Chapel Gate, Basildon

Health Impact Assessment

April 2021

BARTON WILLMORE

PLANNING / DESIGN / DELIVERY

Chapel Gate, Basildon

Health Impact Assessment

Prepared on behalf of Sempra Homes

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Prepared by:	JO	JO	JO
Checked by:	LW	LW	LW

Barton Willmore LLP
7 Soho Square
London
W1D 3QB

Tel: 020 7446 6888

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APPENDICES

EXECUTIVE SUMMARY

The importance of healthy communities is a theme running through national, regional and local planning policy. A Health Impact Assessment (HIA) is a validation requirement document for major developments delivering in excess of 50 residential units. This HIA has been prepared by Barton Willmore LLP on behalf of Sempra Homes to accompany a full planning application for a residential development on to the south of Laindon Link, Basildon, known as 'Chapel Gate' (the "Site").

The Site is triangular in shape and 2.38 hectares (ha) in area, located south west of the town centre of Basildon in Essex. The Site is currently a disused car park and includes an area of woodland and semi-improved grassland.

The planning application seeks full planning permission for the following development:

> *"Full Planning Application for residential development comprising apartment blocks and dwellinghouses including affordable housing, vehicular access from Laindon Link, cycle and pedestrian accesses, associated parking, landscaping including open space, boundary treatments, drainage and earthworks"*

The assessment has been undertaken using the HUDU Rapid Health Impact Assessment Tool. The assessment has reviewed the potential health effects of the proposed development and provided recommendations to seek to enhance health gains and remove or mitigate potential adverse impacts on health.

As shown in the assessment in Chapter 3, the Development was found to have a positive health effect in relation to the majority of the key health themes. Through the design evolution of the Development, careful consideration has been given to ensure a balanced, new community which meets local housing need and provides for all needs of the public is delivered on the Site. The Development will consist of high-quality dwellings designed around generous amounts of green space and new planting. To meet community needs and local targets, 50% of residential dwellings proposed will be affordable. Access considerations within the design of the Development promote active and sustainable travel, including attractive and safe cycling and pedestrian facilities that connect to the wider area, especially Basildon town centre. The community open spaces and the new cycle and pedestrian pathway will provide a range of beneficial health effects.

1   INTRODUCTION

1.1   This Health Impact Assessment (HIA) has been prepared on behalf of Sempra Homes (the "Applicant") to accompany a full planning application to Basildon Borough Council (BBC) for residential development on land to the south of Laindon Link, Basildon, known as 'Chapel Gate' (the "Site").

1.2   The HIA seeks to identify and assess the potential health effects of the Development and provide recommendations that enhance health gains and remove or mitigate potential adverse impacts on health.

1.3   The structure of this HIA is set out in Table 1.1 below.

Table 1.1: Chapter Structure and Description of Contents for this HIA

Chapter	Content
Executive Summary	Summary of the HIA.
Chapter 1	Describes the Site context and description and provides the description of Development.
Chapter 2	Provides the planning policy context at national, regional and local level and the requirement for a HIA.
Chapter 3	Outlines the assessment methodology.
Chapter 4	Describes the baseline conditions of health within Birmingham and the local area.
Chapter 5	Rapid HIA.
Chapter 6	Provides the conclusions of the HIA and sets out recommendations to enhance the beneficial effects and reduce any potential adverse health effects identified.

Site Context and Description

1.4   The Site (see Appendix 1) is triangular in shape and 2.38 hectares (ha) in area, located south west of the town centre of Basildon in Essex (hereafter referred to as the "Site"). The Site is currently a disused car park and an area of open space with trees (some of which are protected by two Tree Preservation Orders (TPO 10/92 and TPO 19/06)), amenity planting, and footpaths.

1.5   Laindon Link Road (B1007) is located to the immediate north, the A176 Nether Mayne Road and footpaths form the eastern boundary, and a railway line and associated embankment is located adjacent to the southern boundary. Basildon Train Station is located approximately 340m to the east of the Site, with the town centre located beyond. The land to the north of Laindon Link, to the west of the Site and south of the railway line comprises the residential areas of Lee Chapel North and Lee Chapel South.

1.6   There are no historic or ecologically protected features on or adjacent to the Site. The nearest

Site of Special Scientific Interest is Langdon Ridge located approximately 500m to the east. The closest heritage feature encompasses a cluster of Grade II listed buildings around Town Square, just over 550m to the north east. The Site is not at risk of flooding from rivers or seas and it is not in an Air Quality Management Area. An unnamed Ordinary Watercourse runs through the Site and an area of surface water flood risk is shown on mapping[1].

The Development

1.7   The Applicant is submitting a full planning application for the following (hereafter referred to as the "Development"):

> *"Full Planning Application for residential development comprising apartment blocks and dwellinghouses including affordable housing, vehicular access from Laindon Link, cycle and pedestrian accesses, associated parking, landscaping including open space, boundary treatments, drainage and earthworks"*

1.8   The Development is for the construction of 233 residential units, comprising 16 houses and 217 apartments. The proposed apartments will be provided within five blocks (named A, B, C, D and E) in the eastern extent of the site and the proposed houses will be provided within the western extent of the site. The Site Layout Plans are shown at Appendix 2, with further detail of the proposals provided in the Design and Access Statement (DAS) submitted in support of the planning application. The proposed houses will be 2 storeys with pitched roofs. The proposed blocks for the apartments will vary from five to 10 storeys, with block A being the smallest, located within the centre of the Site and block E as the tallest, located within the north-east corner of the Site.

1.9   The proposed accommodation mix and tenure for the Development is set out in Table 1.2 below. Of the 233 units, 50% will be affordable rent and 10% of the affordable rent provision will be provided as wheelchair accessible homes or easily adaptable homes and will be located on the ground floor of the blocks. The affordable housing provision will be provided within block A, B and C.

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[1] https://flood-map-for-planning.service.gov.uk/

Table 1.2: Accommodation mix and tenure

Accommodation Mix	1B 2P Flat	2B 3P Flat	3B 5P Flat	2B 4P House	3B 5P House	Total no. of units
Affordable Rent	33	46	3	0	0	82
Shared Ownership	15	20	0	0	0	35
Private	39	61	0	8	8	116
Total	**87**	**127**	**3**	**8**	**8**	**233**

1.10   To serve the residential units, a total of 167 car parking spaces will be provided. 131 spaces will be provided for the apartments at a reduced rate of 0.6 space per apartment (109 dedicated spaces and 22 spaces for visitors). All the houses will be provided with 2 car parking spaces with additional 0.25 spaces per house for visitors. The parking provision for the houses is in accordance with the Essex Parking Standards[2].

1.11   The primary vehicular access point will utilise the existing access point from Laindon Link to the north of the Site. The main access road within the Site is proposed to have an east/west orientation, with secondary access roads serving the houses and apartment blocks. All the roads within the Site will have turning circles at the end.

1.12   The Development will enhance the pedestrian and cycle access across the Site to allow for better connectivity east/west to the town centre and north/south to the surrounding residential areas. A main combined pedestrian and cycle path is proposed east-west across the Site which will connect to the existing cycle and pedestrian path just outside the eastern Site boundary. From this main path, various pedestrian pathways will branch off to serve the apartments, the houses and store and plant rooms. An existing pedestrian footpath to the north of the Site will be retained with a slight adjustment to the path. Communal cycle stores will be provided on the ground floor of blocks A, B and E. The cycle stores for blocks C and D will be provided within the ground floor of block E, with direct external access. A total of 304 cycle spaces will be provided as well as an additional 29 external and uncovered cycle spaces for visitors are proposed and located adjacent to entrances. Individual cycle stores are proposed for each of the houses and would be provided either at the front of the property or in the rear gardens.

1.13   The Development will retain a number of existing landscape features on the Site including, the retention of the TPO trees along the eastern boundary, the planting groups along the northern boundary, the woodland within the western extent of the Site and the north/south landscape corridor within the centre of the Site. The existing vegetation that runs along the southern boundary of the Site will be retained and enhanced with to provide an ecological

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[2] Essex Planning Officers Association (September 2009) Essex Parking Standards: Design and Good Practice

corridor and provide habitat for the Sites reptile population. A variety of trees will be planted along the new streets and public realm within the Site. Two community gardens will be provided; one between block A and C and the other to the west of block E and D. The houses will be served with rear back gardens and also ornamental planning to the front gardens.

2   PLANNING POLICY CONTEXT

Requirement for HIA

2.1   The importance of healthy communities is a theme running through national, regional and local planning policy. HIAs are increasingly recognised as having an important contribution towards establishing the potential impacts and benefits of schemes, designs and policies. The requirement for HIA in this case arises from BBC's commitment *"to deliver development and growth which has a positive impact on the health and well-being of residents, and address issues of health deprivation and health inequality in the Borough"* outlined in their emerging Local Plan[3]. Specifically, proposals that are greater than 50 residential dwellings or more, and/or 1,000sqm or more of non-residential floorspace[4] are required to undertake a HIA with the purpose of:

- Identifying potential health consequences of a proposal on a given population; and
- Maximising positive health benefits and minimising potential adverse effects on health and inequalities.

2.2   As the Development comprises more than 50 residential dwellings, a HIA has been prepared for the full planning application.

2.3   The relevant planning policy and best practice relating to health is summarised hereafter.

National Policy and Best Practice

National Planning Policy Framework (NPPF)[5]

2.4   The revised NPPF published in February 2019 identifies the key principles in relation to health that local planning authorities should consider. Chapter 8 of the NPPF 'Promoting healthy and safe communities' states that decisions should aim to achieve the following key features to a healthy and safe community:

a)   *"Promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use development, strong neighbourhood centre, street layouts that allow for easy pedestrian and cycle connections within and between*

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[3] Basildon Borough Council (2018) *Basildon Borough Revised Publication Local Plan 2014 - 2034*
[4] Basildon Borough Council (2019) *Local List of Validation Requirements*
[5] CLG (February 2019) National Planning Policy Framework

> *neighbourhoods, and active street frontages;*
>
> b) *Are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of clear and legible pedestrian routes, and high quality public space, which encourage the active and continual use of public areas; and*
>
> c) *Enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling."*

NHS England Healthy New Towns: Putting Health Into Place[6]

2.5   NHS England launched the Healthy New Towns programme in 2015 to explore how the Development of new places could provide an opportunity to create healthier and connected communities with integrated and high-quality services.

2.6   This resulted in the adoption of the following 10 principles for healthy places:

1. Plan Ahead Collectively;
2. Assess Local Health and Care Needs and Assets;
3. Connect, Involve and Empower People and Communities;
4. Create Compact Neighbourhoods;
5. Maximise Active Travel;
6. Inspire and Enable Healthy Eating;
7. Foster Health in Homes and Buildings;
8. Enable Healthy Play and Leisure;
9. Develop Health Services That Help People Stay Well; and
10. Create Integrated Health.

2.7   These ten principles were developed and culminated in the publishing of four reports in 2019. The first, "Putting Health into Place Principles 1-3: Plan, Assess and Involve " is most appropriate to health and wellbeing assessments. It advocates a thorough understanding of baseline health conditions and circumstances of an area so that design can incorporate and embed opportunities to improve health outcomes. It provides guidance for establishing the processes that lead to impact and how these can be measured.

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[6] NHS England, 2015, https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

IEMA Impact Assessment Outlook Journal: Health Impact Assessment in Planning (October 2020)[7]

2.8   This is a selection of thought pieces featuring case studies by practitioners working in health, planning and impact assessment. This document presents best practice ideas and shows the direction of travel for embedding health and wellbeing in placemaking and integrating health impact with other impact assessments including Environmental Impact Assessment, as well as 'designing-in' positive health outcomes from the outset of the proposed scheme. The discussions in this collection of papers have influenced the assessment within this report.

Sport England: The 10 Principles of Active Design[8]

2.9   Sport England have also developed ten principles to inspire and inform the layout of cities, towns, villages, neighbourhoods, buildings, streets and open spaces, to promote sport and active lifestyles. A summary is provided:

i)   Activity for all neighbourhoods: enabling those who want to be active, whilst encouraging those who are inactive to become active;

ii)   Walkable communities: creating the conditions for active travel between all locations;

iii)   Connected walking and cycling routes: prioritising active travel through safe, integrated walking and cycling routes;

iv)   Co-location of community facilities: creating multiple reasons to visit a designation, minimising the number and length of trips and increasing the awareness and convenience of opportunities to participate in sport and physical activity;

v)   Network of multifunctional open space: providing multifunctional spaces open up opportunities for sport and physical activity and has numerous wider benefits;

vi)   High quality streets and spaces: well designed streets and spaces support and sustain a broader variety of users and community activities;

vii)   Appropriate infrastructure: providing and facilitating access to facilities and other infrastructure to enable all members of society to take part in sport and physical activity;

viii)   Active buildings: providing opportunities for activity inside and around buildings;

ix)   Management, maintenance, monitoring and evaluation: a high standard of management, maintenance, monitoring and evaluation is essential to ensure the long-term desired functionality of all spaces; and

x)   Activity promotion and local champions: physical measures need to be matched by community and stakeholder ambition, leadership and engagement.

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[7] IEMA (October 2020) *Impact Assessment Outlook Journal: Health Impact Assessment in Planning*
[8] https://www.sportengland.org/how-we-can-help/facilities-and-planning/design-and-cost-guidance/active-design

Local Policy

Essex Joint Health and Wellbeing Strategy 2018-2022[9]

2.10   The Joint Health and Wellbeing Strategy sets out the strategic priorities identified through the Joint Strategic Needs Assessment (JSNA) that local government, the NHS and other partners will deliver. The priorities for actions are targeted as those where there is chance to make a 'real impact' to improve health and wellbeing outcomes and a reduction in health inequalities.

- The Strategy sets out four areas of focus:
- Improving mental health and wellbeing;
- Addressing obesity, improving diet and increasing physical activity;
- Influencing conditions and behaviours linked to health inequalities;
- Enabling and supporting people with long-term conditions and disabilities.

2.11   The Strategy was developed through observation of key challenges in Essex. These challenges include but are not limited to: the ageing population in Essex; mental health issues are common and suicide has increased; people with mental health problems struggle to get housing and work; and life expectancy is down in Essex. The stated overarching vision is: 'we want everybody in Essex to live well together'.

BBC Adopted Local Plan (September 2007)[10]

2.12   The Basildon District Local Plan Saved Policies 2007 was adopted on 20th September 2007. In October 2018, the Saved Policies document was reviewed against the NPPF published in July 2018 to assess the level of compliance each policy has with the NPPF. There are no specific policies in respect of health and wellbeing.

BBC Emerging Local Plan (October 2018)

2.13   The emerging Local Plan was submitted to the Secretary of State on the 28th March 2019 for the Examination in Public. The emerging Local Plan highlights the importance for all new developments to make a positive contribution to improving health and wellbeing for local people. The emerging Local Plan acknowledges the planning system can play an important role in creating healthy communities and appreciates that good design can help reduce and mitigate the impacts of climate change, promote healthier lifestyles and create safer and more

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[9] Essex Joint Health and Wellbeing Strategy 2018 – 2022
[10] Basildon Borough Council (2007) *Basildon District Local Plan Saved Policies September 2007*

accessible places for people to live in whether by protecting or enhancing the local environment, with their vision statement stating:

> "*The Borough will feel safe and residents will benefit from high standards of health and well-being.*"

2.14   To support the vision statement, ten Strategic Objectives (SO) have been identified. SO8 'Helping Local People Maintain Healthier Lifestyles' sets out the Council's desire to provide attractive environments that are enjoyable, safe, accessible and easy to live and work in, as well as ensure access is provided to leisure and sport facilities, blue and green space, recreational and cultural facilities to encourage active and healthy lifestyles. SO9 'Enhancing the Quality of Life for All' identifies five ways to reduce inequalities across the borough's population in relation to employment, education, healthcare and social exclusion and thereby, create more resilient communities and instil *"civic pride"*. SO10 'Securing the Delivery of Supporting Infrastructure' sets out the Council's commitment to deliver supporting infrastructure to the above goals to help create inclusive communities and draw up on active travel measures to promote healthier lifestyles.

2.15   Within the emerging Local Plan, the Council has identified that during the period 2014 to 2034, at least 15,465 new homes need to be constructed to respond to the needs of the current and future residents of the Borough. Policy H1 'Housing Strategy' sets out how the Councils strategy to deliver these new homes. Noted in Policy H1 is the *"effective re-use of land within existing residential areas for the provision of new homes"*

2.16   Chapter 13 includes the Council's suite of strategic policies, allocation policies and development management policies to 'Promoting Health Communities'. The most applicable being Strategic Policy HC1, 'Health and Well-being Strategy' which states:

> *"Throughout the plan period, the Council will seek to deliver development and growth which has a positive impact on the health and well-being of residents, and address issues of health deprivation and health inequality in the Borough. In order to achieve this, the Council will:*
>   1. *Promote good physical and mental health and healthy lifestyles amongst residents by:*
>   a) *Ensuring access to high quality open spaces, and opportunities to engage in sport and recreation;*
>   b) *Providing opportunities for people to walk and cycle, both for recreation purposes, and also as part of their day to day activities; and*

      c) *Encouraging residents to grow their own foods, and managing further provision of takeaways within the Borough.*

   2. *Ensure that everybody has the opportunities to participate within the community and access employment opportunities within the Borough by:*

      a) *Ensuring community facilities are of a good quality and are located where they can be accessed by walking, cycling and public transport; and*

      b) *Ensuring that the accommodation needs of older people and disabled adults are met, and are met in locations which enable residents to remain active members of the community.*

   3. *Ensure that growth in the Borough is aligned to improvements in the provision of healthcare services by:*

      a) *Working with NHS England, the Clinical Commissioning Group, the Basildon and Thurrock University Hospital and other providers of healthcare services in the Borough to ensure those organisations have the built facilities they need to deliver their service plans; and*

      b) *Requiring developers to contribute towards the provision of built facilities, and other improvements to healthcare services alongside their proposals for residential development. Where specified in policies H5 to H22, contributions may be required inkind upon the development sites. In all other cases, financial contributions towards offsite provision will be secured.*

   4. *Ensure new development is designed and located to promote good health and avoid sources of harm to health by:*

      a) *Requiring all developments of 50 homes or more, 1,000m2 of floorspace or more, or fall within the A5 use class, set out in policy R16, to be accompanied by a Health Impact Assessment prepared in accordance with local guidance;*

      b) *Requiring good quality design in new developments, including design which incorporates active design principles; and*

      c) *Avoiding development in locations which may cause harm to human health by way of disturbance to the quality of life, or pollution."*

2.17   In addition, Policy DES1 'Achieving Good Design' acknowledges the importance of high quality and inclusive design of new developments to support healthy lifestyles. The Policy provides detail on how all development proposals are expected to *"adopt high quality design that optimises the use of land, whilst complementing and enhancing the quality, appearance and*

functionality of an area."

2.18   Further to good design, the Council also identify the importance of sustainable transport models to bring health and well-being benefits within Policies T1 'Transport Strategy, T3 'Improvements to Footpaths, Cycling and Bridleway Infrastructure and T4 'Improvements to Public Transport Infrastructure and Services'.

