

Review of the Health Impact Assessment (HIA) Implementation Programme (2019-2021)

A report of the Tower Hamlets Health Impact Assessment Working
Group

01/04/2023

DRAFT



Table of Contents

Executive Summary	3
Purpose of the report	3
Structure of the report.....	3
Rationale for a HIA policy in the Local Plan.....	3
Development of the HIA implementation programme	4
Deliverables of the HIA policy implementation programme	4
Evaluation of the HIA policy	4
1. Introduction	9
2. Rational for the adoption of the HIA policy	10
2.1 The living environment and poor health conditions in Tower Hamlets	10
2.2 How does HIA support healthy urban developments?	11
2.3 The Policy	12
2.4 What we expected the programme to deliver	13
2.5 Components of the two year capacity building programme	14
3. Evolution of the HIA implementation programme: What outputs and outcomes have been delivered?	16
3.1 Initial approach to the HIA process: focus on evidence-based decisions	16
3.2 Reaction to the initial approach to HIA into DM and consideration of planning policy and governance drivers	16
3.3 New approach to HIA integration into DM in view of planning drivers.....	18
3.4 Integrating HIA into DM: adapting the original capacity building deliverables .	18
4. Analysis of quality of HIA outputs and outcomes	25
4.1 The view of DM officers on the HIA policy: findings from Act Early evaluation	25
4.2 Review of HIAs	26
4.3 Thematic Analysis of HIA Criteria: are HIAs covering all assessment criteria with robust evidence?	29
5. Conclusions: Achievements and challenges for the HIA Implementation Programme	32
5.1 Achievements	32
5.2 Challenges.....	32
6. Recommendations	35
Appendix A: Logic Model.....	39
Appendix B: HIA Implementation Programme deliverables against proposed deliverables	40

Executive Summary

Purpose of the report

The purpose of this report is to showcase the learning from Tower Hamlets Health Impact Assessment (HIA) Implementation Programme between 2019-2021 and to provide recommendations for the next steps of the HIA policy and more broadly for the integration of health consideration into Development Management (DM) and Planning Policy.

Recommendations are targeted to Public Health (PH), Development Management (DM), and Planning Policy colleagues: these internal stakeholders have been identified as able to ensure the consideration of health in planning policy and decisions.

Structure of the report

For this purpose, the report will:

- Describe the rationale of the policy
- Describe the evolution of the HIA implementation programme, its outputs and outcomes.
- Conduct an analysis of outputs and outcomes
- Draw a set of recommendations aimed at different internal and external stakeholders

Rationale for a HIA policy in the Local Plan

Tower Hamlets conducted a 'Spatial Planning and Health Joint Strategic Needs Assessment' (JSNA) in 2016. It identified the living environment as a reason for poor health, and Planning Policy a key tool to address health challenges, in particular poor housing quality, overcrowding, social isolation, poor air quality, lack of access to affordable healthy food and lack of green spaces. Environment health concerns (such as air and water quality, noise) with a direct causal link to urban development have over the years been increasingly considered through Planning and other relevant policies regulating place-shaping (e.g. building regulations). However, the link between the urban living environment and physical and mental health is more recent. Research shows design and pattern of development can encourage healthy and unhealthy behaviours (such as car use rather than walking and cycling) and Planning Policy is now seen as a key tool to support healthy behaviour.

The Spatial Planning and Health JSNA recommended that planning applicants should conduct and submit a HIA as a supporting document for their developments. In partnership between Planning Policy and Public Health, a HIA Policy was embedded as part of the Tower Hamlets Local Plan, adopted on 15 January 2020.

The recommended use of the HIA was to ensure the consideration of health in planning applications based on a variety of evidence from adopted policies, scientific evidence and community knowledge. The hypothesis to use a HIA is that proposed development should contribute to health and wellbeing by:

- Meeting relevant standards in the Tower Hamlets Local Plan policies
- Taking on board academic/scientific evidence and the view of the community to ensure that design promotes health and wellbeing

Public Health anticipated that planning applicants would alter their design to maximise health outcomes, and minimise health harm, on the basis of evidence collected (in particular, policy context, infrastructure and health needs, literature on impact of design on health, local knowledge) and their analysis. This concept fits within the plan-led approach of planning in England, with HIA scrutinising planning applications for their conformity with local plan policies; it also brings public health evidence to the fore, in a decision-making process where many internal and external experts are consulted regularly on various aspects of development sustainability.

Implementation of the HIA policy

A two-year capacity building programme supported the implementation and institutionalisation of the Policy. This Programme intended to enhance the knowledge, skills and understanding of HIAs amongst Planning and specifically DM colleagues in order for the planning system to lead the implementation of the HIA Policy for years to come.

Deliverables of the HIA policy implementation programme

A new HIA Officer worked closely with Public Health and DM to develop a series of tools aimed at increasing capacity and capability of planners and developers to conduct and review HIAs. Amongst these tools was a 'HIA Policy Guidance' which included local assessment criteria, themes to align against the assessment and scope of Tower Hamlets planning policy and practice.

Evaluation of the HIA policy

An evaluation of the HIA policy was conducted internally, focussing on reviewing cross-sector decision-making and evolution of the HIA policy implementation, as well as reviewing HIAs submitted by planning applicants.

The need for HIA guidance for developers was demonstrated as HIAs submitted when the HIA policy was first adopted were mainly very weak (poor methodologies, poor identification of baseline, no recommendations). With the publication of the HIA guidance, developers were able to ensure that their HIAs covered the right "healthy planning" issues. Some of the later detailed HIAs in particular offered a much more robust methodology and analysis, albeit with some criteria covered more robustly than others.

For DM, HIA methods also needed to adapt to the reality of the planning sector (e.g. the need for Tower Hamlets to deliver housing targets, to consider viability of development and a score of other planning matters). The outputs of the implementation programme had to meet the need of DM practice. We noted other challenges around how the policy was written and silo ways of working, which we

have tried to address throughout the implementation programme as well as useful learning identified to help shape the future of the Policy.

Recommendations

The learning from our analysis can be summarised by the following recommendations proposed by the Tower Hamlets HIA Working Group to support the evolution of the HIA Policy in Tower Hamlets but also to strengthen the partnership between Public Health and Planning.

Recommendations are aimed at different stakeholders and are split into three categories:

- Recommendations to Development Management on HIA process
- Integration of health considerations into planning policy
- London-wide partnership

Recommendations to Development Management on HIA process	How to deliver this?
<p>1. Streamline the HIA Policy wording to focus on the largest applications (e.g. referable to the GLA or 150 residential units or more) and clarify the requirements for detailed HIA within the Policy and ‘explanations’ section in the Tower Hamlets’ Local Plan.</p>	<p>As we prepare to write a new Local Plan, update the Policy wording and explanations to reflect a new streamlined policy.</p>
<p>2. Public Health should resource attendance at pre-applications, focussing on the GLA referable schemes.</p> <p>This would ensure that health is covered in pre-app schedule, that HIA guidance criteria are used to scope HIAs and that developers are aware of the need for robust consultation, analysis and clearly specified mitigation measures. A first step would be to ensure DM officers on GLA referable applications are briefed to include PH in pre app meetings and health as a standard agenda item.</p> <p>NB: According to 2019-2021 figures, this would require input into 20 applications a year, requiring preparation, consideration of draft planning documents, exchange of emails with DM officers and developers or their consultants. With cross-sector knowledge of planning and health, this would amount to a 0.2/0.4 HIA Officer post.</p>	<p>Cross-sector agreement between DM and Public Health. Allocation of 0.2/0.4 HIA Officer equivalent post in Public Health annual programme.</p>

<p>3a. Strengthen the Statement of Community Involvement (SCI) guidance to require:</p> <ul style="list-style-type: none"> • Health assessment criteria (identified in the HIA guidance) to be explicitly covered in consultation • Particular groups who are particularly at risk of / suffer from common conditions in the Borough to be consulted (to seek to address health inequalities). A list could be identified by PH through its JSNA for the borough level. For ward level issues, the HIA analysis should identify relevant groups. <p>3b. Ensure that developers are offered guidance on how to engage with specific groups and on what issues.</p>	<p>DM to check if this would require agreement of the Lead member for Planning</p> <p>DM or PH to work with Strategic Planning and suggest amendments to the SCI.</p> <p>PH to give details on:</p> <p>(a) who PH think should be engaged with in particular (b) how they should be reached and (c) on what issues.</p> <p>DM and PH to discuss how the above will be implemented into a new SCI.</p>
<p>3. Review assessment criteria, and focus these onto areas where community consultation would add much needed input including:</p> <ul style="list-style-type: none"> • Neighbourhood level: assessing the quality, availability and accessibility of play, open and green spaces and amenities; ensuring that the development is embedded into its neighbourhood and contribute to its place shaping • Active living: assessing the design, availability and accessibility of communal spaces and amenities promoting active life style, activities and movement as well as healthy food environment • Equity: Ensuring that the voice of vulnerable population is considered and supports co-design of place to ensure equitable access and use of amenities. 	<p>PH in collaboration with DM to redraft the HIA guidance accordingly</p> <p>DM to endorse new wording and upload new version of the HIA guidance on the validation webpage</p>
<p>4. Supply developers with locality baseline, identify vulnerable populations, priority health topics and key ‘wider determinants’ of health in each area.</p>	<p>PH to prepare a high-level dataset, informed by JSNA data and Health and Wellbeing strategy’s priorities.</p>
<p>5. Continue building the capacity of planners to understand the wider determinant of health approach and the role of planning</p>	<p>PH to identify local plan policy and other key place strategies and objectives that support health.</p>

