

# Planning for better health outcomes

New development is an opportunity for the planning system to identify and address local health inequalities says Mark Teasdale

I live in south west London and worry about the growing health inequalities seen all over the capital. I find it hard to accept that a baby boy born between 2014 and 2016 in Somers Town can expect to live ten years less than a baby boy born in Hampstead, less than three miles away. That's right, growing up in the most deprived part of Camden reduces life expectancy by a decade compared with the least deprived place in the borough. That really is a shocking statistic.

The link between health and planning policy has long been established but has acquired greater significance in recent years, with new development increasingly seen as an opportunity for the planning system to identify and address local health inequalities. Following the change to the EIA regulations transposed into UK law in May 2018, there is now also a requirement to assess the significant effects on population and human health of major develop-

ments as part of environmental impact assessment. **How are London local planning authorities responding?**

Our initial research undertaken in 2016 revealed some striking results, with a rapidly growing number of London local planning authorities requiring the use of health impact assessments (HIAs) to support major planning applications.

We have recently updated this research with a systematic review of planning policy documents across London's boroughs, accompanied by an email and telephone survey of Council planning policy officers conducted in late 2018. So, what do the results reveal?

Across the capital HIAs have become an increasingly common requirement. As of early 2019, 24 out of 33 London local authorities had some form of HIA requirement, with a further three boroughs considering or likely to adopt a requirement in the next one



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to two years. This represents a clear change from the landscape in 2016, when 22 boroughs had a requirement, while nine boroughs were identified as having no current requirement or any intention to adopt a requirement imminently. By 2019, the total number of London boroughs without a formal or informal requirement was six<sup>1</sup>.

There is no longer a clear divide between the policies of Inner and Outer London authorities. In 2016, seven of the nine boroughs with no HIA requirement were situated in Outer London. In 2019 the six boroughs without a requirement are evenly distributed between London's inner city and more suburban areas.

Our 2016 survey also sought to identify which local authorities were "considering adoption" of HIA requirements within the next one to two years – this could encompass informal discussions between planning and public health teams or the inclusion of a requirement in a Draft Local Plan or Validation Checklist. Interestingly, whereas only two boroughs were identified as considering adoption in the coming one-two years in 2016, six boroughs had adopted HIA requirements in 2019 where no such requirement had existed in 2016.

A noticeable feature of the HIA landscape in 2019 is that a handful of boroughs now specify an HIA for all major applications<sup>2</sup>. The size threshold of residential and commercial developments which require an HIA, however, varies significantly between boroughs, despite London Plan guidance.

Richmond, for example, requires some form of Health Impact Assessment for residential developments larger than ten units, whereas Redbridge's requirement only applies for developments with over 150 units. Waltham Forest, in comparison, requires all developments between 10 and 199 units to be screened, with developments above 200 units requir- >>>

London HIA Requirements - 2016



London HIA Requirements - 2018



mining authority". Indeed, given the complexity of assessing health and well-being at the local level and the potential for applicants to provide superficial evidence of positive health effects, this is a justifiable concern. HIA also has the potential to be less useful as a policy tool when the assessment only takes into consideration regional or local authority-level health indicators, rather than relating the development to more localised problems.

However, the picture across London appears to be one in which HIA is no longer a novel requirement for planning applications. Local authorities are keenly aware of both the limitations of HIA as a policy tool, as well as ways in which it can meaningfully contribute to local health and well-being. The picture is one of a policy tool having been adapted across the city to meet local circumstances.

**How does London compare to other parts of the UK?**

Our London survey findings are also interesting in that they differ from trends elsewhere in the UK. During 2018 Indigo undertook the same email and telephone survey across the constituent boroughs of the Greater Manchester, West Yorkshire and West Midlands urban areas.

The results in these city regions revealed a clear shift towards awareness of HIA as a potential policy tool. However, with the exception of one or two local planning authorities who had enthusiastically adopted HIA as a policy instrument, only a small proportion of local authorities had either a formal or informal HIA requirements in place.

Time will tell whether HIA will become a standard requirement at the national level. ■

**FOOTNOTES**

1 For three of these six boroughs (LBHF, Lambeth and Ealing) and one borough where a requirement was identified (Hillingdon), a survey was not completed. Therefore it is assumed that an HIA requirement is not applied on the basis of a review of the most recently published validation checklists, policy documents and Local Plans. However, it is possible that an informal HIA requirement is in place for certain developments.

2 In practice, this is likely to be more of a flexible requirement than the exact wording of the policy.

>>> ing a detailed HIA to be submitted only if identified during a more detailed screening exercise.

**What HIA guidance is available?**

In common with the 2016 results, whilst the majority of boroughs require HIAs for certain applications, only a handful have published formal guidance for conducting an HIA, although this number has risen and a number of respondents suggested that bespoke guidance was being formulated or considered at the time of the survey. Of the small number of boroughs who follow a set approach to conducting an HIA, most recommend that the approach of the London Healthy Urban Development Unit (HUDU) should inform the HIA. This can mean one of several different report formats varying in format and scope.

As in 2016, HIA requirements often tend to be somewhat informal. For example, in many instances, London boroughs will not set out a specific HIA poli-

cy in a Local Plan or Core Strategy. Instead, they will require it for schemes on a case-by-case basis, which would be identified at the pre-application stage. Other Councils do not necessarily require HIAs to be submitted on a case-by-case basis, but simply state that submitting an HIA is "best practice".

In one or two instances planning policy officers for certain Councils had described their authority as having moved away from requiring HIAs for planning applications. One North London Council, for example, had briefly required a Health Impact Assessment for certain proposals, but had moved away from asking for one on the basis of the bureaucratic burden of additional paperwork and because of the lack of detailed policies against which the proposals could be formally reviewed.

Another Council, which had considered but not adopted an HIA requirement, expressed concern for the process becoming a needless tick-box exercise unless there was "genuine buy-in from the deter-