Essex Design Guide

2.19   Supplementary guidance on HIA is provided by the Essex Design Guide[11] in lieu of BBC guidance. The Essex Design Guide was updated in 2018 (Essex Healthier Places Guidance[12]) and provides more in-depth information on what needs to be considered when assessing the effects of developments on health and wellbeing. Embedded within the guidance document are the Sport England Active Design Principles. The Essex Healthier Places Guidance sets out ten key themes for developers to consider with their proposals:

- The design of homes and spaces including the promotion and application of Sport England Active Design Principles;
- Supporting the development of new communities and neighbourhoods and connecting to existing communities;
- Promoting access to education, skills, training and employment opportunities;
- Providing appropriate access to NHS healthcare services and opportunities for self-care;
- Increasing access to interesting and stimulating open spaces and natural environments to encourage people to be physically active;
- Ensuring developments embody the principles of lifetime neighbourhoods and promote independent living;
- Promoting better access to healthy and locally sourced food;
- Encouraging active travel through the promotion of cycling and walking and measures to reduce reliance on motorised transport;
- Creating a safe and accessible built environment with well-designed public spaces that encourage community participation and designing out crime measures; and
- Addressing environmental sustainability including future-proofing measures and the use of technology/digital.

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[11] Essex Planning Officers' Association (2008) Essex Design Guide. Available from:
https://www.essexdesignguide.co.uk/supplementary-guidance/health-impact-assessments/process-method/
[12] Accessed online: https://www.essexdesignguide.co.uk/media/2262/essex-healthy-places-advice-notes-for-planners-developers-and-designers.pdf

3   ASSESSMENT METHODOLOGY

3.1   As mentioned in Chapter 2, the requirement of a HIA for the Development is specifically stated in BBC's Validation Checklist for planning applications.

Baseline Conditions

3.2   This HIA includes a high-level assessment of the baseline conditions within BBC in Chapter 4. The baseline conditions are discussed in respect of the health conditions at borough and local level and subsequently by an audit of the existing healthcare infrastructure within proximity to the Site.

Health conditions

3.3   Utilising the information from Public Health England's (PHE) latest report for BBC (2019) (Appendix 3), Chapter 4 provides a summary of the latest health profile at borough level.

3.4   At the local level, the baseline conditions of health are identified for the local area using the English Index of Multiple Deprivation[13] (IMD) at small areas (or neighbourhoods) which are also known as lower super output areas (LSOAs) which on average contain around 1,500 people. There are 32,844 of these neighbourhoods across England as a whole. The Site is predominantly located within LSOA Basildon 017C, within the Lee Chapel North Ward. The western extent of the Site which comprises existing woodland and is proposed to be retained falls within LSOA Basildon 017A. Figure 1 shows the location of these two LSOAs in relation to the Site. These two LSOAs are selected as representative of the IMD for the Site as they comprise the majority of existing residential receptors that form the basis of this HIA. The IMD for the two LSOAs are then compared against BBC's average.

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[13]   Ministry of Housing, Communities & Local Government (September 2019) Accessed online: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Figure 1. Overall Index of Deprivation Score for the LSOA's where the Site is located and the surrounding areas
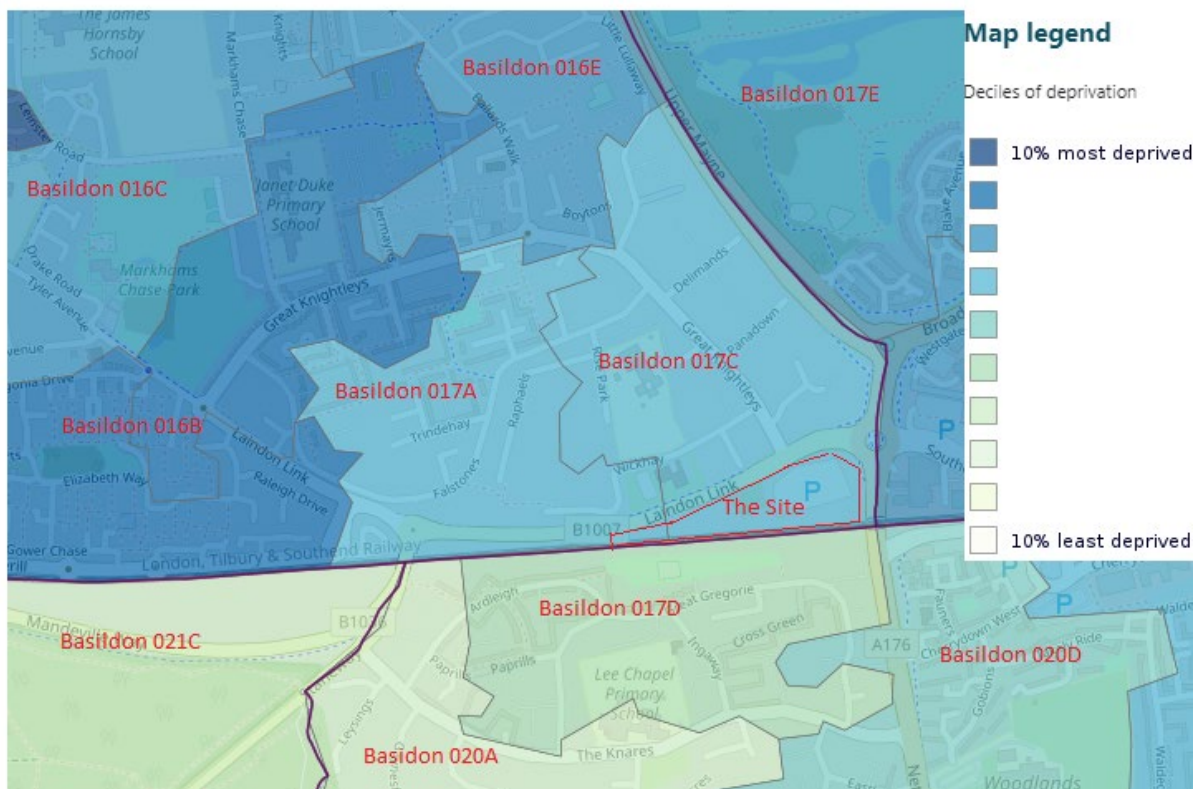
Source: Accessed online: https://dclgapps.communities.gov.uk/imd/idmap.html

Healthcare Infrastructure Audit

3.5   An audit of existing healthcare infrastructure and the capacity that is available within the existing healthcare facilities within the surrounding area of the Site is provided within Chapter 4.

3.6   The number of general practices within proximity of the Site have been identified within 1.6km (1 mile) of the Site. The levels of under- or over-provision of GPs are determined through reference to the National Health Service (NHS) General and Personal Medical Services statistics[14] which provide total patient list size for individual GP practices and the number of full time equivalent (FTE) GPs at each practice as of December 2020. The location data relating to each Practice has been sourced from NHS Business Services[15]. Assessment has been conducted by comparing the GP to patient ratios of local practices with the HUDU standard of 1 GP to 1,800 patients to determine under- or over-capacity.

3.7   The number of dental practices within proximity of the Site is also investigated. It is not possible to determine the precise number of patient places available as no central census of

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[14] NHS, General and Personal Medical Services statistics December 2020
[15] NHS, Business Services Statistics March 2020

dentists is conducted and no definitive ratio of patients per dentist exists. They are all situated within BBC and are located within 1.6km (1 mile) of the Site and thus, within walking distance of the Site.

3.8   A brief outline of education and community facilities and open space provision in the local area is also provided.

Health Impact Assessment

3.9   The approach to the HIA set out below has been agreed with BBC via email exchange in advance of the submission of the planning application and can be seen at Appendix 4.

3.10   This assessment has applied both local and national best practice; it applies the principles of the Essex Planning Officers Association (EPOA) guidance note on HIA (Appendix 5), adopted by both Essex County Council (ECC) and BBC, and the London Health Urban Development Unit (HUDU) Healthy Urban Planning Checklist[16] (Appendix 6). The HUDU works on behalf of the NHS to create healthy, sustainable communities.

3.11   The requirement for HIA and identifying a suitable means of assessment was determined using the guidance as prescribed by the EPOA (Appendix 5) to ensure it satisfies the obligations of the Local Plan and BBC, as follows:

1. Decide whether to undertake a HIA (screening);
2. Decide how to undertake the HIA (scoping) i.e. 'Rapid' or 'Full';
3. Identify and consider the evidence of impact on health and equality to qualify the nature of the direct and indirect effects of the Development on the surrounding area and future residents of the Development (the appraisal);
4. Outline appropriate mitigation to off-set negative effects;
5. Decide on appropriate evidence-based recommendations and prioritise by order of magnitude;
6. Engagement with applicant and decision-makers to help reinforce the value of the evidence-based recommendations; and
7. Prescribe monitoring and evaluation methods to assess the implementation of the evidence-based recommendations in practice (under a full assessment scenario).

3.12   Having determined that a HIA was required (refer to paragraph 2.1 – 2.3 above), a suitable 'rapid assessment' tool was identified for assessing the impacts of the Development. The HUDU Rapid HIA Tool is a more contemporary and comprehensive tool in comparison to that provided by the EPOA, therefore, for robustness, the HUDU Rapid HIA Tool has been used in

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[16] London Health Urban Development Unit (April 2017): Healthy Urban Planning Checklist Third Edition

Chapter 5 below. The HUDU Checklist has been used as a desktop assessment to screen the health impacts of the Development to inform the more detailed HUDU Rapid HIA Tool. The HUDU Checklist is divided into four main themes;

1. Healthy housing;
2. Active travel;
3. Health environment; and
4. Vibrant neighbourhoods.

3.13   Each theme contains a number of questions followed on a planning issue and a number of related health and wellbeing issues. To avoid repetition, full details on how the Development responds to the themes in the Checklist is provided in Chapter 5 as part of the Rapid HIA Tool.

HUDU Rapid Health Impact Assessment Tool

3.14   The rapid assessment tool is designed to assess the likely health impacts of development plans and proposals. The scope of assessment has been informed by the completed HUDU Checklist at Appendix 6. The assessment matrix set out in Chapter 5 identifies eleven topics of broad determinants, these are:

1. Housing quality and design;
2. Access to healthcare services and other social infrastructure;
3. Access to open space and nature;
4. Air quality, noise and neighbourhood amenity;
5. Accessibility and active travel;
6. Crime reduction and community safety;
7. Access to healthy food;
8. Access to work and training;
9. Social cohesion and lifetime neighbourhoods;
10. Minimising the use of resources; and
11. Climate change.

3.15   Under each topic, planning issues which are likely to influence health and wellbeing are identified. The Rapid HIA Tool provides assessment criteria that the Development has been assessed against to identify the impact it will have on health and wellbeing. Where an impact has been identified recommendations to mitigate an adverse impact or enhance a beneficial impact are included where possible.

Data Sources

3.16   The HIA is based on the best available information from a variety of sources including drawing upon a wealth of professional expertise and information from the following planning application documents:

- Planning Statement;
- Design and Access Statement;
- Transport Assessment:
- Construction Logistics Plan;
- Delivery and Servicing Plan;
- Travel Plan Framework;
- Flood Risk Assessment and Drainage Strategy;
- Arboricultural Impact Assessment;
- Arboricultural Method Statement;
- Ecological Impact Assessment;
- Air Quality Assessment;
- Noise Assessment;
- External Lighting Assessment;
- Fire Safety Strategy;
- Energy and Sustainability Statement;
- Daylight and Sunlight Report (Within);
- Daylight and Sunlight Report (Neighbouring);
- Pedestrian Level Wind Microclimate Assessment; and
- Statement of Community Involvement.

4 BASELINE CONDITIONS

4.1 This chapter of the HIA provides an insight into the baseline conditions for health at the borough and local level for the Site.

Health Conditions at the Borough Level

4.2 The population of BBC in 2018 was 187,199 with the largest percentage of people in the 50-54 year old age range. The health profile for people in BBC is similar to both the East of England and England average. Life expectancy for both men (79.4) and women (83.1) is slightly lower than the England average of 79.8 for men and 83.4 for women. In addition, life expectancy is 11.5 years lower for men and 7.4 years lower for women in the most deprived areas of BBC than in the least deprived areas. Out of 317 local authority districts in England in 2019, BBC ranked at 111 for the most deprived unitary authority in England (with 1 being the most deprived).

Child Health

4.3 The number of children aged below 16 and living in low-income families is 6,875 (18.6%), which is higher than England's average (17.0%). In children aged 10-11, 20.2% (460) of children are classified as obese, which is slightly better than the average for England (21%). The rate of alcohol-specific hospital stays among those under 18 is 16 per 100,000, better than the average for England of 34.2 per 100,000. Levels of GCSE attainment and breastfeeding initiation are worse than the England average.

Adult Health

4.4 The rate of alcohol-related harm hospital stays is 726 per 100,000, which is worse than the average for England of 664 per 100,000. The rate of self-harm hospital stays is 247 per 100,000 which is also worse than the average for England. Estimated levels of excess weight in adults (aged 18+) and physical active adults (aged 19+) are both worse than the England average. In addition, the rate of under 75 mortality rate from cancer is worse than the England average. However, the rates of new sexually transmitted infections, new cases of tuberculosis and statutory homelessness are better than the England average.

Health Conditions are the Local Level

4.5 The Site is located within two 'neighbourhoods': LSOA Code 017C and LSOA Code 017A, which are ranked 10,879th and 11,434th out of 32,844 LSOAs in England respectively, on the 2019

IMD; where 1 is the most deprived LSOA. As such, both LSOA's are located in the most deprived 40% of areas in England. Table 4.1 below details how the LSOA is ranked, both overall and by each deprivation domain, against all the boroughs within England.

Table 4.1: English Index of Multiple Deprivation (IMD) ranking for the Site location.

Domain of Deprivation (Rank out of 32,844 where 1 is the most deprived)		Basildon 017C	Basildon 017A
Overall IMD	Rank	10,879	11,434
	Decile	4	4
Income	Rank	10,900	12,091
	Decile	4	4
Employment	Rank	9,758	11,684
	Decile	3	4
Education, Skills and Training	Rank	9,029	11,475
	Decile	3	4
Health and Disability	Rank	14,647	14,120
	Decile	5	5
Crime	Rank	3,072	2,629
	Decile	1	1
Barriers to Housing and Services Decile	Rank	18,240	12,468
	Decile	6	4
Living environment	Rank	23,655	23,372
	Decile	8	8

4.6   As shown by Table 4.1, both LSOA 017C and 017A have similar deprivation scores for each sub-domain in the IMD. Both LSOA's have only one domain of deprivation in the first decile (i.e. the most deprived 10% in the country); crime. This statistic indicates that the risk of personal and material victimisation at a local level is very high. Whereas for Living Environment, both LSOA's are in the eighth decile (i.e. the most deprived 80% in the country). The IMD scores for the other sub-domains for the LSOA's show that the Site is located in an area that experiences deprivation relating to low income, lack of attainment and skills in the local population, a high proportion of the working-age population in an area involuntarily excluded from the labour market and a high risk of premature death, as well as poor mental and physical health.

4.7   ECC published a full report on the 2019 IMD scores (Appendix 7), breaking down the scores for the local authority areas ECC cover. BBC was ranked 111 out of 317 local authorities in England, which places BBC in the bottom 40% of most deprived local authorities nationally. Since 2007, the average rank of BBC has declined. Compared to other local authority areas in Essex, BBC is ranked third out of 12 for overall deprivation. BBC has the lowest rankings in the Education and Crime sub-domains, which fall into the bottom 20% nationally. Whereas, the Living Environment sub-domain is ranked in the 20% least deprived areas nationally.

Healthcare Infrastructure Audit

Primary Healthcare Facilities

4.8   A review has been undertaken of the existing healthcare infrastructure in the area surrounding the Site. The review identified there are currently five GP Practices within 1.6km (1 mile) to the Site and within the NHS Basildon and Brentwood Clinical Commissioning Group (CCG), which includes the Site within its catchment area. The HUDU sets a standard of 1 GP per 1,800 patients against which the existing GP to patient ratios of local Practices can be assessed. Data acquired from the NHS General and Personal Medical Services Statistics for December 2020 provides patient list size and number of FTE GPs at each Practice.

Table 4.2: GP Practices at December 2020

No	Name	GP (FTE)	Patients	Ratio
1	Ballards Walk Surgery	4	11,531	1:2,883
2	Dr Degun and Dr Macaulay	5	7,211	1:1,443
3	Dr Chajed's Practice	4	9,389	1:2,348
4	Knights Surgery	3	2,554	1:852
5	Aegis Medical Centre	2	5,219	1:2,610

Source: NHS Digital (December 2020) General and Personal Medical Services

4.9   Three of the five practices in Table 4.2 are operating at GP to patient ratios above that recommended by HUDU. However, the other two are operating below the recommended ratio and therefore demonstrate capacity to accommodate additional patients within the local area according to the HUDU standard. Given the nature of the Site's urban location there are additional practices in the wider area.

4.10   The Site also benefits from being located approximately 1km north of the Basildon University Hospital and The Essex Cardiothoracic Centre, which includes an Accident and Emergency department to care for patients without prior appointment.

4.11   A total of five dental practices have also been identified within proximity of the Site and all are currently accommodating new NHS patients.

Educational and Open Space Facilities

4.12   The following education facilities and open space provision are available within a 1.6km (1 mile) radius of the Site:

- Educational Facilities:
  - St Anne Line Catholic Infant and Junior School (primary education), located approximately 200m north of the Site;

- Lee Chapel Primary School (primary education), located approximately 330m south of the Site;

- Ghyllgrove Community Infant and Primary School (primary education), located approximately 800m north-east of the Site;

- Kingswood Primary School and Nursery (primary education), located approximately 800m south-east of the Site;

- Janet Duke Primary School (primary education), located approximately 850m north-west of the Site;

- The Phoneix Primary School and Nursery (primary education), located approximately 1.4km north-west of the Site;

- Fairhouse Community Infant School (primary education), located approximately 1.5km east of the Site;

- Cherry Tree Primary School (primary education), located approximately 1.6km south-east of the Site;

- Woodlands School (secondary education), located approximately 500m south-east of the Site;

- The James Hornsby School (secondary education), located approximately 1.4km north-west of the Site; and

- De La Selle School (secondary education), located approximately 1.5km north-east of the Site.

- Open Space and Children's Play Areas:
  - Gloucester Park (comprises Basildon Sporting Village, a skate park and fishing lakes), located approximately 300m north of the Site;
  - Laindon Park, located approximately 850 north-west of the Site;
  - Marks Hill Nature Reserve, located approximately 520m south-west of the Site;
  - Willow Park, located approximately 1.1km south-west of the Site; and
  - Westley Heights Country Park, located approximately 2km south-west of the Site.

5.   RAPID HIA

5.1   Each of the tables below set out the potential health and wellbeing impacts associated with the Development during the construction and operational phases.