<p>and urban design to deliver the health prevention agenda</p> <p>NB: Planners are already bought into the sustainability agenda. The health evidence base must be translated into clear and actionable planning principles. This is secured through ensuring that HIA assessment criteria cover Planning (material considerations) issues rather than general good design practice interventions that developers would reject de facto.</p> <p>Similarly, health professionals need to build knowledge, awareness and expertise within planning to better understand the environment it operates within.</p>	<p>Identify gaps and advocate for Planning</p> <p>Policy to address them in a refresh of local plan</p> <p>Short PH secondment to planning/place – Part-time co-location arrangement. Planning colleagues would also be welcome to have a secondment to public health.</p>
---	--

<p>Integration of health considerations into planning policy</p>	<p>How to deliver this?</p>
<p>6. Explore opportunities to consider the upstreaming of HIA in planning policy and strategy.</p> <p>PH to contribute to the negotiations of planning policy instruments with relevant stakeholders and ensure health is considered.</p> <ul style="list-style-type: none"> • Masterplan: offers a context to consider impact of urban design and land uses at neighbourhood level (e.g. accessibility, integration into green infrastructure/active travel /town centre strategies) • Design guides or codes/SPDs: HIA offers a methodology to consider what works in design for specific demographics and urban context from a variety of viewpoints (policy, participation, scientific evidence) 	<p>Strategic planning team developing Masterplan and / or Design codes to inform PH in good time of the timeline for MP/design code production</p> <p>PH to allocate resource to participate in the local plan review process starting Spring 2022.</p>
<p>7. PH must ensure the learning from HIAs inform design policies in local plans (what are health priorities).</p> <p>This can be secured in dialogue with DM officers who oversee all elements of design and place shaping.</p>	<p>PH to continue monitoring/evaluating HIA effectiveness through research evaluations opportunities (e.g. Act Early).</p>

London/nationwide HIA partnership	How to deliver this?
<p>8. Continue advocating at London/national level for a statutory HIA or for a common approach, involving the key stakeholders (now known as the Office for Health Improvement and Disparities), RTPI, ADPH, IEMA) and also to ensure we continue capacity building across both sectors.</p>	<p>PH to use various existing London fora and explore opportunities in these</p>

This report has been prepared on behalf of the Tower Hamlets HIA working Group, and we would like to acknowledge numerous colleagues across the Council that have supported this work including Katy Scammell, Associate Director of Public Health; Matthew Quin, Programme Lead, Public Health; Paul Buckenham, Development Manager, Gareth Gwynne, Area Planning Manager; Clare Siemers, Environmental Impact Assessment Officer; Liam Crosby, Associate Director of Public Health; Julian Buckle, Planning Officer; Adam Garcia, Planning Officer; and Ellie Kubar-Thomas, Planning Policy.

With special recognition and thanks to Lawrence Carmichael Health Impact Assessment Officer, Public Health as the co-author of this report, alongside Matthew Quin, Public Health.

If you wish to discuss this report further, please contact Matthew Quin, Programme Lead for Healthy Environments and co-author of this report on matthew.quin@towerhamlets.gov.uk

1. Introduction

The purpose of this report is:

To showcase the learning from Tower Hamlets Health Impact Assessment (HIA) Implementation Programme between 2019-2021 and to provide recommendations for the next steps of the HIA policy and more broadly for the integration of health consideration into DM and planning policy.

Recommendations are targeted to different stakeholders of the healthy planning agenda, including Public Health, DM and Planning Policy in recognition that the healthy planning agenda needs a cross-sector approach to be delivered.

For this purpose, the report's objectives are to:

- Describe the rational of the policy
- Describe the evolution of the HIA Implementation Programme, its outputs and outcomes.
- Conduct an analysis of outputs and outcomes
- Draw a set of recommendations aimed at different internal and external stakeholders

DRAFT

2. Rational for the adoption of the HIA policy

2.1 The living environment and poor health conditions in Tower Hamlets

Tower Hamlets conducted a ‘Spatial Planning and Health Joint Strategic Needs Assessment’ (JSNA) in 2016ⁱ. It identified the living environment as a reason for poor health and planning policy and as a key tool to address new challenges, in particular poor housing quality, overcrowding, social isolation, poor air quality, lack of access to affordable healthy food and lack of green spaces.

Internationally, there is a strong body of academic literature exploring the impact of the places where we live, work and play on physical, mental, environmental health as well as on health equity. Barton and Grant (Figure 1) have summarised the approach in their health map drawn from the Whitehead and Dahlgren’s 1991 concept of wider determinants of health.

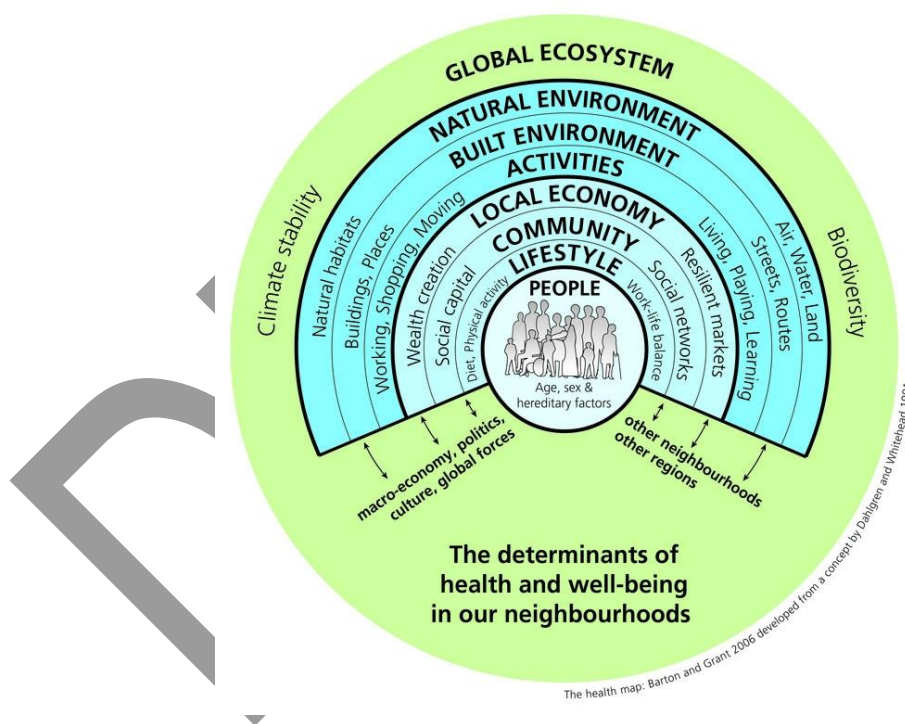


Figure 1: The determinants of health and well-being in our neighbourhoods, Barton and Grant (2006)

Evidence shows that different scales of the built environment can influence health and wellbeing, including physical, mental and environmental health, and reduce health inequalities, in particular in the following areas:

- Housing
- Neighbourhood design

- Transport and Travel
- Food environment
- Natural environment (green infrastructure).

In 2017, at the time of writing the Spatial Planning and Health JSNAⁱⁱ, the population of Tower Hamlets had reached 308,000 and projected some of the highest rates of population growth nationally. The JSNA identified the following:

- Tower Hamlets was one of the 20% most deprived local authorities in England and had one of the lowest life expectancies for both men and women nationally.
- The level of childhood obesity was significantly higher in the borough than the London and England averages, with levels of obesity amongst 10 / 11-year-olds increasing.
- There was limited access to green space, with only 1.04 hectares of open space per 1,000 residents, this was half the national average.
- In common with much of inner London, the London Local Authority suffers from poor air quality, with an estimated 195 deaths per year attributed to small particulates (PM 2.5) and Nitrogen Dioxide (NO₂), the whole local authority was in an air quality management area.
- There were over 19,000 households on the housing waiting list, of which 7,078 (37%) were overcrowded
- There was a high density of 'junk food' outlets (42 per secondary school – the 2nd highest in London). 97% of Tower Hamlets residents lived within ten minutes of a fast-food outlet

In addition, LBTH had the highest housing targets in London, which put pressure on the quality of the living environment, in particular in view of poor air quality and very limited availability of green and open spaces.

2.2 How does HIA support healthy urban developments?

It is important to ensure that new infrastructure and housing support health and wellbeing:

- Planning policy is a key public sector policy shaping developments. The Spatial Planning and Health JSNA therefore recommended that planning applicants should conduct and submit a HIA as a supporting document for their developments.

