

Aberdeen Planning Guidance: Health Impact Assessments

Table of Contents

1. Introduction	1
1.1 Status of Aberdeen Planning Guidance	1
1.2 Introduction to Topic / Background	1
1.3 Climate Change	2
2. Aberdeen Planning Guidance	3
2.1 Health and wellbeing and place	3
2.2 The Aberdeen Context.....	7
2.3 Legislative and Policy Context	7
2.4 Overview - What is a health impact assessment?	9
2.5 Development Planning and Development Management	10
2.6 Guidance on HIA	12
Appendix 1 – Health Impact Checklist	19
Appendix 2 - Using A Checklist To Identify Possible Impacts	20
Appendix 3 - Criteria to assess screening, scoping and HIA reports	22
Appendix 4 - Links, Resources and Supporting Documents.....	24
Appendix 5 - Data Sources and information.....	25
Appendix 6 - Useful Definitions	27
Map of the priority neighbourhoods in Aberdeen	28

1. Introduction

1.1 Status of Aberdeen Planning Guidance

1.1.1 This Aberdeen Planning Guidance (APG) supports the Development Plan and is a material consideration in the determination of planning applications.

1.1.2 This APG expands upon the following Aberdeen Local Development Plan policies:

- Policy WB1 – Healthy Developments
- Policy D1 – Quality Placemaking

1.2 Introduction to Topic / Background

1.2.1 The health of Aberdeen citizens is linked to good placemaking. Environments that encourage and support good physical and mental health and wellbeing will lead to a better quality of life. There is now increasing recognition of the key role that places and communities play in our health and wellbeing. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of social relationships and community networks, including on mental health. Planning for good health does not simply mean people have access to medical facilities, infrastructure, and care. Ensuring good health is about providing places where there is access to safe, convenient active travel and compact neighbourhoods, access to natural and planned open space with varied and safe opportunities for recreation, a mix of good quality affordable homes of all types and sizes to meet differing needs and protection from environmental hazards all within attractive and distinctive designs. This guidance is to aid an understanding on the impact of development on population health / public human health and reducing or preventing health inequalities. Health Impact Assessments are not to be used to assess the impact on an individual's health.

1.3 Climate Change

- 1.3.1 Health and wellbeing, and climate change are interlinked. The World Health Organisation notes the climate crisis is the biggest health threat to humankind and puts the number of deaths attributable to environmental causes each year at more than 13 million. Reduction of environmental pollutants, mitigation for flooding, ensuring there are green spaces, active travel routes, and good housing stock have a positive impact for climate change and for health and wellbeing. The [United Nations Sustainable Development Goals](#), a collection of 17 interlinked global goals designed to be a "blueprint to achieve a better and more sustainable future for all", Goal 3: Good Health and Wellbeing is to ensure healthy lives and promote wellbeing for all at all ages.
- 1.3.2 At a National level, the UK Health Expert Advisory Group [report on Sustainable Health Equity](#) demonstrates the importance of embedding public health and wellbeing at the centre of climate change decision-making. The Advisory Group highlights how the direct and indirect impacts of climate change will likely widen existing health inequalities in the UK. They warn that if health equity isn't considered when developing policies to reduce greenhouse gas emissions, there is a risk that their benefits to health will be unequally distributed.
- 1.3.3 The [Strategic Infrastructure Plan – Energy Transition](#) notes health and wellbeing as one of the areas that climate change impacts on. Appendix 2 of the Strategic Infrastructure Plan – Energy Transition identifies the health benefit of each of the projects with the document. [Aberdeen Adapts](#) Goal 10 – Prioritising health and wellbeing identifies action areas to improve the health of the city. The Council's [Climate Change Plan](#) links [United Nations Sustainable Development Goals](#) Goal 3 Good Health and Wellbeing. The [Net Zero Aberdeen Routemap](#) identifies six strategies, within the "Our Natural Environment" strategy, health and wellbeing improvement is noted as of the key outcomes with improved health and wellbeing noted as a co-benefit for four of the other strategies; mobility, building and heat, energy supply and empowerment.

2. Aberdeen Planning Guidance

2.1 Health and wellbeing and place

- 2.1.1 Health and wellbeing are key components of creating successful, sustainable places. The functions of planning, health and wellbeing have long connections and much of urban planning has origins in post epidemic society. The various instances of epidemics around the world, and the realisation of the importance of public health, clean air, and sewage disposal, and the need for intervention and mitigation, have had a significant impact on urban planning policy.
- 2.1.2 Good planning has the aim of creating attractive, safe and accessible places to live and to improve the quality of life and wellbeing of individuals and communities. Developing strong, healthy and vibrant communities is vital to ensuring the wellbeing of the population. The health and wellbeing of communities is supported through placemaking to support healthier and better connected communities. Planning therefore, has a crucial role to play in ensuring health and health inequalities, are addressed.
- 2.1.3 It is accepted that if communities and households have access to facilities and services, healthy food, local employment opportunities, active and public transport options and well designed, open public space, they will be happier, healthier and more stable. Local planning policies, and the location of new developments and facilities, should enable