1. Housing Quality and Design

5.2   The first theme assessed is Housing Design and Affordability which can have an effect on both the physical and mental health of residents. The provision of a range of housing of high-quality design that have sufficient space for future residents to live in can have a positive health effect by reducing injuries in the home, premature deaths from damp/cold/overheating and mental illness from social isolation.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4 (2)?	**Yes** ✓ No N/A	The Building Regulations Part M supersedes the Lifetime Homes guidance. The design of the Development seeks to be of a high-quality providing a good standard of amenity for all. All apartments and houses have been designed to comply with Nationally Described Space Standards and Building Regulations AD M4(1) Visitable dwellings standard. Of the affordable rent units, 10% will be designed to meeting Building Regulations AD M4(2) Accessible and Adaptable dwellings standard. The DAS submitted with the planning application shows how the design of a typical affordable rent unit would meet the AD standards.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	**Yes** ✓ No N/A	The design has considered the needs of people with disabilities as an integral part of the design approach. As set out above, 10% of all affordable residential units are compliant with M4(2) of the Building Regulations 2015 (accessible or adaptable dwellings).	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	**Yes** ✓ No N/A	The design of the proposed residential units seeks to be high-quality, providing a good standard of amenity for all. As set out above, 10% of all affordable residential units are compliant with M4(2) of the Building Regulations 2015 (accessible or adaptable	**Positive** ✓ Negative Neutral Uncertain	N/A

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
		dwellings).		
Does the proposal promote good design through layout and orientation, meeting internal space standards?	**Yes** ✓ No N/A	All apartments and houses have been designed to comply with Nationally Described Space Standards and Building Regulations AD M4(1) Visitable dwellings standard. As such, the Development promotes good design based on the layout and orientation of the proposed apartment blocks and terraced housing included at Appendix 2, as well as the internal layout of the proposed apartments and houses. The Development has been through a process of consultation to inform the design process to ensure all requirements are met.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	**Yes** ✓ No N/A	The Development includes a range of housing types and sizes, including affordable housing which has responded to the needs of the local area. The accommodation mix and tenure provision is detailed in Table 1.2 above. Overall, 117 of the 233 units will be affordable rent (a mixture of affordable rent and shared ownership). The apartments will vary in size from one-bed two-person to 3-bed 5-person and the houses will be provided as either 2-bed 4-person or 3-bed 5-person.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	**Yes** ✓ No N/A	The Applicant is committed to providing a sustainable development and reducing total energy consumption to promote efficiency. Where appropriate, by applying careful design and use of suitable technology and materials, the Development will offer an effective response to energy poverty and reducing energy consumption. The Development has been designed by applying the following energy hierarchy: • 'Be Lean' – use less energy; • 'Be Clean' – supply energy efficiently; and • 'Be Green' – use renewable energy. The Development will demonstrate best practice performance for fabric and engineering services, targeting compliance with Part L 2013 of the Building Regulations through passive design, energy efficiency and renewable energy. An Energy and Sustainability Statement has been submitted in support of the planning application and sets out the energy efficient measures and sustainability measures for the Development which include (but are not limited to): • Enhanced building fabric specification to reduce the energy consumption for space heating, ventilation and lighting;	**Positive** ✓ Negative Neutral Uncertain	N/A

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
		• 100% low energy lighting; • Hybrid community heating with air source heat pups and mains gas boilers to provide the annual space heating and hot water demand across the Development; and • Provision of solar photovoltaic array across the Development. By applying the energy hierarchy, a final Site-wide carbon dioxide (CO_2) emission reduction of 14.9% will be achieved over the Building Regulations Part L1a 2013 baselined with the Standard Assessment Procedure (SAP) 10 CO_2 emission factors applied.		

2. Access to Healthcare Services and Other Social Infrastructure

5.3   Access to health and social care services and other social infrastructure is important to ensure every member of the public has equal access to healthcare services to treat illness and injuries as well as education opportunities. In addition, access to community services can increase levels of social interaction and prevent feelings of isolation.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal retain or re-provide existing social infrastructure?	Yes **No** ✓ N/A	The Development does not inhibit existing social infrastructure; there is no requirement to retain or make provision for the replacement of lost infrastructure. Instead, the Development proposes to enhance green space and provide new amenities, that will be accessed by existing residents in the local vicinity, resulting in a net benefit for the local community.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal assess the impact on health and social care services and has local NHS organisations been contacted regarding existing and planned healthcare capacity?	**Yes** ✓ No N/A	Chapter 4 of this HIA sets out the existing healthcare infrastructure surrounding the Site. There are five GP Practices within 1.6km of the Site, three of which are operating above capacity. However, the other two are operating below the recommended ratio and therefore demonstrate capacity to accommodate additional patients. Although not considered as primary healthcare, the Site also benefits from being located approximately 1km north of the Basildon University Hospital and The Essex Cardiothoracic Centre which includes an Accidents and Emergency department to care for patients without prior appointment. In addition, a total of five dental practices have been identified within proximity of the Site and all are accommodating new NHS patients. It is therefore considered that the Development would generate a negligible effect on primary healthcare as there is capacity within the existing services to accommodate the Development.	Positive Negative **Neutral** ✓ Uncertain	N/A
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	Yes **No** ✓ N/A	The Development is a new residential development and does not include the provision or replacement of a healthcare facility.	Positive Negative **Neutral** ✓ Uncertain	N/A
Does the proposal assess the capacity, location and	**Yes** ✓ No	The Development is anticipated to generate an increase in the local population. Pupil yield multipliers indicate that the Development is	Positive Negative	Developer contributions to

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
accessibility of other social infrastructure, e.g. primary, secondary and post 19 education needs and community facilities?	N/A	expected to generate in the region of 25 primary aged pupils and 18 secondary aged pupils[17] (assuming that the one-bed flats will not accommodate children). According to the Essex School Organisation Service 10 Year Plan (2021 – 203)[18], there is capacity within the existing primary and secondary schools surrounding the Site (listed in Chapter 4). In addition, three of the primary schools listed in Chapter 4 (Lee Chapel, Phoenix and Ghyllgrove Primary Schools) are proposed to be expanded to meet future demands for school places. Therefore, it is considered that the pupils generated by the Development can be accommodated within the existing education provision surrounding the Site.	**Neutral** ✓ Uncertain	primary and secondary school education secured through a S106 Agreement.
Does the proposal explore opportunities for shared community use and co-location of services?	Yes **No** ✓ N/A	The Development does not directly explore the opportunities for shared community use and co-location of services, as it concerns residential development only.	Positive Negative **Neutral** ✓ Uncertain	N/A

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[17] Essex Design Guide (2019) The Essex County Council Developers' Guide to Infrastructure Contributions.

[18] Essex School Organisation Service ( ) *10 Year Plan: Meeting the demand for school places in Essex 2021 - 2030*

3. Access to Open Space and Nature

5.4   The provision of attractive open space and nature within or in close proximity to a development can promote mental and physical health and reduce morbidity and mortality in urban residents by providing psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity and reducing exposure to poor air quality.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal retain and enhance existing open and natural spaces?	**Yes** ✓ No N/A	The Site currently comprises a disused car park within the eastern extent and semi-improved grassland and woodland within the western extent. A small watercourse separates the two areas. In addition, the Site comprises dense and established informal tree groups along the northern boundary, as well as a number of large oak trees along the eastern boundary of the Site that are protected under Tree Preservation Orders (TPO). The Development has retained the existing woodland to the west and all existing TPO trees in the east. To enable the Development, the majority of the existing trees within the carparking area will be removed. However, the Development will incorporate a new and enhanced ecological corridor running east-west along the southern boundary of the Site, as well as a north-south ecological corridor surrounding the existing watercourse.	**Positive** ✓ Negative Neutral Uncertain	N/A
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	Yes No **N/A** ✓	The Development incorporates two new and enhanced ecological corridors; the east-west corridor along the southern boundary and the north-south ecological corridor along the existing watercourse. The existing car park will be replaced by the apartment blocks and two new community gardens within the eastern extent of the Site which will include ornamental planting, community seating and tree planting. In addition, the Development includes a combined pedestrian and cycle path running east-west, with pedestrian paths branching off to the north, east and west of the Site to improve access to the surrounding open spaces identified in Chapter 4.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal provide a range of play spaces for children and young people?	Yes **No** ✓ N/A	The landscaping proposals aim to complement the existing trees and vegetation on the site and create high quality public amenity spaces. However, the Development does not provide a range of formal play spaces for children and young people. The landscaping	Positive Negative **Neutral** ✓ Uncertain	Developer contributions towards maintenance and improvements of

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
		provision within the Site does offer informal play space for children and young people, but no formal provision will be provided by the Development.		play space secured through S106 Agreement if required.
Does the proposal provide links between open and natural spaces and the public realm?	**Yes** ✓ No N/A	The east-west pedestrian and cycle pathway across the Site provides the main link between the open spaces within the Development, which are subsequently served by the pedestrian paths that links to the other areas of the Site. The design of the Development has ensured that the public realm and open spaces is within a short distance of all properties on the Site. Therefore, the layout of the Development is considered to be permeable for walking and cycling and connects all areas of the Site to open spaces and public realm, as well as providing access points to the wider public realm.	**Positive** ✓ Negative Neutral Uncertain	N/A
Are the open and natural spaces welcoming and safe and accessible for all?	**Yes** ✓ No N/A	A key objective of the Development is to create an accessible, inclusive, legible and interconnecting public realm that promotes feelings of safety and security. The landscaping strategy has been sympathetically designed with the character of the surrounding area. The open spaces will be clearly defined to help organise and create a sense of ownership in which strangers are more likely to stand out and are more easily identifiable. Additionally, landscaping and changes in materials, as far as paving, texture and colour are introduced into spaces to act as psychological barriers which help signal where property is private, or where people should not access. The open space and public realm will be accessible to all, as set out above.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal set out how new open space will be managed and maintained?	**Yes** ✓ No N/A	A Landscape and Ecological Management Plan (LEMP) is proposed to be prepared that will set out the short and long-term objectives for the new residential landscape to ensure that it can be managed sustainably and to a high standard in the long-term. The LEMP will be secured via a planning condition.	**Positive** ✓ Negative Neutral Uncertain	A LEMP to be secured via planning condition.

4. Air Quality, Noise and Neighbourhood Amenity

5.5   The next theme assessed is the Development's effect upon air quality, noise and neighbourhood amenity. Poor air quality where there are high concentrations of Nitrogen Dioxide and Particulate Matter can cause lung and heart disease and thus lower the health of future residents and users of the Site. Noisy activities and uses can cause disturbance, sleep deprivation and direct annoyance which in turn has an effect on mental health.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	**Yes** ✓ No N/A	An Air Quality Assessment and a Noise Assessment has been submitted in support of the planning application. The Air Quality Assessment has assessed the impact the activities during the construction phase of the Development would have upon air quality. These activities include demolition, excavation, ground works, cutting, construction, concrete batching and storage of materials which have the potential to result in fugitive dust emissions during the construction phase. Large amounts of dust generation can cause respiratory and cardiovascular health problems and irritate eyes, throat and skin and therefore, if not controlled, the construction phase of the Development can have adverse effects on the surrounding residents and users of the education facilities to the north of the Site. As such, a Construction Environmental Management Plan (CEMP) will be prepared prior to any construction activities on the Site and remain implemented throughout the construction phase of the Development. The CEMP will include measures to mitigate fugitive dust emissions by setting out measures relating to site management, preparing and maintaining the site, operating vehicle/machinery and sustainable travel, operations, waste management, demolition, earthworks, construction and trackout. The assessment identified that the significance of likely dust effects on nearby residential receptors, including human health following the implementation of the CEMP during the construction phase is not considered to be significant. Similarly, noise and vibration impacts that may arise during the construction phase of the Development can be managed through	Positive Negative **Neutral**✓ Uncertain	CEMP to be secured by a planning condition and implemented throughout the construction phase. .

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
		the implementation of a CEMP.		
Does the proposal minimise air pollution caused by traffic and energy facilities?	**Yes** ✓ No N/A	The Air Quality Assessment concluded that the concentrations of NO_2 and PM_{10} are likely to be below their respective long-term and short-term objectives at the Site which is therefore considered suitable for residential use with regards to air quality. The proposed development is also expected to experience levels of $PM_{2.5}$ below the $PM_{2.5}$ target. Therefore, it is considered that the traffic associated with the Development is not expected to have a significant impact on local air quality. Notwithstanding this, the Development will provide Electric Vehicle Charging (EVC) points on this basis of 40% active and a further 10% passive to promote the use of electric cars which will reduce traffic emissions. In addition, the car parking provision has been reduced given the location of the Site adjacent to Basildon town centre which future residents can access and carry out daily activities without making private car journeys.	Positive Negative **Neutral** ✓ Uncertain	N/A
Does the proposal minimise noise pollution caused by traffic and commercial uses?	**Yes** ✓ No N/A	The Noise Assessment identified that the average noise levels at the Site are dictated by road traffic noise emissions from Laindon Link and the A176. The Noise Assessment concluded that the design of the Development is considered to be acceptable, subject to the adoption of suitable double glazing and acoustically enhanced ventilation louvres which can be investigated further at the detailed design stage. As such, it is considered that the Site is suitable for the Development in terms of noise levels.	Positive Negative **Neutral** ✓ Uncertain	N/A

5. Accessibility and Active Travel

5.6   Physical activity through active travel measures, such as walking and cycling can encourage healthy growth and development, maintain a health weight and reduce anxiety and stress. Measures to promote active travel are also important to discourage the use of private cars which also eases traffic pressures on local highway networks.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal address the ten Healthy Street indicators?	Yes **No** ✓ N/A	The design of the Development seeks to be of a high-quality, providing a good standard of amenity for all.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal prioritise and encourage walking for example, through the use of shared spaces?	**Yes** ✓ No N/A	The Development will be permeable to pedestrians, with internal roads, pavements and walkways provided, which will link to the existing pedestrian network. The Development includes a new pedestrian/cycle east-west through the Site, linking community spaces, the surrounding landscape features including the woodland to the west and the existing watercourse in the centre of the Site and Basildon town centre to the east of the Site.	**Positive** ✓ Negative Neutral Uncertain	A Travel Plan which will include objectives, targets and monitoring of movements to and from the Development. Travel packs for residents setting out the available sustainable travel options for residents.
Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?	**Yes** ✓ No N/A	The Development includes a new pedestrian/cycle path east-west through the Site linking community spaces, the surrounding landscape features including the woodland to the west and the existing watercourse in the centre of the Site and Basildon town centre to the east of the Site. Furthermore, communal cycle stores will be provided on the ground floor of blocks A, B and E. Cycle stores for blocks C and D will be provided within the ground floor of block E, with direct external access. A total of 304 cycle spaces will be provided as well as an additional 29 external and uncovered cycle spaces for visitors are proposed and located adjacent to entrances. Individual cycle stores are proposed for each of the houses and would be	**Positive** ✓ Negative Neutral Uncertain	A Travel Plan which will include objectives, targets and monitoring of movements to and from the Development. Travel packs for residents setting out the available sustainable travel options for residents.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
		provided either at the front of the property or in the rear gardens.		
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	**Yes** ✓ No N/A	As set out above, the Development includes a new pedestrian/cycle path across the centre of the Site, in a east-west direction linking community spaces, the surrounding landscape features including the woodland to the west and the existing watercourse in the centre of the Site and Basildon town centre to the east of the Site. Footpaths have also been provided within the Site branching from the main pedestrian/cycle path to connect to the local walking networks surrounding the Site. In addition, there is a shared cycle/footpath along the northern side of Laindon Link, to the north of the Site which forms part of the National Cycle Network traffic free route 13 running from Stanford-le-Hope to Basildon, which can be accessed via the Site access junction.	**Positive** ✓ Negative Neutral Uncertain	A Travel Plan which will include objectives, targets and monitoring of movements to and from the Development. Travel packs for residents setting out the available sustainable travel options for residents.
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	**Yes** ✓ No N/A	The Development has been designed to include a block paved area just south of the main vehicular access into the Site to help slow traffic as it enters the pedestrian realm.	**Positive** ✓ Negative Neutral Uncertain	N/A
Is the proposal well connected to public transport, local services and facilities?	**Yes** ✓ No N/A	The nearest bs stop to the Site is located on Laindon Link, immediately to the west of the Site access junction. However, more frequent bus services are available to the north-east of the Site access, within approximately 100m walking distance. In addition, Basildon Bus Station is located 630m walking distance from the Site where buses can be taken to a large range of destinations covering south-east Essex. Basildon Train Station is located approximately 500m walking distance to the south-east of the Site which provides access to nearby towns on the line between London Fenchurch Street station and Shoeburryness via Southend Central. The Site is considered to offer very good access to public transport links which can all be accessed within walking distance of the Site.	**Positive** ✓ Negative Neutral Uncertain	Travel packs for residents setting out the available sustainable travel options for residents.
Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel	**Yes** ✓ No N/A	The car parking provision for the Development has accounted for a number of factors, such as the availability of alternative non-car transport modes and the availability of local facilities within walking distance of the Site. Therefore, car parking provision has been provided at a reduced rate.	**Positive** ✓ Negative Neutral Uncertain	Travel packs for residents setting out the available sustainable travel options for residents.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
plans measures?				
Does the proposal allow people with mobility problems or a disability to access buildings and places?	**Yes** ✓ No N/A	The entrances for each of the apartment blocks have been designed to have a secure large entrance lobby and are directly accessible from adjacent footpaths. The Development incorporates level access across the Site and access to all the apartment blocks, complying with M4(2).	**Positive** ✓ Negative Neutral Uncertain	N/A

6. Crime Reduction and Community Safety

5.7   Community safety is a concept that is concerned with achieving a positive state of well-being among people within social and physical environments. Not only is it about reducing and preventing injury and crime, but it is also about building strong, cohesive, vibrant, participatory community.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal incorporate elements to help design out crime?	**Yes** ✓ No N/A	The design of the Development includes consideration of personal safety. This relates not only to ensuring that the layout of the Development does not create an environment conductive to crime, but also to how occupiers and visitors to the Site can move freely without the risk of injury. The Development has incorporated a number of strategies that are described in further detail in the DAS (submitted in support of the planning application) which have been discussed with Essex Police Crime Prevention Officers. These include, clearly defined footpaths and cycle path, location of footpaths in highly visible areas for natural surveillance, fob access controls for apartment blocks and a secured lobby for each apartment block which will be separated from the lift and stair core by a Secured by Design compliant door.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?	**Yes** ✓ No N/A	A key objective of the Development is to create an accessible, inclusive, legible and interconnecting public realm that promotes feelings of safety and security. The landscaping strategy has been sympathetically designed with the character of the surrounding area. The open spaces will be clearly defined to help organise and create a sense of ownership in which strangers are more likely to stand out and are more easily identifiable. Additionally, landscaping and changes in materials, as far as paving, texture and colour are introduced into spaces to act as psychological barriers which help signal where property is private, or where people should not access. Just to the south of the main vehicular access into the Site, a block paved square will provide a sense of arrival and help to slow traffic as it enters the public realm. A community garden is located immediately to the south of the square which will include ornamental planting and a focal sculpture as well as	**Positive** ✓ Negative Neutral Uncertain	N/A

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
		community seating and tree planting to create a positive sense of arrival for residents and visitors alike. In addition, the Site entrance points are prominently located to aid wayfinding, in conjunction with key vehicular and pedestrian routes from the town centre.		
Does the proposal include attractive, multi-use public spaces and buildings?	**Yes** ✓ No N/A	The Development comprises residential units so there are no multi-use buildings proposed. The Development includes two community open spaces; one between blocks A and C and the other to the west of blocks E and D. These community open spaces will provide community seating and public realm for residents and visitors alike to access and enjoy.	**Positive** ✓ Negative Neutral Uncertain	N/A
Has engagement and consultation been carried out with the local community?	**Yes** ✓ No N/A	A series of public consultations too place via online platforms which were publicised online, in newspapers and leaflets were circulated to adjacent residents. The public consultations took place on 17th and 18th December 2020 and 11th and 12th February 2021.	**Positive** ✓ Negative Neutral Uncertain	N/A

7. Access to Healthy Food

5.8   Access to healthy food corresponds with a good diet, lower risk of obesity and other diet-related chronic diseases. In addition, without access to healthy food such as local grocery stores and other food retailers, communities are missing the commercial viability that makes neighbourhoods liveable and helps local economies thrive.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers' markets?	Yes **No** ✓ N/A	The Development does not include any proposals to facilitate the supply of local food.	Positive Negative Neutral **Uncertain** ✓	Provide residents with a welcome pack that includes details of local Farmers' Markets.
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes **No** ✓ **N**/A	The Development will not provide any retail uses, however it is in close proximity to retail outlets including food stores which can be accessed by walking or cycling.	Positive Negative Neutral **Uncertain** ✓	N/A
Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	Yes **No** ✓ N/A	The Development does not include proposals for hot food takeaways.	**Positive** ✓ Negative Neutral Uncertain	N/A

8. Access to Work and Training

5.9   The opportunity for employment has a positive health effect, as work contributes to our happiness, helps build confidence and self-esteem and rewards us financially which also allows individuals to explore other interests. Both physical and mental health are generally improved through work, where there are opportunities to be challenged, socialise, build contacts and find support in the local community.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	**Yes** ✓ No N/A	The construction phase of the Development is likely to directly generate full-time employment jobs. In addition to construction jobs, the Development will contribute indirectly to the local economy as a result of the spin-off and multiplier effects such as procurement, accommodation and welfare. The Development is residential, therefore there will be no permanent 'end-use' jobs once the Development is operational. However, the Development could indirectly support roles for maintenance of public open spaces and landscaping.	**Positive** ✓ Negative Neutral Uncertain	Commit to sourcing construction workforce from the local area where possible. Consider whether any apprenticeship positions could be provided.
Does the proposal provide childcare facilities?	Yes **No** ✓ N/A	The Development is residential and does not provide childcare facilities.	Positive Negative **Neutral** ✓ Uncertain	N/A
Does the proposal include managed and affordable workspace for local businesses?	Yes **No** ✓ N/A	The Development is residential and does not include managed and affordable workspace for local businesses.	Positive Negative **Neutral** ✓ Uncertain	N/A
Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes **No** ✓ N/A	The Development comprises residential dwellings, with no commercial or retail floorspace proposed. However, as mentioned above, the construction phase of the Development will provide opportunities for work for local people.	Positive Negative **Neutral** ✓ Uncertain	Commit to sourcing construction workforce from the local area where possible. Consider whether any apprenticeship positions could be provided.