- HIA methodology tests the development against healthy planning criteria (the source of the criteria had to be determined at implementation stage) and makes recommendations to mitigate negative impacts on health and maximise benefits to health.
- HIA offers a process which complements substantive standards adopted within the Local Plan as well as National Planning Policy Frameworks (NPPF) and London Plan policies.

2.3 The Policy

In partnership between Planning Policy and Public Health, a HIA Policy was embedded as part of the Local Plan, adopted on 15 January 2020.

Policy D.SG3 is as follows:

“1.D.SG3. The following developments are required to complete and submit a health impact assessment as part of the planning application.

- a. Major development within an area of sub-standard air quality*
- b. Developments which contain any of the following uses:*
 - i. Education facilities*
 - ii. Health facilities*
 - iii. Leisure or community facilities*
 - iv. A5 uses (hot-food-takeaways)*
 - v. Betting shops*
 - vi Publicly accessible open space.*

2.Developments of a scale referable to the Greater London Authority (as set out in legislation) are required to complete and submit a detailed health impact assessment as part of the planning application.”

The policy went through several iterations, this final version was chosen to make the policy more achievable to deliver.

Part 1 refers to major developments in areas of sub-standard air quality: these are areas where nitrogen dioxide levels exceed 40 µg/ m³ (the concentration of an air pollutant is given in micrograms – one millionth of a gram – per cubic meter air or µg/ m³; 40 µg/ m³ is the European Union legal limit / national air quality objectives). This includes areas in which fine particulate matter (PM_{2.5}) levels exceed 10 µg/m³

annual mean PM2.5 (World Health Organisation guideline limits). A 'major development' is defined as:

- 10 to 100 residential units
- 1,000 to 10,000 square metres floorspace, and
- Development on a site of more than 0.5 hectare

Please note: any policy requirement referring to major development applies to all development above these thresholds, unless otherwise stated

2.4 What we expected the programme to deliver

In 2018, Public Health undertook a policy analysis of the emerging Local Plan's HIA Policy, this included a literature review and primary research. A recommendation of the policy analysis was to develop a two-year capacity building programme to support with implementation and institutionalisation of the Policy, this later became known as the HIA Implementation Programme. This programme intended to enhance the knowledge, skills and understanding of HIAs amongst planning and specifically development management colleagues in order for the planning system to lead the response to the HIA Policy for years to come. This was in recognition that implementation of a HIA policy was a new approach for DM to lead.

The following recommendations were proposed and accepted by Public Health and Planning teams, which built the foundation of the HIA Implementation Programme:

- Coordination of a partnership working group to mobilise the HIA Policy
- Establishment of a clear internal process, including developing HIA operating guidance.
- Establishment of a training and development programme, upskilling officers with the knowledge, skills, and confidence to review / undertake HIAs.
- Tower Hamlets' will be the first local authority in England to recruit a HIA Officer to lead mobilisation of the emerging HIA Policy.
- Development of a suite of tools to support implementation of the Policy, as well as monitoring and quality assurance of policy delivery.
- Development of an externally facing process to support stakeholders' understanding of emerging HIA policy and tools, to enhance successful delivery against the Policy, including a quality assurance framework, design guide and bespoke HIA assessment tools. This may take the form of an SPD.

The change focused mainly on capacity building of the key public planning and community stakeholders, while developers would be provided with guidance on how to deliver the new HIA requirement in the local validation list. A logic model based on this approach is in Appendix A.

Public Health allocated £175k towards mobilising the HIA Implementation Programme. This was predominantly allocated to staff costs.

2.5 Components of the two year capacity building programme

Partnership Agreement between PH and DM

In Sept 2019, Public Health and Development Management endorsed a partnership agreement, signed off between the Associate Director of Public Health and Head of Development Management.

The objectives of this agreement were to:

- Strengthen partnership working between the Council's Public Health and Development Management services
- Provide clear reference to service ownership, accountability, roles and/or responsibilities
- Present a clear, concise, and measurable description of service delivery
- Match perceptions of expected service provision with actual service support & delivery.

External Consultant Support

In July 2019, Public Health commissioned an external provider to deliver the following:

- i. A clear internal process to support with policy implementation.
- ii. Capacity building programme through training and development.
- iii. A suite of tools to support implementation of the policy, as well as monitoring and quality assurance of policy delivery. This included:
 - a. Design Guide
 - b. Quality Assurance Framework
- iv. A clear externally facing process to support stakeholders' understanding of emerging HIA policy and tools, to enhance successful delivery against the policy.

The provider was recruited at a cost of £25k.

Recruitment of a HIA Officer

In Sept 2019, a Health Impact Assessment (HIA) Officer was recruited in partnership between Public Health and Development Management. The HIA Officer function was to bridge the knowledge gap between planners and public health professionals and secure the buy-in from planning.

The HIA Officer provided specialist HIA assessment advice, guidance, and support to those who are preparing, undertaking or quality assessing health impact assessments.

This role had two key purposes:

1. Be the Council's specialist advisor on reviewing HIAs received as part of assessing development schemes received at pre-application and planning application stage
2. Contribute to the HIA capacity building of staff in the Development Management teams and other stakeholders of the development process, through training, dissemination of best practice and other relevant information.

The HIA Officer JD / Spec was modelled on a Development Management spec, rather than Public Health spec. At point of recruiting, it was anticipated that the HIA Officer would sit within the Development Management Team.

HIA Working Group

To support implementation of the HIA Policy, the HIA working group was established to oversee the delivery of the 'HIA Implementation Programme'. The working group is composed of Public Health, Development Management and Planning Policy Officers.

Policy evaluation

A process evaluation, measuring outcomes against emerging quality standards begun in partnership with academic partners in 2020 to consider further effectiveness of the policy.

The next few sections will develop the analysis of the implementation programme, exploring governance and policy drivers and their impact on the delivery of the implementation programme.

3. Evolution of the HIA implementation programme: What outputs and outcomes have been delivered?

3.1 Initial approach to the HIA process: focus on evidence-based decisions

Tower Hamlets' Spatial Planning and Health JSNA recommended the use of HIA to ensure a health scrutiny over planning applications based on a variety of evidenceⁱⁱⁱ. The hypothesis to use a HIA is that proposed development should contribute to health and wellbeing by:

- Meeting relevant standards in the Tower Hamlets' local plan's policies
- Taking on board the academic/scientific evidence and the view of the community to ensure that design promotes health and wellbeing

Public Health anticipated that applicants would alter their design on the basis of the above evidence base or have their applications rejected.

This HIA approach fits within the plan-led approach of planning in England, with HIA scrutinising planning application for their conformity with local plan policies; it also brings public health evidence to the fore, in a decision-making process where many internal and external experts are consulted regularly on various aspects of development sustainability. For instance, for very large applications referable to the GLA, Tower Hamlets planners can consult up to 19 internal expert colleagues^{iv}.

3.2 Reaction to the initial approach to HIA into DM and consideration of planning policy and governance drivers

As the Local Plan was going through the final approval stages following examination in public in 2019/20, concerns were raised by Development Management over the Policy wording, in particular notable omissions to the supporting policy 'explanation' guidance in the Local Plan, these included:

- Lack of definition on the type of HIA expected e.g. rapid or detailed
- Lack of guidance on the expectations around community engagement
- Lack of consideration for how the policy would be monitored

It was too late for the Policy to be amended, additional guidance was produced to support the applicant to complete a HIA, but this was important learning to be considered on the next iteration of the HIA Local Plan policy.

These concerns presented core concerns over how the HIA policy would be integrated into planning policy, key stage of land development in view of its very specific governance, economic and political context. Two levels of analysis were needed:

1. The context of local DM process
2. The national land development context

In the context of local DM decision-making process

Development Management case officers consider the finding of the HIA alongside findings and evidence of all other reports, evidence and opinions, weighing up different matters and arguments to place conditions and/or obligations (e.g. change in design) when granting planning permission or to reject a planning application en block or a specific land use proposed.

However, planning decision-making is ruled by legal as well as economic/political drivers which determine the nature of evidence that can be used to determine an application. Decisions are also taken on the basis of material considerations, *i.e. anything that is relevant to the specific development and importantly relevant to what can be controlled by planning law will also be considered*^v. DM officers will make their decision *based on interpretation and judgement in the light of the development plan and other material considerations. The amount of weight to be afforded to a material consideration is a judgment in itself*^{vi}.

- HIAs are one of potentially hundreds of documents to be reviewed by DM case officer, all representing diverse expert/scientific/community knowledge.
- While some risk factors are already regulated by policy (e.g. air and water quality, noise levels), causality in relation to other determinants of health could be questioned by applicants in the context of the local planning application
- Evidence of health risk can be weighted with other material considerations: e.g. previous advice given to the applicants by the Local Planning Authority by case officers, Heritage considerations (e.g. rooms can be smaller than adopted standards), or established land use and legal obligations (e.g. legal obligation (planning law). Legally DM officers cannot resist an established land use).
- Applicants must submit a Statement of Community Involvement (SCI) but there is no specific consultation on health required in Tower Hamlets SCI guidance for developers. Consultation standards vary enormously between planning applications, many akin to information.

