

Health Impact Assessment (HIA) Guidance Note

June 2021



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Introduction

1. There is an increasingly widespread view in society that more has to be done to improve health and wellbeing and reduce health inequalities through tackling the root causes of illness and poor health. This means addressing many issues like poverty, social exclusion, crime and disorder, transport and air pollution; issues which are beyond the control of health services. Many aspects of planning can have a significant impact on health. In particular, good quality housing; a well-designed public realm, sustainable transport; employment and training opportunities; and access to leisure, cultural activities and green space. These factors are known as the “wider determinants of health”. In addition, the quality of the built environment can be a powerful factor in influencing positive health and wellbeing outcomes across a population.
2. Health Impact Assessments (HIAs) provide a systematic framework for assessing the potential impacts of development on the social and physical health of communities. Ensuring relevant issues are considered at an early stage in developing planning proposals can lead to improvements in both the physical and mental health of the population. HIAs are designed to consider whether a development proposal might reinforce health inequalities and inadvertently damage people's health or deliver positive health outcomes for the local community. For the City of London, the local community includes residents, workers, and visitors from a range of socioeconomic and ethnic backgrounds.
3. HIAs should outline how a development could positively or negatively impact on the wider determinants of health and should identify actions to enhance the positive impacts and mitigate the negative impacts. The outcome of these actions should be clearly identifiable within the planning application.
4. The purpose of this guidance is to establish a clear and transparent process for screening a development proposal's possible impacts and to identify where a full Health Impact Assessment may be required for major developments. The Healthy City Planning Checklist in Appendix 1 of this guidance is based on the NHS London Healthy Urban Development Unit's (HUDUs) HIA checklist and methodology but has been adapted to address City specific issues. It supports Policy HL9: Health Impact Assessment (HIA) in the City's emerging Local Plan (City Plan 2036).

Policy Context

5. National policy:

National planning policy is set out in the National Planning Policy Framework (NPPF), which is published by the government to guide decisions regarding land use in England. All local planning authorities must take this guidance into account when developing local planning policies. Paragraph 91 of the NPPF (Feb 2019) in “Section 8: Promoting Healthy and Safe Communities” requires:

“Planning policies and decisions to aim to achieve healthy, inclusive and safe places which promote social interaction, that are safe and accessible, and enable and support healthy lifestyles, especially where this would address identified local health and well-being needs”.

6. Regional policy:

The Mayor of London produces the London Plan, which is a strategic plan to guide decisions regarding land use in London. The 33 London Boroughs, the City Corporation and the Mayor’s Urban Development Corporations must take the London Plan into account when formulating planning policies that guide land-use decisions in their local area. The London Plan forms part of the statutory development plan for the City of London, along with the City’s Local Plan.

The London Plan (March 2021) advises in “Good Growth Objective GG3; Creating a Healthy City” that:

“Those involved in planning and development must assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments”.

7. The Mayor of London has also published planning documents which offer further guidance on the development of HIAs;

- Mayor of London’s Social Infrastructure SPG; 2015
- The London Health Inequalities Strategy; 2018

8. Local policy:

Each local planning authority must produce a Local Plan which sets out policies determining planning decisions on land use. The City’s emerging Local Plan (City Plan 2036) recognises that health underlies all policies in the Plan and contains a range of strategic and local policies on health and well-being as follows in Figure 1:

Policy	Topic
S1	Healthy and inclusive City
HL1	Inclusive buildings and spaces
HL2	Air quality
HL3	Noise and light pollution
HL4	Contaminated land and water quality
HL5	Location and protection of social and community facilities
HL6	Public toilets
HL7	Sport and recreation
HL8	Play areas and facilities
HL9	Health impact assessment
S2	Safe and Secure City
SA1	Crowded places
SA2	Dispersal routes
HS3	Residential environment
HS4	Housing quality standards
S8	Design
DE4	Pedestrian permeability
DE8	Daylight and sunlight
S9	Vehicular transport and servicing
S10	Active travel and healthy streets
AT1	Pedestrian movement
AT2	Active travel and cycling
AT3	Cycle parking
S14	Open spaces and green infrastructure
OS1	Protection and provision of open spaces
OS2	City greening
OS3	Biodiversity
OS4	Trees
CR2	Flood risk

Figure 1: Policies related to health and well-being: City of London Proposed Submission Draft Plan 2036.