9. Social Cohesion and Inclusive Design

5.10   Relationships are important for physical health and psychological well-being. High levels of social support can positively influence health outcomes through behavioural and psychological pathways and prevent social isolation.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal consider health inequalities by addressing local needs through community engagement?	**Yes** ✓ No N/A	The Development has been informed by: a series of public consultations that took place via online platforms which were publicised online; in newspapers; and leaflets were circulated to adjacent residents. The public consultations took place on 17th and 18th December 2020 and 11th and 12th February 2021.The feedback received was incorporated into the design of the Development. In addition, a number of pre-application meetings have been held with BBC where the feedback from the Council has also been incorporated into the final design of the Development. The Development will provide affordable homes and be accessible for all user groups (elderly, mobility impaired and use of walking frames/scooters, parents with pushchairs) and address the inequalities within the local area.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	**Yes** ✓ No N/A	the Development includes a new pedestrian/cycle path across the centre of the Site, in a east-west direction linking community spaces, the surrounding landscape features including the woodland to the west and the existing watercourse in the centre of the Site and Basildon town centre to the east of the Site. Footpaths have also been provided within the Site branching from the main pedestrian/cycle path to connect to the existing communities surrounding the Site.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal include a mix of uses and a range of community facilities?	Yes **No** ✓ N/A	The Development is a residential development and does not include a range of uses or community facilities.	Positive Negative **Neutral** ✓ Uncertain	N/A
Does the proposal provide opportunities for the voluntary and community sectors?	**Yes** ✓ No N/A	The Development does not directly provide opportunities for the voluntary and community sectors, however it is possible the landscaping and maintenance of local habitats and recreation and local community organisations (e.g. neighbourhood watch)	Positive Negative Neutral **Uncertain** ✓	N/A

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
		could generate opportunities for the voluntary and community sectors.		
Does the proposal take into account issues and principles of inclusive and age-friendly design?	**Yes** ✓ No N/A	The design of the Development seeks to be of a high-quality providing a good standard of amenity for all and take into account issues and principles of inclusive and age-friendly design.	**Positive** ✓ Negative Neutral Uncertain	N/A

10. Minimising the Use of Resources

5.11   The extraction and consumption of natural resources disrupts the environment and creates pollution. Reducing the use of natural resources, such as fossil fuels and wood products, will protect human and environmental health.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal make best use of existing land?	**Yes** ✓ No N/A	The Site currently comprises a disused car park within the eastern extent and semi-improved grassland and woodland within the western extent, with an existing watercourse that separates the two areas. The woodland and watercourse are being retained as part of the Development. The Development will bring the Site back into use and provide a residential development comprising a mixture of high-quality dwellings and apartments with improved cycle and pedestrian pathways. In addition, the Development will improve and enhance the existing biodiversity on the Site by providing two ecological corridors and the public open space greens, verges and private back gardens will be seeded with Emorgate flowering lawn seed mix to further encourage pollinating insects.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal encourage recycling (including building materials)?	**Yes** ✓ No N/A	The Development has been designed in line with Basildon Council's Refuse and Recycling Advice Note for Developers (2013). A Service and Waste Delivery Plan has been submitted in support of the planning application. Construction waste will be diverted from landfill where possible and segregated into material types for ease of refuse and recycling. Dedicated and secure refuse stores have been provided on the ground floor of each apartment block. These have been sized to suit the number of refuse containers required for general refuse as well as recycling. Each dwelling will have dedicated refuse stores but it will be dependent on whether the rear gardens are directly accessible from roads/pathways.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal incorporate sustainable design and construction techniques?	**Yes** ✓ No N/A	A CEMP will be secured by planning condition which will set out how the construction phase of the Development will meet the planning policy requirements related to sustainable construction development techniques.	**Positive** ✓ Negative Neutral Uncertain	CEMP to be secured via planning condition.

11. Climate Change

5.12   Climate change can affect human health directly through death/injury in floods/ hurricanes and indirectly through changes in the ranges of disease vectors, water-borne diseases, water quality, air quality and food availability.

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal incorporate renewable energy?	**Yes** ✓ No N/A	Solar PV array will be provided across the Development. Each dwelling/apartment block will have their own PV system which will contribute to reducing CO_2 emissions.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	**Yes** ✓ No N/A	The Development will demonstrate best practice performance for fabric and engineering services, targeting compliance with Part L 2013 of the Building Regulations through passive design, energy efficiency and renewable energy. An Energy and Sustainability Statement has been submitted in support of the Development which sets out how the enhanced building fabric specification has been used to reduce the energy consumption for space heating, ventilation and lighting and respond to seasonality. In addition, the orientation of the apartment blocks and houses, as well as the internal layout have been designed to maximise dual aspect and minimise overheating.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal maintain or enhance biodiversity?	**Yes** ✓ No N/A	The Development will improve and enhance the existing biodiversity on the Site by providing two ecological corridors, retaining the existing watercourse and some of the existing trees and the public open space greens, verges and private back gardens will be seeded with Emorgate flowering lawn seed mix to further encourage pollinating insects.	**Positive** ✓ Negative Neutral Uncertain	A LEMP to set out the short and long-term management plans for the Development which can be secured via planning condition.
Does the proposal incorporate sustainable urban drainage techniques?	**Yes** ✓ No N/A	The Development has been supported by a Flood Risk Assessment (FRA) and Drainage Strategy which concludes that the Development will include a range of sustainable drainage features including biodiverse roofs and permeable paving.	**Positive** ✓ Negative Neutral Uncertain	N/A

6   CONCLUSION

6.1   An assessment of the potential health effects of the Development has been undertaken using best practice guidance. Relevant local and national policy has been identified which has helped focus the assessment of effects (set out in Chapter 3) by following an appropriate Rapid Health Impact Assessment Tool.

6.2   The performance of the Development has been assessed against 11 key health themes:

- Housing quality and design;
- Access to healthcare services and other social infrastructure;
- Access to open space and nature;
- Air quality, noise and neighboured amenity;
- Accessibility and active travel;
- Crime reduction and community safety;
- Access to healthy food;
- Access to work and training;
- Social cohesion and lifetime neighbourhoods;
- Minimising the use of resources; and
- Climate change.

6.3   As shown in the assessment in Chapter 5, the Development was found to have a positive health effect in relation to the majority of the key health themes. The Development has been designed to provide a high quality, attractive and healthy environment for future users.

6.4   Through the design evolution of the Development, careful consideration has been given to ensure a balanced, new community which meets local housing need and provides for all needs of the public is delivered on the Site. The Development will consist of high-quality dwellings designed around generous amounts of green space and new planting. To meet community needs and local targets, 50% of residential dwellings proposed will be affordable. Access considerations within the design of the Development promote active and sustainable travel, including attractive and safe cycling and pedestrian facilities that connect to the wider area, especially Basildon town centre. The community open spaces and the new cycle and pedestrian pathway will provide a range of beneficial health effects. Adverse effects identified can be mitigated ensuring no residual impacts.

6.5   Table 6.1 summarises potential mitigation and enhancements measures for construction and operation that have been identified.

Table 6.1: Recommended Mitigation for the Development.

Health Theme	Recommended Mitigation or Enhancement Action
1. Housing quality and design	• No mitigation or enhancement measures considered necessary.
2. Access to healthcare services and other social infrastructure	• Developer contributions to primary and secondary school education.
3. Access to open space and nature	• A LEMP to be secured via planning condition.
4. Air quality, noise and neighboured amenity	• CEMP to be secured by condition to ensure effective control of noise and air quality emissions during the construction stage; • Travel packs for residents setting out the available sustainable travel options for residents; • The implementation of a Smarter Choices Campaign in the surrounding areas to encourage sustainable travel; and • A Travel Plan which will include objectives, targets and monitoring of movements to and from the Development.
5. Accessibility and active travel	• Travel packs for residents setting out the available sustainable travel options for residents; and • A Travel Plan which will include objectives, targets and monitoring of movements to and from the Development.
6. Crime reduction and community safety	• No mitigation or enhancement measures considered necessary.
7. Access to healthy food	• Provide residents with a welcome pack that includes details of local Farmers' Markets.
8. Access to work and training	• Commit to sourcing construction work force from the local area where possible; and • Consider whether apprenticeship positions could be provided.
9. Social cohesion and lifetime neighbourhoods	• No mitigation or enhancement measures considered necessary.
10. Minimising the use of resources	• No mitigation or enhancement measures considered necessary.
11. Climate change.	• A LEMP to be secured via planning condition.

Westgate Park

Great Gregorie Park

Play Area

Play Area

The Most Holy Trinity Church

N

1:1250m

0   25   50   125

Notes:
Do not scale. All dimensions are in millimetres unless otherwise stated. This drawing should be read in conjunction with all relevant project information and contract documentation. All dimensions to be checked prior to fabrication and or commencement of works. All works to comply with all relevant legal standards, building regulations and warranty provider requirements. Report any discrepancies, if in doubt ask.

Revisions:

Rev	Status	Date	Description	Drn	Chkd
C01	A3	31.03.21	Planning Issue	TC	AA

Client Name:
Sempra Homes

Project Name:
Chapel Gate

Drawing Name:
Site Location Plan

Drawing Number:		Rev:	Status:
CPK-BPTW-01-ZZ-DR-A-0101		C01	A3

Project No:	RIBA Stage:	Drawn By:	Scale:
20-173	3	DAJ	1:1250 @ A2

PLANNING ISSUE

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SE10 9QX

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Key
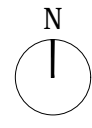
- 🟫 3B5P House
- 🟧 3B5P Flat
- 🟦 2B4P House
- 🟦 2B3P Flat
- 🟩 1B2P Flat
- 🟪 Refuse Store
- 🟥 Cycle Store
- 🟩 Caretaker's room
- 🟪 Energy centre
- 🟪 Water tank room
- 🟪 Substation
- Existing trees - retained
- Existing TPO trees/area - retained
- Existing TPO trees/area - removed
- ⊗ Proposed trees

Revisions:

Rev	Status	Date	Description	Drn	Chkd
C01	A3	31.03.21	Planning Issue	TC	AA

Client Name:
Sempra Homes

Project Name:
Chapel Gate

Drawing Name:
Site Typical Floor Plan

Drawing Number:			Rev:	Status:
CPK-BPTW-08-ZZ-DR-A-0103			**C01**	A3
Project No:	RIBA Stage:	Drawn By:	Scale:	
20-173	3	AA	1:500 @ A1	

PLANNING ISSUE

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BP TW
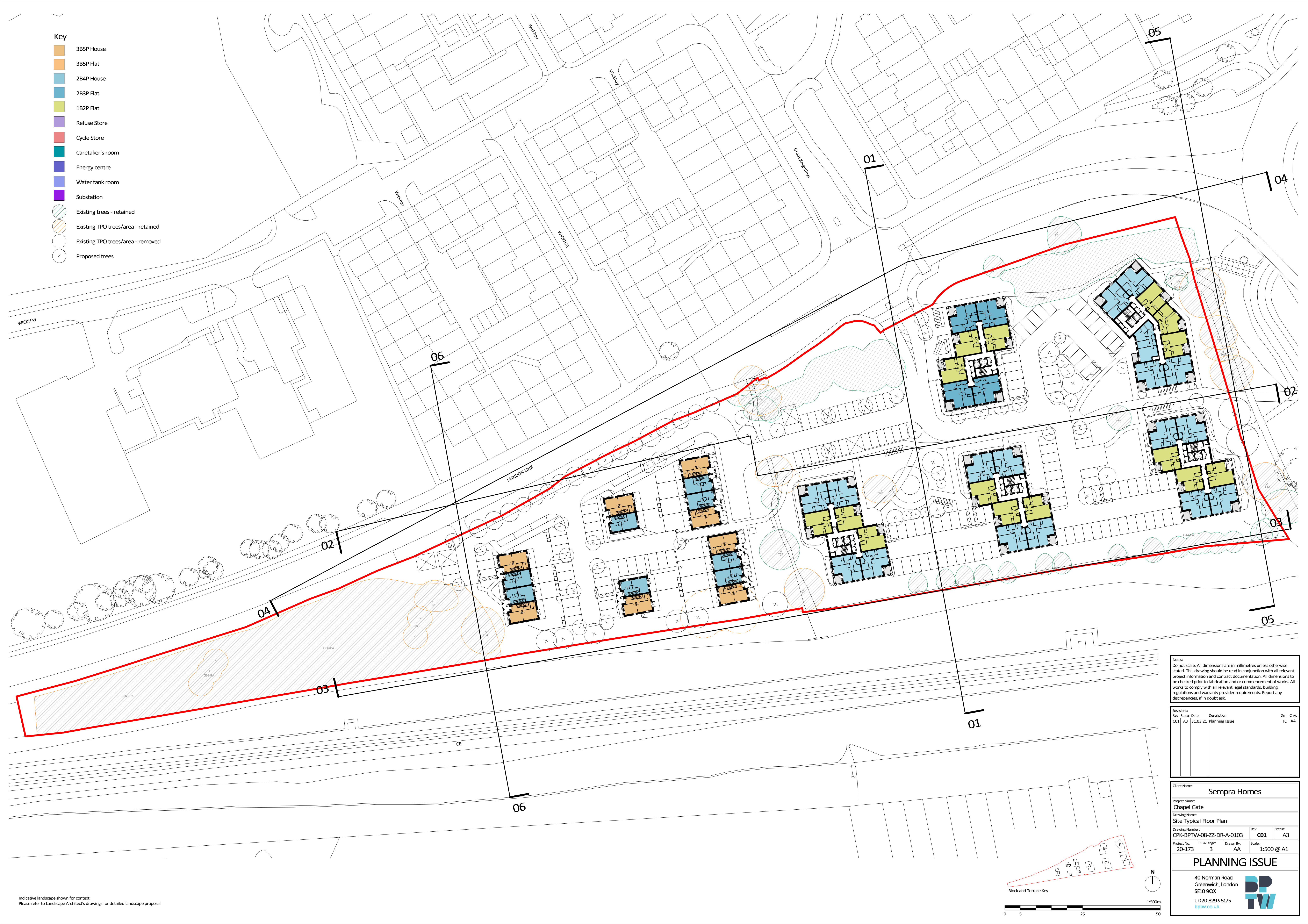
Indicative landscape shown for context
Please refer to Landscape Architect's drawings for detailed landscape proposal

Block and Terrace Key

1:500m

WICKHAY

LAINDON LINK

CR

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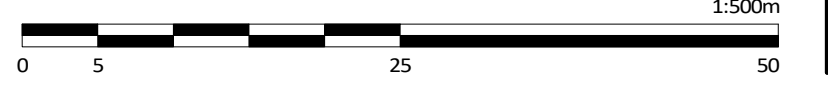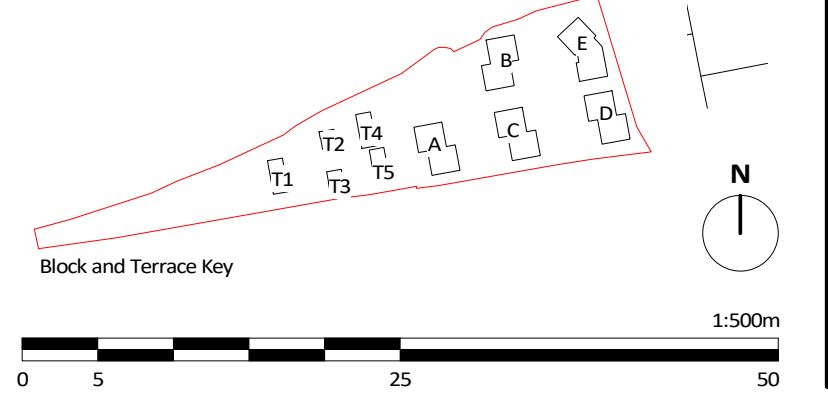
PUBLIC HEALTH ENGLAND: BASILDON BOROUGH COUNCIL PROFILE 2019

Public Health England

Basildon

Area type: District
Region: East of England

Local Authority Health Profile 2019

This profile gives a picture of people's health in Basildon. It is designed to act as a 'conversation starter', to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit https://fingertips.phe.org.uk/profile/health-profiles for more area profiles, more information and interactive maps and tools.

Health in summary

The health of people in Basildon is varied compared with the England average. About 18.6% (6,875) children live in low income families. Life expectancy for women is lower than the England average.

Health inequalities

Life expectancy is 11.5 years lower for men and 7.4 years lower for women in the most deprived areas of Basildon than in the least deprived areas.

Child health

In Year 6, 20.2% (460) of children are classified as obese. The rate for alcohol-specific hospital admissions among those under 18 is 16*, better than the average for England. This represents 7 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are worse than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 726*, worse than the average for England. This represents 1,280 admissions per year. The rate for self-harm hospital admissions is 247*, worse than the average for England. This represents 450 admissions per year. Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average. The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average. The rate of statutory homelessness is better than the England average. The rate of under 75 mortality rate from cancer is worse than the England average.