In the national context of land/housing development

The HIA Policy was developed and implemented at a time when Tower Hamlets housing targets are the highest in London.

Tower Hamlets' housing targets under the London Plan:

- 10 year Housing targets for net housing completion: Tower Hamlets: 34,730 (2019-2029). (See p. 163 [London Plan](#)). This is the highest housing target in London.
- 10 year target on small sites (less than 0.25ha): 5280
- Annual Tower Hamlets benchmark for specialist older persons housing: 45
- 21.46 Poplar Riverside opportunity area: 9000 homes
- Isle of Dogs Opportunity Area: 29000 indicative homes planned in and 367,000 additional office jobs by 2041

This places huge pressures on the Local Planning Authority (LPA) to grant planning permissions de facto, potentially lowering scrutiny over some standards (e.g. reducing affordable housing requirements, increasing density). Under the National Planning Policy Framework (NPPF), Local Authorities which do not meet their housing targets face penalties, including at best to produce an action plan to boost delivery and at worst facing “presumption in favour of sustainable development”.

The HIA was being introduced at a time when housing targets placed huge pressure on planning officers, and we recognised initially we had limited guidance and support to assist the planning team. The housing targets also meant that the HIA was in a complex political environment, there were power balances between different stakeholders of the development process, the weight given to scientific evidence base, political, economic, social considerations in Development Management were an issue for the consideration for health.

3.3 New approach to HIA integration into DM in view of planning drivers

Tower Hamlets DM team proposed to use HIA as a negotiating tool to promote health with developers at pre-application stage, i.e. the stage where there can be *active engagement and discussion between applicants and agents and developer-led consultation*^{vii}.

This means that the outputs of the implementation programme had to change to become more effective.

3.4 Integrating HIA into DM: adapting the original capacity building deliverables

Table 1 below details how we delivered against each component of HIA Implementation Programme. It also highlights the evolution of the deliverables, which reflects positive leadership of DM influencing the direction of the Policy. Appendix B explores this further and demonstrates alternative deliverables that were explored; implications of not delivering as intended and objections as to why we did not deliver against initial outputs.

Deliverable	Intended function	Status	Actual output
Design guide	Highlight policy design hooks between health and the local plan.	Draft developed, the decision was taken to not publish it.	The published HIA guidance includes an assessment matrix identifying design for health principles (planning matters). The reform of planning might encourage local planning authorities (LPA) to adopt local design guides. A design guide for health could inform this document
Quality assurance framework	To offer a localised framework to review quality of HIAs	Draft developed but not published it. Alternative assurance frameworks exist and methodology for HIA are universal rather than localised.	A short crib sheet for DM officers to review HIAs was developed – Tested by DM officers in August 2021. The published HIA guidance encourages applicants to use Ben Cave's HIA Quality Assurance tool review package.
External HIA guide	<i>To offer guidance to applicants</i>	Delivered as planned	Version 2 of the Guidance document is completed and published https://www.towerhamlets.gov.uk/lgnl/planning_and_building_control/planning_applications/Making_a_planning_application/Local_validation_list/Health_Impact_Assessment.aspx
Internal guide	<i>Internal guide was to support capacity building by creating knowledge and awareness of HIAs and Health in Tower Hamlets: support DM officers to advise applicants and to review HIAs</i>	Amended to reflect DM needs	<i>Internal guidance integrated into the external guide:</i> https://www.towerhamlets.gov.uk/lgnl/planning_and_building_control/planning_applications/Making_a_planning_application/Local_validation_list/Health_Impact_Assessment.aspx Crib sheet developed for DM planners.
Training and development	<i>It was intended that an external provider would develop a suite of training resources, including recorded webinar which would cover topics like, What is health and wider determinants; What is HIA; How to review a HIA; etc.</i>	Amended and developed by internal staff (HIA officer)	HIA officer delivered two training sessions to DM, one recorded. Further training session in August 2021, covering crib sheet. November 2021 to March 2022: one to one conducted by HIA officer to discuss HIA with DM officers

Community engagement guide	Community engagement has been poor in HIAs submitted; PH took the initiative to draft a community engagement guide for applicants	Additional output identified and produced by Public Health but not published by DM.	The document was completed but DM subsequently decided not to publish the document instead they suggested that a paragraph should be added within the Statement of Community Involvement on HIA practice and importance of community engagement and health equity.
Local area profiles	Given the lack of quality in HIA's health profiles, PH decided to provide applicants with key statistics to consider in their HIA. DM have been active in commenting on what information would be useful in the local area profiles.	Additional output identified and in progress by PH.	The local area profiles can serve to raise the health issues in the borough and nudge developers towards considering health. Draft stage – reviewed by DM
Crib sheet for DM officers	DM suggested a crib sheet would be very useful to support DM officers Crib sheet for DM planners covers: 1. How to encourage applicants to conduct and demonstrate quality engagement in their HIA in pre-apps and 2. How to review community engagement in HIA submitted	Additional output identified by DM and produced by PH	Completed – Used currently by DM officers

Table 1: Adapting the original capacity building deliverables

Integrating HIA into DM: outputs around partnership building, monitoring and evaluation have supported the implementation programme

In addition to the capacity building deliverables of the implementation programme identified in Table 1, public health identified some additional outputs to support HIA policy implementation and delivered them. Table 2 below reviews their state of delivery.

Planned outputs	Delivered output	Implementation issues/note
<u>To embed Health Impact Assessment Policy in DM</u>		
1. Require developers to carry out HIA as per Policy	Delivered	HIA Officer added to the consultation list to review HIA or require them if missing Early implementation issues (poor HIA quality) but some good detailed HIAs produced by some consultants. little community engagement on HIA is an on-going issue as it seems difficult to require it. Revision of

Review of the Health Impact Assessment (HIA) Implementation Programme (2019-2021)

		the SCI, change to wording of HIA policy and its explanations is recommended
2. Review HIAs for quality (DM)	HIA Officer did this when in post, but this no longer happens. DM officers have not reviewed HIAs	Post August 2021: DM officers will need to review HIAs Crib sheet produced for DM officers to review HIAs Training (3 training sessions on HIAs)
3. Monitor actual implementation of HIA recommendations	Too early to deliver	To be explored.
4. Evaluate the effectiveness of the HIA policy (PH/DM)	Review conducted year 1 This document is year 2 review	
<u>To support successful implementation of the policy through governance</u>		
1. Establish a steering group to coordinate implementation of the HIA policy (with broad range of stakeholders) and have regular steering group meetings	Delivered but only between Public Health and DM.	The initial thinking was to involve Healthy Urban Development Unit (HUDU) and academic partners.
2. Produce a communication strategy	Delivered but changes to focus of the implementation plan meant that this was not acted upon.	Given lack of community engagement, no external communication has taken place.
<u>To develop a data management framework</u>		
1. Produce a logbook and indicator framework to record HIA consultations and responses	Delivered	
2. Develop a health intel / insight and evidence translation framework to integrate into planning practice	Put on hold due to covid-19 priorities. Locality profiles now being developed to support applicants.	Implementation issue: Finalise the locality profiles and make available to developers, scheduled for 2023.
<u>To develop a policy evaluation framework</u>		
1. Build an evaluation partnership with academics and external bodies	Delivered	
2. Develop the policy evaluation framework	Delivered and ongoing	Both internal and in collaboration with UCL – to be published in due course.
<u>To support capacity building and knowledge exchange across London</u>		

<p>1. Contribute to tightening of HIA requirements across London</p>	<p>Covid-19 put a halt to progress in view of lack of capacity but public health has been active:</p> <p>2020: LBTH helped to steer the PHE’s National HIA Guidance.</p> <p>2021: LBTH helped shaped PHE’s National Capacity Building Programme to scale up knowledge of HIAs across Planning and Public Health teams.</p>	<p>Little resource to progress this agenda with Covid-19 priorities.</p>
<p>2. Contribute to the London HIA working group</p>	<p>Delivered but stalled by Covid-19.</p> <p>2019: LBTH established the London wide HIA Working Group, a subgroup of Healthy Places. The forum informs the regional and national approach to HIA, showcasing the work of LBTH.</p> <p>2020: LBTH on behalf of the London wide HIA working Group responded on behalf of ADPH London to the proposed planning reforms consultation.</p> <p>2021: LBTH has conducted training for planners and public health across London on how to conduct a HIA.</p>	<p>No internal resources to lead on this</p>

Table 2: Outputs around partnership building, monitoring and evaluation to support the implementation programme

Integrating HIA into DM: Planned vs year 2 outcomes of the implementation programme

The original Year 2 outcomes were based on the prompt delivery of a capacity building programme. We have highlighted above how integration of HIA into DM is not simply about the linear process of building capacity but also about navigating the

complexities of land development governance and policies, in particular the constraints of DM decision-making. Table 3 below analyses their state of delivery.

