintaining a focus on addressing health inequalities. By bringing such health considerations to the fore, HIAs add value to the planning process.”

- 3.2. This Technical Advice Note (TAN) provides guidance on the implementation of Policy RE5. It sets out the policy context and also provides guidance on how to undertake a health impact assessment.

4. Policy Context

National Policy and Guidance

- 4.1. Chapter 8 of the National Planning Policy Framework (NPPF) sets out how planning should be ‘promoting healthy and safe communities’, and states that ‘planning policies and decisions should aim to achieve healthy, inclusive and safe places’. The Planning Practice Guidance (PPG) also directly refers to HIAs, and explains that in order to ensure health and wellbeing impacts are considered in planning policies and decisions, a HIA can be utilised. The PPG states, ‘A health impact assessment is a useful tool to use where there are expected to be significant impacts’ on health.

Local Policy

- 4.2. The Oxford Local Plan sets out a clear vision for where we want Oxford to be in 2036. This vision importantly states that we want Oxford to be ‘a healthy place’, that:
- Offers the opportunity for healthy lifestyles
 - Provides homes and environments that offer good living standards
 - Offers access to excellent healthcare
 - Supports high participation in sport and recreation;
 - Provides healthy travel choices; and
 - Benefits from significant improvements in air quality
- 4.3. Policy RE5 is one way in which the Local Plan sets out to achieve this element of its vision:

Policy RE5: Health, wellbeing, and Health Impact Assessments

Oxford City Council will seek to promote strong, vibrant and healthy communities and reduce health inequalities. Proposals will be supported which help to deliver these aims through the development of environments which encourage healthier day-to-day behaviours and are supported

by local services and community networks to sustain health, social and cultural wellbeing. Measures that will help contribute to healthier communities and reduce health inequalities must be incorporated in a development.

For major development proposals, the Council will require a Health Impact Assessment to be submitted, which should include details of implementation and monitoring. This must provide the information outlined in the template provided at Appendix 4.

4.4. A Health Impact Assessment must be submitted for major development proposals. Major development is defined by the NPPF as *‘For housing, development where 10 or more homes will be provided, or the site has an area of 0.5 hectares or more. For non-residential development it means additional floorspace of 1,000m² or more, or a site of 1 hectare or more’.*

5. Carrying out a Health Impact Assessment

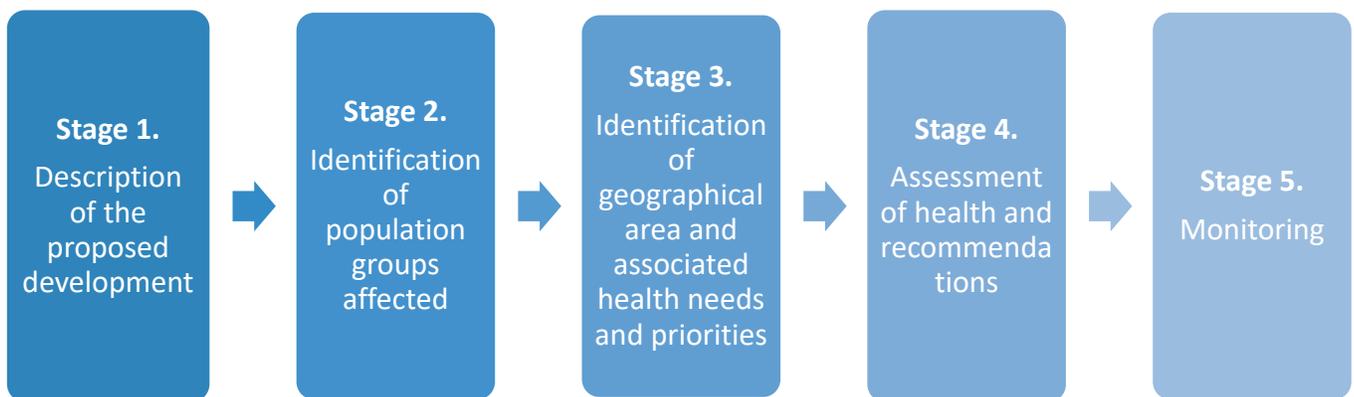
Screening – Is a HIA necessary?