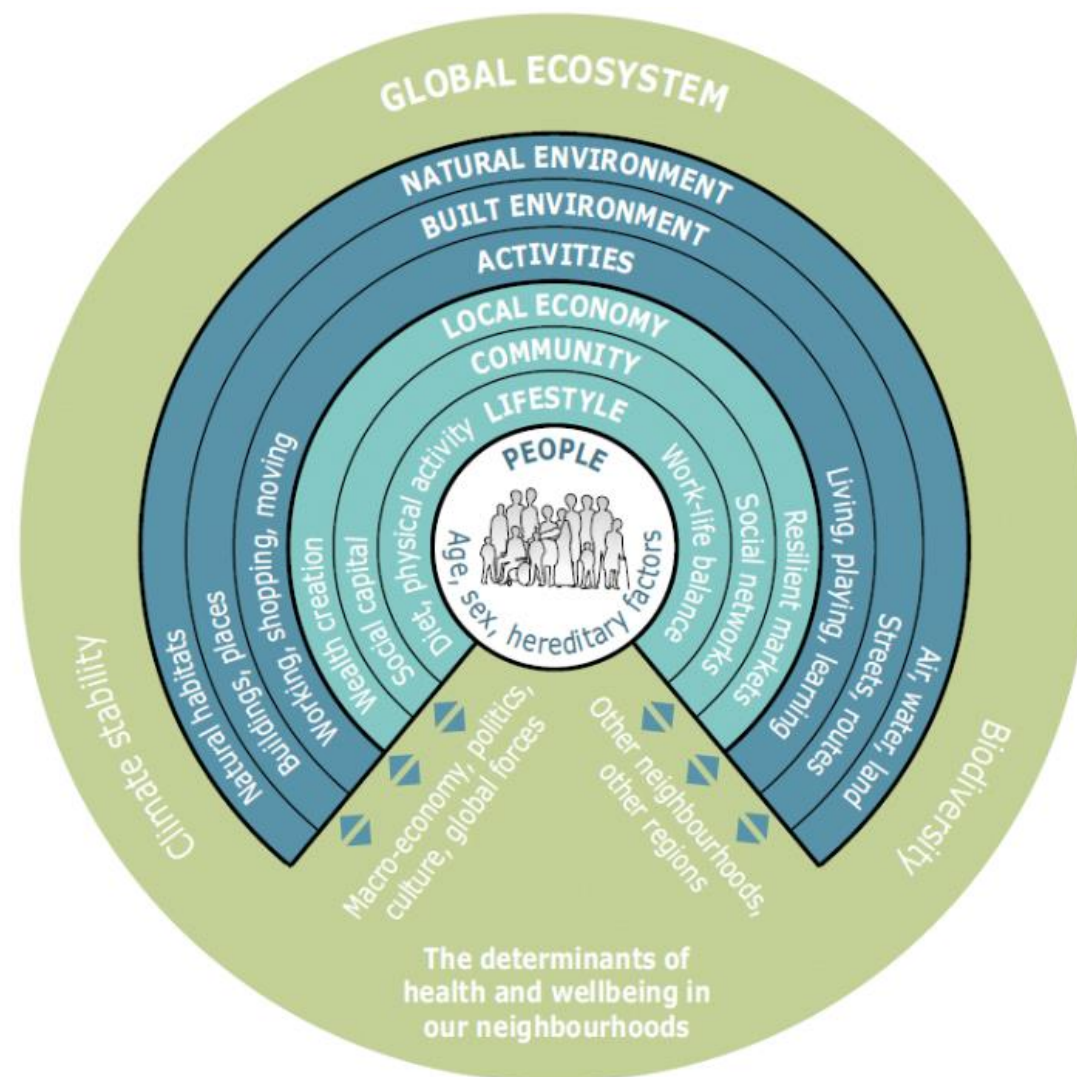


Figure 1: The determinants of health and well-being in our neighbourhoods (Source: Human ecology model of a settlement, Barton and Grant, 2006)

people to have a choice of high quality and attractive places to live and allow them to reach the services they need and, for the services they need to reach them.

- 2.1.4 Modern day health and wellbeing challenges in Scotland are linked to an ageing population, enduring health inequalities, deprivation and poverty, changes in the pattern of disease and increasing pressure on health and social care services. The health and wellbeing of individuals and communities are determined by a wide range of internal and external factors, known as the 'determinants of health'. The places where we live, work and play have an important influence on our health and wellbeing throughout our lifetime.
- 2.1.5 Figure 1 identifies the wide range of determinants that influence our health and wellbeing, from our individual characteristics to the global ecosystem. These are the social, economic, environmental and cultural factors that indirectly influence health and wellbeing. They include what we eat and drink; where we live and work; and the social relationships and connections we have with other people and organisations. Some, such as gender, age and family history of illness, cannot change or are difficult to change, while others are influenced by the social, economic and physical environment we live in and can be changed by policy interventions.
- 2.1.6 Although planning is rarely sufficient on its own to change behaviour and to promote good health, it is necessary in terms of creating the environment that supports people in making healthy choices (such as physical activity, healthy eating and drinking) and that makes those choices easier.
- 2.1.7 The World Health Organisation defines health as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Ensuring physical and mental health and wellbeing goes well beyond providing healthcare services. Access to medical interventions should be the last resort in a population's health and wellbeing journey. By creating places where consideration of health and wellbeing is paramount from the outset, the easier it will be to have a healthy population with good physical and mental health. Development should create a healthy environment whilst not contributing to negative health outcomes. This relies on creating environments that foster better health, have reduced inequalities in wellbeing and which allow people to live active, engaged, independent and healthy lifestyles.

2.1.8 There is growing evidence of the various ways in which planning decisions may affect health. Significant planning issues that affect health include, but are not limited to:

- A mix of good quality affordable homes of all types and sizes to meet differing needs increase health benefits and reduces the impact of poverty.
- Access to safe, convenient active travel and good social connections strengthens mental health.
- Protection from environmental hazards; increasing air and water quality, reducing noise pollution, and reducing carbon emissions has a positive impact on physical and mental health.
- Increased access to natural and planned open space with varied and safe opportunities to play and meet has a positive impact on physical activity levels and mental health.
- Local character and distinctiveness ensures sense of place which has a positive impact on mental health.
- Compact neighbourhood design with walkable local facilities and public transport accessibility allows car free access to services, amenities and employment which increase health benefits and reduces the impact of financial poverty.