Planned outcome	Delivered outcome	Note/way forward
<u>Outcome of HIA policy to create healthy spaces to improve physical and mental health and reduce social isolation</u>		
1. Positive message on HIA from elected member(s) and/or senior exec team and/or community champions	Not delivered at this stage as the integration of HIA into DM needs more time	To be considered at later stage of policy integration
2. All deliverables of the implementation programme have been tested, revised and used as regular practice	Delivered in amended versions (see table 1)	Sustainability of deliverables to be considered
3. HIA policy identifies good design principles and standards to be adopted and embedding within planning processes. - Housing - Schools and their local environment - Health/leisure/community facilities - A5/betting shops - Publicly accessible open spaces	Delivered through the HIA assessment criteria	Ensure that HIA design principles match TH policy – The two need to inform each other.
4. <u>health inequalities</u> Planners and developers are working together to build physical infrastructure improvements that have a resident focused benefit.	Needs act early evaluation to assess	Requires: - Political levers (from local planning authority), - Advocacy/awareness raising at pre-app stage (from DM officers) - capacity building (from DM officers and consultants)
5. Public health keeps reviewing evidence base to influence local planning and is consulted through HIA officer	Delivered and ongoing	Consider sustainability when HIA officer post disappears
<u>Health Indicators</u>		
The health indicators are the proxy health outcomes that public health are seeking to influence through its spatial planning work. The criteria identified in the HIA guidance to test design set the pathway to achieving those through design and management of place.		
1. Housing: room size, building fabric and design is improved to support mental health	Too early to assess in view of length for HIA policy to be embedded into planning practice and in view of land development processes and timelines	Process evaluation could be conducted by analysis of HIAs to identify change to design following analysis of impact (in theory, but HIA evidence base too weak at this stage) Analysis of DM case officer reports, in particular identifying: - conditions for granting planning consent - planning obligations - arguments/evidence used in report referring to HIA
2. Schools: access to green infrastructure or other design principles improved to encourage physical activity and support learning, location, such as over-proliferation of hot food takeaway addressed		
3. Health/leisure and community facilities are more accessible to encourage people to use them more		

and support active travel and tackle isolation, support mental wellbeing		
4. Green spaces become more accessible, are better designed to encourage people to use them to be physically active, improve wellbeing & feel safe		
5. Utilisation of outdoor space for exercise/health reasons increases		
6. High quality public realm encourages walking and cycling, active travel promotes positive physical and mental health		
7. Betting shops: reduction in planning applications for betting shops	Town centre policy applied to reject betting shops	Under review
8. Hot food takeaways: reduction in premises offering A5 unhealthy food	Town centre policy applied to reject hot food takeaway	Under review
<u>Evaluation and reflective practice</u>		
1. Evaluation on the impact of outputs, measuring success produced	Act early UCL process evaluation in progress	In progress
<u>Community engagement/strategy</u>		
1. Evidence of community engagement through evaluation	Not delivered in view of limits of policy hooks.	
<u>Data management/data sharing</u>		
1. Shared data and reflective policy in London HIA working group	Delivered but stalled by covid-19 TH has been very active in the London Healthy Place Forum to progress a common HIA approach	

Table 3: Planned vs year 2 outcomes of the implementation programme

While we cannot of course measure changes in those resulting from HIA policy, we should bear those in mind: what have we learned / what do we think about whether the HIA policy is likely to be improving those or not?

4. Analysis of quality of HIA outputs and outcomes

In this section, we will focus on the practical implementation of HIA:

- Review of DM officers on implementing the policy
- Review of quality of HIA submitted
- Review of practical issues around integration of HIA into DM

4.1 The view of DM officers on the HIA policy: findings from Act Early evaluation

Public Health has led the research evaluation in partnership with University Colleges London on the HIA policy, which included primary research – this study should be published in early 2023.

A focus group has been conducted with 7 DM planners on 1 July 2021 and 9 interviews conducted with internal stakeholders from planning and Public Health between June and July 2021.

Headline findings from the focus group presented by UCL to Tower Hamlets include:

- At council level, the steering group and a dedicated post (HIA Officer) with in-depth HIA expertise was seen as key to take the HIA policy forward. DM officers don't feel they could take on the responsibility of leading this policy without the post offering expert advice.
- Community engagement (especially of local vulnerable groups) is the least effective part of the HIA. Local knowledge should be the 'essence' of an HIA but developers find it difficult to do it.
- A barrier to effective community engagement is developers not knowing who to engage with and how (especially if they should be talking to specific population groups such as teenagers. A strong community interest strategy is needed to support community engagement.
- The leadership, for HIA agenda needs to come from the national and city (GLA) level.

- Evaluation of the HIA and long-term monitoring is essential (e.g. monitoring plans at 3, 5 years) to see if proposed changes were made and the impact of this on communities.

4.2 Review of HIAs

The HIA officer has kept a knowledge library of information on planning applications and their HIAs. The following information is recorded and analysed:

- Number of HIA reviewed
- Quality of HIA submitted
- Practical issues around integration of HIA into DM process
- qualitative review on the themes covered by HIAs with an explanation/hypothesis

Table 4 offers an analysis of HIA submitted.

Question	Findings	Issue	Explanation/recommendations
Number of planning applications reviewed by HIA officer	<p>Between 21/10/2019 and 04/08/2021 (22 months), the HIA Officer commented on:</p> <p>64 planning applications</p> <p>This is broken down as</p> <ul style="list-style-type: none"> - 29 GLA referable HIAs - 35 major schemes/schemes with land use requiring HIA <p>Thirteen EIA scoping opinions were also reviewed.</p>	<p>This number is lower than anticipated.</p> <p>Upon budgeting for the role, we envisaged this would be closer to 200 each year.</p>	<p>Explanation:</p> <p>Local Plan and HIA guidance adopted in 2020, a policy needs years to be embedded in practice</p> <ol style="list-style-type: none"> 1. Lack of awareness of HIAs and the Policy (i.e. DM officers forgot to consult the HIA officer) 2. The system / processes were not in place to automatically consult the HIA officer) 3. Covid-19 has impacted rate of development <p>Recommendation:</p> <ul style="list-style-type: none"> • Monitor future number to establish cause for discrepancy
Quality of HIAs completed:	<p>Submitted HIA were lacking in details the following reasons:</p> <ul style="list-style-type: none"> - Poor methodologies - Difference between rapid and detailed HIA not understood - Lack of consultation - Vulnerable population not identified, 	<p>Significance of impact in HIA might be difficult to identify, specifically, how to establish causality.</p> <p>We questioned if the quality of HIA report is a problem.</p>	<p>Explanation:</p> <ul style="list-style-type: none"> • HIA not a national planning policy statutory assessment • consultants not trained for it • Very limited user friendly national HIA guidance nor training

	<ul style="list-style-type: none"> - Impact area not identified - No conditions or obligations identified - Little evidence to back statements - Little quantifiable data to check feature planned is suitable for new population - HIA not understood as a standalone document and many references to other expert reports without synthesising arguments or giving a precise reference/chapter/page/ 	<p>The nature of evidence is different in planning decision-making to public health: policies come first as they are the result of a democratic and coalition building process with economic social and environmental aspects subjected to compromises within the public debate.</p> <p>Public opinion is also considered in planning decision-making which is the result of compromises and negotiations with different actors on how they can best deliver for society considering legislative but also economic constraints.</p>	
<p>Mechanisms for embedding HIA process in Development Management decisions:</p>	<p>Issues emerge because of nature of different planning applications:</p> <ul style="list-style-type: none"> - Outline - Full - Hybrid - Reserved matters - Section 73 (minor amendments) <p>Developers are unsure if they should produce a detailed HIA for a S73 planning application (when original application requires a detailed HIA)</p>	<p>Would embedding HIA within EIA provide a better platform for health?</p> <p>Value of HIA if consideration within assessment criteria are covered elsewhere?</p> <p>Should HIA focus on place shaping at a neighbourhood level topic?</p> <p>HIA of section 73 (minor amendments) applications with no previous HIA: do we require consultation?</p> <p>What conditions and obligations can we expect from HIA? How much can we push developers?</p> <p>Pre app charging regime can be seen as expensive: HIA officers had regular exchanges with consultants but this stopped when the HIA officer was asked to charge for advice (at £4,000 a meeting).</p> <p>How to monitor outcomes and impacts on the ground?</p> <p>Should the policy be accompanied by a Supplementary Planning</p>	<p>Explanation:</p> <p>The Local Planning Authority is the public sector arm of place shaping and regulates the market</p> <p>It also offers pre-application services to developers. The market will expect certainty and a level playing field.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> - Clarify in HIA guidance type and scope of HIA for applications for various planning applications - Clarify in HIA guidance what potential conditions and obligations can be recommended by HIA evidence - Clarify the charging regime: HIA meetings integrated with other aspects; Ensure that ad hoc queries could still be dealt with VIA the case officer and at their discretion