9. Policies in the Local Plan on health and well-being are informed by the City of London Joint Health and Well-being Strategy which prioritises good mental health, a healthy urban environment, health and social integration and health behaviours in the City's communities, as well as a commitment to reducing health inequalities.
10. Appendix 2 lists relevant Corporation strategies that inform policy formulation in the Local Plan and decision making on planning proposals and applications. It also includes a link to examples of HIA good practise/case studies in the City of London.

11. The Proposed Submission Draft City Plan 2036 contains a specific policy on HIAs as follows:

Policy HL9: Health Impact Assessment (HIA)
The City Corporation will require development to deliver health benefits to the City's communities and mitigate any negative impacts by:

- 1. requiring all major development, and developments where potential health issues are likely to arise, to submit a Healthy City Planning Checklist;*
- 2. requiring a Rapid or Full HIA to be submitted for larger-scale development proposals.*

The scope of any HIA should be agreed with the City Corporation and be informed by City Corporation guidance on HIA. The assessment should be undertaken as early as possible in the development process so that potential health gains can be maximised, and any negative impacts can be mitigated.

12. Figure 2 below demonstrates the complex interrelationship between the social determinants of health and other policy areas which are addressed in the Proposed Submission Draft City Plan 2036.

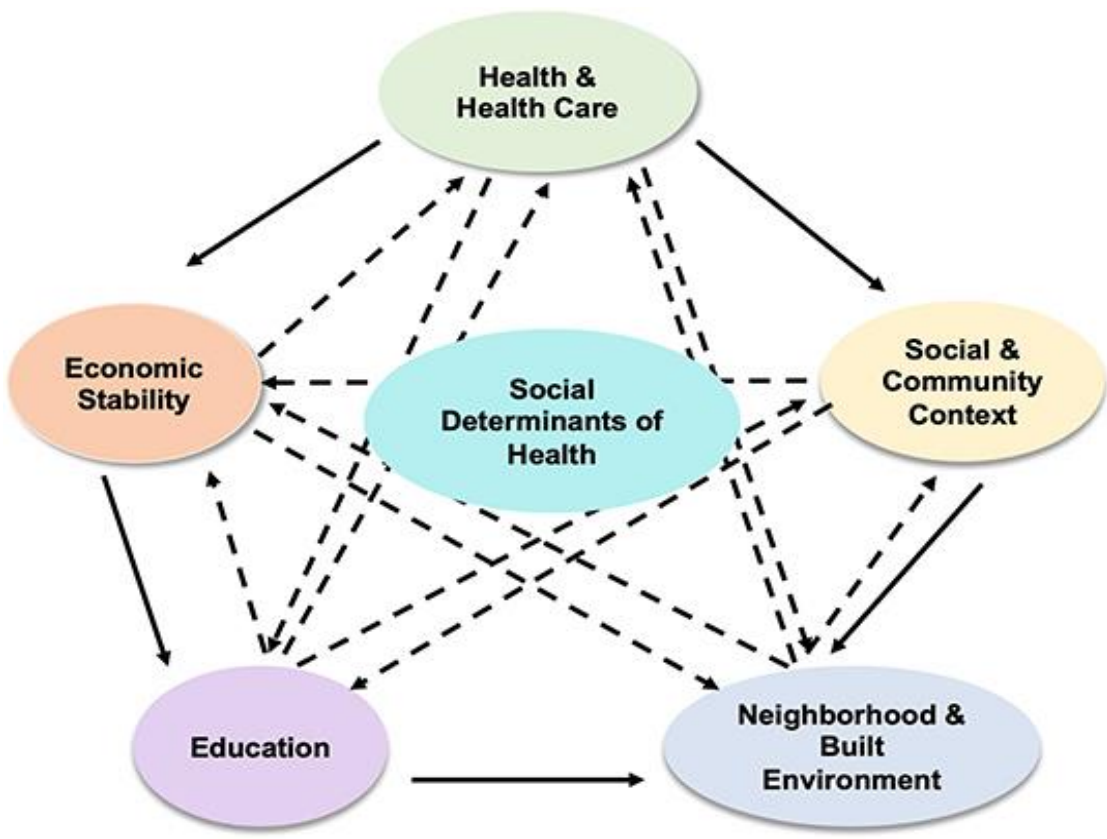


Figure 2: Social determinants of health.