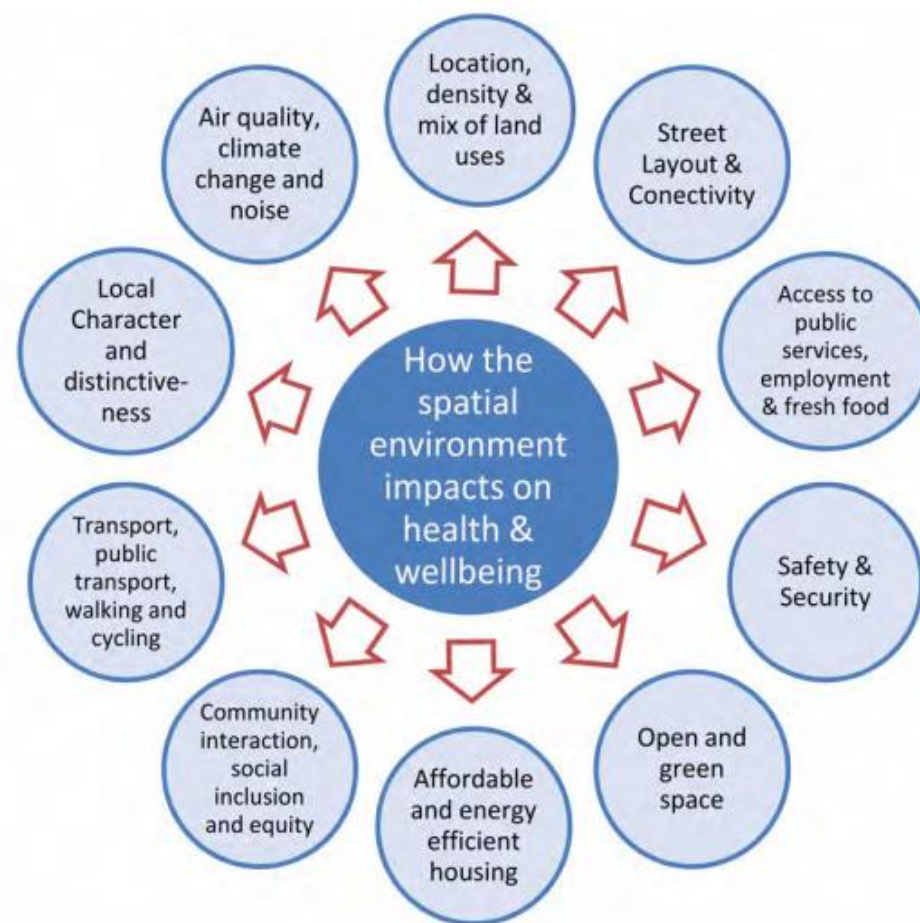


Figure 2: Spatial environment and health and wellbeing

The list above is not exhausted but it aims to highlight planning has a significant role to play in creating great places, and in shaping the future health and wellbeing of our citizens and communities

2.1.9 The Place and Wellbeing Collaborative, representatives from the Improvement Service, Public Health Scotland, Directors of Public Health, Heads of Planning Scotland, COSLA and Health Improvement Managers, have developed a set of outcomes for everyplace to enable wellbeing; the place and wellbeing outcomes. These outcomes provide a “consistent and comprehensive focus on where place impacts on the wellbeing of people and planet”. The outcomes note what every place needs for people to thrive, to enable those who live, work and relax there to stay healthy. The outcomes look for every place to enable wellbeing and take account of the needs of different population groups. The place and wellbeing outcomes are expressed in five themes, with outcomes related to each theme as expressed in Figure 3.

