

Results of review of Health Impact Assessment using the review package for health impact assessment reports of development projects

Planning application description	Demolition of existing site, construction of residential blocks and commercial buildings plus infrastructure at Land North of Cambridge North Station, Milton Avenue, Cambridge.
Planning reference number:	22/02771/OUT
Reviewing officer:	Lesley McFarlane
Date of review:	31/8/2022

The assessment will produce an overall grade for the HIA as follows:

- A** Relevant tasks well performed, no important tasks left incomplete, only minor omissions and inadequacies
- B** Can be considered satisfactory despite omissions and/or inadequacies
- C** Parts are well attempted but must, as a whole, be considered just unsatisfactory because of omissions or inadequacies
- D** Not satisfactory, significant omissions or inadequacies, some important task(s) poorly done or not attempted.
- N/A** Not applicable

Review Area	Description	Score
Overall score for review area 1	Context	A
Score for review area 1.1	Site description and policy framework	A
Score for review area 1.2	Description of project	A
Score for review area 1.3	Public health profile	A
Overall score for review area 2	Management	B
Score for review area 2.1	Identification and preparation of health impacts	A
Score for review area 2.2	Governance	B
Score for review area 2.3	Engagement	D
Overall score for review area 3	Assessment	B
Score for review area 3.1	Description of health effects	A
Score for review area 3.2	Risk assessment	B
Score for review area 3.3	Analysis of distribution of effects	B
Overall score for review area 4	Reporting	B
Score for review area 4.1	Discussion of results	D
Score for review area 4.2	Recommendations	A
Score for review area 4.3	Communication and layout	A
Total score for review of HIA	Overall grade	B

	Review area, categories and sub-categories	Score
1	Context ¹	A
1.1	Site description and policy framework	A
1.1.1	The report should describe the physical characteristics ² of the project ³ site and the surrounding area.	A
Comments	Extensive description of the physical characteristics of the site and surrounding area have been undertaken; described in detail in the Environmental Statement chapter 3.	
1.1.2	The report should describe the way in which the project site and the surrounding area are currently used. ⁴	A
Comments	The Site is previously development land that comprises the existing surface level railway station car park of 428 spaces, further areas of hardstanding and areas of scrub. The Site has been partially cleared as part of the Site preparation works for Cambridge North Station to the south.	
1.1.3	The report should describe the policy context and state whether the project accords with significant policies ⁵ that protect and promote wellbeing and public health and reduce health inequalities.	A
Comments	<p>The HIA has been included within the Environmental Health statement, chapter 11. The health policies are stated within the appendix 11.2 health policy and guidance. As well as NPPF and PPG the report refers to national govt policy such as Prevention is better than cure, the Marmot Review (2010) & 2020; HUDU; PHE Spatial Planning for Health; PHE Improving Access to Green Space; NHS Long Term Plan; Sport England's Uniting the Movement; TCPA Planning Healthy Weight Environments, together with more local strategies CCC Think Communities, Strategy for Supporting New Communities 2015-2020 and South Cambridgeshire Local Plan Policies.</p> <p>The report has also sought to include emerging local policy. The report also references C&P JSNA's and the SC Health & Wellbeing Strategy plus other local strategies throughout the report.</p>	
1.2	Description of the project	A
1.2.1	The aims and objectives of the project should be stated and the final operational characteristics of the project should be described. ⁶	A

¹ If the HIA is prepared in conjunction with an Environmental Impact Assessment, or other studies, elements of this description may be shared with those other studies.

² The physical characteristics may include the location, design, size and an outline of the area of land take during the construction and operation phase. Presentation or reference to diagrams, plans or maps will be beneficial for this purpose. Graphical material should be easy to understand without having any knowledge about planning and design.

³ The review package uses the term project to mean *the execution of construction works or of other installations or schemes; or other intervention in the natural surroundings and landscape including those involving the extraction or mineral resources*

⁴ Does the site description indicate whether the site and surrounding area are used, either formally or informally, and if so who by?

⁵ The policies may be local, regional, national or international policies or they may be sector specific.

⁶ Has a do nothing option and other alternatives to the project been described? Does the report also describe the primary advantages and disadvantages to health of the proposal and alternatives? It should be noted if no alternatives are being assessed.