The HIA process

13. The City of London is a densely built up central urban location. The scale of development, the busy and congested streets and pavements, limited open space and large numbers of workers can impact on the physical and mental health of those living, working, studying, and visiting the City.
14. Major development can impact on health in a variety of ways including through noise and pollution during the construction phase, increased traffic movements and greater competition for limited open space. Equally, development can deliver improvements such as improved access by walking, cycling and public transport, the provision of opportunities to access open and green spaces, exercise facilities, cultural and community facilities and healthy food outlets.
15. HIAs provide a systematic framework to identify the potential impacts of a development proposal on the health and well-being of the population and highlight any health inequalities that may arise. HIAs can highlight mitigation measures that may be appropriate to enable developments to maximise the health of communities. The Covid-19 pandemic has highlighted the important role that health impact assessments can play in enabling developers to understand and plan for potential risks to health and wellbeing.
16. Developers will be expected to identify potential impacts on health resulting from all major developments in the City. In line with the Mayor of London's Social Infrastructure SPG, the level of HIA required will depend upon the scale and impact of the development.

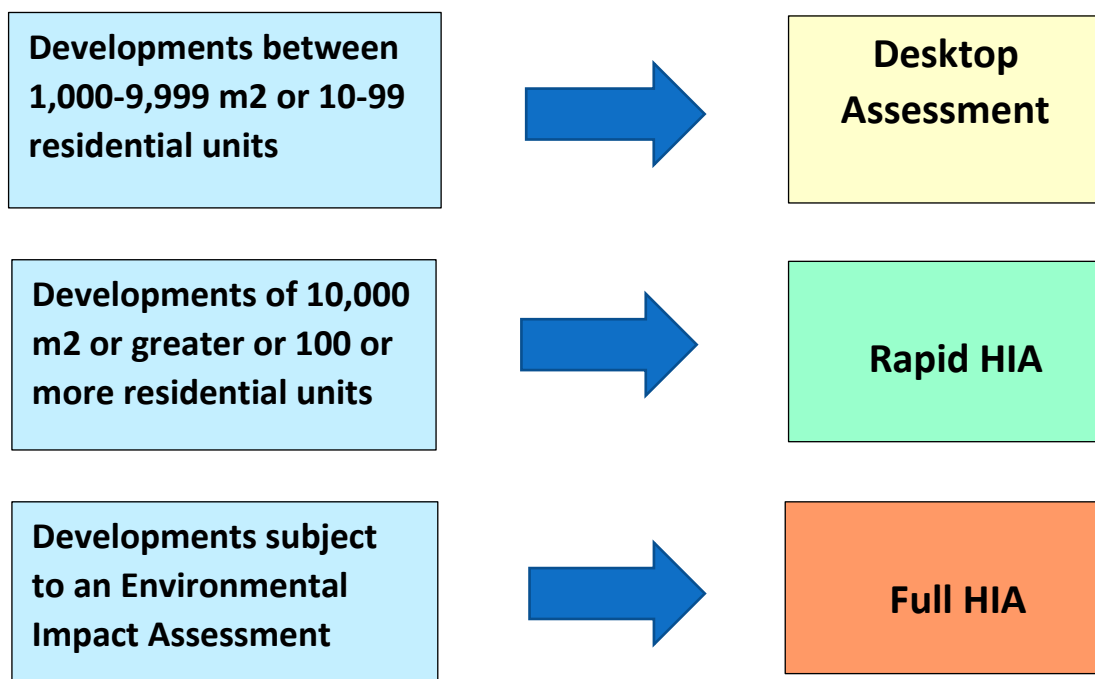


Figure 3: Scale of development requiring HIA.