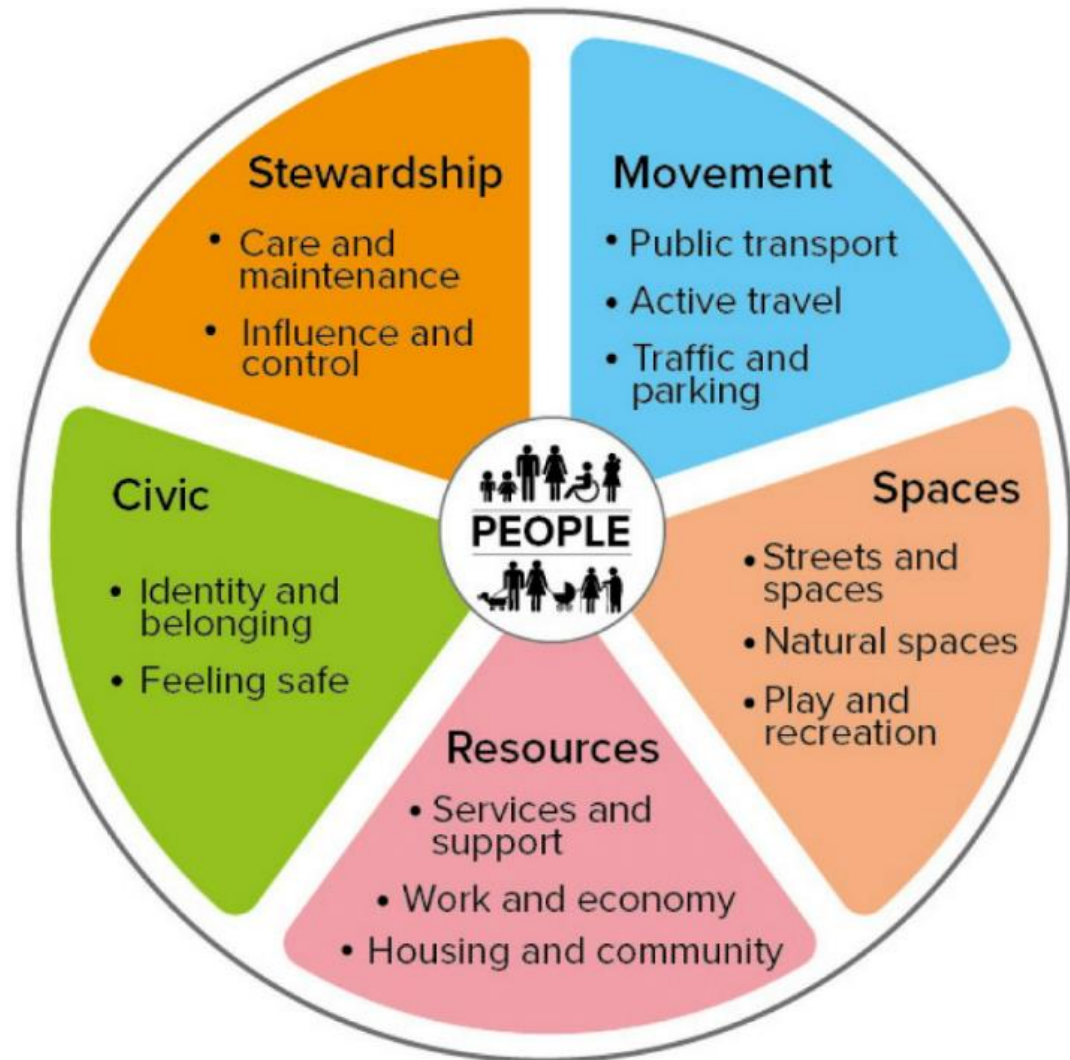


Figure 3: Place and Wellbeing Collaborative: Place and Wellbeing Outcomes

2.2 The Aberdeen Context

- 2.2.1 Improving health and wellbeing and reducing health inequalities is an important issue within Aberdeen City. The National Records of Scotland provide a snapshot of the overall health of each local authority in Scotland. While the Scottish Index of Multiple Deprivation and Public Health Scotland can provide health information for small areas within local authorities.
- 2.2.2 In general, the health of Aberdeen residents is not significantly different to the national average however, there are variations in the health of the population. The variation across the city's communities for both life expectancy and healthy life expectancy is noticeable. People from areas with higher deprivation are significantly more likely to have shorter lives and to live with poorer health for longer - when considering the health of the Aberdeen as a whole, the increased life expectancy for both men and women has stalled and healthy life expectancy is declining.
- 2.2.3 The Aberdeen Population Needs Assessments 2023 notes, "that whilst the long-term trend in many factors relating to the determinants of health and wellbeing has been positive, this should be viewed in context of 2 important issues:
- i. that increasing poverty in the city is clearly shown in the data, but the impact of this on many related indicators is not yet fully evident, since these indicators have a time lag; and
 - ii. where there are general positive trends, in many cases these mask very significant differences and inequalities across the city's geographical communities and communities of interest."
- 2.2.4 At the time of the 2011 Census, 26.5% of the population reported having one or more long-term health conditions (compared to 29.9% in Scotland) and 16% reported having a long term health condition that limited their activities (compared to 19.7%) in Scotland. In the Scottish Health Survey (2017-21), 26% reported having a limiting long-term illness in Aberdeen City compared to 34% in Scotland. In 2022 over half of the deaths in Aberdeen City were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks. See Appendix 5 – Data Sources and Information for further information regarding the health profile of Aberdeen

2.3 Legislative and Policy Context

- 2.3.1 At a national level, the Planning (Scotland) Act 2019 places a renewed emphasis on rediscovered the relationship between health and wellbeing and placemaking. The Town and Country Planning (Scotland) Act 1997, as amended, at Section 3A,

notes one of the outcomes of National Planning Framework 4 is “to improve the health and wellbeing of people living in Scotland”.

2.3.2 Beyond this, the assessment of health effects are outlined in Section 40(A) of The Town and Country Planning (Scotland) Act 1997, as amended which notes “*The Scottish Ministers must by regulations make provision about the consideration to be given, before planning permission for a national development or a major development is granted, to the likely health effects of the proposed development*”.

2.3.3 National Planning Policy 4 identified 6 spatial principles, one of which, ‘Local Living’ states, “*we will support local liveability and improve community health and wellbeing by ensuring people can easily access services, greenspace, learning, work and leisure locally*”. The six spatial principles will support the planning and delivery of:

- sustainable places, where we reduce emissions, restore and better connect biodiversity;
- liveable places, where we can all live better, healthier lives; and
- productive places, where we have a greener, fairer and more inclusive wellbeing economy.

2.3.4 Part I of National Planning Framework 4 outlines a number of cross cutting outcome and policy links to lifelong health and wellbeing, and Policy 23: Health and safety outlines that the policy intends to encourage, promote and facilitate development that improves health and wellbeing. Policy 23: Health and safety also notes, “*Development proposals which are likely to have a significant adverse effect on health will not be supported. A Health Impact Assessment may be required.*”

2.3.5 Aberdeen Local Development Plan 2023 Policy WB1: Healthy Developments states, “*Developments are required to provide healthy environments, reduce environmental stresses, facilitate physical activity and promote physical and mental wellbeing.*

National and major developments, and those requiring an Environmental Impact Assessment must submit a Health Impact Assessment (HIA) to enhance health benefits and mitigate any identified impacts on the wider determinants of health; this may involve planning obligations”

2.3.6 Large scale planning applications, such as national developments (those defined in the NPF4) or major planning applications (those above 49 dwellings, or those of 10,000 sqm or greater floor area) may be required to be accompanied by an Environmental Statement, which is a report of an environmental impact assessment. Legislation requires these for selected applications under The Town and Country Planning (Environmental Impact Assessment) (Scotland) Regulations

2017. These will assess environmental impacts, which may affect human health, but do not include the full range of potential health impacts.

2.3.6 Provision of a Health Impact Assessment (HIA) is well established and often used in other parts of the UK and internationally. Sources of guidance and quality standards for HIA include, for example, the World Health Organisation and the Scottish Health Impact and Inequalities Assessment Network. Links for all of these are given in Appendix 4.

2.4 Overview - What is a health impact assessment?

2.4.1 HIA is an assessment to identify and improve the health consequences of any defined policy or proposed development, including unintended and unanticipated consequences for the population as a whole.

2.4.2 An HIA also includes explicit consideration of how impacts may affect different groups in the population. The Assessment include recommendations to mitigate any harm to health and enhance any benefits. An HIA should not only identify potential harms to be mitigated but should also identify and support positive aspects of a development that bring opportunities for good health. A HIA is used to assess impacts on population health; it is not used to assess personal human health. As noted above, the World Health Organisation definition of health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition includes physical health, mental health and wellbeing as three connected central elements of health. Therefore, due consideration should be given to all three elements, not just one or two of them in isolation.

2.4.3 Whilst other technical assessments might consider potential impacts to health, for example an air quality assessment might consider the impact of more traffic emissions on the respiratory health of local people, an HIA specifically looks to the impacts on health of the whole proposal. It brings together the health impacts from all technical areas whilst going further to consider the impacts cumulatively.

2.4.4 One of the key phases of an HIA is understanding the health background to the proposal. In understanding the current health situation for an area, a proposal can be better placed in helping to determine what impacts will occur and how to remove/mitigate them or where possible enhance positive elements.

- 2.4.5 A HIA looks at all health impacts - both negative and positive. A lot of proposals can have upsides for the health of local people.
- 2.4.6 HIA usually involves consulting with stakeholders, including local communities and those experiencing health inequality, on the potential impacts and how they may occur in the local context. This does not replace the requirement for pre-application public consultation for national or major developments laid out in the Planning (Scotland) Act (2006). However, it may be integrated within this and the HIA may draw on consultation findings.

