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# North Staffordshire Four Pilot Research Health Impact Assessments Project

## INNOVATION & LEARNING REPORT

### FINAL

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# 1 Introduction

1.1.1 **This report presents the innovation and learning (I&L) that occurred during the four HIAs that were conducted as part of the North Staffordshire Four Pilot Research HIAs Project.**

1.1.2 The four specific innovation and learning objectives were to examine:

- The feasibility, advantages and disadvantages of using HIA to inform detailed implementation of broad strategic decisions e.g. strategic transport schemes and regeneration masterplanning.
- The value of combining HIA with strategic sustainability/environmental assessment and how North Staffordshire can integrate HIAs within Sustainability/Environmental Assessments.
- The remit and importance of HIA to longer term sustainability agendas (including sustainable development and climate change).
- The feasibility, advantages and disadvantages of HIA specialists working with other consultants at a very early stage in the masterplanning process.

1.1.3 International reviews and evaluations conclude that HIA is both beneficial and cost effective in helping to protect, maintain and improve health and wellbeing. HIA can help to improve development and strategic planning and decision making by: <sup>1 2 3 4 5 6</sup>

- encouraging a longer term focus,
- bringing attention to unintended impacts and inequalities,

<sup>1</sup> Marmot Review. 2010. Fair society, healthy lives: strategic review of health inequalities in England post 2010.

<sup>2</sup> European Observatory on Health Systems and Policies. 2007. The effectiveness of HIA: scope and limitations of supporting decision-making in Europe. World Health Organization. Europe.

<sup>3</sup> Finnish Ministry of Social Affairs and Health. 2006. Health in all policies; prospects and pitfalls. European Observatory on Health Systems and Policies. Europe.

<sup>4</sup> GEPPS. 2008. HIA and public policy formulation. Canada.

<sup>5</sup> University of Deakin. 2005. HIA as a health promoting activity to reduce inequalities with the community. Australia.

<sup>6</sup> Kemm J, Parry J and Palmer S (Eds). 2004. Health impact assessment. Oxford University Press.

- making the trade-offs between community wellbeing and other goals explicit,
- fostering inter-agency collaboration, and
- facilitating a more inclusive process that involves affected communities in the decision making process.
- increasing policy makers' awareness and understanding about health impacts, and
- building cross-sectoral relationships.



## 2 Lessons from the Four North Staffordshire Pilot Research HIAs

### 2.1 Introduction

2.1.1 This section describes the lesson learned and feedback from planning and regeneration professionals who were involved across the four HIAs that were undertaken between October 2008 and April 2010.

### 2.2 Views of planning and regeneration professionals

We approached a number of the planning and regeneration staff involved in the four HIAs and asked them to answer three questions:

- What did you find good about the HIA process?
- What could have been done better?
- What is needed to help embed and mainstream HIA in Stoke-on-Trent/North Staffordshire?

#### 2.2.1 What did you find good about the process?

- *“A very useful way of looking at the impacts the Streetcar project has on health - both positive and negative - and suggests a range of mitigation measures to overcome the negatives. The last government was very keen on HIAs being developed further in transport planning and indeed the Local Transport Plan document scheduled for publication in March 2010 is required to have a HIA along with other assessments such as the SEA, Equality assessment etc. However there has been no recent confirmation of HIAs by the present government.”*

Transport Planner

- *“The CWE Masterplan is not yet complete, and so the recommendations of the HIA can be incorporated into the final document - timing of the HIA was ideal to enable influence over the final outcome. I would expect the level of*

*detail within the HIA (e.g. baseline and community profile data) to be within the final Masterplan document. The timing of the CWE HIA allowed analysis of 4 draft options/masterplan layouts and provided an opportunity to influence final outcome. The process was particularly useful in assessing a number of options - and its findings were broadly consistent with a separate regeneration focused assessment (by City Council officers).*

*The HIA assesses the impacts/issues during both the implementation and operation phase. This is not always a consideration by masterplanners, who tend to focus on the end-result, though much can happen during the implementation phase to impact on a particular community.”*