Desktop assessment

17. This draws on existing knowledge and evidence using published checklists which provide a broad overview of potential health impacts. The City Corporation has prepared a checklist for this purpose in Appendix 1.
18. The Healthy City Planning Checklist should be given consideration and submitted with planning applications for developments of between 10 and 99 dwellings or between 1,000m² – 9,999m² of commercial floorspace. It will also be required for developments considered to have particular health impacts, including those involving sensitive uses such as education, health, leisure or community facilities, publicly accessible open space, hot food take away shops, betting shops and in areas where air pollution and noise issues are particularly prevalent.
19. If the desktop assessment flags up potential adverse impacts arising from the proposed development, amendments should be made which address the identified adverse impacts.

Rapid HIA

20. This would require a more focused investigation of health impacts, using the Healthy City Planning Checklist as a guide, and would normally recommend mitigation and/or enhancement measures. Rapid HIAs should be used for developments of 10,000m² or greater commercial floorspace or 100 or more residential units.

Full HIA

21. This involves comprehensive analysis of all potential health and wellbeing impacts, which may include quantitative and qualitative information, data from health needs assessments, reviews of the evidence base and community engagement. The Healthy City Planning Checklist indicates which issues should be considered when carrying out a full HIA. A full HIA will be required on those developments that are subject to an Environmental Impact Assessment and could be included within the Environmental Statement to avoid duplication.
22. Appendix 3 includes an optional Checklist Review Tool which is intended to be an additional tool for applicants to check their Full HIA has covered the necessary elements and for officers to check the submitted HIA's are robust. Applicants are not required to submit this checklist.

HIA Procedure

23. HIAs are commonly defined as “a combination of procedures, methods, and tools by which a [development] may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”
24. HIAs must look at the issue of health and wellbeing comprehensively, and not focus solely on access to health services. Where significant impacts are identified, measures to mitigate the adverse impact of the development should be provided as part of the proposals or secured through conditions or a Section 106 Agreement.

25. It is important that the applicant is proactive and ensures that the HIA is suitably progressed, as this is more likely to create ownership of the process as well as raising awareness of health impacts and how they can be mitigated or enhanced at an early stage of the development process. Whilst HIAs can be conducted prospectively, concurrently or retrospectively, the latter are not able to identify any changes to a proposal that may enhance positive health impacts or mitigate negative impacts. It is recognised that developers have incurred significant costs at the point that a planning application is submitted to the City Corporation.
26. Early prospective assessments of a planning proposal are fundamental to ensuring that planning proposals are not advanced to a stage at which it is uneconomical or unrealistic for a developer to modify that proposal. Where a HIA is needed this should be submitted as part of the pre-application documentation to allow maximum scope for the health issues to be identified and addressed in the proposed scheme. The timescales for the HIA will be agreed with the case officer.
27. There is no one definitive methodology for HIA although several “toolkits” have been developed which may be helpful. A useful source for guides, examples of completed HIAs and a directory of HIA practitioners can be found on Public Health England’s HIA gateway site. The aim of the HIA assessment is to identify all the potential health impacts based on evidence, and in the case of rapid or full HIA’s, to recommend measures to enhance positive impacts and mitigate adverse impacts, building on the screening exercise. This will involve examining the key elements of the proposal, considering their relationship to the range of wider determinants of health, health improvement opportunities and inequality, and deciding which impacts might require further assessment.
28. Where a potentially significant health impact is confirmed, for example concerning degradation of air quality, detailed actions that will be taken to mitigate adverse impacts should be submitted. Mitigation will only be required where evidence supports a potential and significant adverse impact on health. The planning case officer will offer support and advice in such instances.
29. HIA involves an evaluation of the quantitative evidence where it exists but importantly also recognises the importance of qualitative information. This may include the opinions, experience and expectations of those people who are potentially the most directly affected by a development. Therefore, HIA is not the preserve of any one disciplinary group. Instead, it draws on the experience and expertise of a wide range of “stakeholders”, who are involved throughout the process. These may include professionals with knowledge relevant to the issues being addressed, relevant voluntary organisations and, perhaps most importantly, representatives of the communities who may be affected by the development. HIA’s submitted to the City Corporation will be assessed by relevant planning officers and Corporation public health colleagues.
30. Recommendations arising from a rapid or full HIA should aim to mitigate any adverse health impacts arising from the proposed development and recognise and enhance any potential beneficial impacts on health. A record of changes made to a development proposal as a result of an HIA should be made in the HIA report.