* rate per 100,000 population

Leaflet | © OpenStreetMap contributors
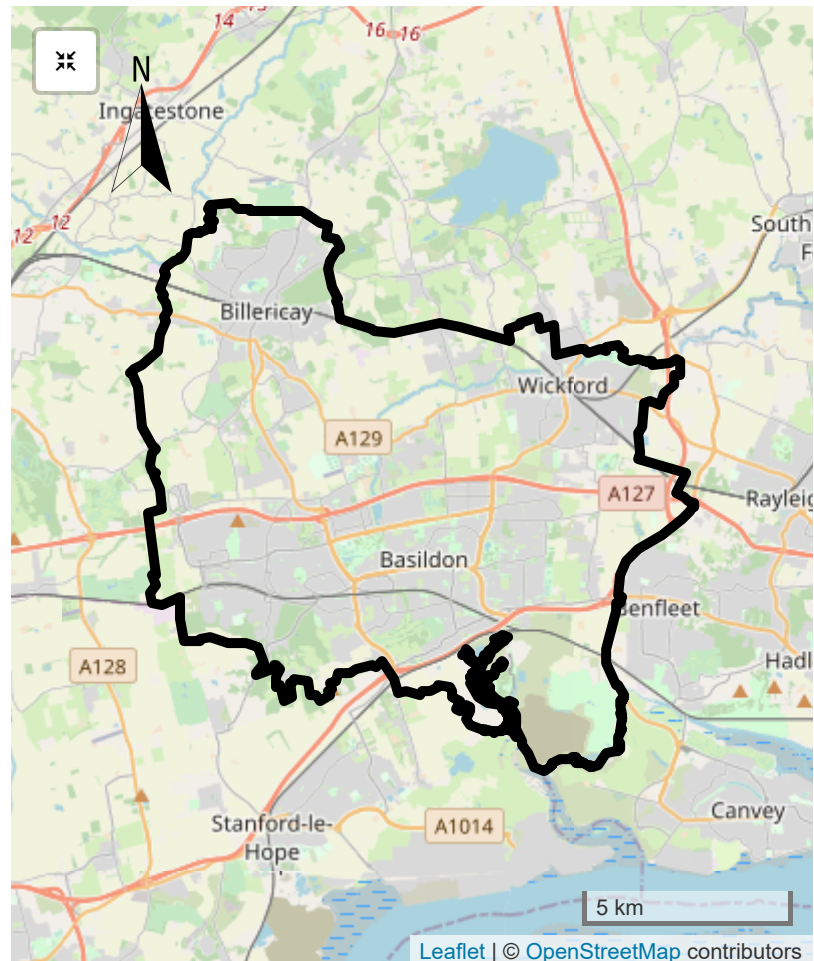
Contains National Statistics data © Crown copyright and database right 2019
Contains OS data © Crown copyright and database right 2019
Local authority displayed with full resolution clipped boundary

Health summary for Basildon

Key

Significance compared to goal / England average:

Significantly worse (red)	**Significantly lower** (blue)	↑ (red) Increasing / Getting worse — ↑ (green) Increasing / Getting better
Not significantly different (amber)	**Significantly higher** (light blue)	↓ (red) Decreasing / Getting worse — ↓ (green) Decreasing / Getting better
Significantly better (green)	**Significance not tested** (grey)	↑ (light blue) Increasing — ↓ (blue) Decreasing

↑ (amber) Increasing (not significant)   ↓ (amber) Decreasing (not significant)

– Could not be calculated   → (amber) No significant change

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	**2016 - 18**	n/a	79.4	80.3	79.6	↓
2 Life expectancy at birth (female)	All ages	**2016 - 18**	n/a	82.6	83.7	83.2	↓
3 Under 75 mortality rate from all causes	<75 yrs	**2016 - 18**	1625	349.5	302.1	330.5	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	**2016 - 18**	342	74.2	63.4	71.7	↑
5 Mortality rate from cancer	<75 yrs	**2016 - 18**	721	156.6	126.0	132.3	↓
6 Suicide rate	10+ yrs	**2016 - 18**	53	10.8	9.96	9.64	↑

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	**2016 - 18**	217	39.2	46.7	42.6 ~	–
8 Emergency hospital admission rate for intentional self-harm	All ages	**2018/19**	450	246.9	173.1	193.4	↑ (red)
9 Emergency hospital admission rate for hip fractures	65+ yrs	**2018/19**	200	619.8	563.5	558.4	↑
10 Percentage of cancer diagnosed at early stage	All ages	**2017**	357	50.8	54.7	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	**2018**	n/a	80.5	76.7	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	**2019**	1412	64.6 *	65.7 *	68.7 *	↑

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	**2016/17 - 18/19**	20	15.7	23.4	31.6	↑
14 Hospital admission rate for alcohol-related conditions	All ages	**2018/19**	1280	726.3	633.6	663.7	↑ (red)
15 Smoking prevalence in adults	18+ yrs	**2018**	22378	15.7	14.0	14.4	↓
16 Percentage of physically active adults	19+ yrs	**2017/18**	n/a	61.9	65.4	66.3	↑
17 Percentage of adults classified as overweight or obese	18+ yrs	**2017/18**	n/a	72.8	62.1	62.0	↑

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	**2017**	72	23.5	16.0	17.8	↑
19 Percentage of smoking during pregnancy	All ages	**2018/19**	212	10.6	9.68 ~	10.6	↓
20 Percentage of breastfeeding initiation	All ages	**2016/17**	1610	68.0	76.1	74.5	↓
21 Infant mortality rate	<1 yr	**2016 - 18**	20	2.69	3.36	3.93	↓
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	**2018/19**	460	20.2	18.0	20.2	↑

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	23.6	-	21.8	═
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	27.7	25.7	25.4	↑

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
25 Percentage of children in low income families	<16 yrs	2016	6875	18.6	14.1	17.0	→
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	87997	44.7	47.0	46.9	↓
27 Percentage of people in employment	16-64 yrs	2018/19	86700	75.6	78.4	75.6	↑
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	17	0.22	0.65	0.79	↓
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	265	48.3	33.6	44.9	↑

Health protection

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
30 Excess winter deaths index	All ages	Aug 2017 - Jul 2018	166	32.8	30.9	30.1	↑
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	710	608.8	614.9	850.6	↓
32 TB incidence rate	All ages	2016 - 18	34	6.14	5.65	9.19	↓

For full details on each indicator, see the definitions tab of the Local Authority Health Profiles online tool.
For a full list of profiles produced by Public Health England, see the fingertips website: https://fingertips.phe.org.uk/

Indicator value types

1,2 Life expectancy - years 3,4,5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15,16,17 Proportion 18 Crude rate per 1,000 females aged 15 to 17 19,20 Proportion 21 Crude rate per 1,000 live births 22 Proportion 23 Index of Multiple Deprivation (IMD) 2015 score 24 Proportion 25,26 Slope index of inequality 27 Proportion 28 Mean average across 8 qualifications 29 Proportion 30 Crude rate per 1,000 households 31 Directly age-standardised rate per 100,000 population 32 Ratio of excess winter deaths to average of non-winter deaths 33 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 34 Crude rate per 100,000 population

*	Value compared to a goal (see below)
~	Aggregated from all known lower geography values

Thresholds for indicators that are compared against a goal

Indicator Name	Green	Amber	Red
12 Estimated dementia diagnosis rate (aged 65 and over)	>= 66.7% (significantly)	similar to 66.7%	< 66.7% (significantly)

Hi Jayne

Adele has asked me to respond to your on the matter of the Health Impact Assessment, and in this regard I have sought advice from our Planning Policy colleagues, who have inform me that the Local Plan states that a Health Impact Assessment should be prepared in accordance with local guidance, so the EPOA Health Impact Assessment Guidance will be appropriate in the first instance. If the applicant is proposing to use the HUDU Rapid HIA tool in addition to the EPOA tool, that shouldn't be a problem. They have also added that you should also be referred to the 'Essex Healthy Places Guidance' which can be found on the Essex Design Guide website.

Taking this into account, it would appear that using the HUDU Rapid HIA tool would be appropriate in this case.

Hope this is useful.

Regards

Dave

From: Jayne Oswald [mailto:Jayne.Oswald@bartonwillmore.co.uk]
Sent: 17 February 2021 10:08
To: Adele Lawrence <Adele.Lawrence@basildon.gov.uk>
Cc: James Finn <James.Finn@bartonwillmore.co.uk>; Sarah Cottingham
<Sarah.Cottingham@bartonwillmore.co.uk>; Lucy Wood <Lucy.Wood@bartonwillmore.co.uk>
Subject: Parkside, Basildon - Health Impact Assessment

Good Morning Adele,

I am writing to you in respect of a forthcoming planning application for land to the east of Northlands Park, Basildon, also known as 'Parkside'. The design of the development is currently being worked up but the proposals currently comprise of up to 82 residential units comprising a mixture of houses and apartments, parking, landscaping and other associated infrastructure.

I acknowledge that a validation requirement for Basildon Borough Council (BBC) is that all developments that propose 50 dwellings or more should be supported by a Health Impact Assessment (HIA). I am therefore writing to you to agree the proposed methodology for the HIA to support the forthcoming planning application at Chapel Gate.

I have noticed in BBC's emerging Local Plan the use of the Essex Planning Officers Association (EPOA) guidance note on HIA for preparing HIAs. However, it is also worth acknowledging the London Health Urban Development Unit (HUDU) Planning Checklist and Rapid HIA tool which is nationally accepted methodology for desk-based HIA and a more comprehensive and contemporary tool which has also been updated in recent years to reflect best practice.

Having reviewed the nature of the proposals, I propose that the EPOA guidance is used to identify the requirement and scope of the HIA to ensure it satisfies the obligations of BBCs emerging Local Plan and then use the HUDU Rapid HIA tool as a suitable rapid assessment tool. I believe this is an appropriate methodology for the development proposed.

Could you please confirm if you agree with our proposed approach?

Please do not hesitate to contact me if you have any queries.

Kind Regards,
Jayne

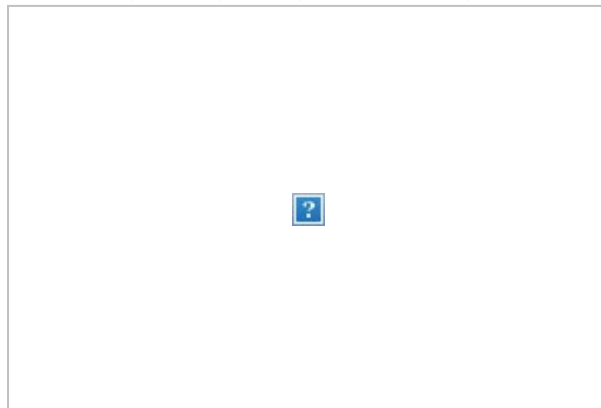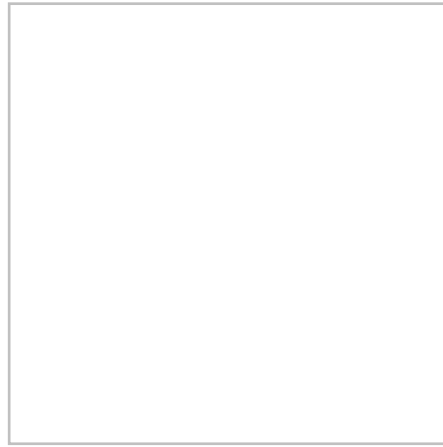**Jayne Oswald**
Environmental Planner

DDI: 01223 345557
W: www.bartonwillmore.co.uk
St Andrews House, St Andrews Road, Cambridge, CB4 1DL

Consider the Environment, Do you really need to print this email?

ESSEX PLANNING OFFICERS ASSOCIATION GUIDANCE NOTE ON HIA

EPOA
Essex Planning
Officers Association

Thanks to Countryside Properties
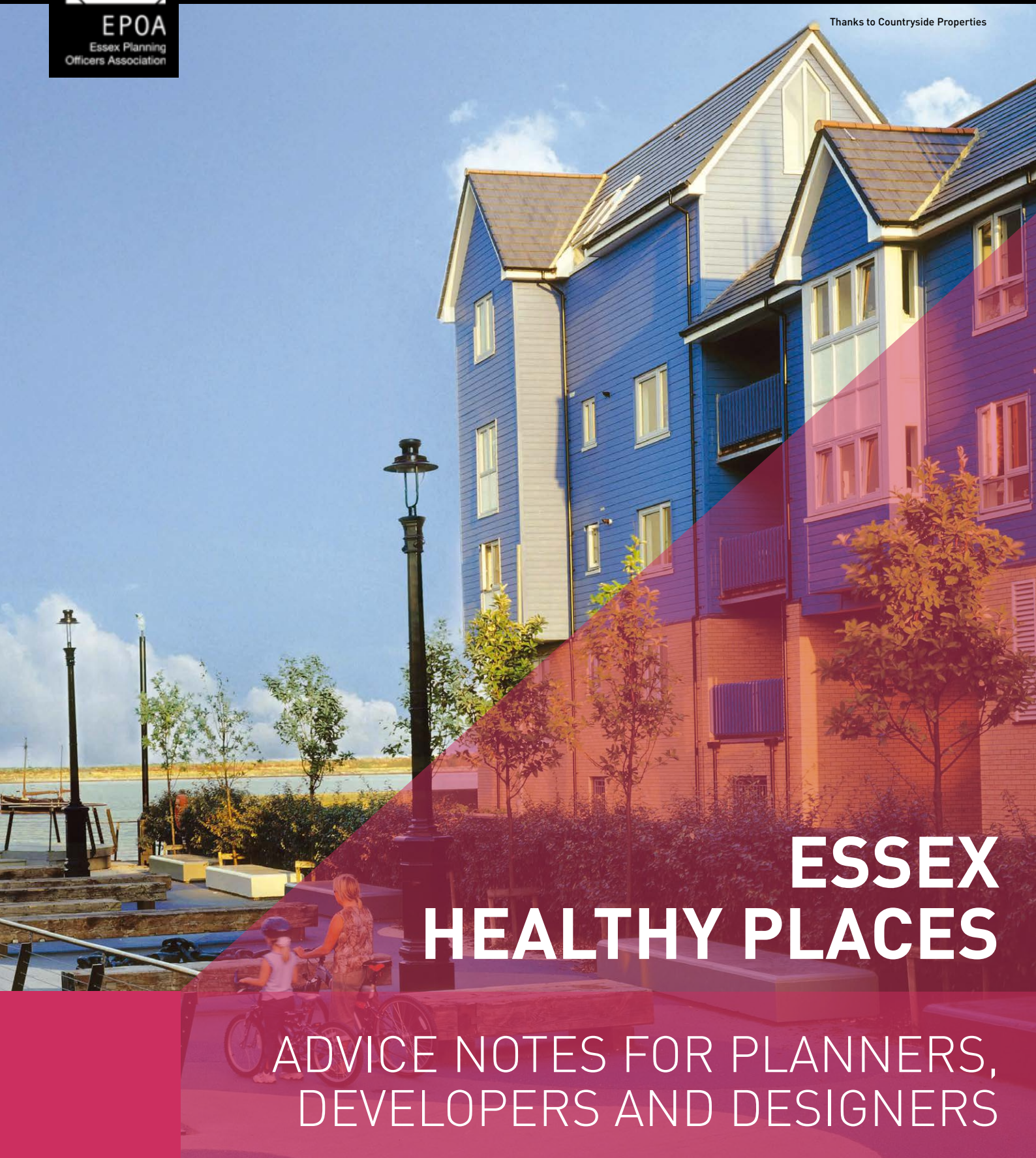
ESSEX HEALTHY PLACES

ADVICE NOTES FOR PLANNERS, DEVELOPERS AND DESIGNERS

eldp

ActiveEssex

livewell

SPORT ENGLAND

LOTTERY FUNDED

NOTICE

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Thanks to Chelmsford City Council

Contents

FOREWORD FROM GRAHAM THOMAS, HEAD OF PLANNING AT ESSEX COUNTY COUNCIL AND CHAIR OF THE ESSEX PLANNING OFFICERS ASSOCIATION

"Improving the lives of people and their living conditions has been one of the public health foundations which also underpins the formation of the town planning profession. The objectives of planning for health have been intrinsically linked for decades. The ability to create great places for people to live, work and play reinforces the need to address health considerations in proposed new developments. In 2008 the Essex Planning Officers Association published the Health Impact Assessment guidance.

Recent work by the Town and Country Planning Association, working with the family of local planning authorities and health professionals has highlighted the positive influence that creating great places can have on people's health. However, the health and wellbeing of the population is facing major issues including people not getting enough physical activity, high levels of obesity in children and adults, mental health and wellbeing issues rising and a widening of the gap between those living in the best health and those who live in the poorest of health.

Knowing this has really driven of partners working across the planning system in Essex to come together to use the planning system to ensure that we have an increased, more positive influence on health and wellbeing.

This planning guidance is based upon the health and wellbeing theme set out in the updated Essex Design Guide. It has been developed to provide information around what the planning system should address within the built and natural environment to support the population of Essex to enjoy better health and wellbeing through the places that they work, live and play. The guidance and Health Impact Assessment tool has been endorsed by the Essex Planning Officers Association for use by designers, planners and developers. We are also delighted to have had this guidance endorsed by the local NHS and Sport England, who view this as an additional source of support to the Sport England Essex Local Delivery Pilot taking place within Essex."

Acknowledgements

The Essex Planning Officers Association is grateful to its members who participated in the steering group to develop this guidance including Basildon Borough Council, Uttlesford District Council, Southend Unitary Council, Chelmsford City Council, Maldon District Council, Essex County Council and other officers who provided specific feedback and comments on the draft versions of this document from the local planning authorities including Tendring District Council and Brentwood Borough Council.

We would like to thank Brentwood Borough Council for kindly providing the Health Impact Assessment Process diagram.

We would like to thank and acknowledge the feedback and technical advice provided from the Wales Health Impact Assessment Unit; the strategic estates advisor from NHS Improvement/NHS England for Essex; The Mid-Essex and South Essex Strategic Estates Director; the Active Travel team at Essex County Council; Environment and Sustainability at Essex County Council; Place Services; Active Essex; the PHI delivery lead from Essex County Council and the Directors of Public Health at Essex County Council and Southend Unitary Council.

We are grateful for the support received by Sport England in developing this guidance including their review and endorsement of this work.

Background of health in planning

In 1948, the World Health Organisation (WHO) Constitution[1] defined health as being;

'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'

Good health and wellbeing is impacted upon by a multitude of factors. These include genetic, environmental, socio-economic and the ability to access good quality healthcare services. The King's Fund summarised the weight that the wider determinants of health[2] has on overall health and wellbeing following their review of academic papers that explored their influence. From these, the general agreement is that the heaviest weighted influence on our health is from socio-economic and environmental factors.
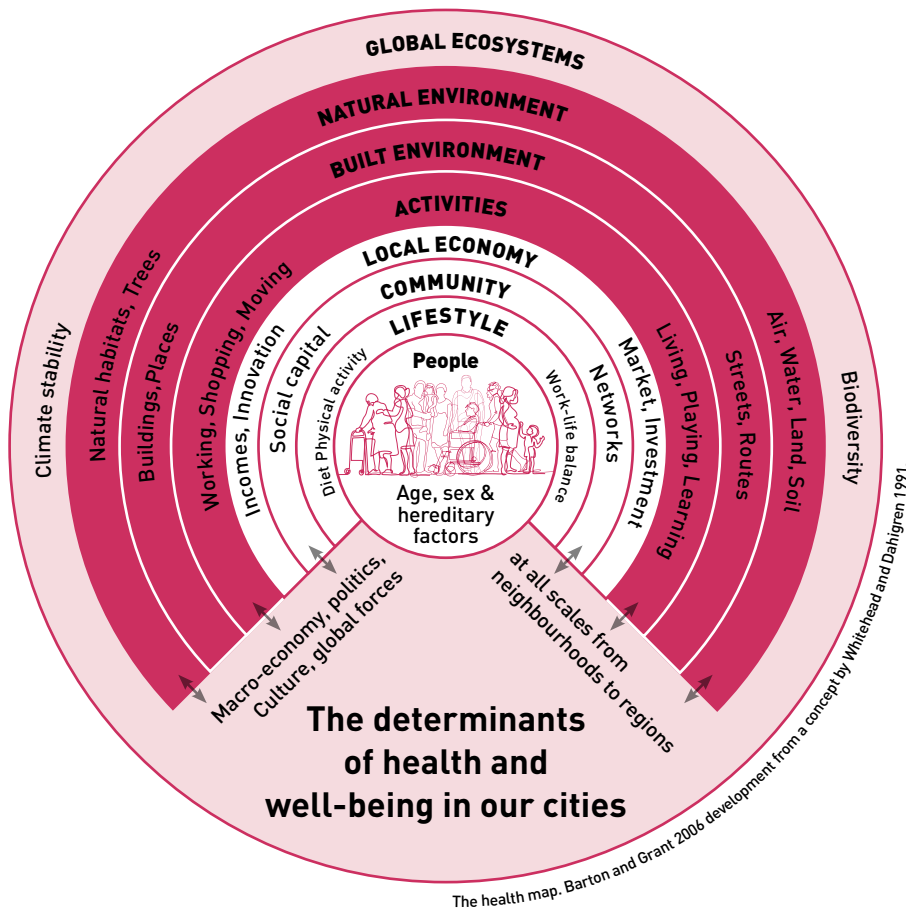
History has demonstrated these influences. It has shown that when spatial planning and health work together, improvements to health can be made. The interaction of the environment and health were thought to have been first described in Ancient Greece circa 400BC[3]. Further historical examples of how health has been improved through changes in environment and place include the Victorian sewage systems, improved access to clean water systems and reduction of slum tenancies.

