



**Piloting Health Impact
Assessment as a Method of
Integrating Health into
Planning: A Case Study of the
Draft East End Local
Development Strategy**

KEY MESSAGES

- Participatory Health Impact Assessment using rapid appraisal techniques and bringing together people from a variety of backgrounds is an effective way of integrating aspects of health into the early stages of local development strategies.
- Incorporating a site visit into the Health Impact Assessment is an effective way of introducing and “making real” areas of concern in planning documents.
- Suggestions resulting from this Health Impact Assessment consisted of those that could be directly integrated into the East End Local Development Strategy (eg the integration of community hubs) and those that require liaison with other organisations and agencies for effective implementation (eg territoriality and gang-fighting).
- Participatory Health Impact Assessment is a useful method of engaging with stakeholders, as the process can provide a common language for communication and operate as an innovative form of consultation.
- The Health Impact Assessment has led to further innovative consultation techniques: a ‘scrapbook’ approach was taken and people were asked to photograph and document different daily journeys they made through their neighbourhoods. Members of the community then co-facilitated a wider consultation programme with planners.
- New working relationships have developed between all stakeholders, including planners and representatives of the community.



INTRODUCTION

Rationale for the Health Impact Assessment

The four main drivers behind the undertaking of a Health Impact Assessment (HIA) of the draft Local Development Strategy for the East End of Glasgow (EELDS) were:

1. Glasgow City Council's commitment to integrate health into the strategic planning process.
2. This Local Development Strategy sets out the regeneration framework for the Clyde Gateway, which is a national regeneration priority.
3. The population of the East End of Glasgow has some of the poorest health in the UK, so approaches that improve community health are an important part of strategies to reduce health inequalities.
4. The need to meet objectives under Phase IV of the World Health Organisation's (WHO) Healthy Cities Programme of which Glasgow is a member.

Background

There is a growing consensus that urban planning requires cooperation and partnership working to ensure a holistic and integrated approach. As the agencies or departments responsible for transport, energy, water, health and other important facilities, services or amenities do not often coincide, Barton and Tsourou recommend that the relevant authorities and agencies should undertake a collaborative approach to planning to create a healthy human habitat, which functions to provide opportunities and a high-quality environment for people irrespective of their wealth or status in a way that is ecologically sustainable.¹

The Commission for Architecture and the Built Environment (CABE) also recommends that people need to collaborate and cooperate if sustainable neighbourhoods are to be created, so that social infrastructure such as new schools, surgeries, parks, and leisure and recreation facilities are integrated into new and existing neighbourhoods.² In addition, the Scottish Executive has statutory planning guidance, Scottish Planning Policy Guidelines and Planning Advice Notes, relevant to the design and development of sustainable neighbourhoods.³

AIMS AND PURPOSE

Purpose of the Health Impact Assessment

Glasgow City Council and the Glasgow Centre for Population Health decided to use this strategy to pilot Health Impact Assessment in Glasgow, to determine its usefulness in generating informed recommendations and influencing decisions about integrating health into the planning system. This was seen as the first step in incorporating Health Impact Assessment as good practice at all levels in the planning process, from strategic to local developments.

Aims

- To identify the likely positive and negative health impacts of development proposals for the East End, and to make suggestions to enhance the positive impacts and mitigate the negative.
- To provide an alternative consultation technique to inform the Local Development Strategy.

APPROACH AND METHODS

The Glasgow Centre for Population Health (GCPH) commissioned specialist practitioner support for the Health Impact Assessment. Rapid appraisal techniques were used to bring together people from a variety of backgrounds, including economics, health, planning, housing and the local community. A participatory stakeholder workshop was held for two days on 31 November and 1 December 2006. This included a half-day site visit to the development area in the East End.

Stakeholders were divided into workgroups for the two days. To help identify potential impacts on health, stakeholders were given a list of health determinants that had been prioritised according to the contents of the Local Development Strategy. GCPH provided a summary health profile for the community living in the East End – “Health Indicators for the East End” – which acted as a baseline against which to judge the potential impacts of the proposals on the health of existing communities.

It is important to note that health was broadly defined, using the social model of health, in line with the definition adopted in the 1946 Constitution of the World Health Organisation: “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Box 1 shows the recommendations from the World Health Organisation regarding the determinants of health and well being that urban planning can influence.

Box 1: Determinants of health that can form the basis for healthy urban planning¹

- Opportunity for healthy lifestyles
- Social cohesion and supportive social networks
- Housing quality
- Access to diverse employment opportunities
- Access to high-quality facilities – educational, cultural, leisure, retail, health and open space
- Opportunity for local food production and healthy food outlets
- Road safety and a sense of personal security
- An attractive environment with acceptable noise levels and good air quality
- Good water quality and sanitation
- Reduction in emissions that threaten climate stability

The facilitator described the process of the Health Impact Assessment and stakeholders discussed these determinants generally prior to applying the knowledge gained from this discussion to specific aspects of the Local Development Strategy. Sections of the strategy were then divided amongst workgroups for a more detailed assessment of the potential positive and negative health impacts.