31. HIA's should include a recommendation to carry out future monitoring of the health impacts that result from the development proposal, so that corrective action can be taken to address any unforeseen impact.

Contacts

For further information and advice on Health Impact Assessment and the planning process please contact the Planning Policy Team:

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Appendix 1: Healthy City Planning Checklist

This checklist has been designed to support a desktop assessment HIA but also offers guidance as to relevant health issues in the City of London for Rapid and Full HIAs. It provides questions to consider when assessing a proposal and examples to support implementation. The questions are not exhaustive, and not all questions will be of relevance to all proposals.

Topic	Issues to consider	Further points to consider/examples	Applicant response	
			Achieved	Not applicable
Engagement	Has engagement and consultation been carried out with residents, the local community and the voluntary sector?	<ul style="list-style-type: none"> • Public website • Consultation events • Identifying relevant communities and stakeholders • Identifying any difficult to reach groups/addressing language barriers • Monitoring satisfaction of communities as scheme progresses 		
Active lifestyles	Does the proposal promote cycling and walking?	<ul style="list-style-type: none"> • Well-located, secure cycle storage • Protection of existing cycle routes • Accessible building entrances • Easily navigable/legible routes 		
	Is the public realm connected to pedestrian, cycle and public transport networks?	<ul style="list-style-type: none"> • Well connected, attractive, safe, and legible streets, footpaths and cycle network. • Public realm linked to existing networks 		
	Does the public realm allow all people to move easily between buildings and places?	<ul style="list-style-type: none"> • Step-free level access • Inclusive design • Clear signage • Legible pathways • Clear entrances to buildings 		
	Does the layout and design of the proposal minimise the need to travel and support sustainable travel?	<ul style="list-style-type: none"> • Walkable neighbourhoods • Co-location of services and facilities • Car-free proposal • Cycle storage • Links to public transport, pedestrian network, surrounding facilities 		
	Does the proposal retain, provide or improve any type of open space?	<ul style="list-style-type: none"> • Provision of open space on-site • Communal open space • Improved access to open space off-site 		
	Does the proposal provide open space for children and young people?	<ul style="list-style-type: none"> • Formal and informal play areas • Natural play • Open space accessible to all children 		
	Does the proposal provide or improve indoor/outdoor sports facilities?	<ul style="list-style-type: none"> • Leisure facilities • Improved access to play or other facilities off-site 		

