

## **Barriers and facilitators for implementing the Health Impact Assessment policy for Urban Planning Developments: A case study**

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### Abstract

This paper discusses the implementation of the London Borough of Tower Hamlets Health Impact Assessment (HIA) Policy and presents the results of a process evaluation aimed to assess its implementation and gain understanding on the benefits and challenges brought by the HIA Policy.

Following a case study approach, a process evaluation was undertaken comprising in-depth interviews with Public Health and Development Management and focus groups with consultants, who conducted HIAs. Submitted HIAs (64) were reviewed and analytically assessed against key criteria. The HIA implementation was internally evaluated as part of a capacity building programme.

The evaluation showed that whilst there was a consensus on the importance of embedding health considerations in developments and that a good partnership had been developed between health and planning teams, several barriers to effective implementation existed. These included: lack of capacity to carry out the HIA among planners, lack of national policy levers and other mechanisms to integrate HIA into planning, lack of community engagement by developers and problems carrying out monitoring and evaluation. The evaluation underscored the need to strengthen the partnership between Health and Planning while improving the HIA process and better integrating health in planning policies at local, regional, and national levels.

### Key Words

Health Impact Assessment, planning policy, spatial planning and health, wider determinants of health, health inequalities, community engagement.

## 1 Introduction

The London Borough of Tower Hamlets (TH) has the fastest growing population of any Local Authority Area across England and Wales. Between 2011 and 2021 the local population grew by 22.1% to 310,300. It is also the most densely populated borough in England with 15,695 residents per square kilometre compared to an average of 424 per square kilometre in England, over 37 times higher than the mean average population density for England.<sup>1</sup> There are high levels of deprivation, with the borough being one of the five London boroughs within the 10 per cent most deprived authorities in England.<sup>2</sup>

In terms of health, TH is a significant outlier nationally with several poorer than average health outcomes<sup>3,4,5,6,7,8,9,10</sup>. TH has the highest rate of child poverty in the country once housing costs are taken into account;<sup>11</sup> unemployment; a highly dense urban environment (which affects physical activity, access to green space and air quality);<sup>12, 13</sup> with high numbers living in social housing, and private rented housing often characterised by overcrowding.<sup>14</sup> Research in TH showed that the impact of poor housing and environment on the experience of childhood and mental health was exacerbated during Covid-19 lockdowns.<sup>15</sup>



**Figure 1: Map of London which highlights inner and outer London boroughs**

The WHO defines a Health Impact Assessment (HIA) as “a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups”<sup>16</sup>. Recommendations are produced for decision-makers and stakeholders, with the aim of maximizing the proposal's positive health effects and minimizing its negative health effects. Moreover, HIA is considered as a way to engage with people affected by development helping decision-makers make choices about alternatives and improvements to prevent disease or injury and to actively promote health.

Planning policy is a key to place shaping directly influencing healthy features of the built environment how people use their local environment to support their own health. Hence, the importance of having tools to support development planners in the assessment of the delivery of healthy environments.

In 2020, TH adopted the Local Plan 2031 which introduced a HIA policy of new developments requiring developers to complete and submit a rapid or detailed HIA as part of the planning application. Following independent examination from the Planning Inspectorate, the requirement for the HIA Policy was embedded in the TH Local Plan and is a validation requirement.

To ensure the successful implementation of the policy and to build internal and external knowledge and competence, TH established a partnership between Public Health , Development Management and Planning Policy departments to build capacity across health and planning disciplines around the HIA.

This paper presents the results of the evaluation of the TH HIA policy implementation. This evaluation consisted of three parts: an external process evaluation, an internal assessment of submitted HIAs and the capacity building programme. The evaluation was conducted to identify the benefits and challenges brought by the HIA policy as described by the various stakeholders involved in its implementation. Suggestions to ensure the future continuity and success of the policy were also identified.