		Document to be more robust?	<ul style="list-style-type: none"> - Develop the HIA guidance into a SPG to increase robustness of the HIA policy
Outcomes of HIAs completed	<p>On 30 HIAs we responded to developers with a request for more information, given the lack of evidence supplied.</p> <p>We had to request a HIA on seven planning applications.</p>	Ultimately, it is the responsibility of the DM case worker to request additional information following submission of HIA.	<p>Explanation:</p> <p>HIA is not a statutory instrument; there is no specific HIA methodology requested</p> <p>Recommendation:</p> <ul style="list-style-type: none"> - Work in cooperation with London and national stakeholders to improve national guidance
Trends based on the contents of HIAs submitted concerning aspects of developments consistently insufficient for health	<p>The following observations were noted:</p> <ul style="list-style-type: none"> - sometimes below 35% affordable provisions - AQ/environmental issues/ issues during construction are already well covered - No drawings or maps or detailed description for play areas, green infrastructure, level of accessibility to neighbouring communities (these may be found in Design and Access Statement or in other planning documents) 	Problem to identify as the HIAs are simply not evidenced enough	<p>Explanation:</p> <p>Level of precision, standards abided by are well described in environmental health issues already covered in other expert reports.</p> <p>In addition, as community engagement cannot be prescribed to scope health issues, there is little ability to make developers accountable.</p> <p>The Tower Hamlets HIA guidance was published in July 2020, and hence findings would reflect many HIAs conducted prior to HIA guidance, nor not still aware of it.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> - Ensure that the HIA guidance is visible and up to date - Monitor future use of the HIA guidance - Amend assessment criteria to reflect need to cover neighbourhood level, inequity
Response from Developers to our HIA comments?	Additional statements are usually more comprehensive when requested.	Monitoring if DM case officers has requested further information on behalf of HIA officer and what actions were taken.	<p>Explanation:</p> <p>Issue comes from the limited policy hooks for the HIA policy and developers provide the least amount of information</p>

			<p>Recommendation:</p> <ul style="list-style-type: none"> - Develop HIA guidance into SPD
--	--	--	---

Table 4: Analysis of HIA submitted by developers

4.3 Thematic Analysis of HIA Criteria: are HIAs covering all assessment criteria with robust evidence?

The HIA guidance identified 4 themes and questions as assessment criteria. The four themes are:

1. Healthy Layout
2. Neighbourhood Cohesion
3. Healthiest of Environments
4. Active Living

Some criteria have been addressed much better than others.

Table 5 below identifies topics where the HIAs lack in evidence to justify good design. The table is based on the review of 60 HIAs.

<p>1. Delivering Healthy layouts: Ensuring proposed site layout maximises the health benefits delivered by new development</p>
<p><u>For the following design aspects of the healthy layouts theme: HIAs generally offer either a sound evidence base or make a clear reference to other detailed expert reports with a sound evidence base</u></p> <ol style="list-style-type: none"> 1. Maximising sunlight 2. High density living 3. Mixed income open spaces 4. Neighbourhood level connectivity 5. Healthy land use <p>These elements are in the main well-regulated nationally and understood by built environment practitioners.</p> <p><u>HIA assessment criteria in healthy layouts below are not addressed adequately:</u></p> <p>How flexibly can homes be lived in? Is there sufficient space for a dedicated home working space without loss of a bedroom?</p>

Flexibility of homes for a variety of purposes is not covered adequately in the HIA

It requires a more behavioural analysis and less palpable. It could be tested in consultation.

2. Neighbourhood cohesion: addressing social disadvantage, isolation and ensuring new spaces are for all

For the following element of neighbourhood cohesion HIAs offer either a sound evidence base or make a clear reference to other detailed expert reports with a sound evidence base.

- Job opportunities

The following aspects of neighbourhood cohesion are not adequately addressed in HIAs:

- Future social value of the site
- Promoting social interaction
- Integration with wider community
- Creation of new community assets
- Healthy food environment

Altogether, the neighborhood cohesion theme is at the very least uneven in coverage. There will be economic analysis to support business use. Social value of place is not well defined or explored in HIAs and based solely on building/land use, not on 'actual' use that the community would make of the place.

Social value, social interaction etc are unregulated elements of design as they integrate complex interventions, or require opening up of land use to non-residents, which might not be seen as desirable for developers.

The HIA analysis would also require community views and perceptions, probably easiest methods to gather evidence. As public consultation is very limited, it is difficult for developers to demonstrate the social use of space.

3. Active living: delivering spaces and places where people can be physically and socially active

Our findings show for this theme that the HIA assessment criteria are not covered adequately.

HIAs do refer to these considerations but the coverage is very uneven here between various HIAs.

The theme seems to be used as a tick box exercise. HIAs often refer to the design and access statements and other planning documents and do not give much quantitative details.

HIAs often do not specify if the scheme’s open/green/play spaces are open to non-resident population. Some green spaces will be open, others will have restricted access and it is difficult without clear description, maps and drawings to identify the extent of public benefits.

The evidence base for active living is easy to identify and spell out (drawings, design, maps), there is an obvious lack of willingness of developers to open up spaces and co-design playgrounds. This is probably one area where public consultation would be the most valuable to identify impact of place on behaviour.

4. Healthiest of environments: ensuring new developments contribute to sustainability

Our findings show for this theme that the HIA will offer a sound evidence base or a reference to other expert reports but generally these are already well considered in planning because many of these are regulated elsewhere, HIA will make cross reference (sometimes very badly, but there are reports for the planning authority to review).

For larger schemes, an EIA will cover all environmental health issues with a robust methodology. Environmental health officers are consulted and can review this theme. Expert knowledge is needed to address these themes, community engagement would be limited and might not be very useful here.

Table 5: The consideration of individual assessment criteria in HIA

Conclusions from the findings

1. The HIA is meant to offer an assessment of the impact of the development on vulnerable groups, which other validation reports do not do in any detail.
2. We need to ensure that developers understand the role of HIA in assessing the burden of various risks (be they linked to environmental, physical or mental health) on vulnerable population, as developers tend to analyse risks individually (eg environmental health issues such as air quality), therefore not identifying clearly those most at risks.
3. There is a scope to ensure greater community engagement in HIA, in particular where local knowledge/community engagement would make a difference. These areas would benefit from local knowledge to assess how end users would use the space, whether the new design would lead to behaviour change or promote health equity. Co-design could be encouraged in specific areas such as creation of play grounds, accessibility, quality of green and open space. Quality and aesthetics of place can have a positive impact on health, wellbeing, pride in the local environment. Co-design will empower local residents and contribute to sense of belonging, control over the local environment.

5. Conclusions: Achievements and challenges for the HIA Implementation Programme

5.1 Achievements

Evolution of the HIA Policy started back in 2015, throughout that time our relationship with colleagues across Planning has flourished. The strength of our **Partnership has built a shared understanding on how to maximise the legal levers of the HIA policy. The journey started out as capacity building of the HIA Policy which has now evolved to consider the broader political-economic approach to maximise policy leverage.** Furthermore, how partnership has explored:

- Addressing the limit in planning power of the current HIA policy in the guidance
- Stronger focus on the assessment questions identified in the HIA guidance as a bargaining tool
- Ensuring criteria used in assessment matrix are linked to planning issues
- Still emphasising a multi-scale place shaping analysis
- Translating the HIA language into Development Management friendly language

We have also built strong **a good working relationship** between Development Management and Public Health, underpinned by our working group and facilitated by the HIA officer. As a partnership we have developed a suite of deliverables, these have included:

- **Tools:** HIA guidance, assessment criteria for healthy developments, community engagement guide
- **Capacity building:** crib sheet, how to conduct a HIA training webinars, contribution to PHE HIA guidance
- **Evaluation work:** Leading on the HIA policy evaluation with UCL, two academic articles in progress

This implementation programme has also been a success for the learning on HIA Policies within local planning authority context, the HIA agenda and methodology has been promoted beyond Development Management internally; London wide; as well as nationally (responding to MHCLG consultation on new planning system on behalf of London ADPH and to reform of NPPF).

5.2 Challenges

Silo working: Despite great partnership working across Tower Hamlets, we did note organisational silos imposing different sectoral priorities, limiting a pooling of resources and slowing down policy implementation.

Organisational management reduced the ability to consider all the policy integration factors equally from the very start. The original implementation programme driven by Public Health focussed on capacity building (linear process) but needed to be adapted in view of planning's governance and policy drivers.

Once the implementation programme started, it was easier for both public health and planners to understand the reality of mainstreaming health into land development and its associated policies.

Cross sector working has got to continue in order to fully understand each other's priorities and constraints.

Lack of HIA statutory power: HIA enables the opportunity to reinforce the social value/place-making value of new developments led by the market and to also engage the community in a focused way (considering views of the more vulnerable groups). **The lack of statutory national policy in England needs to be compensated by political leadership at Borough level.** We questioned if this is a role for Public Health leaders to influence political leadership or advocacy to embed HIA into national policy to maximise the tool to offer a normative or value-based approach to the building of healthy communities.