Healthy environment and design	Does the proposal propose community and social infrastructure to fill identified gaps in provision and provide facilities for need created by the proposal?	<ul style="list-style-type: none"> • Medical facilities • Childcare provision • Social/meeting spaces 		
	Does the layout and design maximise accessibility and inclusivity?	<ul style="list-style-type: none"> • Easy to navigate around different elements of a site • Walking routes with dropped kerbs and clear signage • Step free level public realm 		
	Does the proposal minimise construction impacts for those living or working in the vicinity?	<ul style="list-style-type: none"> • Considerate Constructors scheme • Dust impacts • Noise impacts • Visual Impacts including light • Odours and exhaust fumes • Construction and Logistics Plan 		
	Does the design minimise exposure to sources of air and noise pollution for future and existing inhabitants?	<ul style="list-style-type: none"> • Indoor/outdoor air quality • Site layout and design • Avoidance of “street canyons” • Proximity of habitable rooms from roadside • Electric vehicle charging infrastructure • Low-emission renewable energy • Sound insulation • Noise from heating/ventilation 		
	Does the proposal provide any green infrastructure and conserve and increase biodiversity?	<ul style="list-style-type: none"> • Green roofs, green walls, trees, planting • Water features • Gardens 		
	Does the proposal include appropriate toilet provision?	<ul style="list-style-type: none"> • Publicly accessible toilets at ground level • Accessible toilets and Changing Place facilities • Community Toilet Scheme 		
	Does the proposal reduce the risk of flooding from all sources?	<ul style="list-style-type: none"> • Site sequential design • SUDS, such as permeable paving • Green infrastructure 		
	Is the proposal designed to avoid internal and external over-heating?	<ul style="list-style-type: none"> • Passive cooling • Shading in public realm • Green infrastructure 		
	Does the proposal include opportunities to increase access to healthy food?	<ul style="list-style-type: none"> • Access to free drinking water • Avoiding clusters of hot-food takeaways • Promote urban farming and community food projects 		
Does the proposal provide opportunities for food growing?	<ul style="list-style-type: none"> • Provision of food growing space/roof gardens e.g raised beds or gardens • Incorporation of fruit and/or nut trees (edible landscaping) 			

	Does the proposal take into account age/Alzheimer friendly design?	<ul style="list-style-type: none"> • Clear signage and access routes • Slip resistant surfaces • Defined edges 		
	Does the proposal include design elements to minimise the risk of suicide?	<ul style="list-style-type: none"> • Barriers around public rooftop areas • Planting near rooftop edges to deter access to the edge • Barriers or netting on bridges 		
	Does the proposal include attractive, flexible public spaces, streets and buildings that provide opportunities for social interaction?	<ul style="list-style-type: none"> • High quality materials • Benches • Shading • Communal areas 		
	Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures?	<ul style="list-style-type: none"> • Ventilation • Shading • Landscaping 		
Healthy workplaces	Does the proposal maximize available BREEAM health and wellbeing credits and, for smaller developments, aim to incorporate the 'sprit' of BREEAM where full accreditation is not feasible?	<ul style="list-style-type: none"> • Lighting • Sound insulation • Avoiding Volatile Organic Compounds • Inclusive design • Ventilation 		
	Does the proposal incorporate infection control measures?	<ul style="list-style-type: none"> • Touchless technologies • Fresh air and good ventilation • Maximise outdoor space 		
	Does the proposal include good ventilation and good levels of fresh recycled air?	<ul style="list-style-type: none"> • Suitable ventilation systems installed • Access to fresh air where feasible 		
	Does the proposal provide facilities for active travel?	<ul style="list-style-type: none"> • Secure cycle parking • Shower facilities • Lockers 		
	Does the proposal encourage healthy eating?	<ul style="list-style-type: none"> • Kitchen space with facilities to store/heat food brought in from home • Canteen facilities with healthy food options • Accessible drinking water 		
	Is the proposal designed to include active building principles?	<ul style="list-style-type: none"> • Visible, central staircase • Layout to encourage walking • Spaces to allow people to socialise 		
	Does the proposal include relaxation and leisure spaces for employees?	<ul style="list-style-type: none"> • Roof terraces and balconies with seating areas/tables • Indoor quiet spaces with suitable furniture • Opportunities for exercise • Opportunities for growing food/tending plants 		
	Does the proposal incorporate biophilia principles?	<ul style="list-style-type: none"> • Plants and greenery inside building and on terraces • Access to natural light and views outside • Space and furniture to work outside where feasible 		