The wider determinants of health were described in 1993 by Dahlgren and Whitehead and updated in their 2007 WHO paper[4]. The wider social determinants describe the impact on health from our living and working conditions, employment, water and sanitation, healthcare services, housing, agriculture and food production, education, and the work environment. They include our social and community networks.

The original work by Dahlgren and Whitehead was expanded upon by Barton and Grant[5] in 2006, who further described the impact that our communities, neighbourhoods and the environment in which we live has on health and wellbeing (see figure 1). The Marmot Review[6] published in 2010 reviewed how the wider social determinants of health impact upon people and has been a fundamental paper that highlights the negative impacts that place can have on the population. For healthier places, there is an emphasis upon the influence and assessment of the impact of the wider social determinants of health.

Public Health is responsible for improving health, protecting health and preventing poor health of the population. It plays a key role in ensuring that the differences seen between good and poor health do not increase due to social influences (known as health inequalities), addressing the wider determinants of health described above. In 2014, Public Health teams who were based in the NHS moved to Local Authorities and an independent executive government arm called Public Health England was formed. The move of Public Health into Local Authorities was very important as it was felt it would have a greater, more positive impact on health and wellbeing by sitting within authorities who were either directly or indirectly able to influence the wider determinants of health.

Planners, urban designers and associated specialists have always been intrinsically linked to those in Public Health. By now having Public Health teams working directly with these teams, Directors of Public Health and their teams can provide more advice and guidance to those in these fields to increase the positive influences that can arise from the places people live, work, play and socialise in.

GLOBAL ECOSYSTEMS
NATURAL ENVIRONMENT
BUILT ENVIRONMENT
ACTIVITIES
LOCAL ECONOMY
COMMUNITY
LIFESTYLE

Climate stability
Natural habitats, Trees
Buildings, Places
Working, Shopping, Moving
Incomes, Innovation
Social capital
Diet Physical activity

People
Age, sex & hereditary factors
Work-life balance

Networks
Market, Investment
Living, Playing, Learning
Streets, Routes
Air, Water, Land, Soil
Biodiversity

Macro-economy, politics, Culture, global forces

at all scales from neighbourhoods to regions

The determinants of health and well-being in our cities

The health map. Barton and Grant 2006 development from a concept by Whitehead and Dahlgren 1991.

Figure 1- The Barton and Grant model Health Map[5]

Source: Barton, H. and Grant, M. (2006) A health map for the local human habitat developed from a concept by Dahlgren and Whitehead, 1991. Dahlgren G, Whitehead M (1991). *Full references in reference section[4,5]*

Policy and strategy context

There are many current and emerging policies that highlight, advise or guide planners, designers and developers on how to positively use the built and natural environments to support better health and wellbeing.

The updated 2019 National Planning Policy Framework[7] (NPPF) aims to positively impact on the wider determinants of health by promoting healthy and safe communities. It says that planning 'policies and decisions should aim to achieve healthy, inclusive safe places'. This should be achieved through places which promote social interaction, are safe and accessible, and both enable and support healthy lifestyles – especially where this would address identified local health and wellbeing needs. The NPPF says that planning should 'take into account and support the delivery of local strategies to improve health, social and cultural wellbeing for all sections of the community'.

The role of health and wellbeing specifically within plan-making was described in

detail in 2019[8]. This guidance from the Ministry of Housing, Communities and Local Government highlights areas where planning should be using its influence to support key national health concerns within the current and future population. An example of this is healthier food environments where 'planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate (and where such uses require planning permission)'.

Additional government guidance on plan-making advises that policy making authorities 'can work with public health leads and health organisations to understand and take account of the current and projected health status and needs of the local population, including the

quality and quantity of, and accessibility to, healthcare and the effect any planned growth may have on this....Strategic policy-making authorities may consult any relevant Health Impact Assessments and consider their use as a tool for assessing the impact and risks of development proposals.'[9]

Health impact assessments, which are described later in this document, are in the process of becoming mandatory in Wales. In England, they support a 'health in all policies' approach, which is a key initiative to ensure that the health and wellbeing of our population is considered through all policy decisions that are made[10].

Another key area government and health are focused upon is increasing physical activity levels in our population, specifically through the support of developing active environments. Both the government and Sport England have clear strategic objectives to enable the population to improve their health through increased physical activity. The 2 key documents are HM Government's Sporting Future[11] and Sport England's Towards an Active Nation[12]. More detail on active environments and physical activity is found throughout these notes.

This guidance note takes a holistic approach to health and wellbeing with benefits arising to both physical and mental health. However, mental health and wellbeing including how we support people, is another specific key area that the environment could support through design. The evidence around this is strong and position statements from the Landscape Institute[13] and guidance from PHE[14,15] describe this in more detail. The Green Essex Strategy[16] promotes the benefits of green infrastructure for both physical and mental wellbeing and links to this can be found later in this guidance.

Many individual authorities in Essex have specific strategic objectives to improve health through their own health and

wellbeing strategies and organisational plans and have been signposted to in key sources of information. Planners and developers should take these and the latest health profile data into account when reviewing their policies and plans.

In addition, the Essex Health and Wellbeing board has a joint strategy with specific key aims for the next 3 years and should be considered as a County-wide policy for authorities in Essex with no current local strategy. Southend Unitary Council have their own strategies and policies around health and wellbeing.

The Essex Design Guide[17]

The Essex Design Guide is a key source of support for designers, planners and developers on how to build high quality places where people want to live. The latest edition digitally published in 2018 has highlighted the links between health and planning. Within this latest edition, the themes of supporting health and wellbeing have been integrated throughout the entire document to ensure the promotion of these elements through all design aspects.

The original design guide was written in 1973 by Essex County Council and later became a collaboration supported by the Essex Planning Officers Association.

The guide has influenced the way in which the built environment in Essex has been designed for over 45 years. It is recognised beyond Essex and is used by designers for the built environment from a multitude of places.

The Essex Design Guide identifies health and wellbeing can be encouraged and improved by:

- supporting community leadership and participation through high-quality planning, design and management of the environment;

- promoting high-quality local employment, affordable housing, sport & recreation facilities, environmental sustainability and skill development;

- providing convenient local healthcare services with options for (and incentives towards) self-care;

- providing interesting and stimulating open spaces and natural environments to encourage people to be physically active including active design principles;

- ensuring developments embody the principles of lifetime neighbourhoods and promote independent living;

- promoting access to healthy and locally sourced food;

- encouraging active travel, most particularly cycling and walking;

- creating a safe and accessible built environment with well-designed public spaces that encourage community participation;

- embracing the Smart Cities concept by incorporating and futureproofing for new technology; and

- ensuring that all work, educational or public spaces are sufficiently well designed to promote active and healthy lifestyles

The health and wellbeing theme developed by a steering group of specialists from across health including Public Health, Public Health England and NHS Improvement/England Strategic Estates Planning Service (formally Community Health Partnerships). The Essex Design Guide Active Design Principles theme within the guide was developed by a specialist steering group with support from Sport England. There are several case studies included on the website that shows application of these themes.

Sport England has been a key partner in the Essex Design Guide and Active Design principles

are embedded within the guide. This theme is being explored in Essex, which is one of the pilot sites for a Sport England programme to increase physical activity levels in those who are inactive, and part of this project is focused on how to make our environments more active. 3 specific sites of Tendring, Colchester and Basildon have been chosen but the pilot covers all the districts within the Essex County Council boundary. Active environments is a key theme of these guidance notes and will be used to support this key programme objective.

Using the above broad themes from this edition of the Design Guide, the Essex Planning Officers Association 2008 Health Impact Assessment guidance[18] has been updated and expanded upon. The following guidance notes bring together the latest evidence, policy and thinking in healthy places to support designers, planners and developers to promote health and wellbeing through the built and natural environment.

Healthy Places guidance (available as separate documents)

- Active environments and active design principles

- Encouraging active travel

- Design of homes and housing

- Access to open green and blue space

- Supporting community participation and lifetime neighbourhoods

- Access to healthier food environments and locally sourced food

- Education, skills development and employment

- Access to healthcare infrastructure

- Environmental sustainability

Thanks to Countryside Properties

EPOA want all developments in Essex to promote positive health and wellbeing and a health impact assessment (HIA) is a tool which allows us to make this assessment. It enables planning teams to weigh up the positive benefits that may arise from a project/programme/plan against the unintended, less positive impacts on health and wellbeing[66].

These assessments enable early identification of groups in a population that may be more at risk from a proposal and put into place measures to remove, reduce or mitigate against any unintended consequences whilst ensuring the positives are at their optimum. They can play a role in identifying health inequalities that may arise from the built environment and allow for mitigation measures to be put in place against these where possible.

There are several formal descriptions of HIA. The most commonly known is from the European Centre for Health Policy Gothenburg Consensus[67]. This definition, from 1999, describes a HIA as '**a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.**'

There are differing types of HIA from desktop reviews through to comprehensive, full assessments. There is no national agreement as to which projects require which type of HIA. However, for spatial planning related HIA, the Town and Country Planning Association has produced a table describing projects and the type of HIA they would recommend, which may be of use to those completing a HIA[68]. Locally, EPOA have an agreement of when to do a HIA but check to ensure of local policy.

An HIA can be carried out before a project/programme/plan starts and this type is known as a prospective HIA. If it is carried out at the same time as the project/programme/plan, it is known as a concurrent HIA. If it is carried out after the project/programme/plan has finished it is known as a retrospective HIA. The WHIASU Health Impact Assessment Practice Guide proposes a retrospective HIA may be used as an evaluation tool[58].

Types of HIA[66]

Desktop – these are short reviews that can be completed in hours to days. There may be some small group engagement and data is from easily accessed sources. References should be made to local health strategies and policies.

Rapid – these are more detailed reviews that may take days to weeks. They are more detailed, require a more thorough engagement process and usually a literature review is included. As above, references should be made to local health strategies and policies. A steering group may be set up to support this type of HIA.

Full/ comprehensive – very detailed review that may last months. A full literature review usually supports the evidence base. Often, they include longer consultations at multiple engagement events and may

include data
collection from new sources
to further support the evidence base
rather than using simply using existing
sources. A steering group would be set up to
support this type of HIA.

HIA is a step process with recognised
stages which are followed to ensure that the
assessment is robust. The below describes
the stages:

Screening

↓

Scoping

↓

Assessment

↓

Recommendations

↓

Monitoring
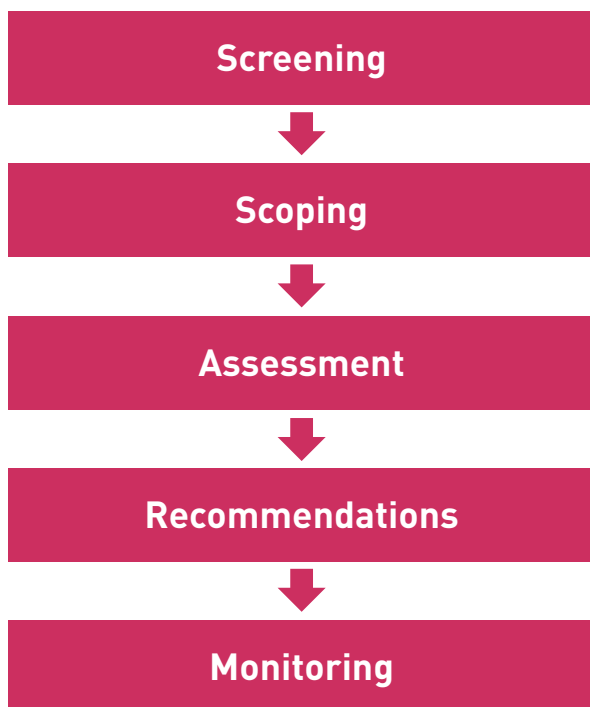
Screening –
a brief initial
assessment of the plan/
programme/project proposal that
identifies any potential impacts that may
arise from it on the local population and on
any identified groups within the population.
It allows early consideration of further work,
specific groups and specific issues that need
to be included and the type of HIA needed. It
is not always a required step of the process,
especially where local policy identifies that
HIA are deemed to be part of the planning
process against agreed criteria.

Scoping – the next step in the HIA process
allows decisions to be made around what
the aims of the HIA are, the details of the
processes that need to be undertaken
to complete it and levels of information
required. This may include looking at which
specific elements need to be examined
or which groups you need to consider.

Engagement with relevant parties on what needs to be considered as part of the assessment should be sought. Signposting to evidence sources that underpin the HIA can also be provided including relevant strategies and policies. It also provides an opportunity to scope out parts of the HIA that may not be applicable.

Assessment – at this step, an assessment is made as to the positive benefits of the proposal and allows the identification of any unintended consequences that may arise, and should relate directly back to the scoping report. The identification of the impact on specific population groups should be included. Mitigation measures should be described as required including detail as to what and when these will be delivered.

**Recommendations – these are the formal recommendations arising from the HIA and should relate back to the aims of the HIA from the scoping assessment. In Essex, the HIA must include recommendations as part of the summary of the HIA. This includes how to maximise the potential benefits as well as minimising unintended consequences that have been identified.

Monitoring – detail of how recommendations will be monitored and for what period should be included.
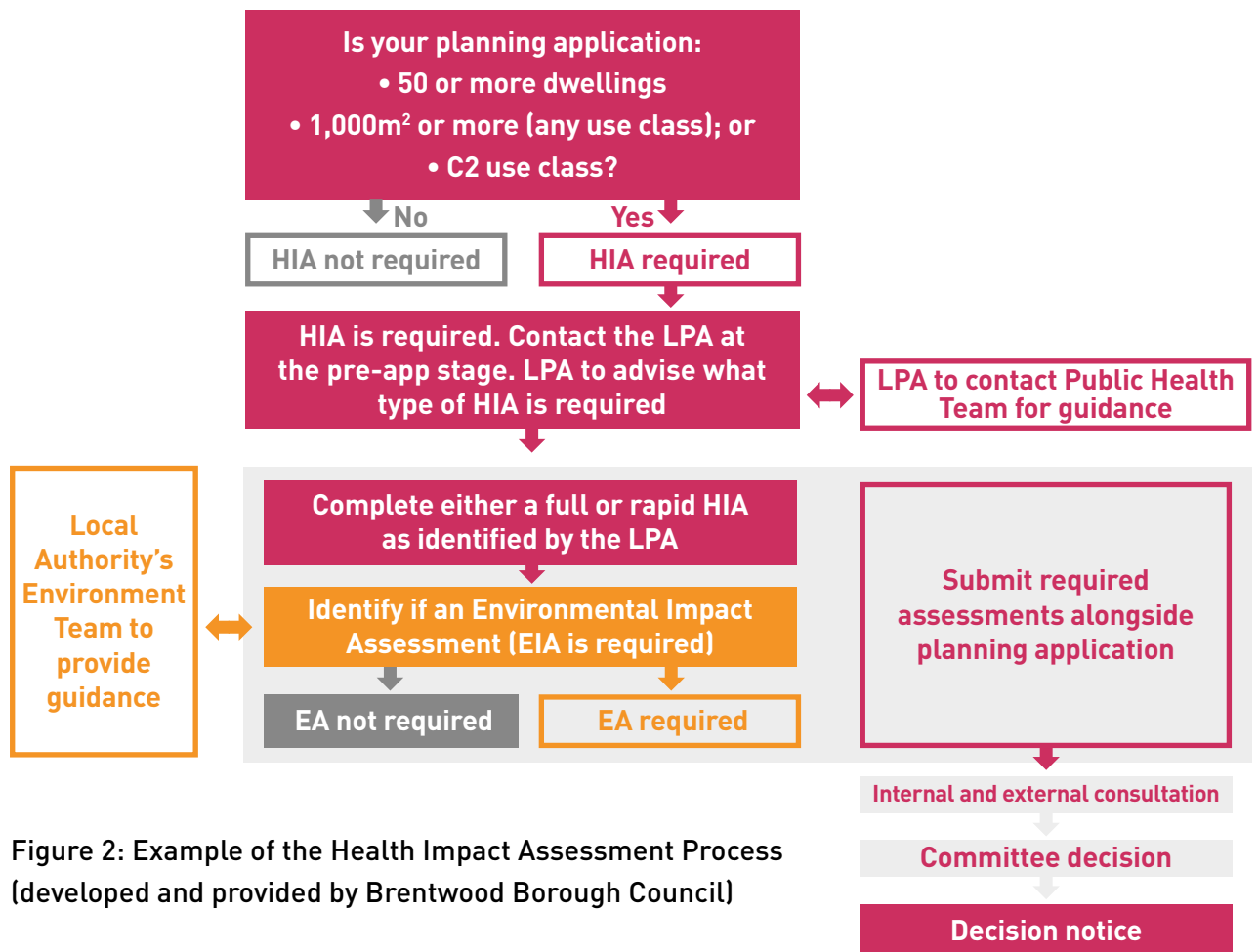

Figure 2: Example of the Health Impact Assessment Process (developed and provided by Brentwood Borough Council)

Stakeholder and Community Engagement

One key element to HIA is community and stakeholder engagement. HIA should not be done in isolation and the views of others should be sought. Special consideration should be shown to groups known to be more impacted upon by development and these have been identified by the Wales Health Impact Assessment Unit through their WHIASU: A Practical Guide[66] and include;

Age related groups

Income related groups

Groups who suffer discrimination or other social disadvantage

Geographical groups

For detail on these groups please see appendix 4.

Criteria for HIA

The Essex Planning Officers Association, Public Health and our wider health partners advocate health impact assessment use. This approach is supported by all Local Authority Planning teams across Essex County and Southend. Please contact Southend for their specific criteria.

As a guide, HIA should be considered for the following:

- Developments that begin with 50 residential units
- Developments of 1000sq.m of non-commercial space
- Schools
- Care and residential home proposals
- Nationally Significant Infrastructure Projects
- Projects that submit an EIA with the inclusion of human health as per 2017 regulations

Local Planning Authorities have their own specific localised policy and as such, EPOA strongly advises all applicants refer to their own Local Planning Authority's application processes for specific guidance.

In all HIA types, the appropriate Active Design Principles must be assessed using the Sport England Active Design Principles checklist and submitted.

Advice on HIA requirements

- There are no agreed guidelines around HIA types.

- EPOA members expect that any HIA carried out for spatial planning proposals will be the responsibility of the applicant. The type of HIA will be advised by the Local Planning Authority with advice from health partners as required.