2.5 Development Planning and Development Management

- 2.5.1 The planning system seeks to promote development that will create healthy and sustainable communities. The impacts of planning decisions are long lasting. Aberdeen City Council has adopted the Local Development Plan 2023 that sets out the spatial strategy for Aberdeen until 2032. The LDP establishes the overall vision for the area and the policy framework within which planning applications are assessed.
- 2.5.2 Aberdeen City Council will request Health Impact Assessments in relation to appropriate planning applications and documents that are most likely to impact on human health. In general,
- national and major developments, and those requiring an Environmental Impact Assessment must submit a Health Impact Assessment; and
 - other developments with the potential for human health impacts may be screened for HIA requirement. Depending on the outcome of the screening process this may require the need for a full HIA to be completed and provided as part of a planning application.

In considered the requirement for a health impact assessment, the development and locational context will be assessed to determine if there is the potential for significant adverse health effect.

- 2.5.3 The HIA report will be expected to be a standalone document. The assessment should be informed by a screening exercise that considers a full range of potential health impacts. It is recommended that applicants discuss the HIA with the planning authority before formally submitting their planning application. Guidance on scoping, screening and on completing an HIA, is provided below.

Procedure for HIA submission and consideration

Check requirements in the APG

Contact Development Management to discuss via our pre-application process

Health screening exercise with stakeholders – may be integrated with proposal of application notice pre-application consultation

Submit screening and / or scoping report(s)

Development management will seek advice from NHS Grampian Public Health

Further assessment required

Identify assessment questions
and complete full Health Impact
Assessment

Submit HIA report with
planning application

Health implications clear without
need for full assessment

Indicate how health impacts will
be addressed within planning
application

Ensure application shows how
health impacts will be assessed
in the proposed development

2.6 Guidance on HIA

2.6.1 The steps to carry out an HIA are well established, and are similar to the steps for Environmental and other Impact Assessments. They are generally described as follows:

Pre Screening	In this context an HIA is needed if the proposed development is a national or major developments or requires an Environmental Impact Assessment or screening is requested by Development Management.
Screening	Hold a stakeholder workshop (see below) to identify relevant populations and impacts
Scoping	Define terms of reference for appraisal Ensure appropriate expertise is included – this should include someone with training in or experience of HIA.
Full - Appraisal	Collate evidence from a range of sources to identify and assess likely health impacts from the proposed development. Evidence is likely to include: <ul style="list-style-type: none"> • Proposed development and policy analysis • Community profile • Stakeholder engagement (including population groups, communities affected, or facing inequities) • Published literature
Full – Recommended Development Changes	Use findings to recommend changes to the proposed development or other changes that would improve health impact.

Screening to identify possible impacts

2.6.2 An understanding of potential impacts is needed to determine whether further assessment is required. To do this, it is recommended that applicants hold a workshop with stakeholders. Stakeholders should include members of the local community, local health, education and other professionals with an understanding of the community including local GP practices and the Health and Social Care Partnership. The workshop should use a health impact checklist (Appendices 1&2) to identify the relevant populations and potential impacts. This exercise may be integrated within Pre-Application Consultation with local communities.

2.6.3 If potentially significant impacts are identified and/or further evidence is needed regarding the health issues identified, applicants should proceed to scoping.

2.6.4 If the health implications are clear, applicants should provide a screening report that includes:

- The methods used and participants involved in the screening workshop;
- The relevant stakeholders and potentially affected populations and impacts identified; and
- A statement that demonstrates how the issues identified will be addressed within the planning process and final planning application.

2.6.5 This report will be reviewed by Development Management who will seek advice from NHS Grampian Public Health. Further assessment may be requested if potentially significant health impacts have been identified or there is uncertainty about the likely impacts.

Scoping

2.6.6 If further assessment of the potential health issues is requested, applicants should provide a scoping report that outlines:

- The populations and impacts identified during screening
- Questions to be addressed, and sources of evidence for these
- Indicate whether these questions will be addressed within an environmental assessment or as a separate health assessment
- Terms of reference for further HIA
- Indicate the skills that will be required to complete the work. It is recommended that this should include someone with training in, or experience of, HIA. Advice may be sought from NHS Grampian Public Health Department.

Full Appraisal

2.6.7 The purpose of the appraisal stage is not simply to describe health impacts but to inform recommendations for change. This may include cross-referencing the assessment of impacts with the local profile and investigating the mechanisms and informal pathways through which actions may lead to impacts. This information will help, for example, to decide which impacts are 'significant' as defined below, to weigh up benefits and harms or to suggest ways to mitigate a diverse impacts.

2.6.8 Assessment questions may include, for example:

- How many people, from which population groups, will be affected by each impact?
- Will any population groups with already poorer health be affected?
- What are the pathways by which impacts will occur?
- Is there research evidence to support the predicted steps in the pathway?
- What value and priority do stakeholders place on each impact?

2.6.9 Most HIAs use evidence from:

A community profile of the health insights of stakeholders and affected populations
Literature review of relevant research findings.

Community Profiling

2.6.10 An HIA report should include a profile of the local community or communities. This helps to inform identification of impacts, characterise the relevant population groups who may bear these impacts, and provide background information to help apply literature evidence to the local context. This involves collating available data on:

- Demographic make-up of the local population: especially any particularly susceptible or socially excluded groups, as identified in the scope
- Health status of the local population including common health conditions: again, consider susceptible and socially excluded groups
- Social, cultural, economic features of the local area covered by the proposed development
- Features of the local area: e.g. facilities and amenities, environmental challenges
- Current provision relevant to the specific proposed development

2.6.11 The data used in the profile may include routine demographic, health and other data. In some cases primary data may be used, for example primary qualitative evidence may inform a 'pen profile' of an affected community. The Scottish Public Health Observatory and Community Planning Aberdeen Localities Outcome Data are useful source of routine data. Please see Appendix 5– Data Sources and Information for further information regarding the health profile of Aberdeen.

Evidence from stakeholder and community participation

- 2.6.12 Stakeholders are people with an interest in the proposed development being assessed, and include potentially affected people. They are people with relevant information, such as knowledge of the local area or of the topic area. The assessment should seek to engage with and involve the different population groups included in the scope.
- 2.6.13 Stakeholders may hold some of the evidence that is needed for the assessment and it is important to ensure their views and values are taken into account to increase transparency of decision making. Applicants should make particular attempts to seek views of people whose voices are not likely to be heard otherwise and to involve them in decision making processes.
- 2.6.14 Information from the Pre Application Public Consultation engagement may usefully be useful in an HIA. Focus groups, questionnaire surveys, open meetings, workshops and other methods may be needed to address specific assessment questions.