- 5.1. The first step in the HIA process for any development proposal is the screening stage, where it is determined whether a HIA is required. If a proposal would constitute major development under the NPPF definition then a Rapid HIA will be required in accordance with Policy RE5. Where pre-application discussions are carried out, confirmation of the requirement should be provided.
- 5.2. Where a HIA is required, we would strongly encourage developers and consultants to utilise a HIA toolkit in order to work through the Rapid HIA process. This TAN explains the stages of the Oxfordshire Health Impact Assessment Toolkit, outlining the process which should be carried out and what the council expects to see from a submitted HIA report.
- 5.3. There are other toolkits which could be used, however the Oxfordshire toolkit provides a more relevant local focus than those created for other areas. For the purpose of simplicity, this TAN will only provide detailed guidance on the Oxfordshire toolkit, with other toolkits referred to in the ‘Useful Resources’ section at the end of the TAN.

Oxfordshire Health Impact Assessment Toolkit

- 5.4. The Oxfordshire Health Impact Assessment Toolkit was approved by the Oxfordshire Growth Board on 26 January 2021 for use by all six Oxfordshire Local Authorities. The toolkit can be accessed on the [Oxfordshire Growth Board website](#).
- 5.5. The Oxfordshire Health Impact Assessment Toolkit has been designed taking into account best practice examples from existing toolkits to provide a methodology to streamline the process of carrying out a HIA for major developments in Oxfordshire. The intention is for this methodology to be used in the early stages of the design process for major development proposals in Oxfordshire, in order to shape and inform the proposals.
- 5.6. The toolkit makes clear that the length and detail of the assessment is expected to reflect the scale and complexity of the development proposed. Early discussions with the case officer should be used to agree the scope of the HIA assessment and the extent of stakeholder engagement expected, in order to ensure that the HIA is proportionate to the scale of the proposed development.
- 5.7. The following section is intended to provide guidance through the main stages of the HIA methodology set out in the Oxfordshire Health Impact Assessment Toolkit.
- 5.8. The Oxfordshire HIA toolkit methodology is divided into five main stages, as shown by figure 2. Each of the stages are explained in greater detail below.

Figure 2 - The Five Stages of Oxfordshire HIA Toolkit methodology:



- 5.9. We strongly encourage that the HIA is carried out as early as possible in the planning process as this will inform design considerations which could be challenging and expensive to address retrospectively.

- 5.10. For major applications it is a validation requirement that a HIA report be submitted and therefore we would not deem it appropriate to control the submission of this information by condition at the decision stage. It is also important that the HIA informs the proposal, therefore it must be carried out early enough to feed into the design process.
- 5.11. The stages of the Oxfordshire HIA toolkit above, assist developers and consultants through the standard process of carrying out a HIA. The steps in this process are outlined in the table below, along with the stage in the planning application process at which we would expect these to be carried out.

Table 1- At what stage of the planning process should each exercise be carried out.

| Stage | Description | Should be carried out at: |
|-----------------|--|---|
| Screening | Establishing whether a HIA is necessary. | Pre-application stage |
| Scoping | Establishing how the HIA should be carried out, what type of HIA will be carried out, defining the scope and identifying initial key issues. | Pre-application stage |
| Assessment | Conducting an appraisal of the evidence and identifying the likely impacts of the proposal on different groups of people. | Pre-application stage |
| Recommendations | Report any recommendations for enhancements of positive impacts and mitigation of negative impacts. | Pre-application stage through to submission of planning application |
| Decision-making | Assessment by case officers of the quality of the submitted HIA, whether the recommendations have informed the application and whether the proposals are acceptable or not in terms of health on the basis of the HIA submitted. | Determination of the planning application |
| Monitoring | Development management to review whether a HIA report has been received where necessary at validation and to monitor the quality of submitted HIAs. | After a decision has been issued |