- Appendix 1 contains a health impact assessment tool which is an adapted model from the HUDU version[69] and is suitable for residential developments.

- Non-residential developments, commercial developments, schools, care/residential homes and other proposals that fall outside of non-residential should contact the relevant planning authority early in their application for advice on HIA requirements.

- It is strongly advised that a HIA should not be undertaken until the applicant is confident of the type of HIA required – which should be agreed with the planning authority. Should an application be submitted without consultation, there will be no recourse if the HIA is inappropriate for the scheme. Further work or resubmission of the HIA may be required.

- In the authorities that are covered by Essex County Council, HIA will be assessed depending on local agreement with Public Health teams. Please contact Southend Public Health team for Southend advice.

- Continue to work with health and NHS partners and have conversations around what and how they interpret the plan including delivery of outcomes.

- A 21-day assessment window will be required for response as per standard planning practice and, as appropriate, be reviewed against a validated quality assurance tool for development projects.
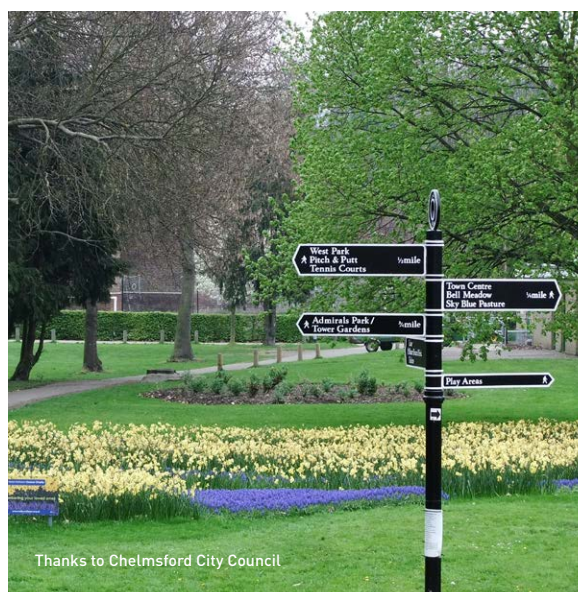
Health Impact Assessment review

There are 2 main recognised framework tools that can support the review of HIA. These are;

- Wales Health Impact Assessment Unit Quality Assurance Framework[70] for HIA published in 2017

- Ben Cave Associates Ltd: A review package for Health Impact Assessment reports of development projects in 2009[71]

These review tools are within the public domain and provide information and criteria that a submitted HIA may be assessed against.

Post HIA submission

Depending on at which point the HIA is submitted will depend upon the feedback provided and it is strongly advised that no HIA is submitted without advice.

Usually the HIA will be managed within the planning authority by the Public Health Practitioner in conjunction with the development manager.

Following the review, a response will be made with feedback and recommendations as applicable, to the development manager.

NHS partners should be contacted in the usual manner and will provide their own responses as per their individual organisation procedure.

Livewell Healthy Places Accreditation

In recognition of those developments that are identified as having a potential to positively impact on health and wellbeing, EPOA has supported the development of an accreditation scheme for use by developers.

The voluntary scheme, developed by Chelmsford City Council with support by the Essex County Council Healthy Places team and partnering Local Planning Authorities, uses the Essex Design Guide health and wellbeing criteria for the basis of its awards.

Developers can choose to apply for recognition as a 'Livewell Developer' and be recognised for their overall support for health and wellbeing in development. This is a charter process whereby the developer agrees to a specific set of criteria that they will follow in all developments for health and wellbeing. This is an annual sign-up process.

The Livewell design and development award is a 2-step process

- step 1 is the award of Livewell Design

- step 2 is full accreditation to be recognised as a Livewell Development.

Following review of the HIA, recommendation will be made on whether the proposal meets the criteria for design accreditation. If this is met, the development will be awarded a Livewell Design accreditation for use on that specific development.

To achieve full Livewell Development status, further evidence must be submitted in the form of case studies following the building of the proposal.

Further details on how to become a recognised developer can be found on the Essex Design Guidance website.

Thanks to Chelmsford City Council

Population and Human health was made a statutory requirement for Environmental Impact Assessments in May 2017[72] (Directive 2014/52/EU). The environmental statement must be able to 'identify, describe and assess in an appropriate manner, in the light of each individual case, the direct and indirect significant effects of a project'. This includes the impact on population and human health. It should also include identifying the 'vulnerability to risks of major accidents and/or disasters that are relevant to the project concerned.' In England, less than 0.1% of projects require an EIA every year. Public Health England published guidance for health and EIA in 2017[73].

These assessments are **not** the same as health impact assessments as their focus is upon population human health and the interaction with the environment, and do not routinely include the social and wider determinants of health. Public Health teams in Essex will not accept EIA's in place of HIA's. Public Health advise discussion with local planning teams on their specific environmental and health impact assessment requirements. It is important that Public Health is consulted via the scoping opinion for the EIA so that input on HIA can be provided as appropriate for that application.

The Directors for Public Health in Essex and Southend expect local Environmental Health, the Environment Agency, the Health and Safety Executive and/or local health protection teams to usually be the primary responders to the EIA population and human health elements. These teams routinely respond to queries on matters around health risk arising from air pollutants, land contamination, waste facilities, noise nuisance or other elements that arise from EIA, as these fall under the scope of Environmental Health (EH) or Public Health England Health Protection teams responsible for matters related to environmental issue/s. These agencies or local planning teams would then usually liaise with the Director for Public Health on any matters arising.

Matters regarding planning proposals that may impact upon port health should be directed to the regional Public Health England Health protection team for their review.

Should Public Health receive queries, reports or applications on environmental health issues, we will advise that the Local Authority Environmental Health team and/or PHE and/or PHE Centre for Radiation, Chemicals and Environment (CRCE) are consulted. It is not the responsibility of Public Health teams to contact these teams for their review, nor is it the responsibility of Public Health to provide detail on monitoring and mitigation for these specific health protection issues as this is outside of their function. Directors of Public Health will work in collaboration with the above-mentioned agencies should they make a request for this, but will not lead on any responses to an environmental health or environmental health protection issue.

After a response has been issued by an agency responsible for health protection, Public Health may provide advice on issues related to the wider determinants of health. It will be at the discretion of the Director of Public Health as to what further input that their own team will have after consultation with health protection agencies. The Local Authority Planning development case manager be advised as to what further input, if any, is required.

Therefore, very early advice from all agencies responsible for health related to environmental impact assessments and health impact assessments is advised to avoid delays to the application process, submission of incorrect information with an application or seeking advice from the wrong agency.

Please see PHE guidance on EIA and HIA as mentioned above for further details on the differences between EIA and HIA[73].

Design Principles[19]

(taken from Active Design Planning for health and wellbeing through sport and physical activity, Sport England)

1. Activity for all Neighbourhoods; Facilities and open spaces should be accessible to all users and should support sport and physical activity across all ages. Enabling those who want to be active, whilst encouraging those who are inactive to become active.

2. Walkable communities; Homes, schools, shops, community facilities, workplaces, open spaces and sports facilities should be within easy reach of each other. Creating the conditions for active travel between all locations.

3. Connected walking & cycling routes; All destinations should be connected by a direct, legible and integrated network of walking and cycling routes. Routes must be safe, well lit, overlooked, welcoming, well-maintained, durable and clearly signposted. Active travel (walking and cycling) should be prioritised over other modes of transport. Prioritising active travel through safe, integrated walking and cycling routes.

4. Co-location of community facilities; The co-location and concentration of retail, community and associated uses to support linked trips should be promoted. A mix of land uses and activities should be promoted that avoid the uniform zoning of large areas to single uses. Creating multiple reasons to visit a destination, minimising the number and length of trips and increasing the awareness and convenience of opportunities to participate in sport and physical activity.

5. Network of multifunctional open space; A network of multifunctional open space should be created across all communities to support a range of activities including sport, recreation and play plus other landscape features including Sustainable Drainage Systems (SuDS), woodland, wildlife habitat and productive landscapes (allotments, orchards). Facilities for sport, recreation and play should be of an appropriate scale and positioned in prominent locations. Providing multifunctional spaces opens up opportunities for sport and physical activity and has numerous wider benefits.

6. High quality streets and spaces; Flexible and durable high quality streets and public spaces should be promoted, employing high quality durable materials, street furniture and signage. Well designed streets and spaces support and sustain a broader variety of users and community activities.

7. Appropriate infrastructure Supporting infrastructure; To enable sport and physical activity to take place should be provided across all contexts including workplaces, sports facilities and public space, to facilitate all forms of activity. Providing and facilitating access to facilities and other infrastructure to enable all members of society to take part in sport and physical activity.

8. Active buildings; The internal and external layout, design and use of buildings should promote opportunities for physical activity. Providing opportunities for activity inside and around buildings.

9. Management, maintenance, monitoring & evaluation; The management, long-term maintenance and viability of sports

facilities and public spaces should be considered in their design. Monitoring and evaluation should be used to assess the success of Active Design initiatives and to inform future directions to maximise activity outcomes from design interventions. A high standard of management, maintenance, monitoring and evaluation is essential to ensure the long-term desired functionality of all spaces.

10. Activity promotion & local champions; Promoting the importance of participation in sport and physical activity as a means of improving health and wellbeing should be supported. Health promotion measures and local champions should be supported to inspire participation in sport and physical activity across neighbourhoods, workplaces and facilities. Physical measures need to be matched by community and stakeholder ambition, leadership and engagement.

APPENDIX 2:

Key information sources

Public Health England have a variety of policy guidance papers on planning with a variety of partners many of which are within the reference list.

Public Health England annually produce a variety of data sets that describe several health and wellbeing related issues. The local authority public health profiles describe public health data for a district area and can be found via the fingertips Public Health England webpages.

Essex Open Data platform is an Essex County Council resource that hosts a variety of data products. These include joint strategic needs assessments and area portraits that describe a variety of wider determinants of health. These can be found on the Essex data webpages.

There are 2 main national data sources that provide information on physical activity; Health Survey for England reports that can be accessed through NHS Digital and the Active Lives survey provided by Sports England and accessible through their website.

Essex Employment and Skills Board produces annual employment and skills district profiles. They produce employment sector specific data sets and can be accessed at via their website.

These can be found via their website.

Many Essex District, Borough and City local authorities have their own strategies for health and wellbeing. These can be accessed via their own council website.

The Essex Health and Wellbeing board has a Countywide strategy which is publicly available. The most recent edition covers 2018-2022.

The Office for National Statistics produce data sets related to many of the wider determinants of health. These can be explored via the ONS webpages.

1. **Essex Open Data:** wealth of information on multiple subjects, from population statistics to organisation strategies including JSNAs.

2. P**HE fingertips;** rich source of indicators across a range of health and wellbeing themes.

3. **Local Health Profiles:** providing reports and maps on public health data in many cases down to small area level.

4. **NOMIS:** a service provided by the Office for National Statistics, ONS, to give you free access to the most detailed and up-to-date UK labour market statistics from official sources.

The Wales Health Impact Assessment Unit has several documents including a health impact assessment framework[66] and quality assurance review package[70]. They also have case studies on HIA that they have been involved with on their webpages.

The NHS London Healthy Urban Development Unit has many documents relating to health and planning including their own rapid HIA tool[69]. They also have guidance on section 106 and developer contributions. These can be found via their webpages.

TCPA have been leading on a programme called 'Reuniting Health and Planning'. From this programme, multiple publications have been delivered through partnership working with local authorities including Essex County Council[75] and local planning authorities in Essex. These can be accessed via the TCPA website.

Information on fast food outlets and access to food is available. Public Health England publish data on numbers of fast food outlets per 100,000 people and the Centre for Diet and Exercise Research (CEDAR) publish information on all food outlets including fast food outlets[76].

NHS commissioners and providers produce many data sets on health and wellbeing. Many Clinical Commissioning Groups and Sustainability Transformation Partnerships (STPs) have their own priorities set out either through operational plans or strategies. They can usually be found via their websites.

NHS digital holds datasets that may help with local health and wellbeing issues. The NHS are working towards their national strategy as described below:

The NHS Long Term Plan

The NHS Long Term Plan was published in January 2019. This document provides details of the plans for the NHS including priorities for the next 5 years and areas for targeted improvement over the next 10 years.

It contains 7 areas of focus with a general description of each area below;

Chapter 1 – looks at how the NHS will develop and deliver new service models of care that provides patients with more support, choice and joined up care

Chapter 2 – looks at how the NHS will support prevention and tackle health inequalities

Chapter 3 – looks at care quality and outcomes for the next 10 years

Chapter 4 – addresses workforce challenges

Chapter 5 – discusses how technology and digital solutions can be supported across the NHS

Chapter 6 – describes how the new financial settlement will support regaining financial stability for the NHS

Chapter 7 – explains next steps of how the plan will be implemented

Details of how the NHS will support social matters such as employment, healthy places and anchor institution development can be found within the appendix of the Long Term Plan.

This checklist provides a useful tool for applying Active Design principles to a specific proposal or measure and assessing the ability to deliver more active and healthier outcomes. The checklist provides an overview of the principles and pointers to best practice found within the guidance.

1. Activity for all

Neighbourhoods; Facilities and open spaces should be accessible to all users and should support sport and physical activity across all ages.
Enabling those who want to be active, whilst encouraging those who are inactive to become active.

- [ ] Are a range and mix of recreation, sports and play facilities and open spaces provided to encourage physical activity across all neighbourhoods?

- [ ] Are facilities and open spaces managed to encourage a range of activities to allow all to take part, including activities for all genders, all ages and all cultures?

- [ ] Are a range of sport and physical activity opportunities specifically targeted at more deprived areas or areas where there are known to be particular health issues?

- [ ] Are varied promotion initiatives and methods directed across peer groups, to seek to reach all members of society and to target hard to reach groups?

- [ ] Are all facilities supported as appropriate by public conveniences, water fountains and, where appropriate, changing facilities to further increase their appeal to all?

- [ ] Do public spaces and routes have generous levels of seating provided?

- [ ] Where shared surfaces occur, are the specific needs of the vulnerable pedestrian taken into account?

2. Walkable communities

Homes, schools, shops, community facilities, workplaces, open spaces and sports facilities should be within easy reach of each other.
Creating the conditions for active travel between all locations.

- [ ] Are a diverse mix of land uses such as homes, schools, shops, jobs, relevant community facilities and open space provided within a comfortable (800m) walking distance? Is a broader range of land uses available within 5km cycling distance?

- [ ] Are large, single purpose uniform land uses avoided?

- [ ] Are walkable communities created, providing opportunities to facilitate initiatives such as walking buses to school, and providing the basic pattern of development to support a network of connected walking and cycling routes (Principle 3)?

Activity
for all

Walkable
communities

3. Connected walking & cycling routes

All destinations should be connected by a direct, legible and integrated network of walking and cycling routes. Routes must be safe, well lit, overlooked, welcoming, well-maintained, durable and clearly signposted. Active travel (walking and cycling) should be prioritised over other modes of transport.
Prioritising active travel through safe, integrated walking and cycling routes.

☐ Does the proposal promote a legible, integrated, direct, safe and attractive network of walking and cycling routes suitable for all users?

☐ Does the proposal prioritise pedestrian, cycle and public transport access ahead of the private car?

☐ Are the routes provided, where feasible, shorter and more direct than vehicular routes?

☐ Are the walking and cycling routes provided safe, well lit, overlooked, welcoming, and well maintained, durable and clearly signposted? Do they avoid blind corners?

☐ Do routes support all users including disabled people?

☐ Are shared pedestrian and cycle ways clearly demarcated, taking the needs of the vulnerable pedestrian into account?

☐ Do walking and cycling leisure routes integrate with the open space and green infrastructure network of the area?

☐ Are sporting facilities fully integrated in this walking and cycling network?

☐ Are informal facilities for physical activity provided, such as Greenline routes?

4. Co-location of community facilities

The co-location and concentration of retail, community and associated uses to support linked trips should be promoted. A mix of land uses and activities should be promoted that avoid the uniform zoning of large areas to single uses.
Creating multiple reasons to visit a destination, minimising the number and length of trips and increasing the awareness and convenience of opportunities to participate in sport and physical activity.

☐ Does the proposal promote a mix of land uses and the collocation and concentration of key retail, community and associated uses?

☐ Are sports facilities and recreational opportunities prominently located?

☐ Are multiple sporting facilities located in one place, to allow choice of activity?

5. Network of multifunctional open space

A network of multifunctional open space should be created across all communities to support a range of activities including sport, recreation and play plus other landscape features including Sustainable Drainage Systems (SuDS), woodland, wildlife habitat and productive landscapes (allotments, orchards). Facilities for sport, recreation and play should be of an appropriate scale and positioned in prominent locations.

Providing multifunctional spaces opens up opportunities for sport and physical activity and has numerous wider benefits.

☐ Does the open space provided facilitate a range of uses?

☐ Are the sports and recreation facilities provided designed in accordance with best practice guidance?

☐ Are the sports and recreation facilities appropriately designed and located in relation to neighbouring uses?

☐ Does the open space provide an accessible setting for development?

☐ Does the open space link to existing networks and walking and cycling routes?

6. High quality streets and spaces

Flexible and durable high quality streets and public spaces should be promoted, employing high quality durable materials, street furniture and signage.

Well designed streets and spaces support and sustain a broader variety of users and community activities.

☐ Are streets and spaces which are provided of a high quality, with durable materials, street furniture and signage?

☐ Is appropriate provision made to promote access to, and activity by, all users including providing safe route ways for vulnerable pedestrians?

☐ Is the new civic space of an appropriate scale and proportion to allow a range of possible functions?

7. Appropriate infrastructure

Supporting infrastructure to enable sport and physical activity to take place should be provided across all contexts including workplaces, sports facilities and public space, to facilitate all forms of activity.

Providing and facilitating access to facilities and other infrastructure to enable all members of society to take part in sport and physical activity.

☐ Are public toilets, showers and changing facilities provided? Are these accessible and usable by all potential users?

☐ Are drinking fountains provided?

☐ Is there a multitude of seating options provided? Is the seating provided accessible to all?

☐ Is safe and secure cycle parking provided for all types of cycles including adapted cycles and trikes?

☐ Is Wi-Fi provided in facilities and spaces?

☐ Is safe and secure pushchair storage provided where appropriate?

8. Active buildings

The internal and external layout, design and use of buildings should promote opportunities for physical activity.
Providing opportunities for activity inside and around buildings.

☐ Are buildings well located in relation to surrounding walking and cycling routes, with direct access by these modes prioritised over access by vehicular modes?

☐ Is the use of stairs promoted (over the lift) utilising signage and creating spacious and clean stairwells that are welcoming? (This should be balanced with the need to ensure lifts are easily accessible for those who cannot use the stairs)

☐ Within the workplace, have methods to promote natural physical activity been explored such as using sit-stand desks?

☐ Have innovative design features within buildings and surroundings which encourage activity e.g. feature staircases, cycle access ramps or other architectural features been utilised?

☐ Have buildings been designed to provide appropriate amounts of internal space for rooms along with circulation and external space?

9. Management, maintenance, monitoring & evaluation

The management, long-term maintenance and viability of sports facilities and public spaces should be considered in their design. Monitoring and evaluation should be used to assess the success of Active Design initiatives and to inform future directions to maximise activity outcomes from design interventions.
A high standard of management, maintenance, monitoring and evaluation is essential to ensure the long-term desired functionality of all spaces.

☐ Has the long term management and maintenance of a development or facility been considered to ensure the facility remains sustainable over a long-term?

