

Health Impact Assessments, Waterfront Conference 4th October 2005.

Health Impact Assessments have been around for some time, but they are often tacked on to Environmental Impact Assessments, or they are ignored altogether. There is no specific legal requirement for them, and they do not feature as a PPG in Planning Guidance, although they are included in the text.

Health in the UK continues to improve, but this is largely due to environmental and social factors, with medical science contributing some 25% only to this improvement. HIAs have their place in policy, transport, major developments, and environmental issues, but they are only rarely used in their own right.

HIAs may seem to be a difficult concept to grasp, as there is no one size fits all, and as they can be used for so many purposes there is no standard methodology. Basic elements are found in some EIAs, but as the average Local Authority only requires approximately two EIAs per annum across the UK at present, a lot vital opportunities to improve health may be missed.

The purpose of HIAs is to inform the decision making process. Properly managed they produce a sequence of screening, scoping and assessment which will lead to a decision. Whatever the methodology used, HIAs must provide useful information, identify winners and losers, be open, take a broad view, be sustainable and provide the greatest good to the greatest number of people.

In the process local people must be consulted, informed, and given a chance to contribute to the process. The information obtained should enable a full evaluation to be made. Properly carried out the process can reduce conflict through understanding. The applicant must be involved along with any possible campaigners. It is important to avoid bias.

It is unclear as to who is to control the process, and this will depend to a certain extent as to what the process is being applied. A consensus of opinion suggests that it should be a specialist team or a PCT, although this will assume that a PCT has the necessary funds. PCTs do have most of the information necessary, although probably not in the required form. In some areas planning officers have been seconded to a PCT to enable the process, and to train PCT staff. In any event it is an opportunity to make closer links with a PCT, and partnership opportunities.

HIAs should be anticipated early in a project, not used as an addendum. In some cases, such as very large developments, it might be necessary to produce a separate assessment for the construction phase. Results from HIAs frequently bring surprises, which can result in a complete rethink of the original scheme, for example, in one area a new road was successfully swapped for a Park and Ride scheme after an HIA. Recommendations can be incorporated into Section 106 Agreements.

HIAs will have resource implications for councils, but they do give local councils an opportunity to influence health issues, and to be seen to take a leadership role. They lead to opportunities to promote social inclusion, air quality improvement measures, improved energy efficient houses, better sports facilities in the right place, the right type of employment, social inclusion, improved environments and transport. They can be incorporated into Local Transport Plans. They can highlight disbenefits such as community severance, social isolation and the impact on children's play. There is growing concern that children play in cyberspace these days, parents discourage children's use of unsafe roads so they need more real space to play in. Obvious benefits would be the promotion of walking and cycling, improvement in mental health, heart disease and osteoporosis.

One of the first HIAs was carried out in Manchester in the 1990's for the Second Runway Proposal for Manchester Airport. The methodology used there follows.

1. Health implications were quantified. Two registrars brainstormed Health Impacts, and created a priority grid, differentiating between impacts which could be calculated or estimated.
2. Benefits and Disbenefits were weighed, e.g. the local economy against increased road traffic. In this case it was found that there were significant adverse findings but there was an overall benefit.
3. Proposals for the amelioration of adverse consequences, with a detailed set of recommendations. These focussed recruitment on deprived areas, and how this should be achieved. Extensive road improvements were identified and conditioned.
4. The HIA was sent to the objectors. BAAs own production of an HIA was discouraged, and negotiations with BAA took place instead. A Section 106 agreement between the Health Authority and BAA followed.
5. A Health Authority Consultative Group was set up to oversee the implementation of the Section 106 Agreement, and to examine the issues arising. This group continues to meet.

HIAs do not need only to apply to major projects. When asked to produce a HIA for a security fence, the recommendation was for a temporary structure with a very thick type of thorny hedge. The fence was to be removed when the hedge had grown sufficiently, which was a much more effective and attractive solution.

Possible Action For UDC.

1. Although the legal status of HIAs is unclear, they can be given status by incorporating a requirement for them in all major local developments, and in other sensitive areas.
2. Establish a process by which HIAs could be carried out in the District.
3. Incorporate global warming issues into Local Plans.
4. Build an HIA culture, and integrate this into all aspects of the council's work.
5. Work closely with the PCT to establish the concept.