Planning Officer

- *“The level of analysis and the thoroughness of the final report.”*

Regeneration Masterplan Consultant

#### 2.2.2 What could have been done better?

- *“It was a very thorough exercise and yielded some interesting results. The main concern is whether it was too detailed and therefore the potential cost of carrying out such an exercise would be off-putting.”*

Transport Planner

- *“It would have been useful to have a health representative on the CWE Masterplan Project Group from ‘day 1’ of the project, rather than introducing HIA part way through the process. The baseline and community profile produced as part of the HIA would have been helpful for the baseline stage of the masterplan and maybe other options could have been added to the process.*

*The final HIA does not identify which stakeholders involved in HIA - this info would be helpful. For example, are these the same stakeholders consulted as part of the wider masterplan consultation? The HIA refers to professional stakeholders - again, these should be identified. If consultation is not carefully planned, there may be a danger of duplication or consultation fatigue.”*

Planning Officer

- *“Having become involved at such an early stage in the City Waterside East masterplan it would, in hind sight, have been beneficial to have worked more closely with the consultants to ensure that your findings were fully incorporated into the masterplan as it was developed.”*

Regeneration Masterplan Consultant

### 2.2.3 What is needed to help embed and mainstream HIA in Stoke-on-Trent/North Staffordshire?

- *“A national government requirement is essential. Without this there would be no appetite to do the work however worthy it might be. The cost of conducting an HIA is also a potential barrier as it can be time consuming and require specialist support. There is also the concern that large scale health plans, such as new hospitals or health centres aren't always being "HIA'ed" to the same level of seriousness. It follows that the PCTs or hospital trusts need to be leading by example when applying HIAs to projects or strategies.”*

Transport Planner

- *“At present, there is no statutory requirement for developers/ masterplanners/ policy-makers to undertake HIA. This means that those individuals that do undertake HIA do so voluntarily and are in the minority. Such projects tend to be public-sector led, as the sector recognises the benefits of HIA in terms of adding value to options appraisal and decision-making.*

*If undertaking HIA is optional then developers are likely to choose not to, due to the additional costs/possible delays on the development. For example, Stoke-on-Trent has relatively low property values but high development costs (due to common problems of ground conditions, land remediation, etc), which means that overall development profit is relatively low compared to other cities. In Stoke, it is common for developers to request to not pay particular S106 contributions, due to financial viability reasons. Developers may also claim that the costs of producing additional supporting evidence (HIA) would add to the overall cost of preparing a development scheme.*

*If the requirement for HIA was set out in legislation or policy guidance at a national level, this then gives the local planning authority some power to insist*

*on HIA's been prepared at the planning application stage.*

*Even if HIA becomes a mainstream requirement, local planning authorities need staff with expertise to analyse and interpret the HIA recommendations. This could be via training of planning officers or a commitment from health professionals to assist with this work."*

Planning Officer

- *"The HIA needs to become a feature of the initial brief and then a component of the masterplan right from the early stages of development."*

Regeneration Masterplan Consultant

## **2.3 What were the benefits of undertaking these HIAs?**

2.3.1 The HIAs provided overall support for the four projects and helped to improve their detailed design and implementation. The HIAs identified the key positive and negative health impacts as well as approaches to maximise the potential positives and minimise the potential negatives of the new proposal (strategic or regeneration project).

2.3.2 Specifically:

- The Streetcar Scheme HIA demonstrated that the scheme could have important community health and wellbeing benefits and by demonstrating that these were being considered during the design and development phase strengthened the funding proposal being developed for national government. The HIA identified the importance of linking the environmental enhancements along the Streetcar Scheme with environmental improvements occurring in the areas surrounding the Streetcar Route as this was likely to generate the biggest benefits in terms of moving people from private cars to public transport and active travel.
- For both Middleport and City Waterside East, the HIAs reviewed and 'health proofed' the draft design options and made recommendations for what design elements should go into the final masterplan design to improve the health and wellbeing of existing and new residents.