Comments	The Aims and objectives of the project are clearly stated within the introduction and methodology chapters of the ES. Any alternatives have been considered and clearly stated in chapter in Chapter 4. Proposed Development and Consideration of Alternatives	
1.2.2	The estimated duration of the construction phase, operational phase, and where appropriate, decommissioning phase should be given.	n/a
Comments	This level of detail has yet to be determined. However, it would be helpful to understand the approximate timings to more accurately determine the duration of impacts on local people and early residents on the site.	
1.2.3	The relationship of the project with other proposals should be stated.	A
Comments	This has been covered in in the approach to cumulative assessment. Contained in table 11.6-11.13	
1.3	Public Health Profile	A
1.3.1	The public health profile should establish an information base from which requirements for health protection, health improvement and health services can be assessed.	A
Comments	I agree with the public health profiles used as baseline for this assessment. A thorough assessment has been undertaken.	
1.3.2	The profile should identify vulnerable population groups. The profile should describe, where possible, inequalities in health between population groups and should include the wider determinants of health. ⁷	A
Comments	This has been covered very well.	
1.3.3	The information in the profile should be specific about the timescale; the geographic location and the population group being described and links should be made with the proposed project. ⁸	A
Comments	The information provided has been specific about the timescale including the shorter-term impacts on construction workers as well as future resident populations. The assessment proposed using degrees of significance, intensity and duration, to more accurately determine impacts on health. However, as stated above, in point 1.2.2. a clearer understand of duration of works would create a clearer understanding of the impacts on local people.	
2	Management	B
2.1	Identification and prediction of health impacts	A
2.1.1	The report should describe the screening and scoping stages of the HIA and the methods used in these stages. ⁹	A

⁷ People's health is influenced by the conditions in which they live. Health determinants are the personal, social, cultural, economic and environmental factors that influence the health status of individuals or populations. These include, but are not limited to, factors such as income, employment, education, social support and housing.

⁸ Does the profile include consideration of the future profile of the population

⁹ Tools or checklists are methods mostly used to screen for potential health impacts. The scoping stage often includes consultation, workshop, matrices, specific checklists, literature review, expert advisory panels, etc. Sometimes the scope of the HIA is predetermined by the commissioner of the HIA; do the authors justify the use of particular methods?

Comments	The agents have liaised with SCDC throughout the screening and scoping stage. (Appendix 2.2) In consultation with officers it was agreed to use the HUDU methodology for scoping the project. The NHS are now in early contact with the agents.	
2.1.2	A description of how the quantitative evidence was gathered and analysed (where appropriate) should be given and its relevance to the HIA justified. ¹⁰	A
Comments	This has been described clearly within the Human Health Chapter and I am satisfied that the correct health data has been identified and analysed.	
2.2	Governance	B
2.2.1	The governance process for the HIA should be described. ¹¹	D
Comments	The information in the report is unclear in relation to the governance of the report, including membership of the steering group?	
2.2.2	The terms of reference for the HIA should be available to the reader and the geographical, temporal and population scope of the HIA should be made explicit.	B
Comments	I am satisfied that the geographical and population scope have been addressed within the report. However, timescales are unclear at this stage.	
2.2.3	Any constraints in preparing the HIA should be explained. ¹²	A
Comments	Limitations have been covered in paragraph 12.. Inability to engage the health sector has been noted and this has been raised directly between officers and the Premises and Estates Team within the Integrated Care System. (ICS).	
2.3	Engagement	D
2.3.1	The report should identify relevant stakeholder groups, including organisations responsible for protecting and promoting health and wellbeing that should be involved in the HIA.	C
Comments	A gypsy, traveller site sits within 60m of the application site. Gypsy traveller populations represent the largest ethnic minority in South Cambridgeshire; it is which we highly recommend. This can be done via our Gypsy Traveller Liaison Officer at South Cambridgeshire DC.	
2.3.2	The report should identify vulnerable population groups that should be involved in the HIA. ¹³	D

¹⁰ Is the use of any statistical techniques adequately justified?

¹¹ Was the HIA guided and scrutinised by a steering group? What was the membership of the steering group? Which organisation has final ownership or/accountability for the report and its findings? Was the commissioner's relationship to the HIA process including the development of findings and reporting of the HIA made explicit?

¹² This might include limitations of method or availability of evidence, for example time, resources, accessibility of data, non-availability/involvement of key informants and stakeholders. It might also describe any limitations in the scope of the HIA.

¹³ Does the report describe how stakeholders were identified and whether key informants have been selected as representatives?

Comments	Although vulnerable groups were identified in the report. There is no engagement strategy report or a chapter which describes how vulnerable groups have been consulted.	
2.3.3	The report should describe the engagement strategy for the HIA. ¹⁴	D
Comments	The report does not contain an engagement strategy and I have not found a separate report in the remainder of the submitted documents relating to this application.	
3	Assessment	B
3.1	Description of health effects	A
3.1.1	The potential health effects of the project, both beneficial and adverse should be identified and presented in a systematic way. ¹⁵	B
Comments	Within the tables starting on page 264 the vulnerable groups have been identified under each category heading stating the magnitude of impact and the proposed mitigation.	
3.1.2	The identification of potential health impacts should consider the wider determinants of health such as socio-economic, physical, and mental health factors.	A
Comments	The health impacts have been considered in the context of the wider determinants.	
3.1.3	The causal pathway leading to health effects should be outlined along with an explanation of the underpinning evidence. ¹⁶	A
Comments	Causal pathways have been described within each topic heading starting on page 273.	
3.2	Risk assessment	B
3.2.1	The nature of the potential health effects should be detailed. ¹⁷	D

¹⁴ Does the report describe how the stakeholder groups, key informants, other stakeholders and citizens who were involved were involved? There may be reasons for not engaging or consulting members of the public. If so, are these provided and adequately explained? Does the report explain the engagement methods, and their timing, e.g. were leaflets, meetings, interviews, etc. used and at what stage and for which stakeholder groups?