DISCUSSION AND CONCLUSIONS

Determinants of health of concern to participants

Table 1 displays the determinants of health that received the most attention from stakeholders by being mentioned during the appraisal with respect to more than one element of the Local Development Strategy.

Table 1: Determinants of health of concern to stakeholders

Mentioned with respect to 5 or more elements of LDS	Mentioned with respect to 3 elements of LDS	Mentioned with respect to 2 elements of LDS
<ul style="list-style-type: none"> o Accessibility o Connectivity o Community engagement, involvement and participation 	<ul style="list-style-type: none"> o Identity o Choice of housing o Emergency Service provision 	<ul style="list-style-type: none"> o Sustainable transport o Choice of employment o Integrated infrastructure o Sustainable construction o Accessibility to leisure o Green space o Designing out crime o Sustainable Urban Drainage Systems o Odour from Dalrnock Waste Water Treatment Works o Integrating River Clyde with green space o Using water as a feature in the East End o Safety o Construction impacts

Two types of suggestion were made as a result of the HIA:

1. Suggestions that could be directly incorporated into the Local Development Strategy or into planning policies and procedures;
2. Suggestions that require liaison with other organisations and agencies for effective implementation.

An example of a suggestion that could be incorporated into the strategy was to develop the concept of community hubs to integrate new and existing communities. Stakeholders felt that they had the potential to increase the sustainability of the local economy and bring greater prosperity to the East End, which in turn, could potentially help those with a low level of income.

To enhance health and well-being through planning processes and procedures (e.g. the Local Development Strategy and Supplementary Planning Guidance), it was suggested that planners engage with the community in an ongoing and integral way.

In order to address some of the problems associated with territorialism, sectarianism and gang culture, planners needed to liaise with Strathclyde Police and organisations, both public and voluntary, that were undertaking youth work and youth development in the East End.

Due to the number and variety of suggestions made, it is difficult to elaborate more on them in this briefing paper. However, those interested can request a copy of the full report (contact details on page 8). In the main report, stakeholder suggestions have been supported wherever possible by information from published literature. For some suggestions it was not possible to cite supporting evidence – this does not necessarily detract from the suggestion but may reveal a gap in the literature or the fact that the general nature of some of the evidence may not be applicable when dealing with specific localised conditions or circumstances.

It is important to note that some of the issues raised by participants were not covered in the draft Local Development Strategy, in particular:

- Provision for Emergency Services in terms of access, physical infrastructure and operation; also Contingency Planning, which is especially important in view of the large sporting facilities in or planned for the East End;
- Managing construction impacts, especially as development will be extensive throughout the East End.

Many of the suggestions made by stakeholders during the assessment have been incorporated into the Local Development Strategy. The fact that planners participated in the process allowed for a fuller understanding of the thinking behind suggestions than reading a technical report would have allowed. In this case, those responsible for the Local Development Strategy benefited from both the process and the report.

Another benefit of the Health Impact Assessment was that it provided a common language for communication between stakeholders and operated as an innovative form of consultation. Following the success of this event, further innovative consultation techniques have been developed. A 'scrapbook' approach was taken: people were asked to photograph and document different daily journeys they made through their neighbourhoods. This model proved successful, and the community has since co-facilitated a wider consultation programme with planners. As a result, new working relationships have developed between stakeholders.

RECOMMENDATIONS

This pilot Health Impact Assessment of the draft East End Local Development Strategy has been a successful exercise on several levels. The participatory process using rapid appraisal techniques and bringing together people from a variety of backgrounds proved to be an effective way of integrating health into this strategy. The process also provided a common language for communication between stakeholders and operated as an innovative form of consultation.

As a result, we recommend:

1. Further training on Health Impact Assessment is developed in Glasgow in order to build core skills in undertaking the exercise,
2. Use of this process as an example of best practice and to ensure steps are taken to incorporate Health Impact Assessment in future strategies and master plans for local regeneration work, in particular those rated as national priorities,
3. Further linkages are made between planning and Corporate Policy who are interested developing work on Health Impact Assessment,
4. Further work is undertaken to provide information on health and its determinants for local populations.

REFERENCES

- 1 Barton, H. et al. (eds) (2003) Healthy Urban Planning in practice: experience of European cities. Report of the WHO City Action Group on Healthy Urban Planning. World Health Organisation, Regional Office for Europe, Copenhagen.
- 2 Commission for Architecture and the Built Environment (CABE) (2007) Actions for housing growth. Creating a legacy of great places. CABE, London.
- 3 See www.scotland.gov.uk/planning

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