Healthy Housing	Are the dwellings accessible and adaptable?	<ul style="list-style-type: none"> • Design and layout of parking, entrances, hallways and internal space • Step-free access and level threshold • Future-proofed to accommodate changing needs • Lifts/accessible stairways • Adaptable homes (Building Regulations M4 (2)) 		
	Are any of the dwellings suitable for occupation by a wheelchair user?	<ul style="list-style-type: none"> • Design and layout of parking, entrances, hallways and internal space • Step-free access and level threshold • Entrance-level bedroom and living space • Building Regulations M4 (3) 		
	Do the dwellings London Plan internal space standards and have access to natural light, especially to habitable rooms?	<ul style="list-style-type: none"> • Adequate bedroom sizes, storage, ceiling heights and level access • Natural daylight 		
	Do the dwellings include any private outdoor amenity space, or communal outdoor space where applicable?	<ul style="list-style-type: none"> • Private balcony, patio, roof terrace • Shared amenity space • Space for sitting, drying clothes, and storage 		
	Is a mix of types, tenures and sizes of dwellings provided?	<ul style="list-style-type: none"> • Proportion of unit size mix to meet local needs • Mix of market and affordable housing • Family homes • Starter homes • Older persons housing • Build to rent/co-living housing for City workers 		
	Are a proportion of the dwellings provided affordable?	<ul style="list-style-type: none"> • Onsite provision where required • Integrated throughout the scheme • Equitable location and tenure blind • Equal access to facilities for all residents • Mix of tenures • Proportion of unit size mix to meet local needs 		
	Are the dwellings energy efficient?	<ul style="list-style-type: none"> • Passive design and orientation; maximising natural light • High fabric performance • Low carbon, low-emission solutions/technologies • Connection to existing/future decentralised energy schemes 		
	Indoor air/noise quality – is exposure to sources of air and noise pollution minimised?	<ul style="list-style-type: none"> • Site layout and design • Proximity of habitable rooms from roadside • Low-emission renewable energy • Sound insulation • Noise from heating/ventilation 		

Safe & vibrant neighbourhoods	Does the proposal incorporate TFL Healthy Streets criteria?	<ul style="list-style-type: none"> • Easy to cross • Places to stop and rest • Shade and shelter • Minimise noise • Prioritise walking, cycling and public transport 		
	Does the proposal consider the safety of pedestrians and cyclists, including vulnerable road users?	<ul style="list-style-type: none"> • Safe access • Lighting • Passive/natural surveillance • Separate cycling and walking routes • Children, older people and disabled people road safety considerations • Dementia-friendly paving 		
	Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	<ul style="list-style-type: none"> • Installations to guide traffic for maximum safety to pedestrians • Reducing vehicle movements through Delivery and Servicing Plans • Visibility surrounding servicing areas 		
	Does the proposal consider measures to reduce the risk of terrorism?	<ul style="list-style-type: none"> • Sufficient space for escape routes • CCTV • Planters/bollards to prevent hostile vehicles • Appropriate design of buildings and public realm 		
	Has the potential for impact on health and social care services been considered?	<ul style="list-style-type: none"> • Impacts on GPs, dentists, pharmacists, hospitals, A&E, community health services, mental health services and social care. • Health facility in scheme where appropriate 		
	Does the proposal provide any community facilities and encourage social inclusion by allowing people to interact?	<ul style="list-style-type: none"> • Community centre • Community/communal kitchen space • Accessibility of space • Co-location of facilities • Public realm space for cultural and community events 		
	Does the proposal incorporate features to help deter crime and promote safety?	<ul style="list-style-type: none"> • Clearly defined boundaries • Appropriate mix of land uses • Passive/natural surveillance • Lighting • High quality materials • Secure by Design 		
Access to work and training	Does the proposal provide opportunities for local employment or training, including temporary construction and permanent 'end-use' jobs (jobs created within one year of completion)?	<ul style="list-style-type: none"> • Local Employment Scheme • Training and apprenticeships • Non-construction jobs for local people via local procurement 		
	Does the proposal provide childcare facilities?	<ul style="list-style-type: none"> • Public or private childcare • Employee childcare 		

	Does the proposal encourage supply chain opportunities for local businesses through the construction and post-construction phase?	<ul style="list-style-type: none"> • Local sourcing of materials • Local procurement of ongoing products and services 		
	Does the proposal encourage educational opportunities?	<ul style="list-style-type: none"> • Indoor space and facilities for school groups • Public realm art/interpretation boards/historical and social context 		

Appendix 2: Resources

City Corporation guidance:

*City of London Corporation Joint Health and Wellbeing Strategy 2017-2020
(Will be updated November 2021)*