¹⁵ Does the identification of impacts consider short-term, long-term (and are these timescales defined?), direct and indirect impacts on health and wellbeing? Does the identification of health impacts distinguish between the construction phase, the operational phase and where relevant the decommissioning phase?

¹⁶ The potential health effects may be presented in diagrams, which show the causal pathways and changes in intermediate factors by which the project may affect population health, or may be descriptive.

¹⁷ Does the assessment consider the severity of impact/exposure (intensity, reversibility and impact on vulnerable population groups), the impact magnitude (number of people affected and duration of impact/exposure) and the importance (political and ethical)? Have the health impacts of each alternative been assessed? Sometimes the health impacts are ranked and prioritised before making recommendations, if so; have the criteria for prioritising and ranking health impacts been given?

Comments	The report does not detail the severity of impact/exposure. The health impacts of alternatives have not been undertaken as part of this report.	
3.2.2	The findings of the assessment should be accompanied by a statement of the level of certainty or uncertainty attached to the predictions of health effects.	A
Comments	This is clear.	
3.2.3	The report should identify and justify the use of any standards and thresholds used to assess the significance of health impacts.	A
Comments	Table 11.3 contains the definitions of significance in the context of magnitude, intensity and duration of effects.	
3.3	Analysis of distribution of effects	B
3.3.1	The affected population should be explicitly identified.	A
Comments	This is clearly described both during construction and future residents.	
3.3.2	Inequalities in the distribution of predicted health impacts should be investigated and the effects of these inequalities should be stated. ¹⁸	? D
Comments	A thorough analysis of the health of the population has been carried out within this report. However, it is unclear if inequalities in the distribution of predicted health impacts have been investigated.	
3.3.3	Effects on health should be examined based on the population profile. ¹⁹	A
Comments	The effects on health have been examined based on the population profile.	
4	Reporting	B
4.1	Discussion of results	D
4.1.1	The report should describe how the engagement undertaken has influenced the HIA, in terms of results, conclusions or approach taken.	D
Comments	This is missing from the report.	
4.1.2	The report should state the effect on the health and wellbeing of the population of the option and any alternatives that have been considered.	C

¹⁸ How does the report define inequalities? Inequalities are found between social groups and can be measured in different ways e.g. by geography, social class or social position, population (ethnicity, gender, sexuality etc).

¹⁹ It should be possible to determine whether effects are more prevalent in certain demographic or vulnerable groups.

Comments	The report stated the effect on the health and wellbeing of the population of the option, however, any alternatives have not been explored.	
4.1.3	The report should justify any conclusions reached, particularly where some evidence has been afforded greater weight than others.	D
Comments	This is not clear in the report.	
4.2	Recommendations	C
4.2.1	There should be a list of recommendations to facilitate the management of health effects and the enhancement of beneficial health effects. ²⁰	A
Comments	The list of recommendations is listed within the tables 11.15 – 11.20 in the column “further mitigation”.	
4.2.2	The level of commitment of the project proponent to the recommendations and mitigation methods should be stated.	D
Comments	It cannot be ascertained from this report the level of commitment to deliver the proposed mitigation.	
4.2.3	There should be a plan for monitoring future health effects by relevant indicators and a suggested process for evaluation.	C
Comments	There is no plan to monitor health in this development as stated on page 301 with the exception of air, vibration, noise, ground conditions and transport.	
4.3	Communication and layout	A
4.3.1	Information should be logically arranged in sections or chapters and whereabouts of important data should be signalled in a table of contents or index.	A
Comments		
4.3.2	There should be a lay summary (executive summary) of the main findings and conclusions of the study. Technical terms, lists of data and detailed explanations of scientific reasoning should be avoided in this summary. ²¹	A

²⁰ Do the recommendations cover the construction, operational and, where appropriate, decommissioning phases in the short, medium and long term (and are these timescales defined?). Some HIAs include recommendations as a management plan and list the roles and responsibilities of stakeholders and provide a timetable for action. Do the recommendations link with the findings of other relevant studies for example, Environmental Impact Assessment.

²¹ Does the summary cover all main issues discussed in the HIA report and contain at least a brief description of the project and the potentially affected population, a description of the most important positive and negative health effects and the project’s impact on equality, an account of the main recommendations and mitigation measures to be undertaken by the developer and the main outline of the action plan recommended to manage, and monitor the health effects and evaluate the HIA. Is a brief explanation of the methods by which data were obtained, and an indication of the certainty which can be placed in them included?

Comments		
4.3.3	All evidence and data sources should be clearly referenced.	A
Comments		