

Health & Wellbeing

Health Impact Assessments – Our Considerations

1. Issues and Opportunities

- 1.1. The World Health Organisation define 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. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects and minimising its negative health effects.’ The Combined Authority acknowledge the role HIAs can play in understanding health implication, and the SDS will be subject to a HIA via the Integrated Impact Assessment.
- 1.2. Liverpool City Region has an estimated population of just over 1.5 million of which 19% are aged 65 or over, higher than the national average of 18.4%¹. The Government’s 2019 English Indices of Deprivation show that almost a third of the City Region’s neighbourhoods are within the top 10% most deprived in England. As such the City Region is significantly more deprived than the national average. Furthermore, based on these indices, almost half of the City Region’s neighbourhoods are within the top 10% most health deprived within England, with areas of high health deprivation tending to be those also affected by high levels of multiple deprivation. Figure 1 shows Liverpool City Region LSOA by deprivation decile in terms of health and disability (2019).
- 1.3. Healthy life expectancy at birth is [defined](#) by Public Health England as the estimate of the average number of years that babies born in a given time period will live in a state of ‘good’ general health. This is dependent on average mortality levels at each age, and the level of good health at each age, remaining constant in the future. Within most areas of Liverpool City Region healthy life expectancy is below the national average for males and females and is particularly low within areas impacted by high levels of deprivation².

¹ LCRC Evidence Research & Intelligence.

² LCRC Evidence Research & Intelligence.

1.4. In 2017, the prevalence of common mental health disorders is at or above national levels across the six boroughs of the City Region, whilst during 2017/18 severe mental health disorders are more prevalent within the City Region than nationally³. City Region school pupils are more likely to have social, emotional and mental health needs compared to the national and regional average, and young people are more likely to be admitted to hospital because of a mental health disorder⁴.

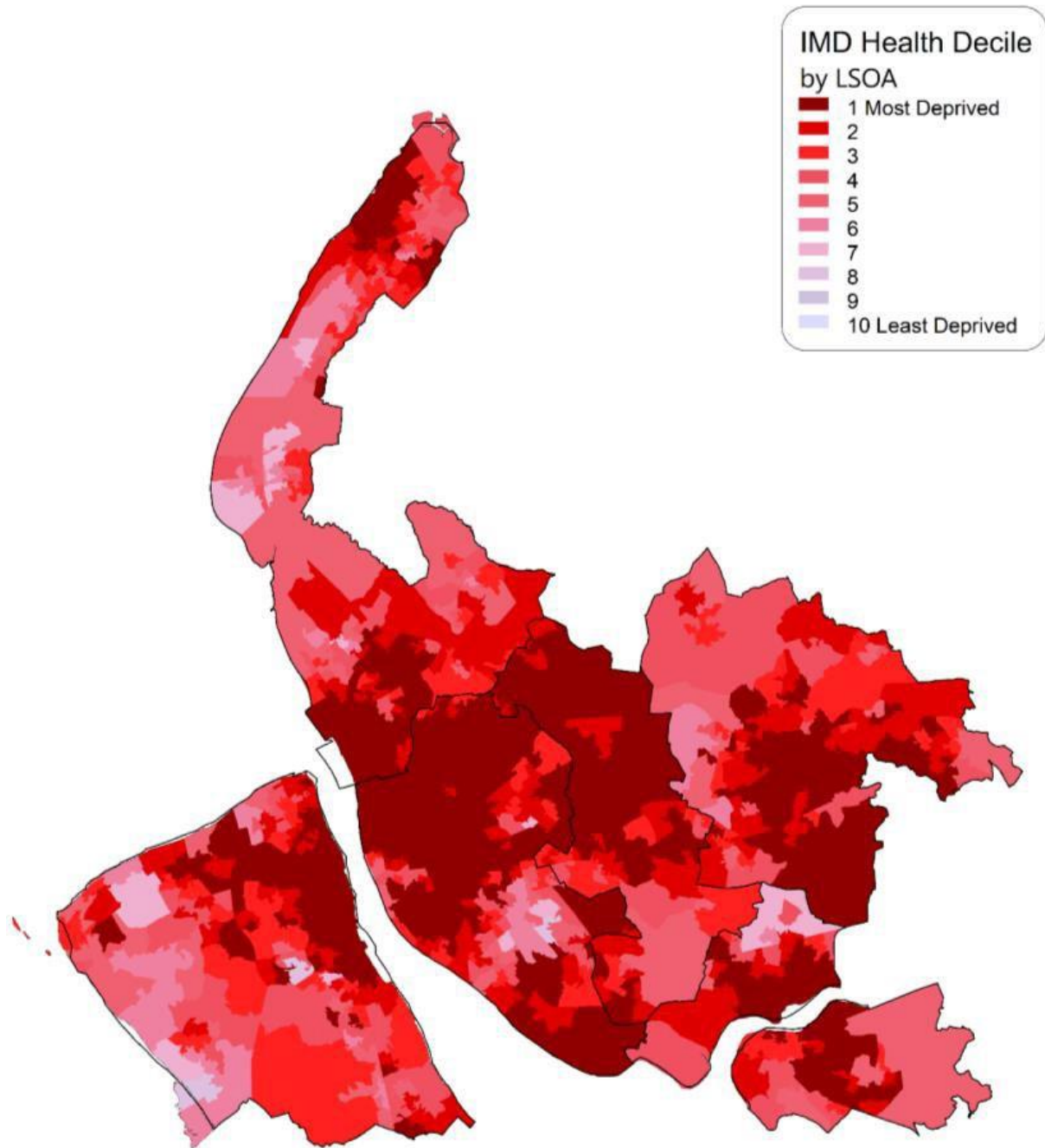


Figure 1. Liverpool City Region IMD Health Decile by LSOA.