Stage 1. Description of the proposed development

5.12. The Oxfordshire HIA toolkit stipulates that the first section of the HIA report should set out the context of the proposed development, including:

- A description of the site and its surroundings (e.g. physical characteristics, current use of site)
- Aims and objectives of the project
- Policy context (National policy and local policy requirements e.g. Policy RE5)

Stage 2. Identification of population groups affected by the development

5.13. The second stage of the Oxfordshire HIA toolkit requires the assessor to identify which groups of the existing population would be affected by the proposed development. The assessor will need to gain an understanding of the composition of the existing population in order to identify those which could be vulnerable to the impacts which the proposed development may result in.

5.14. The toolkit acknowledges that not all groups will be impacted in the same way by a proposed development and therefore this depth of understanding is necessary to be able to consider the specific circumstances of those who could be affected. The toolkit sets out a table of groups to consider (Table 2).

Table 2 from the Oxfordshire HIA Toolkit

| Sex/Gender related groups | Age related groups | Groups at higher risk of discrimination, or other social disadvantage | Income related groups | Geographical groups and/or settings |
|--|---|--|---|---|
| <ul style="list-style-type: none"> • Female • Male • Transgender • Other | <ul style="list-style-type: none"> • Children and young people • Early years (including pregnancy and first year of life) • General adult population | <ul style="list-style-type: none"> • Black and minority ethnic groups • Carers • Ex-offenders • Gypsies and Travellers • Homeless • Language/culture • Lesbian, gay and bisexual people | <ul style="list-style-type: none"> • Economically inactive • People on low income • People who are unable to work due to ill health • Unemployed/workless | <ul style="list-style-type: none"> • People in key settings: workplaces/schools/hospitals/care homes/prisons • People living in areas which exhibit poor economic |

| Sex/Gender related groups | Age related groups | Groups at higher risk of discrimination, or other social disadvantage | Income related groups | Geographical groups and/or settings |
|---------------------------|--|--|-----------------------|---|
| | <ul style="list-style-type: none"> Older people | <ul style="list-style-type: none"> Looked after children People seeking asylum People with long term health conditions People with mental health conditions People with physical, sensory or learning disabilities/difficulties Refugee groups Religious groups Lone parent families Veterans | | <ul style="list-style-type: none"> and/or health indicators People living in rural, isolated or over-populated areas People unable to access services and facilities Students |

Stage 3. Identification of geographical area and associated health needs and priorities

5.15. Once the population groups who will be affected by the proposed development have been identified, the toolkit requires that the scope of the geographical areas affected should be defined. This will ensure that the HIA will achieve the greatest level of benefit, as it will be focused upon the health priorities which are relevant at this more localised scale. The council will be looking to see that the key issues and priorities of a specific area have been clearly identified through the HIA process, based on available evidence.

5.16. Appendix 1 of the toolkit sets out an example of how the health priorities of certain areas within the city could be presented. The Council is currently undertaking an assessment of evidence from a selection of sources set out in the toolkit, in order to produce an Oxford city specific version of Appendix 1. This will be available in due course. In the meantime the Oxfordshire HIA

toolkit provides some useful sources to refer to when identifying local health needs and priorities:

- A local Health and Wellbeing Strategy;
- The local Joint and Strategic Needs Assessment (JSNA);
- Publicly available data sets available from [Oxfordshire Insight](#) and [Local Authority Health Profile](#) webpages;
- Data sets available on [Local Insight](#); and
- Other health and social care partners including primary care, CCGs and NHS trusts.

5.17. The scope of the assessment will be underpinned by the key health priorities identified for a particular area, though the assessment should still assess whether a proposed development is likely to have an impact on other health and wellbeing indicators.

5.18. Appendix 2 of the Oxfordshire HIA toolkit provides some guidance on the typical health and wellbeing themes, and should assist assessors in determining whether a proposal is likely to impact upon other health and wellbeing indicators.