- It was not possible to integrate a HIA with a Strategic Environmental Assessment (SEA) or Sustainability Appraisal (SA). However, additional work on reviewing the Area Action Plans and the SAs undertaken for them showed that it was feasible and valuable to incorporate an assessment of health and wellbeing within the process.
- One of the aspects considered in all the HIAs was the implications of climate change and the strong links between sustainability and health in relation to energy, transport and waste and the construction and design of housing. HIA has a useful role to play in assessing and contributing to how communities and community infrastructure can help mitigation and, more importantly, adapt to the effects of climate change thereby informing and furthering the long term sustainability agenda of North Staffordshire.
- There are challenges to HIA specialists (in-house or external) working early on with masterplanning and other regeneration teams in terms of the time needed to fully engage in the process and the difficulty of sometimes being on the outside of events as masterplan design processes are fluid and dynamic and things can change rapidly as new issues emerge. Overall, the value of early and rapid input on community health and wellbeing outweighed the difficulties because of the greater potential to influence positively the design and delivery of the proposal.

## **2.4 What worked well?**

- 2.4.1 Multi-agency partnership working: Having a multi-agency partnership with a steering group committed to the HIA and willing to take on board the findings of the HIA was important in giving some momentum and weight to the work. Ensuring that there is multi-agency buy-in and ownership of a HIA is crucial to HIA adding value to a proposal.
- 2.4.2 Openness of other professional: Staff in the Councils and PCTs were open to the idea of HIA and its value to their work.
- 2.4.3 Feeding into other related streams of work: As part of the project work the HIA team had an opportunity to review the draft Urban Design Guidance for North Staffordshire and feed into it.

## 2.5 What limited the quality of the HIA?

### 2.5.1 Lack of Local Data:

- Local data is valuable in helping to ensure that the assessment of health impacts is more locally specific and less generic.
- Some of the key challenges in conducting a HIA are either the lack of local data to help understand the local context, because of the expense of gathering local data, or the local data is categorised in different ways making it difficult to compare different datasets. For example, in Stoke data can be found by Neighbourhood Zones, Ward and Super Output Area. These in turn are generally different to the proposal boundaries e.g. masterplan boundaries or Streetcar Route.

### 2.5.2 Lack of scientific evidence in some areas:

- Another key challenge is the lack of an established evidence base in some areas. For example, in the case of the Streetcar Scheme HIA there is a lack of research on the health impacts of bus usage in the UK with only a little research in this area from the USA.

### 2.5.3 Lack of quantitative methodology:

- The methodologies available for the quantification of health impacts are currently underdeveloped and there are no established methodologies that encompass the potential health impacts through the majority of the social determinants of health and wellbeing. This makes the quantification of the health impacts of strategic options difficult, as where there are measures they require a range of baseline data and the resulting estimates are not always intuitive e.g. Quality Adjusted Life Years (QALYs) and Disability Adjusted Life Years (DALYs).

## 2.6 Other learning

### 2.6.1 Time:

- HIAs generally take longer than planned because of ongoing changes to a proposal; the wait for information or data; and changes to the scope of the HIA. A realistic timescale for a rapid HIA is three-nine months e.g. the

Streetcar HIA has taken 3 months to get to a full draft. While the Middleport and City Waterside East HIAs have taken between six and nine months.

- The more time there is and the earlier a HIA starts the better the quality of the insight and analysis a HIA is likely to deliver.

#### 2.6.2 Cost:

- Overall, the costs of conducting a HIA is small compared to both the costs of developing and implementing a strategic or masterplan proposal. Approximately 0.01% or less.<sup>7</sup>

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<sup>7</sup> Cost Benefit Analysis of Health Impact Assessment. University of York Health Economics Consortium.

## **3 Input into Health-Related Guidance, Tools and Materials**

### **3.1 Introduction**

- 3.1.1 The project had input into a number of other initiatives and developed one piece of HIA related guidance.

### **3.2 Guide to Health Proofing Masterplan Designs**

- 3.2.1 The project developed guidance for how to consider the health and wellbeing implication of draft regeneration masterplan designs using the Middleport and City Waterside West HIAs as case study examples. This is a first of a kind guidance and shows how health and wellbeing input can be undertaken with time and resources are limited and without needing to do a HIA. The guidance is aimed at public health professionals, planners, NGOs and developers.

### **3.3 Healthy Urban Planning Checklist**

- 3.3.1 The project fed into the work by Jerry Spencer Associates on developing a Healthy Urban Planning Checklist.