## 2 Methods

### 2.1 The academic process evaluation

A case study approach was used to understand ‘how’, ‘what’ and ‘why’ questions<sup>17</sup>. The process evaluation focused on barriers and facilitators that influence how the intervention worked in practice<sup>18</sup>. The evaluation involved focus groups and in-depth interviews with TH Council Officers as well as external stakeholders. Internal participants were selected because they had roles related with planning and place shaping and health outcomes. External participants were those responsible for carrying out the HIA.

#### 2.1.1 Focus groups and in-depth interviews

Seventeen participants were involved in this research. Two focus groups were conducted one with seven internal planning officers working in Development Management and a second with four external planning consultants. Six in-depth interviews were conducted, three public health specialists (including the HIA officer) and three planning leads. The focus groups and interviews followed a topic guide covering questions in key areas of interest such as: i) enablers and barriers to the HIA policy implementation, ii) relationship between the HIA and other assessments such as the EIA, iii) HIA related community engagement, iv) impacts of the HIA policy on development planners and developers’ decisions, v) leadership and cross-sector partnerships, vi) capacity building, resources, and support. The topic guides were adapted slightly in terms of wording and follow-up questions for each group of stakeholders.

All interviews were conducted online, via MS Teams, recorded and transcribed. The interview transcripts were analysed by two researchers using Template Analysis<sup>19</sup> which is regarded as a pragmatic tool for applied policy research. The ‘template’ was the topic guide of semi-structured questions which can be tentatively regarded as a priori topics of interest. The aim of the qualitative research was not to quantify responses but reflect the diversity of

ideas that arise in a guided conversation between researcher and participant. During the coding phase the initial template was revised to reflect any new emerging issues. The transcripts were analysed in NVivo10. Ethical approval (Project ID 4129/006) was given by UCL Ethics committee.

## 2.2 Review and quality assessment of submitted HIAs

The quality of 64 HIAs submitted between October 2019 and August 2021 were assessed. For each submitted HIA, thematic analysis was undertaken across each of the four HIA policy themes: 1) Healthy Layout, 2) Neighbourhood Cohesion, 3) Healthiest of Environments and 4) Active Living. The analysis judged the quality of the HIA in terms of the extent to which it was covering all the assessment criteria for each theme (defined as a set of questions) with robust evidence.

## 2.3 Internal evaluation of the HIA implementation programme

In February 2022, the TH HIA Working Group conducted an internal evaluation of the HIA implementation in the context of a capacity building programme. The purpose of this evaluation was to showcase the learning from TH HIA Implementation Programme between 2019-2021 and to provide recommendations for the next steps for the HIA policy and more broadly for the integration of health consideration into planning functions.

# 3 Results

## 3.1 Findings from the in-depth interviews and focus groups

The overall findings that arose were the consensus on the importance of health and wellbeing in the design of development among all participant groups and that the HIA officer role performed an important way of breaking down silos. However, several barriers to implementation were identified. Main barriers included: lack of capacity and training among planners, lack of national and local policy hooks to give the policy leverage, lack of engagement with the policy used by developers, as well as lack of community engagement by them. Key findings are presented summarised in the themes below:

### **HIA Policy Impact**

Planners saw the HIA policy as initiating a valuable conversation, framing applications holistically, and prompting consideration of health factors and being instrumental in addressing silo working. Public health officers viewed it as a tool, based on community engagement and place shaping, for advocating holistic health considerations among developers and reinforcing existing standards. Consultants acknowledged HIA benefits but suggested a more focused approach, emphasizing social determinants over broad environmental coverage, already considered in Environmental Impact Assessments (EIA).

### **Perceived engagement of developers**

Planners felt developers viewed HIA as a hurdle, with concerns about the process lacking meaningful community consultation. Rapid HIAs were seen as checkbox exercises, and comprehensive ones required commentary by the HIA officer. Pre-application discussions often neglected the HIA focusing on housing specifics like height and scale.

### **Organisational Factors: Partnership Working**

Planners stressed the importance of a dedicated HIA officer to bridge knowledge gaps and provide expert guidance. This was enabled through monthly meetings and senior management commitment.