³ LCRCA Evidence Research & Intelligence.

⁴ LCRCA Evidence Research & Intelligence.

2. Why does the Spatial Development Strategy need to address this?

- 2.1. The SDS has a statutory duty to address health and health inequalities.
- 2.2. The importance of health in achieving sustainable development and the promotion of healthy lifestyles and healthy living are recognised in the [National Planning Policy Framework](#) (NPPF). Of relevance, the NPPF sets out that planning policies should aim to achieve healthy, inclusive and safe places which enable and support healthy lifestyles; especially where this would address identified local health and well-being needs. Examples of this include the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.
- 2.3. [National Planning Policy Guidance](#) recognises Health Impact Assessments (HIA) as a useful tool to use where there are expected to be significant impacts associated with a planning application. HIAs have also been identified by public health organisations such as the [World Health Organisation](#) as playing a vital role in raising awareness, promoting public participation, and placing health on the agenda of all development sectors. Three forms of HIA exist which are: desk based HIA, a rapid HIA or a comprehensive HIA, ranging from 2 to 6 weeks up to 6 months for an in-depth assessment of potential health impacts. As set out [here](#), a 'desk-top' appraisal is generally undertaken by an organisation's own officers, a 'rapid appraisal' generally uses existing information and involves workshop/stakeholder participation, whilst a 'comprehensive HIA' involves the collection of new data and greater participation.

3. What is being done by the Combined Authority?

- 3.1. Health forms part of the Metro Mayor's Manifesto, wherein he identifies that he will tackle City Region health issues by:
 - Integrating public health to encourage healthy and active lifestyles by promoting sport, walking and cycling, and delivering a strategy to make these sustainable and more healthy forms of transport safer and more attractive to all;
 - Delivering joined-up initiatives with local authorities and NHS Trusts that encourage healthy and active lifestyles across the City Region as part of an integrated public health strategy.

- Being an advocate for people impacted by poor mental health and dementia, tackling the stigma and championing the services they need.

3.2. The Combined Authority have also produced a number of plans and strategies to help improve health and address health inequalities across the City Region. The City Region already has a number of initiatives and strategies that support active travel including the [Liverpool City Region Combined Authority Cycling and Walking Infrastructure Plan](#) and the [Liverpool City Region Combined Authority Local Journeys Strategy](#), both of which will help increase physical activity and reduce use of vehicular transport, with associated reductions in emissions. The Combined Authority have also created an Air Quality Task Force to improve air quality in the City Region. A recent output of the task force has been an [Interim Air Quality Action Plan](#), which makes a number of recommendations, some of which will inform the SDS. The Combined Authority [Transport Plan](#) is also relevant to air quality, and sets a strategic objective to develop a mobility system that enhances health and wellbeing and developing a liveable and resilient City Region that addresses the challenges of poor air quality.

3.3. Of relevance to skills, a [Health and Care Growth Action Plan](#) has also been produced by the Combined Authority. Based on the critical mass of scientific assets within the City Region, open health innovation is recognised as a transformational opportunity in the [draft Local Industrial Strategy](#). In addition, a HIA has been incorporated in the Integrated Impact Assessment⁵ of the SDS which would help address health and health inequalities in a holistic and overarching way that complements existing City Region plans and strategies.

4. What you told us

4.1. Of relevance to health and health inequalities, responses to our previous SDS engagement highlighted:

- Health is important and that more could be done across the City Region to improve it.

⁵ AECOM (2020) 'IIA Scoping Report':

- There is recognition that the built environment can help tackle poor health outcomes.
- HIAs should be incorporated into planning frameworks.

5. How we could respond

5.1. We consider that requiring specified types of development proposals to be accompanied by a HIA could be an effective way of helping address health and health inequalities in the City Region. In addition, we consider that there could be a role for HIAs in local plan making in the City Region, and we intend to include a HIA in the Spatial Development Strategy Integrated Impact Assessment. The suggested SDS policy is set out below:

Specified planning applications and development plans made in the City Region would need to be accompanied and informed by Health Impact Assessments.

5.2. The suggested policy approach would require collaborative working between planning and public health teams. In addition we note that the Government's White Paper [*Planning for the Future*](#) envisages a move towards a map and rule based approach as opposed to vague statements of policy. The White Paper also proposes that major development would be accompanied by one key standardised planning statement of no more than 50 pages to justify it against local and national policy. As such we will be considering how a concise and more focussed form of HIA that remains effective could be achieved.

6. Which Objectives will this approach help to achieve?



Addressing health inequalities and creating a healthier City Region



Creating high quality buildings and places that allow our communities to flourish



Embedding Social Value in all aspects of development

7. How can we make sure this approach would work?

7.1. The following data sets could be used to monitor the effectiveness of the

- Number of applications with HIAs submitted – either desk-based, rapid or comprehensive.
- Qualitative review of the impact HIAs have on development proposals.
- Health indices of deprivation and outcomes.