### **3.4 Urban Design Supplementary Planning Document (SPD)**

- 3.4.1 The project reviewed the draft Urban Design SPD for North Staffordshire and recommended amendments to embed health and wellbeing as a strand throughout the SPD.



### **3.5 Health Indicators for Area Action Plans**

- 3.5.1 An additional piece of work linked to the project reviewed existing sustainability appraisals for Stoke Area Action Plans and developed a draft set of health and wellbeing indicators that could be used to monitor the impact of implementing the area action plans on local people's health and wellbeing. This work is ongoing.

### **3.6 Healthy Urban Planning Supplementary Planning Document**

- 3.6.1 The project has fed into the development of a Healthy Urban Planning SPD being developed by Stoke-on-Trent City Council. This work is ongoing.

## 4 SWOT analysis for embedding HIA in North Staffordshire

### 4.1 Introduction

4.1.1 This section provides a summary analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) to embedding and mainstreaming HIA in North Staffordshire.

### 4.2 Strengths

4.2.1 Good multi-agency partnership working.

4.2.1.1 There is already good multi-agency partnership working and this needs to be built-upon and sustained over the long term.

4.2.2 Openness to using HIA for new strategic and regeneration proposals.

4.2.2.1 There is commitment to using HIA and embedding healthy city and healthy urban planning principles into strategic and development planning processes .

4.2.3 Alignment of policies and shared agendas.

4.2.3.1 Overall, there is good, and in some areas a strong, alignment of policies and shared agendas in relation to health, wellbeing and sustainable development.

### 4.3 Weaknesses

4.3.1 Lack of expertise and time available for existing staff to contribute to HIA

4.3.1.1 Currently there is a lack of expertise and time for staff to undertake HIA on a regular basis.

4.3.2 Primary Care Trusts (PCTs) are likely to be the main/only driver for HIA use.

- 4.3.2.1 Given the current economic climate and the need to deliver on the regeneration agenda it is likely that the PCTs will continue to be the driving force for the use of HIA.

#### **4.4 Opportunities**

- 4.4.1.1 The four HIAs build on a wide range of health and wellbeing work currently being undertaken in North Staffordshire.
- 4.4.1.2 This provides a strong foundation for continuing and embedding the use of HIA in North Staffordshire.

#### **4.5 Threats**

##### 4.5.1 Changing policy priorities

- The need to make savings and changing policy priorities, with a change in Government, may make it difficult to continue the HIA work as other targets and objectives take precedence.

##### 4.5.2 Perceived lack of effectiveness of HIA

- Given the incremental process of engagement through HIA it can look to those agencies not involved in the process that the HIA has had limited effect. It is important that HIAs are widely disseminated in hard and electronic copy and that there is an online website where the HIAs can be read and downloaded.

##### 4.5.3 Lack of time and staff to undertake HIA

- As previously mentioned in weaknesses, lack of time and staff is likely to be the single biggest threat to regularly undertaking HIAs mainstreaming it in North Staffordshire.

## 5 Recommendations

- 5.1 **PCTs should play a lead role in undertaking, and supporting other agencies to undertake, HIAs and health proofing masterplan designs on public sector proposals.** Figure 1 shows how HIA and reviewing masterplans can be embedded into public sector led development processes e.g. regeneration masterplanning.
- 5.2 **PCTs should have a lead role in screening, scoping and scrutinising the findings of HIAs undertaken by HIA consultants on behalf of private sector developers. All private sector developers should therefore be required to undertake HIAs on significant developments (those that are likely to affect local residents and change the nature of neighbourhood within which it takes place).** Figure 2 shows how HIA can be embedded into private sector led development processes e.g. housing developments.
- 5.3 **Develop HIA capacity by building the skills and experiences of staff in both the Stoke-on-Trent PCT and the City Council.** Create a core group of staff across the two organisations who have the confidence, skills and experience to screen, scope, scrutinise and undertake HIAs. This group could become an ongoing learning set and mutual support group for each other thereby helping to embed HIA over the longer term in Stoke-on-Trent.
- 5.4 **The commissioning and ownership of the findings of a HIA should be a criteria used to decide on planning permissions for private sector developers.** There are already other planning authorities that ask for a HIA when projects of a certain size or type are submitted for planning consent. This could form part of Health and Wellbeing Supplementary Planning Document.
- 5.5 **Integrating health into the Sustainability Appraisal process for Area Action Plans.** Pilot work has already been undertaken on aligning sustainability appraisal objectives with health and wellbeing objectives and developing an indicator set that could be used to monitor the health and wellbeing impacts of area action plans.