### **Challenges in Implementation: Lack of Capacity**

Public Health participants highlighted challenges in developing partnerships with Planners, citing time constraints and a lack of understanding about the policy implications. Monitoring and accountability were identified as issues, with concerns about the high-level nature of HIA guidance.

### **Lack of National Planning Policy Levers**

Public health participants expressed the need for planning policy levers related to health outcomes, emphasising the absence of a senior leadership from Public Health England. HIA was considered a soft policy, requiring stronger links to planning conditions and obligations.

### **Training Gaps**

High staff turnover in planning presented a challenge for capacity building. Proposed online resources for training remained unrealized, and a lack of training on the relationship between planning and health was acknowledged.

### **Monitoring and Evaluation Challenges**

Public health participants stressed the importance of evaluating HIA outcomes, but challenges included a lengthy development timeline and the absence of built-in monitoring. The need for a systematic evaluation process and specific criteria for assessing outcomes was recognized.

### **Lack of Community Engagement**

The existing planning system lacked specific health discussions in community involvement, hindering effective policy implementation. Planners felt that they found meaningful community engagement challenging due to community resistance and resource constraints.

### **Council Engagement Strategy**

Planners questioned the feasibility of the council developing an engagement strategy, citing disciplinary differences and resource challenges. While community development panels were successful in some regeneration projects, the overall approach remained uncertain.

### **Strategies to Improve Engagement**

The following were given as strategies that could improve engagement:

- Developers could consult ward councillors (local politicians).
- TH could publish a community development guide.
- Local health and wellbeing boards<sup>1</sup> could be engaged with for hyperlocal expertise.
- Encourage developers to consult with engagement consultants.

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<sup>1</sup> a statutory forum where political, clinical, professional and community leaders representing the care and health system meet to improve the health and wellbeing of their local population and reduce health inequalities.

### 3.2 Results from the review of the submitted HIAs

Findings from the review of the 64 submitted HIA demonstrated that many were lacking in the following details:

- Poor methodologies;
- difference between rapid and detailed HIA not understood;
- lack of consultation;
- vulnerable population not identified;
- impact area not identified;
- little evidence to back statements (for 30 HIAs Development Management case workers were advised to request additional information from developers following the original submission)
- HIA not understood as a standalone document and many references to other expert reports without synthesising arguments or giving a precise reference;
- Developers were unsure if they should produce a detailed HIA for an EIA Application (S73 planning application) or when an original application required a detailed HIA (the HIA Officer had to request a HIA on seven planning applications).

Trends were noted on the contents of HIAs submitted concerning aspects of the developments deemed insufficient for health, such as 1) sometimes below 35% affordable provisions, 2) no details on air quality, environmental issues, or issues during construction and how they were being considered, 3) no drawings or maps or detailed description for play areas, green infrastructure, level of accessibility to neighbouring communities.

### 3.3 Results from the internal HIA policy implementation review

To support the mobilisation of the Policy, in 2019, a capacity building programme, known as the ‘HIA Implementation Programme review’ was developed. During the development of the review core concerns were identified over how the HIA policy would be integrated into planning policy, a key stage of land development, in view of its very specific governance, economic and political context. As an example of this, it was mentioned that as the Local Plan was going through the final approval stages following examination in public in 2019/2020, concerns were raised by Development Management over the Policy wording – this is despite Development Management approving the policy wording prior to examination -. Notable omissions to the supporting policy ‘explanation’ guidance in the Local Plan were identified. 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.

Development Management case officers consider HIA findings alongside other reports, weighing various factors to impose conditions or reject planning applications. The evidence used in decision-making is influenced by legal, economic, and political drivers, guided by material considerations. The initial approach in embedding HIA into Development Management involved using it as a negotiating tool with developers at the pre-application stage<sup>20</sup>. This approach led to changes in the original deliverables outlined in the implementation program, making them more effective for this purpose. Final outputs included design guides, quality assurance frameworks, guidance for applicants and

Development Management officers

([https://www.towerhamlets.gov.uk/ignl/planning\\_and\\_building\\_control/planning\\_applications/Making\\_a\\_planning\\_application/Local\\_validation\\_list/Health\\_Impact\\_Assessment.aspx](https://www.towerhamlets.gov.uk/ignl/planning_and_building_control/planning_applications/Making_a_planning_application/Local_validation_list/Health_Impact_Assessment.aspx)), training resources, a community engagement guide, and local area profile material.