Stage 4. Assessment

5.19. The Oxfordshire HIA toolkit lists 11 typical health priorities that are likely to be affected by a proposed development. These are:

- 1) Housing
- 2) Physical Activity
- 3) Healthy food environments
- 4) Air quality
- 5) Noise
- 6) Traffic and Transportation
- 7) Crime and anti-social behaviour
- 8) Economy and Employment
- 9) Education and Skills
- 10) Natural Environment
- 11) Access to Services

5.20. Informed by the health priorities identified as relevant to the proposed development in the previous stages, a series of assessment tables should be completed. The Oxfordshire HIA toolkit

provides a template table to be used for this process, setting out the steps to complete and the activities applicants will be expected to carry out at each of these steps.

Assessment Table (Taken from Oxfordshire HIA Toolkit)

| STEP | ACTIVITY TO UNDERTAKE |
|-------------------------------|---|
| Baseline | Include a description of the baseline as applicable to the priority theme. |
| Evidence | Build an evidence base as applicable to the priority theme. |
| Stakeholder Engagement | Include evidence or feedback relevant to the priority theme, derived from stakeholder engagement activities. |
| Health effects | Describe potential health effects due to the proposed development to arise. Identify beneficial and adverse effects. Identify population groups likely to experience these effects. |
| Summary | Summarise the identified impacts and recommendations for minimising adverse effects, or maximising opportunities for benefits. |

- 5.21. To assist those carrying out the assessment, Appendix 2 of the Oxfordshire HIA toolkit provides assessment tables for each of the typical health priorities outlined above. These highlight key considerations to make when deciding if a theme is relevant to the proposed development, sources of information to use to describe the baseline and where to find evidence to build an evidence base.
- 5.22. Stakeholder engagement is a valuable source of evidence in a HIA. The level of stakeholder engagement that must be undertaken for a proposed development should be agreed with planning officers as early in the process as possible in order to allow time for those stakeholders to be engaged effectively. The scale at which this is undertaken should be at a scale proportionate to the development proposed but could range from discussion with planners and technical specialists, up to a wider community consultation.
- 5.23. By assessing how certain actions could lead to particular health outcomes, the assessment stage will help applicants to weigh up the potential health benefits or negative impacts and begin to find ways to mitigate those negative impacts and enhance the positives.

- 5.24. The recommendations pulled out from the assessment may inform amendments such as design or layout changes, actions to ensure greater compliance with policies or suggested planning conditions which would bring the proposal in line with policy requirements. The applicant should demonstrate through the submission of the planning application, how the recommendations have been accounted for and addressed.
- 5.25. Recommendations which relate to health and wellbeing can occasionally appear to be outside of the reaches of the planning system. Where possible, these recommendations should be addressed through securing management plans, travel plans or Section 106 agreements.

Assessing the completeness and quality of a HIA

- 5.26. Planning officers will refer to Appendix 3 of the Oxfordshire HIA toolkit when assessing the submitted HIA report to ensure it adequately addresses all relevant health determinants. This table includes a checklist of criteria which are expected to be seen, followed by a column for grading these criteria and space to comment on what is missing, whether there are any weaknesses and what has been completed well.
- 5.27. If the case officer deems the HIA report to be unsatisfactory, further information will be requested from the applicant. It may be useful for those producing the HIA report to review this table so that they are aware of what planning officers are expecting to see from a good HIA report.

Stage 5. Monitoring

- 5.28. As set out in the Oxfordshire HIA toolkit, the submitted HIA report should include a set of recommendations which are clearly linked to the impacts identified through the assessment stage. The recommendations should be S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time-bound) so that their outcomes can be practically measured and monitored over a specified time period.
- 5.29. Planning Officers will be looking to see that there is a clear thread throughout the HIA report which shows how each of the stages has influenced the next. The recommendations should set out how those potential adverse impacts identified earlier in the process will be mitigated, and/or those positive impacts will be enhanced, and ultimately how this will be monitored and reviewed to ensure that the strategy to address the identified health impacts, is effective in achieving what it set out to.