Figure 1: Incorporating health into masterplans and regeneration projects

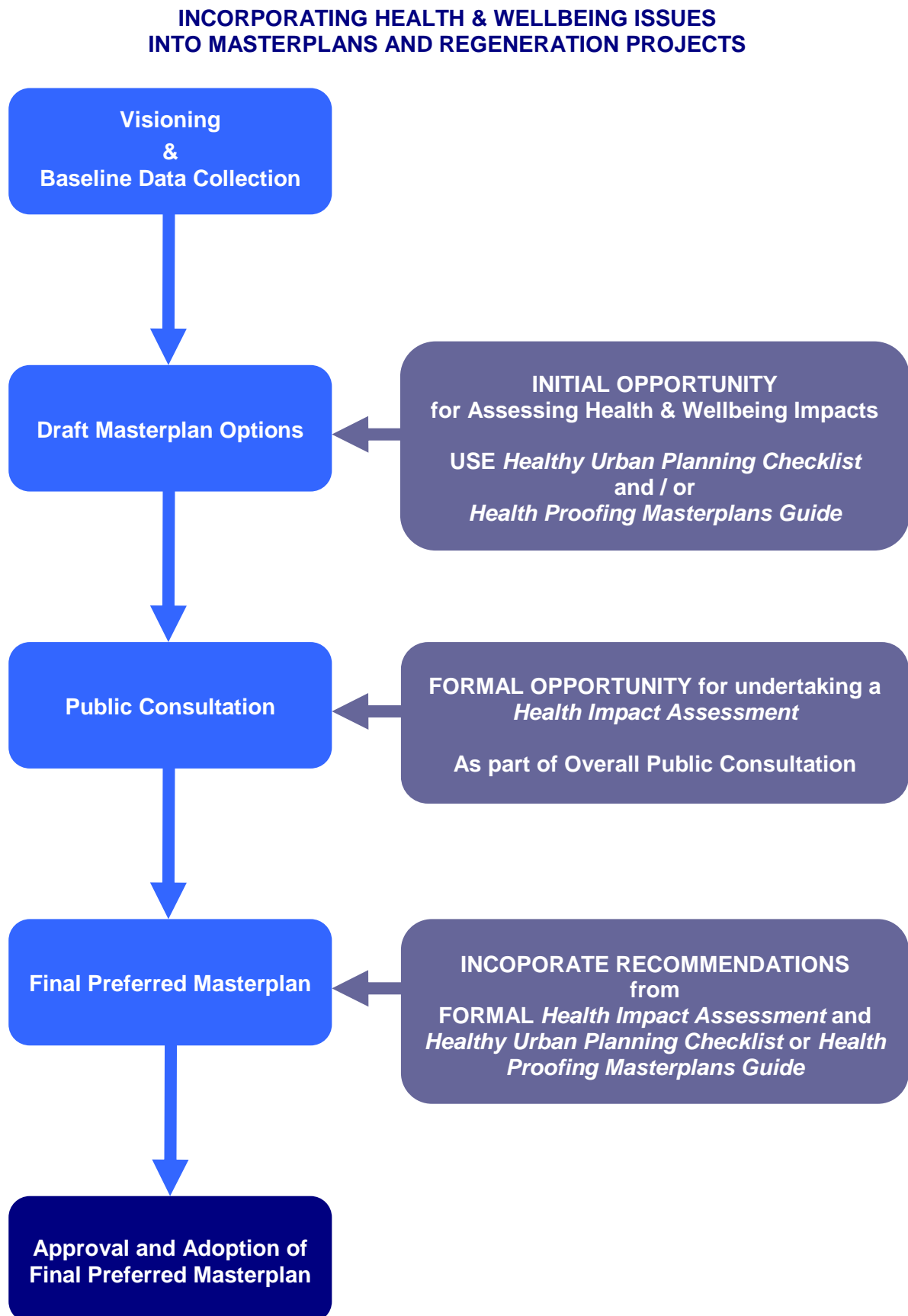