#### 4 Discussion

The hypothesized benefit of the HIA policy was that proposed developments would enhance health and wellbeing by ensuring adherence to relevant local plan standards, considering scientific evidence and community input. Public Health expected design alterations based on evidence or application rejections. Other anticipated benefits included alignment with England's plan-led approach and scrutinizing applications for local plan policy conformity. HIA aimed to bring public health evidence into a consultative decision-making process. This paper's case study on HIA policy implementation in TH conducted a process evaluation, discussing identified benefits, challenges, and suggestions for future continuity.

Aligned with reported positive HIA outcomes (Ali et al., 2009; Dannenberg, 2016)<sup>21,22</sup>, stakeholders acknowledged HIA's success in raising awareness and fostering a good partnership between health and planning teams. However, challenges in integrating HIA into planning processes were noted. Issues included omitted HIA explanations in the Local Plan, lack of time for Development Planners to review HIA, and difficulties in integrating HIA into different types of planning applications. Some stakeholders questioned whether HIA should be embedded in other assessments like Environmental Impact Assessment (EIA) for a better health platform, echoing findings from other studies<sup>23</sup>. Although others mentioned that the standalone HIA considered health risk factors in a holistic way and based on community engagement and place-shaping in a way in which the EIA did not do it.

Timeliness was identified as a critical issue, with stakeholders agreeing on the need for integration at the pre-application stage. However, practical challenges persisted, aligning with previous HIA evaluations<sup>24,25</sup>. The HIA officer and partnership between Development Management and Public Health played a crucial role in capacity building and policy integration, emphasizing the importance of easily accessible information, such as crib sheets. However, some deliverables, like the community engagement strategy, were not widely adopted due to Development Management's resource constraints.

Monitoring and evaluating HIA proved challenging due to Development Management's lack of resources (e.g. time and capacity) and the absence of a framework for built-in monitoring and systematic evaluation to place. The quality of HIA evidence emerged as an issue, affecting the identification of impact significance and causality. Stakeholders highlighted that the lack of policy levers at local and national levels made HIA a soft policy, not achieving the expected benefits of design changes. The evaluation underscored the lack of community engagement by developers. In summary, while HIA demonstrated positive outcomes, challenges in integration, timeliness, evidence quality, and community engagement need attention for the policy's continued success.

#### 5 Conclusions

Successful collaboration between Planning and Public Health colleagues has led to a shared understanding of maximizing the legal levers of the HIA policy. Initially focused on capacity

building, the programme has evolved to incorporate a broader political-economic approach for enhanced policy leverage.

Despite effective partnership working, organizational silos, sectoral priorities, and resource constraints across TH have impeded policy implementation. Management challenges hindered a comprehensive consideration of policy integration factors.

HIA provides an avenue to emphasize the social and place-making value of market-led developments, fostering focused community engagement, especially with vulnerable groups. Compensating for the lack of statutory national policy in England requires strong political leadership at the Borough level. HIA needs to navigate power balances in the development sector, considering scientific evidence alongside political, economic, and social factors in Development Management.

The ongoing planning reforms, aiming to expedite decision-making and limit scrutiny, pose a potential challenge to HIA effectiveness at the Development Management level. The role of HIA in local decision-making could diminish under these reforms.

There is an opportunity to enhance community engagement in HIA, particularly where local knowledge can make a difference. Focus areas include assessing end-users' utilization of space, promoting behaviour change, and ensuring health equity. Encouraging co-design, especially in creating playgrounds, improving accessibility, and enhancing green spaces, empowers local residents and fosters a sense of belonging and control over the local environment. The quality and aesthetics of the place can positively impact health, well-being, and local pride.

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### Conflicts of Interest

The authors declare no conflict of interest.

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