City of London Resident Estimates and Projections 2020

City of London Resident Population Indices of Deprivation 2019

City of London Open Spaces and Recreation Audit 2020

City of London City Plan 2036 Draft Infrastructure Plan 2020

City Statistics Briefing January 2020

City Corporation Business Healthy webpage

Good practice examples of HIA's in the City of London:
(To be added when available)

Other resources:

Design Council:
Healthy Placemaking 2018

Public Health England:
Healthy High Streets; Good placemaking in an urban setting 2018

International WELL Building Institute:
WELL Building Standard (WELL)

Town and Country Planning Association Resources:
Guide 8 - Creating Health Promoting Environments

Secured by Design:
Design Guides website

Sport England:
Active Design website

Appendix 3: Checklist review tool

This review checklist is intended to be an additional tool for applicants to check their Full HIA has covered the necessary elements and for officers to check the submitted HIA's are robust. Applicants are not required to submit this checklist.

1.0	Context	
1.1	Site description and policy framework	
	The report should describe the physical characteristics of the project site and the surrounding area	
	The report should describe the way in which the project site and the surrounding area are currently used.	
	The report should describe the policy context and state whether the project accords with relevant policies that protect and promote wellbeing and public health and reduce health inequalities.	
1.2	Description of project	
	The aims and objectives and final operational characteristics of the project should be described.	
	The estimated duration of construction and operational phases should be given (and decommissioning if appropriate).	
	The relationship of the project with other proposals should be stated.	
1.3	Public health profile	
	The public health profile should establish an information base from which requirements for health protection, health improvement and health services can be assessed.	
	The profile should identify vulnerable population groups and describe, where possible, inequalities in health between population groups and should include the wider determinants of health e.g social, cultural, economic and environmental factors that influence the health status of individuals or populations.	
	The information in the profile should be specific about timescales, geographic location and population groups.	
2.0	Management	
2.1	Identification and prediction of health impacts	
	The report should describe the screening and scoping stages of the HIA, and the methods used in these stages.	
	A description of how the quantitative evidence was gathered and analysed, where appropriate.	
	A description of how the qualitative evidence was gathered and analysed, where appropriate.	
2.2	Governance	
	The terms of reference for the HIA should be available and the geographical and population scope explained.	
	Any constraints or limitations in preparing the HIA should be explained e.g resources, accessibility of data.	
2.3	Engagement	
	The report should identify relevant stakeholder groups responsible for enabling health and well-being in the area which should be involved in the HIA.	

	The report should identify vulnerable population groups which should be involved in the HIA.	
	The report should describe the engagement strategy and consultation methods for the HIA.	
3.0	Assessment	
3.1	Description of health effects	
	The potential beneficial and adverse health effects of the project should be identified, including timescales.	
	The identification of potential health impacts should consider wider health determinants e.g social, economic and environmental factors which impact on people's health.	
	The causal pathway leading to health effects should be outlined, and underpinning evidence explained.	
3.2	Risk Assessment	
	The nature of the potential health effects should be detailed.	
	The findings of the assessment should explain the level of certainty or uncertainty of predictions of health effects.	
	The report should identify and justify any standards and thresholds used to assess the significance of health impacts.	
3.3	Analysis of distribution of effects	
	The affected populations should be explicitly identified.	
	Inequalities in the distribution of predicted health impacts should be investigated & any effects of the inequalities stated.	
	Effects on health should be examined based on the population profile and particular demographic or vulnerable groups, including residents and day time working population.	
4.0	Reporting	
4.1	Discussion of results	
	The report should describe how the engagement undertaken has influenced the results, conclusions or approach taken.	
	The report should state the effect on the health and wellbeing of the population of any considered options or alternatives.	
	The report should justify any conclusions reached and justify if some evidence has been afforded more weight.	
4.2	Recommendations	
	There should be a list of recommendations to facilitate the management and enhancement of beneficial health effects.	
	The level of commitment of the project proponent to the recommendations and mitigation methods should be stated.	
	There should be a plan for monitoring future health effects by relevant indicators and a suggested process for evaluation.	