Literature evidence

- 2.6.15 Research literature may provide information on the health impacts of similar proposals and may also explore the evidence for each link in the hypothesised pathway. The review may also seek evidence on the likely effectiveness of the HIA recommendations. The applicant should formulate the questions to be addressed in the literature review, based on the evidence that is required to predict impacts and make recommendations.
- 2.6.16 Impacts in another setting or location may differ from those that arise in the context of the HIA. When carrying out an HIA the research evidence should be integrated with other kinds of evidence about the local context to inform a judgement about whether the research findings are transferable. This would include the local profile and qualitative evidence from key informants who have knowledge of the local context and how previous proposals have affected the local area.
- 2.6.17 Evidence reviews are available, such as those produced by the Scottish Health and Inequalities Impact Assessment Network (see links in Appendix 4).

Presentation of findings

2.6.18 The assessment should use the above sources of evidence to show clearly how the proposed development will impact on health determinants and thereby on health. The report should include a narrative description of each impact that shows the evidence that underpins the conclusions made. It should also include a summary matrix like the one shown below.

Issues	Health Impact	Positive or Negative	Affected Populations	Likelihood: Definite Probable Possible	Severity: Major Moderate Minor	Number of people affected
Parking / Transport						
Improved public transport access	Increased use of sustainable travel methods		Staff Venue Users			
Targeted green transport plan	Reduced adverse impacts on environment	Positive	Specific user groups: cyclists, walking groups	Probable	Moderate	1000s
Active travel routes	Increased physical activity levels					
Potentially increase in parking spaces	Easy parking access at venue	Positive	Staff Venue Users	Probable	Minor	1000s
	Less stress					
	Increased car use		Staff			
	Adverse impact on the environment	Negative	Venue Users	Possible	Moderate	1000s
	Reduced physical activity levels					

Assessing significance

2.6.19 Significant impacts may be:

- potentially severe or irreversible negative impacts
- impacts affecting a large number of people
- impacts affecting people who already suffer poor health or are socially excluded positively
- impacts with potential for greater health gain

Recommendations

2.6.20 The overall aim of an HIA is to inform changes to protect or improve health and to prevent or reduce health inequalities, so it should include recommendations and/or suggestions. These aim to mitigate any adverse impacts arising from the proposed development and enhance the benefits. They should relate to the identified impacts. Applicants should show how the recommendations have been taken account of in the planning application. If appropriate, this may take the form of a Health Management Plan. This will define the actions that flow from each recommendation, who will do them, timescale, resources and how their implementation will be monitored. If the HIA identifies a need for further monitoring, the applicant should include this in a Health Management Plan and show how it will be done.

Contents of HIA report

2.6.21 The HIA report should include sufficient information for it to be appraised by others and to justify the recommendations made. In particular, it should detail the methods and sources of evidence used for the assessment. Suggested content of the report includes:

- Summary of findings and recommendations
- The proposal and options assessed
- Methods used in the assessment Policy context
- Evidence from community profile
- Evidence from stakeholder and community engagement
- Evidence from literature
- Description of each impact including affected populations, size, certainty, causal pathway
- Matrix of impacts and affected populations

- Recommendations, and if appropriate a Health Management Plan
- Conclusions, which may include reflection on the HIA process

2.6.22 The HIA will be visible to view as part of the application pack online, however, it is good practice to produce a publicly accessible version of the HIA for those who may not want to read the technical report.

Appendix 1 – Health Impact Checklist

People

Who do you think is likely to be affected by the proposed development. Consider:

People in different age groups

Men, Women

People with a disability or health condition

People of low socio-economic status

People in different ethnic and religious groups

People who are susceptible or vulnerable

Residents, Visitors, Workers

Impacts

Do you think the proposed development could impact on the following (positively or negatively)?

Movement

Walking and cycling routes

Public transport provision

Car dependence

Civic

Identity and belonging

Social status and inclusion

Social interaction and participation

Crime

Safety

Stewardship

Influence and sense of control

Care and maintenance of buildings and spaces

Healthy behaviour – physical activity, nutrition, substances, self-help

Spaces

Natural space – quality and access

Indoor and outdoor public spaces

Play and recreation

Streets and spaces

Impact of vehicles

Pollution – air, water, soil

Flooding

Resources

Support networks

Living and working conditions

Housing quality, mix, flexibility

Local economy, work and learning

Equality of opportunity

Quality of and access to facilities,

services and amenities –

healthcare, education, social

institutions

Other Impacts

(This is an example but other similar checklists are available – see the resources in Appendix 4).

Appendix 2 - Using A Checklist To Identify Possible Impacts

A health impact checklist is best used in a group exercise as one person working alone cannot identify all the relevant impacts. The checklist does not contain questions with factual answers but is intended to stimulate thinking in a 'structured brainstorm'. The group discussion allows several perspectives to be heard, and important recommendations often emerge in the interaction between participants.

The checklist can be used in a group exercise involving 6-12 people, or in larger participatory workshops in which participants are divided into smaller groups to use the checklist. It is useful to have a facilitator and a scribe.

If participants do not have detailed knowledge of the proposal already, they should be given a detailed (written or verbal) briefing, and have the opportunity to ask questions about it before the exercise begins.

The checklist is intended to help participants:

Identify relevant populations and potential impacts.

Suggest recommendations to improve the impacts.

Identify where further evidence may be required to demonstrate impact and inform the recommendations.

Participants should have a copy of the checklist as an aide memoir to structure the discussion of the group.

The group first jointly identifies the different population groups who may be affected by the proposal. The group should then consider the groups of people suggested in the checklist and agree which may be differentially affected by the proposal, and how. Population groups need not be mutually exclusive.

The group then considers possible impacts on health and wellbeing. The checklist is intended to help people think broadly about the indirect and unintended effects of the proposal as well as the direct intended ones. Impacts do not have to be limited to the issues shown but these should stimulate thinking. Participants are asked to identify both positive and negative impacts.