Figure 2: Incorporating health into planning applications

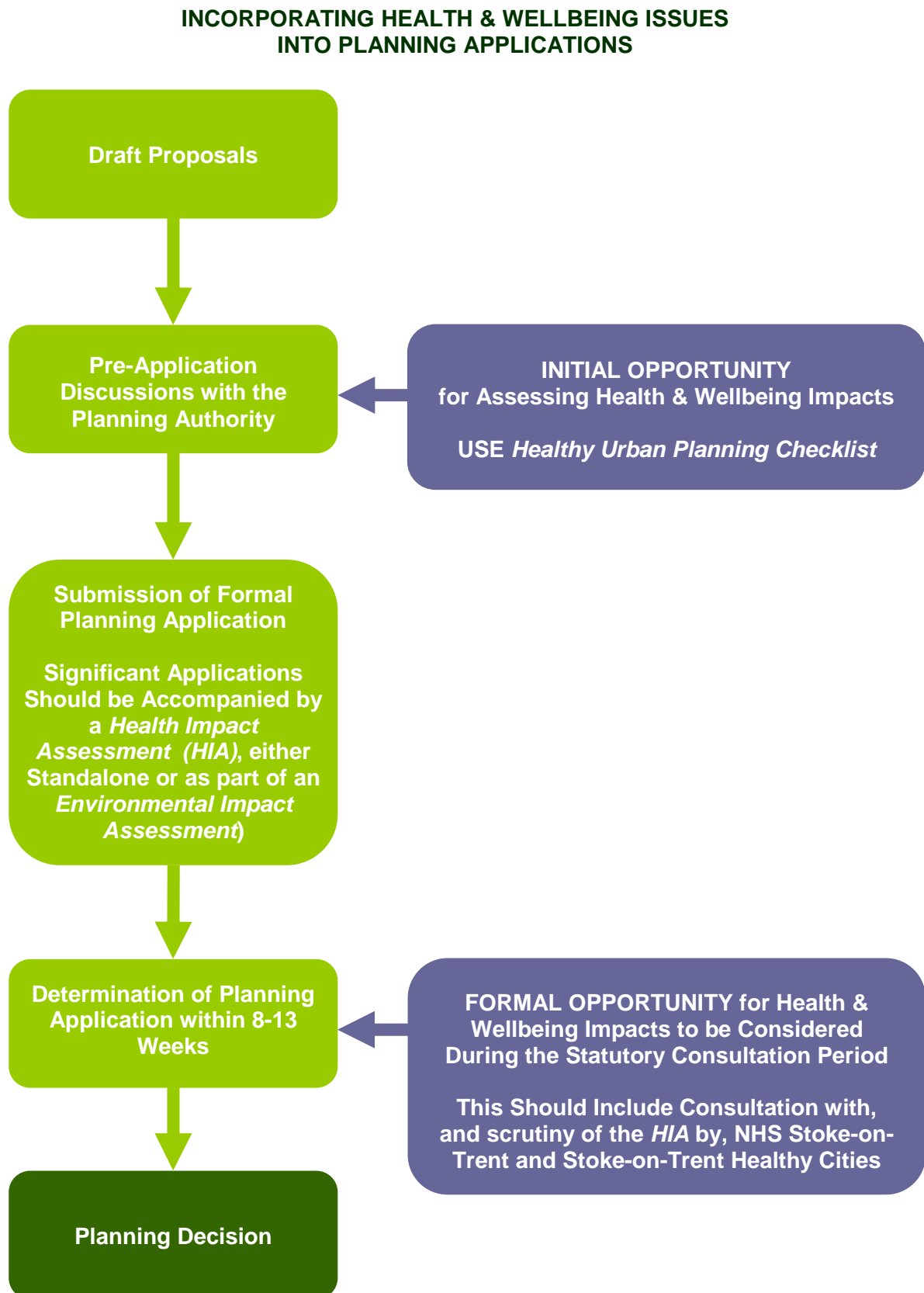
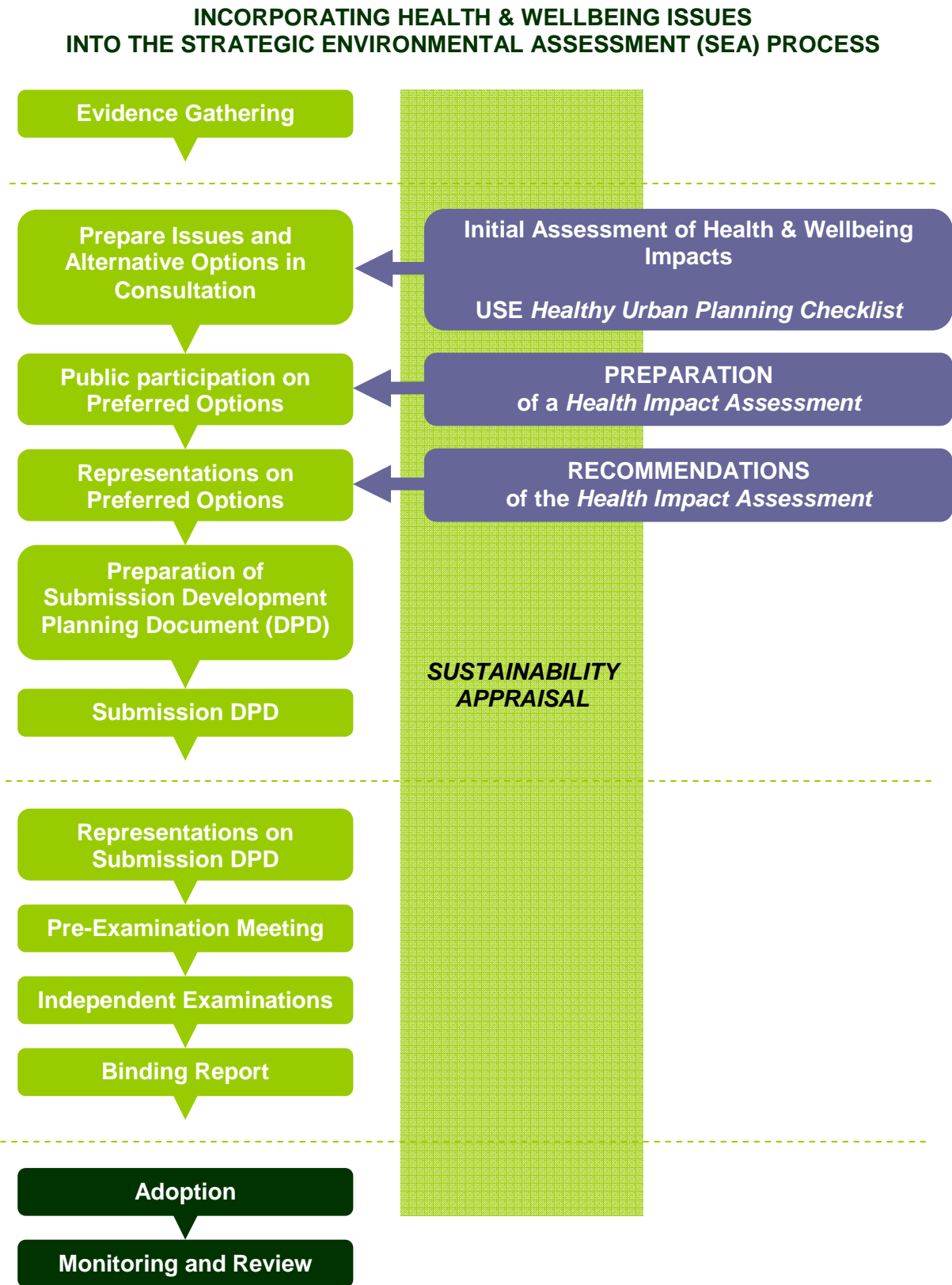


Figure 3: Incorporating health into the Strategic Environmental Assessment (SEA) process







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