Reform of English planning to speed up housing delivery: The current delayed reform of planning presents a potential challenge to the effectiveness of HIA at DM level. The reform aims to speed up the decision-making over planning applications by limiting the level of scrutiny over planning applications. The role of HIA at DM level would be diminished in this scenario. However, to ensure quality standards, the reform encourages local planning authorities to adopt local design codes. The Tower Hamlets HIA process could be a useful tool to support the development of local design codes and identify good planning and design practices.

HIA needs to better understand where its opportunities lay within **Governance of development sector**, there are power balances between different stakeholders of the development process, the weight given to scientific evidence base, political, economic, social considerations in Development Management have been an issue for consideration for health.

Housing targets: The London Plan sets high housing targets for Tower Hamlets as well as emphasises design quality in buildings and places, yet it does not set out target density ranges, instead leaving upper density levels open, so a huge issue in Tower Hamlets. The High-density living SPD has been produced to tackle this problem and ensure high design standards in a challenging environment, but there is

no links between HIA and High-density living SPD. **The high housing targets and the limited connection between the high-density living SPD make it challenging for the HIA to assessment health but there is an opportunity here to reinforce each other.**

DRAFT

6. Recommendations

The HIA Working Group proposes the following recommendations to support the evolution of the HIA Policy in Tower Hamlets but also to strengthen the partnership between Public Health and Planning.

Recommendations are aimed at different stakeholders and are split into three categories

- **Recommendations to Development Management on HIA process**
- **Integration of health considerations into planning policy**
- **Londonwide partnership**

Recommendations to Development Management on HIA process	How to deliver this?
<p>1. Streamline the HIA Policy wording to focus on the largest applications (e.g. referable to the GLA or 150 residential units or more) and clarify the requirements for detailed HIA within the Policy and ‘explanations’ section in the Tower Hamlets’ Local Plan.</p>	<p>As we prepare to write a new Local Plan update the Policy wording and explanations to reflect a new streamlined policy.</p>
<p>2. Public Health should resource attendance at pre-applications, focussing on the GLA referable schemes.</p> <p>This would ensure that health is covered in pre-app schedule, that HIA guidance criteria are used to scope HIAs and that developers are aware of the need for robust consultation, analysis and clearly specified mitigation measures. A first step would be to ensure DM officers on GLA referable applications are briefed to include PH in pre app meetings and health as a standard agenda item.</p> <p>NB: According to 2019-2021 figures, this would require input into 20 applications a year, requiring preparation, consideration of draft planning documents, exchange of emails with DM officers and developers or their consultants. With cross-</p>	<p>Cross-sector agreement between DM and Public Health. Allocation of 0.2/0.4 HIA Officer equivalent post in Public Health annual programme.</p>

<p>sector knowledge of planning and health, this would amount to a 0.2/0.4 HIA Officer post.</p>	
<p>3a. Strengthen the Statement of Community Involvement (SCI) guidance to require:</p> <ul style="list-style-type: none"> • Health assessment criteria (identified in the HIA guidance) to be explicitly covered in consultation • Particular groups who are particularly at risk of / suffer from common conditions in the Borough to be consulted (to seek to address health inequalities). A list could be identified by PH through its JSNA for the borough level. For ward level issues, the HIA analysis should identify relevant groups. <p>3b. Ensure that developers are offered guidance on how to engage with specific groups and on what issues.</p>	<p>DM to check if this would require agreement of the Lead member for Planning</p> <p>DM or PH to work with Strategic Planning and suggest amendments to the SCI.</p> <p>PH to give details on:</p> <p>(a) who PH think should be engaged with in particular</p> <p>(b) how they should be reached and</p> <p>(c) on what issues.</p> <p>DM and PH to discuss how the above will be implemented into a new SCI.</p>
<p>3. Review assessment criteria, and focus these onto areas where community consultation would add much needed input including:</p> <ul style="list-style-type: none"> • Neighbourhood level: assessing the quality, availability and accessibility of play, open and green spaces and amenities; ensuring that the development is embedded into its neighbourhood and contribute to its place shaping • Active living: assessing the design, availability and accessibility of communal spaces and amenities promoting active life 	<p>PH in collaboration with DM to redraft the HIA guidance accordingly</p> <p>DM to endorse new wording and upload new version of the HIA guidance on the validation webpage</p>

<p>style, activities and movement as well as healthy food environment</p> <ul style="list-style-type: none"> • Equity: Ensuring that the voice of vulnerable population is considered and supports co-design of place to ensure equitable access and use of amenities. 	
<p>4. Supply developers with locality baseline, identify vulnerable populations, priority health topics and key ‘wider determinants’ of health in each Area.</p>	<p>PH to prepare a high-level dataset, informed by JSNA data and Health and Wellbeing strategy’s priorities.</p>
<p>5. Continue building the capacity of planners to understand the wider determinant of health approach and the role of planning and urban design to deliver the health prevention agenda</p> <p>NB: Planners are already bought into the sustainability agenda. The health evidence base must be translated into clear and actionable planning principles. This is secured through ensuring that HIA assessment criteria cover Planning (material considerations) issues rather than general good design practice interventions that developers would reject de facto.</p> <p>Similarly, health professionals need to build knowledge, awareness and expertise within planning to better understand the environment it operates within.</p>	<p>PH to identify local plan policy and other key place strategies and objectives that support health. Identify gaps and advocate for Planning</p> <p>Policy to address them in a refresh of local plan</p> <p>Short PH secondment to planning/place – Part-time co-location arrangement</p>

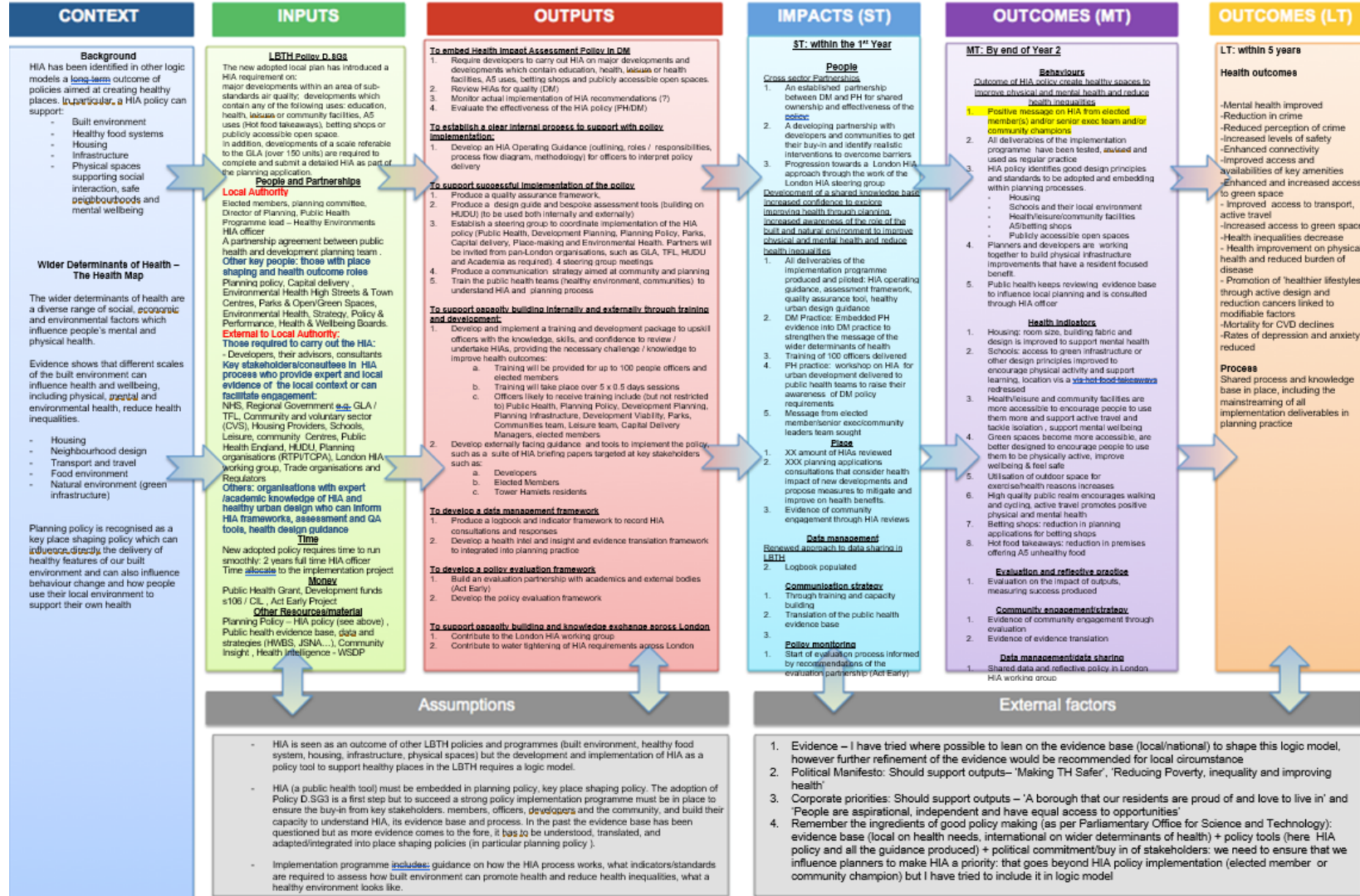
<p>Integration of health considerations into planning policy</p>	<p>How to deliver this?</p>
	<p>Strategic planning team developing Masterplan and / or Design codes to inform PH in good time of the</p>