Usually group members work individually for 10 minutes or so to go through the determinants on the checklist and make a note of the impacts they think the proposal may have on the spaces on the checklist. Then the group discusses these ideas collectively.

The group should try to specify whether each identified impact will be positive or negative, or whether this is uncertain and needs further investigation. The group should also identify which population groups will bear each impact. Sometimes impacts are positive for some populations but negative for others. Sometimes some members of the group think an impact will be positive but others think it will be negative. In these situations the group can often make recommendations to promote a positive impact. Impacts may last for a short time or continue for a longer period. Some impacts may be negative in the short-term but neutral or positive later on. Timescales should therefore be mentioned if they are relevant to the proposal and potential impacts.

The scribe should try to capture the group's understanding of how each impact will arise, as well as documenting the impacts. Often the same underlying impact will be identified at different points in the checklist. For example, a proposal may bring employment and so also impact on income. In this case the underlying issue to identify in the exercise is the potential employment – further assessment might focus on the quality of the employment, who would benefit etc.

At the end of this stage it is helpful for the facilitator to summarise the impacts identified. This helps to highlight the impacts that the group thinks are most significant and lead discussion about further evidence and recommendations.

Having identified impacts, the group identifies what further information is needed, the questions to be answered and kinds of evidence that would be appropriate.

Appendix 3 - Criteria to assess screening, scoping and HIA reports

Criteria to assess screening reports

	Yes / No / NA
A broad range of health determinants was considered systematically	
Identification of impacts has involved range of relevant stakeholders including community interests	
Participants have had an opportunity to comment on the findings	
The report identifies potentially significant impacts appropriately	
The report identifies uncertainties and any further evidence needed	
If appropriate, the report documents how health issues will be addressed within planning process and final application	

Criteria to assess scoping reports

	Yes / No / NA
The report identifies the relevant populations and impacts, based on screening	
The report identifies the appropriate questions and sources of evidence related to these impacts	
Terms of reference for the assessment are clearly defined and appropriate	
Appropriate skills are available to do the assessment	
Stakeholders and communities affected have had an opportunity to comment on the findings	
Participants have had an opportunity to comment on the findings	

Criteria to assess HIA reports

	Yes / No / NA
The aims and scope of the HIA are clearly defined	
A systematic approach was used to identify impacts on the population and those affected by health inequities	
The methods and evidence used are clearly stated and appropriate to the	

assessment questions	
Relevant stakeholders have been involved	
The report includes a profile of health, health determinants and susceptible populations in the affected communities	
Research and other evidence is used appropriately	
The assertions in the report are supported by appropriate evidence	
There is a summary impact matrix showing the impacts and pathways	
The recommendations are related to the impacts and evidence presented	
The recommendations are feasible, clearly specified and if appropriate there is a SMART Health Management Plan	
Stakeholders and communities affected have been involved in the process and have had an opportunity to comment on the findings	

Appendix 4 - Links, Resources and Supporting Documents

World Health Organisation: Provides access to HIA guidance, evidence and examples. https://www.who.int/health-topics/health-impact-assessment#tab=tab_1

Scottish Health and Inequalities Impact Assessment Network: The network's website includes HIA guidance, and reviews summarising the evidence of the links between health and other sectoral areas – currently these include Transport, Housing, Greenspace, Rural Development and Community Venues. <https://publichealthscotland.scot/services/health-impact-assessment-hia/scottish-health-inequalities-and-impact-assessment-network-shian/>

The Place and Wellbeing Collaborative: Place and Wellbeing Integrated land use planning and public health in Scotland briefing paper raises awareness of the impact that the places where people live, work and play have on their health and wellbeing. https://www.improvementservice.org.uk/_data/assets/pdf_file/0029/26876/place-and-wellbeing-integrating-land-use-planning-v3-apr2024.pdf

Good Places Better Health: Good Places, Better Health was launched in 2008 as the Scottish Government's strategy on health and the environment. <https://www.ourplace.scot/resource/good-places-better-health-new-approach-environment-and-health-scotland>

Place Standard: The aim of the Place Standard tool is to support the delivery of high quality places – which can be instrumental in reducing health inequalities. <https://www.ourplace.scot/tool>

National Planning Framework 4: Sets out national planning policies. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/02/national-planning-framework-4/documents/national-planning-framework-4-revised-draft/national-planning-framework-4-revised-draft/govscot%3Adocument/national-planning-framework-4.pdf>

Place and wellbeing outcomes <https://www.improvementservice.org.uk/products-and-services/planning-and-place-based-approaches/planning-for-place-programme/place-and-wellbeing-outcomes>

Appendix 5 - Data Sources and information

Scotland's Census 2011 , “Scotland's Census,” <http://www.scotlandscensus.gov.uk/>

Scottish Government, “Scottish Health Survey, Dashboard,” November 2022. <https://scotland.shinyapps.io/sg-scottish-health-survey/>

Scottish Index of Multiple Deprivation: a relative measure of deprivation across small areas. It is the Scottish Government’s standard approach to identifying area of multiple deprivation in Scotland. <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/>

Scottish Index of Multiple Deprivation: Interactive Map
<https://simd.scot/#/simd2020/BTTTTTT9/-4.0000/55.9000/>

Scottish Public Health Observatory (ScotPHO): Provides routine data on health, risk factors, behaviours and wider health determinants. <http://www.scotpho.org.uk/>

Scottish Public Health Observatory (ScotPHO) Online Profile Tools: present a range of indicators to give an overview of health and its wider determinants at a local level. The profiles give a snapshot of health for each area and highlight variation through a variety of different visualisations
<https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>
https://scotland.shinyapps.io/ScotPHO_profiles_tool/

National Records of Scotland Aberdeen City Council Area profile <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/aberdeen-city-council-profile.htm>

Aberdeen City Local Outcome Improvement Plan 2016-2026 sets outcomes the community planning partnership will prioritise and how the community planning partnership will deliver on these. <https://communityplanningaberdeen.org.uk/wp-content/uploads/2024/05/LOIP-16-26-April-2024.pdf>

Aberdeen Locality Plans – North, South and Central describe Community Planning Partnership’s asset based approach to working with communities in tackling priority issues. Each locality plan has a “place” focus.