- 5.30. Many of these recommendations will be expected to have been incorporated into the design of the proposed development, following the findings of the HIA. This highlights the importance of carrying the HIA out as early on in the process as possible, so that planning officers can see from the HIA report, where the proposed mitigation and enhancement strategies have been incorporated into the final proposed design. Development management planning officers will monitor this process from pre-application discussions to the submission of the planning application to ensure that the proposal has addressed the identified health impacts during the design process.
- 5.31. Some recommendations may be proposed to be secured through S106 agreements, or through management plans or planning conditions. In these cases, details should be provided which will ensure that the Council can be satisfied that the measures will address the identified health impacts and that they will be SMART so that they can be monitored.
- 5.32. Policy RE5 specifically requires that the submitted HIA includes details of implementation and monitoring, therefore this information must be clearly outlined in the submitted HIA.
- 5.33. Planning Officers in the development management team will also evaluate the extent to which the HIA has influenced the decision making process. Officers will be expected to note whether a HIA report was submitted as part of an application, where further details or amendments were requested in relation to the HIA report in order for it to be deemed acceptable, and whether any proposals have been refused on the basis of Policy RE5. This information will be passed to the Planning Policy team so that the number and quality of submitted HIA reports can be monitored through the Annual Monitoring Report.

6. Content of the HIA report

- 6.1. Regardless of the toolkit used to support the completion of the HIA, the final output should be in the form of a report, which will include details such as the policy context, a description of the proposal, the groups affected by the proposals, the scope of the HIA in terms of geographical area, an assessment of health impacts, recommendations from this process and details of monitoring.

- 6.2. The report should clearly outline the assessment process which has been carried out and the recommendations arising from this assessment, with a clear justification as to how these recommendations were reached.
- 6.3. We suggest that the HIA report takes the following structure:
1. Executive summary
 2. Description of the proposed development
 3. Identification of population groups affected by the proposed development
 4. Identification of geographical area and associated health needs and priorities
 5. Assessment of the health impacts (using a standard matrix)
 6. Recommendations from the assessment
 7. Details of implementation and monitoring
 8. Conclusions

7. Useful Resources

Oxfordshire HIA Toolkit

- Oxfordshire Growth board's ['Oxfordshire Health Impact Assessment Toolkit'](#)

HIA Guidance from other authorities and organisations

- [Bristol City Council - Assessing the health impacts of development practice note.](#)
- [West Lothian Council – Health Impact Assessment Planning Guidance](#)
- [Worcestershire County Council – Health Impact Assessments in Planning Toolkit.](#)
- ['A review package for Health Impact Assessment reports of development projects'](#) (Ben Cave Associates Ltd, 2009)

Planning and health - data and general information

- Public Health England's ['Local Health tool'](#) provides a ward level overview of the health and wellbeing status of the local population.
- [Oxfordshire's 'Joint Strategic Needs Assessment'](#) (JSNA) provides evidence based information about Oxfordshire's population and the factors affecting health, wellbeing, and social care needs.

- The TCPA do a lot of work into the relationship between Planning and Health, and Healthy Place making. Their [website](#) contains a lot of useful and informative documents on this topic, as well as links to external resources.
- Public Health England's [Spatial Planning for Health - An evidence resource for planning and designing healthier places](#).
- Public Health England's [Health Impact Assessment in spatial planning guide September 2020](#)

NHS London's Healthy Urban Development Unit Guidance

- Healthy Urban Development Unit (HUDU) - This [webpage](#) has a number of useful documents, including a HUDU Rapid Health Impact Assessment (HIA) Tool guidance document which includes a useful template and links to supporting information.
- [HUDU's Rapid Health Impact Assessment Tool](#) may be a useful resource to provide guidance and support through a Rapid HIA.
- [HUDU's Healthy Urban Planning Checklist](#) could be used as a 'desktop' assessment tool where applicants are looking to carry out a HIA outside of the requirements of RE5.

