Appendix 16.b: Assessing the Outcomes for Health and Wellbeing

What is the HIA?

1.1. The 'Healthy and Safe Communities' guidance describes the Health Impact Assessment (HIA) as a useful tool to assess and address the impacts of development proposals (MHCLG, 2019). The Manchester City Council Local Plan Integrated Appraisal (MCC, 2025b) describes an HIA as an element that "has regard to health impacts and promote the reduction of health inequality" and is ued as a method for a structured assessment within the plan-making process to evaluate health impacts to identify, appraise and mitigate effects.

1.2. The HIA has two overarching purposes:

- Assess the potential impact of a programme and/or development on a) population health and b) the distribution of population health;
- Recommend ways to mitigate these impacts, by preventing negative impacts while promoting positive impacts.

1.3. There are three types of HIA:

- A 'full' HIA, which involves a comprehensive analysis of all potential health and wellbeing impacts;
- A 'rapid' HIA, which is a less resource-intensive process and involves a more focused investigation of health impacts;
- A 'desktop' HIA, which draws on existing knowledge and evidence, often using published checklists (NHS, 2019).

1.4. In each case, it is recommended that the HIA is started as early as possible. Full and Rapid HIAs involve consultation with key stakeholders and evidence appraisal, however, the latter involves moderate levels of both. A desktop HIA does not usually involve stakeholder consultation, and only uses evidence that is immediately available via online searches.

1.5. For the purpose of this report, due to the diverse nature of health determinants and health outcomes which are to be assessed, it is not possible to quantify the severity or extent of the effects that give rise to these health impacts. Therefore, the Rapid HIA Tool produced by the NHS Healthy Urban Development Unit (HUDU) has been selected as the most appropriate method to adequately assess the health impacts and outcomes of the Project (NHS, 2019a).

Health and Wellbeing

1.6. The World Health Organisation (WHO) Europe defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1946). Consequently, public health encompasses general wellbeing, not just the absence of illness. Some effects are direct and obvious, while others are indirect and some may be synergistic, with different types of impact acting in combination.

1.7. Within a population, there can also be health inequalities. The WHO defines these as “differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes” (WHO, 2018).

1.8. It is proposed that, for general populations, mental health can be thought of as a single spectrum (Figure 16.1), ranging from very low wellbeing, characterised by common mental disorders such as depression and anxiety, to high wellbeing (or ‘mental flourishing’). The majority of people within the population are thought to have moderate levels of wellbeing (Huppert, 2014).

The Determinants of Health

1.9. The environment in which we live is a major determinant of health and wellbeing. Modern town planning originated in response to basic health problems, however, it grew largely separate from health over time (Corburn, 2004). Recent concerns about levels of physical activity, obesity, asthma and increasing environmental inequality has put planning back on the health agenda.

1.10. It is now widely acknowledged that an individual’s or community’s health and wellbeing is not only determined by the availability of healthcare services but also the quality of these services. A range of economic, social, psychological, and environmental influences play an equally important role. The links between health and settlements are often indirect and complex. These ‘wider determinants of health’ are best illustrated by Barton and Grant’s Health Map (Barton & Grant, 2006) (Figure 16.2).

1.11. People are placed at the centre of the map, reflecting the focus on health. All the different facets of a human settlement are reflected in the series of concentric circles which move through social, economic and environmental variables. The settlement is set within its bioregion and the global ecosystem on which it ultimately depends. Broader cultural, economic and political factors which impact on health and wellbeing are represented. The urban development process, and the design and planning of settlements, reside in one sphere – the built environment, which is where planners can see their role in determining health outcomes. In direct terms, they can affect the quality of that environment. The importance of the model is that it can be used to analyse the knock-on effects which are often much more significant in terms of health (Barton & Grant, 2006).