<https://communityplanningaberdeen.org.uk/community-planning-structure/our-localities/>

Within the North, South and Central Locality Plan areas there are also priority neighbourhoods. This is based on analysis from the Scottish Index of Multiple Deprivation (SIMD). For central – Tillydrone, Seaton, Woodside, Stockethill, Ashgrove and George Street. For North – Heathryfold, Middlefield, Northfield, Cummings Park and Mastric. For South – Kincorth and Torry. <https://communityplanningaberdeen.org.uk/localities/>

Aberdeen City Population Needs Assessment 2023 -

<https://committees.aberdeencity.gov.uk/documents/s150741/Final%20PNA%202023.pdf?txtonly=1>

Aberdeen Data Observatory - Statistical information based on population data, community data and economic data

<https://opendata-aberdeencitycouncil0365.msaproxy.net/accopendata#!/index>

Community Planning Aberdeen Localities Outcome Data - Statistical information based on locality information

<https://communityplanningaberdeen.org.uk/resources/localities-outcomes-data/>

Appendix 6 - Useful Definitions

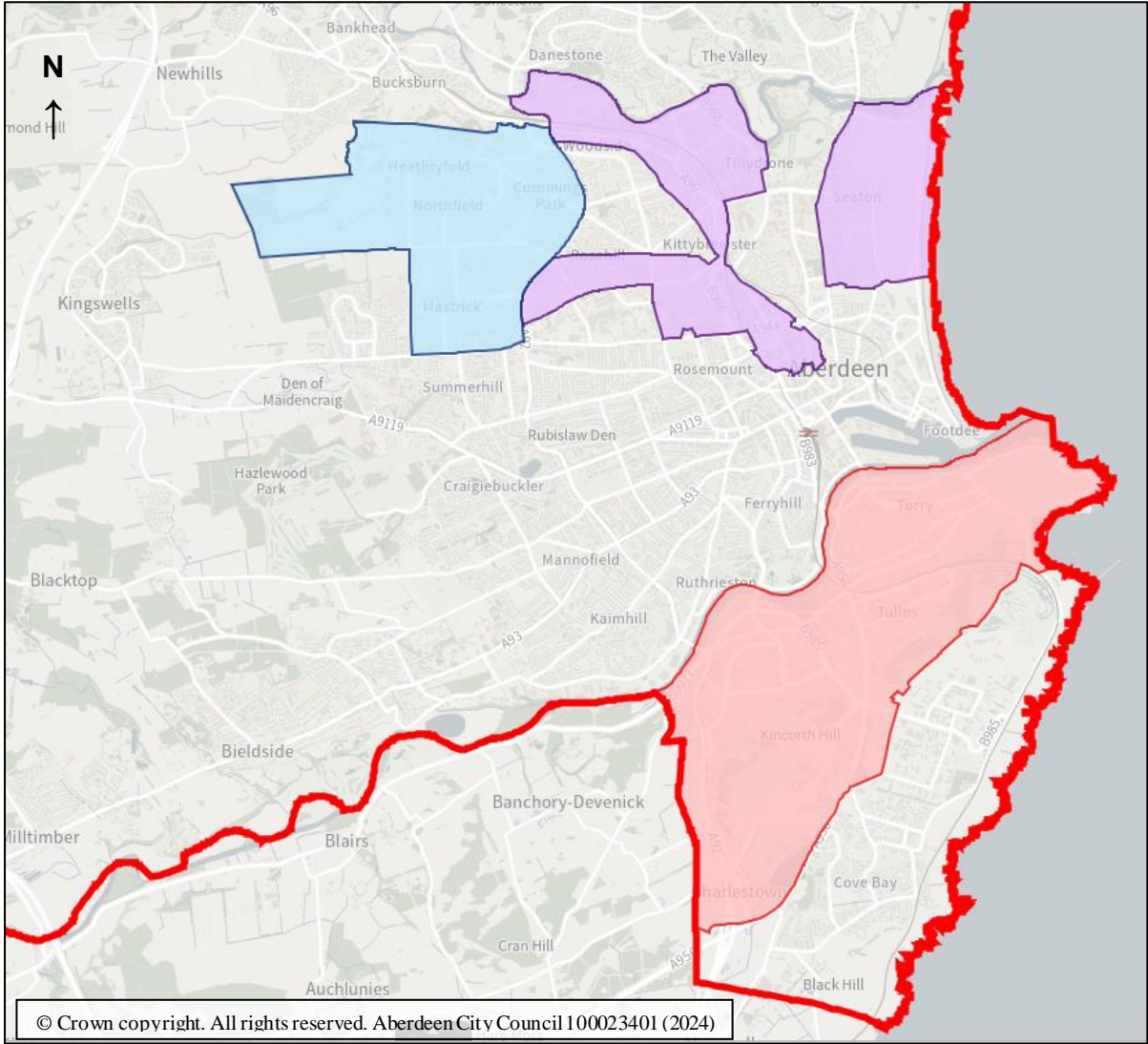
Disadvantaged: lacking in the basic resources or conditions believed to be necessary for an equal position in society.

Deprived: suffering a severe and damaging lack of basic materials or access to fewer resources or opportunities. Within the Scottish Index of Multiple Deprivation seven domains are looked at: income, employment, education, health, access to services, crime and housing.

Priority Neighbourhoods: Within Aberdeen, Community Planning has identified the following priority neighbourhoods: Torry / Middlefield / Mastrick / Cumming Park / Northfield / Heathyfold / Seaton / Woodside / Tillydrone. Priority Neighbourhoods are defined as areas where people experience significantly poorer outcomes than other people across the city and Scotland as a result of socio-economic disadvantage. A map of the priority neighbourhoods is below.

Public Human Health / Population Health: It is an approach to health that aims to improve the health of an entire human population. It is about improving the physical and mental health and wellbeing of people, whilst reducing health inequalities within and across a defined population. It as a broad overarching concept, encompassing but going beyond the NHS, public health and population health management. Crucially, it focuses on the wider determinants of health and the role of people and communities.

Map of the priority neighbourhoods in Aberdeen



Key

	Kincorth, Leggart & Nigg and Torry
	Heathryold, Middlefield, Northfield, Cummings Park & Mastrick
	Ashgrove, George Street, Seaton, Stockethill, Tillydrone & Woodside
	City Boundary