<p>6. Explore opportunities to consider the upstreaming of HIA in planning policy and strategy.</p> <p>PH to contribute to the negotiations of planning policy instruments with relevant stakeholders and ensure health is considered.</p> <ul style="list-style-type: none"> • Masterplan: offers a context to consider impact of urban design and land uses at neighbourhood level (e.g. accessibility, integration into green infrastructure/active travel /town centre strategies) • Design guides or codes/SPDs: HIA offers a methodology to consider what works in design for specific demographics and urban context from a variety of viewpoints (policy, participation, scientific evidence) 	<p>timeline for MP/design code production</p> <p>PH to allocate resource to participate in the local plan review process starting Spring 2022.</p>
<p>7. PH must ensure the learning from HIAs inform design policies in local plans (what are health priorities).</p> <p>This can be secured in dialogue with DM officers who oversee all elements of design and place shaping.</p>	<p>PH to continue monitoring/evaluating HIA effectiveness through research evaluations opportunities (e.g. Act Early).</p>

London/nationwide HIA partnership	How to deliver this?
<p>8. Continue advocating at London/national level for a statutory HIA or for a common approach, involving the key stakeholders (now known as the Office for Health Improvement and Disparities), RTPI, ADPH, IEMA) and also to ensure we continue capacity building across both sectors.</p>	<p>PH to use various existing London fora and explore opportunities in these</p>

Appendix A: Logic Model

Health Impact Assessment of new developments supporting health and wellbeing in TH neighbourhoods



Appendix B: HIA Implementation Programme deliverables against proposed deliverables

Deliverable	Intended function	specific objections to deliverable	State of completion	implications of deliverable not being used	Alternatives put in place to serve the intended function, if any?	Current options going forward	Other mechanisms that could achieve the same objective to consider?
Deliverables contracted to external provider							
Design guide	Highlight policy design hooks between health and the local plan.	Steering group agreed this would not be published as would not be needed by DM officers who would check the scheme against Local Plan's policies and against any material considerations.	<i>almost completed document</i>	None. The document is not needed by DM. It would have been a guidance rather than SPD with higher planning policy status.	None. But the published HIA guidance includes an assessment matrix identifying design for health principles (planning matters). HIA report must cover all these questions. - design must be based on local plan policies. - HIA officer focuses on areas of association between design and health and rely on existing resources, eg. PHE (2017) Spatial	The reform of planning might encourage local planning authorities (LPA) to adopt local design guides. A design guide for health could inform this document. This should be discussed with Planning Strategy.	Yes. The High Density Living Supplementary Planning Document was developed by Place and adopted in December 2020. The SPD supports the Local Plan, in particular: Policy S.DH1 - Delivering high quality design Policy D.DH7 - Density. The SPD pledges to improve the quality and fairness of housing and make development work better for Tower Hamlets residents. It will apply in applications for future high-density homes and tall buildings. Same comment on this

					Planning for Health: Evidence review tool.		(High Density Living SPD) as per comment on Statement of Community Involvement, above: We should consider whether, given above limitations to HIA, a useful approach would be to get health more explicitly considered in other more 'mainstream
Quality assurance framework	To offer a localised framework to review quality of HIAs	Steering group agreed this would not be published. too academic for the purpose of the policy. Alternatives exist and methodology for HIA are universal rather than localised.	completed	None. Two tried and tested alternatives exist, one tailored for DM.	A short crib sheet for DM officers to review HIAs – Tested by DM officers in August 2021. The published HIA guidance encourages applicants to use Ben Cave's review package.	N/A	Yes. Ben Cave's A review package for Health Impact Assessment reports of development projects http://hiaconnect.edu.au/wp-content/uploads/2012/05/hia_review_package.pdf WHIASU, Quality Assurance Review Framework for HIA https://phwwhocc.co.u

							k/whiasu/wp-content/uploads/sites/3/2021/05/WHIASU_2017_QA_Review_Framework_for_HIA_FINAL_GUIDANCE-1.pdf
External guide	<i>To offer guidance to applicants</i>	Steering group decided that one guide would serve both external and internal purposes.	Completed and published https://www.towerhamlets.gov.uk/lgn/planning-and-building-control/planning-applications/Making-a-planning-application/Local-validation-list/Health-Impact-Assessment.aspx Version 2 of the document is currently published.	N/A	N/A	N/A	N/A
Internal guide	<i>internal guide was to support capacity building by creating knowledge and awareness of HIAs and Health in Tower Hamlets: support DM officers to</i>	Steering group decided that rather than create an internal and external guide, we should develop one document for both purposes	See above, integrated into the external guide: https://www.towerhamlets.gov.uk/lgn/planning-and-building-control/planning-applications/Making-a-planning-application/Local-validation-list/Health-Impact-Assessment.aspx	Reduced capacity for DM officers to advise applicants and to review HIAs submitted.	Crib sheet for DM officers developed How to guide to be developed in August 2021 by the HIA officer for non-DM TH sectors	N/A	N/A

	advise applicants and to review HIAs		g a planning application/Local validation list/Health Impact Assessment.aspx				
Training and development	<i>it was intended that Temple would develop a suite of training resources, including recorded webinar which would cover topics like, what is health and wider determinants; What is HIA; How to review a HIA; etc.</i>	<i>It was decided this was no longer needed.</i>	Not delivered by Temple	Alternative delivered	HIA officer delivered two training sessions to DM, one recorded. Further training session in August 2021, covering crib sheet.	N/A	N/A
New deliverables identifying during the course of the implementation programme							
Community engagement guide	Community engagement has been poor in HIAs submitted; PH took the initiative to draft a community engagement guide for applicants	DM have not supported the publication of this guide as community involvement is ruled by the Statement of Community Involvement (SCI) guidance – a gap remains on improving community engagement through	completed	Planning policy does not require specific HIA engagement, so bottom-up approach to capacity building is probably not the right approach.	See Crib sheet for DM officers	DM had offered to add a paragraph on HIA consultation in their Statement of Community Involvement guidance Encouraging applicants in pre-apps seems the best option now	N/A

		Development Management.					
Local area profiles	<p>Given the lack of quality in HIA's health profiles, PH decided to provide applicants with key statistics to consider in their HIA –</p> <p>DM have been active in commenting on what information would be useful in the local area profiles.</p>	N/A	Draft stage – reviewed by DM	The local area profiles can serve to raise the health issues in the borough and nudge developers towards considering health.	N/A	N/A	N/A
Crib sheet for DM officers	<p>DM suggested a crib sheet would be very useful to support DM officers</p> <p>Crib sheet for DM planners covers:</p> <ol style="list-style-type: none"> 1. how to encourage applicants to conduct and demonstrate quality engagement in their HIA in pre-apps and 	N/A	Completed – Piloted currently by DM officers	N/A	N/A	N/A	N/A

	2. how to review community engagement in HIA submitted						
--	--	--	--	--	--	--	--

DRAFT

^{i i} Tower Hamlets (2016). Spatial Planning and Health JSNA (2016), available at https://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/JSNA_Spatial_Planning_and_Health.pdf

ⁱⁱ Tower Hamlets (2016). Spatial Planning and Health JSNA (2016), available at https://www.towerhamlets.gov.uk/Documents/Public-Health/JSNA/JSNA_Spatial_Planning_and_Health.pdf

^{iii iii} This reflects the 1999 definition of HIA: 'A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population'. (European Centre for Health Policy (1999) Gothenburg Consensus).

^{iv} The list includes HIA officer, Design and conservation; Infrastructure planning; CIL team; viability officer; EIA officer; Environmental Health (inc. Air quality, noise and vibration, smell/pollution, hazardous substances, contaminated land); Health and safety officer; Education development team; Housing; Project 120 (OTs); Street naming and numbering officer; Head of building control; growth and economic development; biodiversity; Arboriculture officer; Energy efficiency/sustainability; surface water run off/SUDS; waste policy and development; transport and highways;

^v Sheppard, Peel, Ritchie and Berry (2017). The essential guide to planning law – decision-making and practice in the UK, Policy press: Bristol, p. 113

^{vi} Sheppard, Peel, Ritchie and Berry (2017). The essential guide to planning law – decision-making and practice in the UK, Policy press: Bristol, p. 112.

^{vii} Sheppard, Peel, Ritchie and Berry (2017). The essential guide to planning law – decision-making and practice in the UK, Policy press: Bristol, p. 107.