☐ Have alternatives to local authority management of public realm, streets, spaces and formal open space been considered?

☐ Have issues such as the servicing of grass pitches, the impact of noise, floodlighting or vehicular access been considered?

☐ Do the management of facilities target the broadest possible range of users, with particular emphasis on disadvantaged groups?

☐ Have programs for monitoring and evaluating the success of initiatives been established?

10. Activity promotion & local champions

Promoting the importance of participation in sport and physical activity as a means of improving health and wellbeing should be supported. Health promotion measures and local champions should be supported to inspire participation in sport and physical activity across neighbourhoods, workplaces and facilities.

Physical measures need to be matched by community and stakeholder ambition, leadership and engagement.

- ☐ Has the stakeholders and organisations prioritised the promotion of sport and physical activity across all of their activity?

- ☐ Has a broad program of events been established in the area associated with new facilities?

- ☐ Has the scope of new technology and social media been explored in terms of promoting activities or encouraging activity?

- ☐ Have local champions been identified to help ensure the sport and physical activity benefits of the development will be realised and will the local champions be adequately supported?

Thanks to Countryside Properties

APPENDIX 4:

**WHIASU vulnerable/disadvantaged groups checklist
(used with permission with additions)[66]**

Age related groups	• Children and young people • Older people
Income related groups	• People on low income • Economically inactive • Unemployed/workless • People unable to work due to ill-health
Groups who suffer discrimination or other social disadvantage	• People with physical disabilities • People with learning disabilities • People with mental ill-health • Refugee groups • People seeking asylum • Gypsy and Traveller groups • Single parent families • Lesbian, gay, bisexual or transgender people • Black and Minority ethnic groups (may need to specify) • Religious groups (may need to specify)
Geographical groups economic and/or health indicators	• People living in areas known to exhibit poor economic and/ or health indicators • People living in isolated or over populated areas • People unable to access services and facilities

This is a guide and not an exhaustive list. The target groups identified as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example, children living in poverty.

This list is therefore just a guide and it may be appropriate to focus on groups that have multiple disadvantages.

The impact on the general adult population should also be assessed. In addition, it may be appropriate to assess the impact separately on men and women.

Main contacts for health and wellbeing

In recent years knowing who to contact to get advice on healthy environments and healthcare infrastructure has been a challenge due to changes in the health care system. Previously Public Health teams were a speciality within the NHS and could be contacted to provide advice. As Public Health is now no longer the responsibility of the NHS, and with 2 bodies having responsibility for Public Health advice, this has often caused a lack of clarity over who to contact. In addition, NHS healthcare systems underwent change with Primary Care Trusts (PCT's) becoming Clinical Commissioning Groups (CCG's) and in Essex, as a 2-tier authority, health and Public Health did not align with Local Authority Planning authority boundaries.

Public Health commissions many services that impact on the wider determinants of health. These are delivered through commissioned healthcare providers and partners. Some are statutory services such as health checks and others are non-mandated.

CCGs buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations or private sector providers. This means better care for patients, designed with knowledge of local services and commissioned in response to their needs. They commission a wide range of services including mental health services, urgent and emergency care, elective hospital services, and community care. CCGs are responsible for about 60% of the NHS budget, they commission most secondary care services, and play a part in the commissioning of GP services (co-commissioning). The types of services commissioned by CCGs include; Planned hospital care, Rehabilitative care,

Urgent and emergency care (including out-of-hours and NHS 111), Most community health services, Mental health services, Learning disability and/or autism services

NHS England commissions primary care services, for example GPs, dentists and opticians. Although, for GPs (primary medical services) this is devolved to most CCGs through primary care co-commissioning. NHS England also directly commissions 'specialised' services (such as treatments for rare conditions and secure mental health care), military and veteran health services and health services for people in prisons (including youth offender institutions). Some public health services are also directly commissioned by NHS England

Public Health works in collaboration with organisations that commission and provide other health services including NHS England, Clinical Commissioning Groups (CCG's), Primary Care, NHS Trusts, Foundations Trusts, private providers, voluntary providers and NHS providers in the community.

NHS commissioners include Clinical Commissioning Groups and NHS England. These groups work with providers such as General Practitioners (GP's) and hospitals to ensure the delivery of healthcare to residents. The estates and infrastructure associated with these commissioners and providers is complex with many stakeholders involved. Main contacts for health are provided later in this document.

Healthcare delivery is changing at an incredible pace with an increased use of digital technology, changes in models of care and the transformation of services. Current visions look at multi-functional spaces that provide a variety of services with different providers as part of co-located provider modelling but predictions for delivery over

future years makes it difficult to know the exact requirements for health infrastructure because of this speed of change.

Below is a selection of health and wellbeing organisations that should be considered:

Public Health

- In Essex, the primary source of advice on population health, health improvement and poor health prevention across all residents is the Directors for Public Health and their Public Health teams.

- They also lead on the production of the 3 yearly pharmaceutical needs assessment for the Health and Wellbeing Board.

- Policy, strategy, evidence, data and intelligence on population health including health inequalities can be signposted to by the team.

- Public Health teams will be able to advise on the requirements of HIA and, where capacity allows and is appropriate, support the review of a submitted HIA.

- Greater Essex has 3 Directors of Public Health – 1 for Essex County Council covering the 12 District, Borough and City councils within the county council administrative boundary, 1 for Southend Unitary Council and 1 for Thurrock Unitary Council.

- For cross-border developments, you should engage with all relevant Public Health teams.

- Each planning authority at a District, Borough and City level has a local Public Health Practitioner who may be able to provide advice, guidance or signpost to help on planning and health matters, and should be the first contact for local Public Health matters. They can be contacted via their local planning authority.

- The NPPF and associated planning guidance advises that local public health

teams and the Director of Public Health is contacted to ensure that health and wellbeing priorities are considered in any plan-making or planning decision making.

Social Care

- Essex County Council and both Southend and Thurrock councils are responsible for social care.

- Essex County Council adult social care team support the use of independent living guidance[12] and the Essex Design Guide[13]

- Social care commissioning teams can be contacted via their relevant authorities.

Active Essex

- The strategic lead partnership for physical activity and sport, part funded by Sport England. Working with key stakeholders with physical activity and sport sector, linking partners from statutory agencies through to grass roots.

- 14 Active Networks are in place, facilitated by Active Essex, to linking communities in this work. There is a locality manager that provides support to specific geographies in Essex and can be contacted via Essex County Council.

Sport England

- Sport England are an executive non-departmental public body, sponsored by the Department for Digital, Culture, Media and Sport.

- Their aim is to help and encourage people and communities to increase their levels of physical activity and become physically active for life.

- They have a responsibility to protect existing sports provision. They are a statutory consultee for planning applications that affect playing fields in England.

- There are 2 key documents that give the direction for sports and physical activity; Sporting Future is the government's strategy for sport and the Sport England strategy 'Towards an Active Nation'.

Environmental Health and Protection

- Environmental Health and Protection advice including industrial pollutants and health is the responsibility of teams that sit within District, Borough and City Councils within Essex. This function sits within unitary authorities.

- These expert teams can be contacted for advice on issues, monitoring and follow-up of environmental health issues.

- These include air quality, noise, land contamination, statutory nuisance and water.

- They have multiple legislative powers including those around planning obligations, conditions, monitoring and enforcement that Local Authority Public Health teams do not possess regarding human health protection.

Public Health England (PHE)

- PHE are an independent executive organisation of the Department of Health.

- They are an advisory body for matters relating to Public Health with national coverage. They have regional teams that support local Public Health teams and are a source of advice and guidance.

- PHE are responsible for national health protection. In addition, they are also responsible for improvements to the health of the population.

- In addition, the PHE Centre for Radiation, Chemicals and Environmental Hazards (CRCE) provides independent assessment and review of environmental protection issues. This includes scientific and technical advice and guidance in planning.

Clinical Commissioning Groups and Sustainability Transformation Partnership's (CCG's and STP's)

- CCG's are NHS bodies that are responsible for planning and commissioning of health services for their local population. They commission the majority of secondary, community and primary care service in their area.

- Many CCG's have now taken on delegated responsibility for their primary care estate and infrastructure planning. This was previously the responsibility of NHS England.

- New models of care, aligned to the FYFV14, are being developed by Sustainability and Transformation Partnerships (STP's). These partnerships are formed of a range of stakeholders from within the Health Economy and Local Authority to transform the way in which services are delivered. These groups have their own vision, priorities and work streams to achieve improved outcomes for patients.

- In Essex County, there are 5 CCG's- North East Essex, Mid-Essex, Basildon and Brentwood, West Essex and Castle Point and Rochford. There is 1 CCG in Southend Unitary and 1 CCG in Thurrock Unitary. There are 3 STP's- North Essex and Suffolk, West Essex and Hertfordshire and Mid and South Essex.

- In addition, there are secondary care providers, commissioned providers and specialist services that have estate and infrastructure.

NHS England (NHSE)

- NHS England lead the NHS in England and are responsible for setting the priorities and direction for the NHS.

- They commission the contracts for GP's, pharmacists and dentists. They provide support to CCG's.

- NHS England commissions specialist services, primary care (in areas where the CCG is not joint or fully delegated), some public health services, offender healthcare and some services for the armed services.

- It has 5 regional teams covering the country. Each regional team is split into several Director of Commissioning (DCO) offices. The DCO for Essex is NHS England Midlands & East (East).

- The NHS England Midland & East (East) DCO estates team covers Cambridgeshire and Peterborough, Norfolk, Great Yarmouth and Waveney, Suffolk and Essex.

Strategic Estates Planning Team

- Strategic Estates Advisors work for NHS Improvement with all health partners to support them with their Strategic Estates plans.

- They provide strategic estates advice to support the NHS and public sector around estates strategies.

- They are members of the estates groups which provide support to local healthcare teams when responding to planning policy documents.

East of England Ambulance Trust

- NHS ambulance services are provided across Essex by the East of England Ambulance Trust.

- They provide emergency and non-emergency transport across the East of England region.

Community and voluntary sector

- Community and voluntary sector organisations work across Essex, Southend and Thurrock.

- These organisations support a variety of different groups including volunteers and community groups across the area.

- They tend to be district based and can be contacted through their own individual websites.

Healthwatch

- Healthwatch is an independent organisation.

- They represent residents' views around health and social care services.

- More details of what they do can be found on their website.

- Local Healthwatch teams are recognised as a point of contact within Planning Policy Guidance.

Essex Health Impact Assessment Checklist

Instructions for completion of the Rapid HIA form (adapted from HUDU Rapid Health Impact Assessment tool- 3rd edition, April 2017[69] and WHIASU health impact assessment tool[66])

The HIA must be linked to local health evidence as signposted to above. Final recommendations must be linked to this evidence so it is clear as to the potential impacts.

Specific groups are identified in a number of questions, however other groups may be impacted so should be considered in responses for all questions - please see appendix 4.

Detail should include a brief description as applicable. If not relevant to your project, please state this.

Potential impact on health and wellbeing should be either assessed as overall positive, negative or neutral.

The length of the effect should be described as temporary i.e. will cease or permanent. If temporary, please give an estimate of time scale.

Action should describe what mediation and/or mitigation measures will be put into place. This will include removal of the effect if possible. If unsure of what actions should be put in place, please state this.

Name of assessor	Date	
Project name		
Planning application reference		
Location of site with postcode		
Pre-app advice given from Public Health and/or Health partners	Yes	No
Livewell Developer Accreditation or Quality Panel reviewed?	Yes	No

Active environments and active design principle application

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Has the Active Design Principles checklist been completed? If no, please complete						
Is there a mix of formal and informal physical activity, sporting and play space in the development?						
Has appropriate additional infrastructure to support these spaces been provided that promote inclusivity and accessibility? Please state what.						
Are play spaces suitably located within the development at an acceptable active travel distance? Please state what this is.						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Are measures around personal safety incorporated across the public realm such as signage, lighting and layout of spaces?						
Are all spaces designed to ensure that the environments are inclusive and accessible across all ages?						
Is walking, wheelchair use, cycling and scooting designed to be the principal modes of travel in the development and prioritised over motorised transport?						
What additional infrastructure including storage has been provided to support these modes?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Are distances to spaces within an acceptable distance for using active travel? Please state these distances.						
Does the development ensure connectivity of walking, cycling, scooting routes internally and to existing routes off site?						
Is social infrastructure such as schools, shops and community spaces accessible a reasonable distance for active travel within the development for residents?						
Have routes considered distance to local employment centres and ensured active travel routes are part of this consideration (where applicable)?						
Have travel plans been developed for construction and operational phases of development?						

Design of homes and neighbourhoods

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Is there a mix tenure of homes and at an adequate density? Please state.						
Are homes designed to be adaptable for health and wellbeing issues across the life course? Please state.						
What percentage of the development is affordable?						
What schemes are being promoted to support affordable housing?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
During which specific phase/s will affordable homes be released?						
Has the housing been built to BFL12 design standard, lifetime homes or another recognised standard?						
Has the scheme been awarded any design accreditation? If so, please state.						
Have lifetime neighbourhood principles been followed?						
Have principles such as dementia friendly been used?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Are homes and spaces designed to support those with a physical disability or sensory or visual impairment?						
Has any specialist housing integrated across the development? If yes, please state types.						
Has a 'designing out crime' or secured by design standard been used?						
Has the development been designed to ensure accessibility and mobility is inclusive? If yes, how?						
Has the development site used the Essex Design Guide, GC principles or other recognised design guide/ principles/code (please state)?						

Access to open, green and blue space

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Are there accessible inclusive open spaces within the development?						
If open space has been lost through the proposed development, how has this been compensated?						
Is there a mix of open space throughout the development i.e. formal and informal?						
Are the open spaces overlooked and consider personal safety through infrastructure such as lighting?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Are elements to support public realm included such as clear, inclusive signage and street furniture?						
Do spaces support of those with visual or sensory impairment? Please state						
Do spaces support those with mobility issues? Please state						
Has the open space incorporated green infrastructure? If so, how?						
Has the open space incorporated blue infrastructure? If so, how?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Has local stewardship been considered for these open spaces? Please state how						
Has community input been part of the planning proposal for spaces? Please state engagement process						
Are the open spaces connected to provide a network of multifunctional open spaces within the development and which connect to existing external open spaces?'						

Supporting communities and lifetime neighbourhoods

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Are community buildings provided and are they inclusive and accessible to all including signage on site?						
Have traffic calming measures been integrated to support pedestrian and cyclist safety?						
Has personal safety been considered through infrastructure and design?						
Are public spaces accessible to all including those with mobility issues or physical disability or visual or sensory impairment?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Have dementia friendly concepts been designed into the development?						
Has public realm been integrated with open spaces to ensure community integration including infrastructure?						
Has a community engagement strategy been developed and input from community given?						
Will residents receive information on community activities and signposting when they take ownership of their property?						
Will the development have a community development officer?						

Access to healthier food environments

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Does the development provide opportunity for allotments, community food growing shared spaces or own food growth?						
Does the proposal include onsite food facilities such as hot food takeaways, supermarkets, local shops and markets?						
Is the development within adequate active travel to the above or other local food facilities?						
Are there opportunities for access to purchase locally produced foods including local farmers or community markets?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Do the local food facilities provide infrastructure for cycling/ scooting and electric car charging points?						
Does the LA have a restriction on fast food outlets?		If yes – complete additional A5 checklist				
Does this development include fast food and/or A5 classed shop/s?		If yes – complete additional A5 checklist				
What percentage of primary shop frontage will be fast food/A5 class?						

Education, employment and skills

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Is there a school/s included in this proposal? Please see EDG schools section for advice on health and wellbeing considerations						
Does the proposed development include employment or commercial space?						
Is there an employment strategy being developed as part of this proposal?						
Does the proposed employment support local employment strategies/ identified skills gaps/ provide training opportunities?						

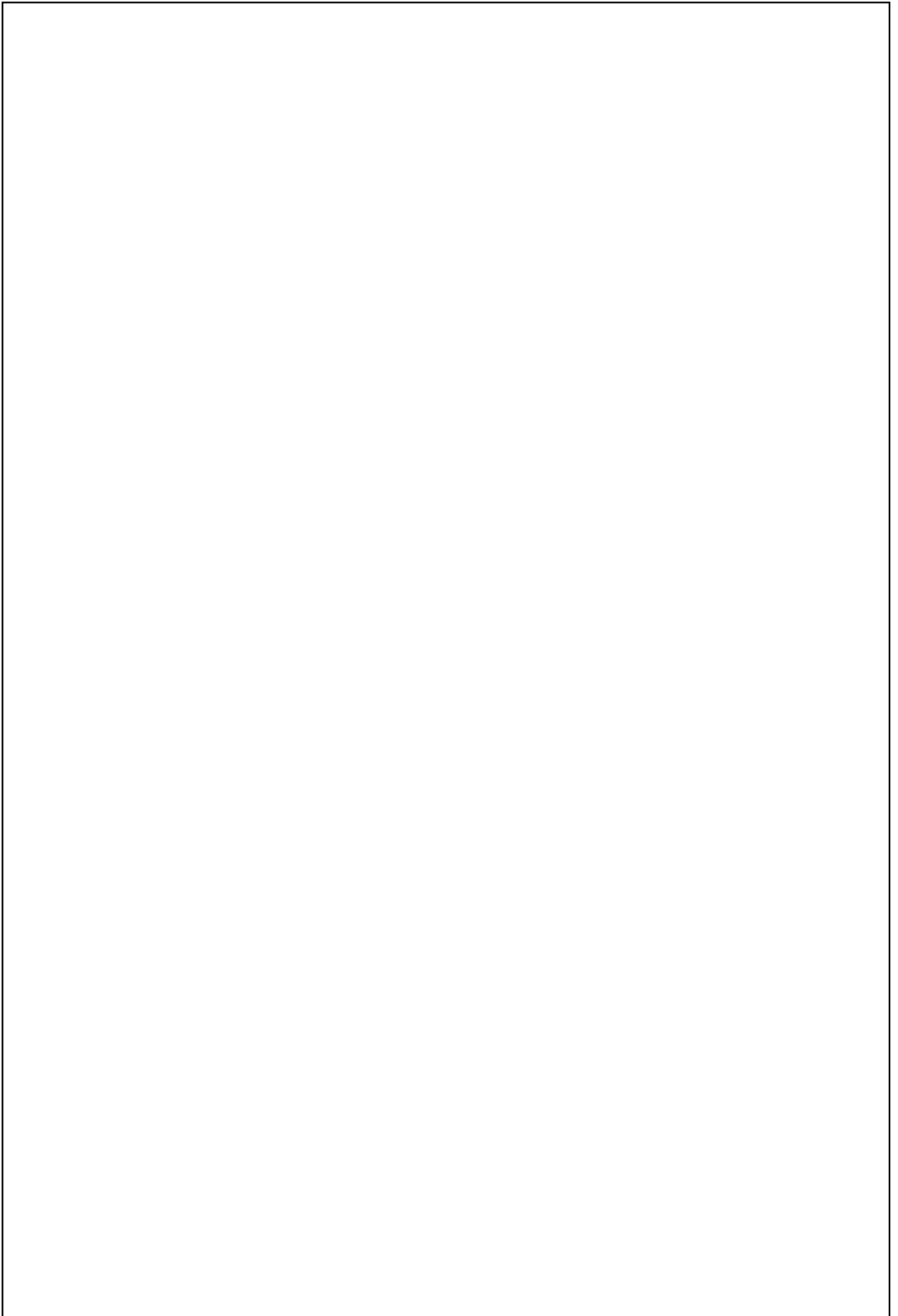| Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Does the construction phase provide opportunities for local employment including supply chain? How?						
Have local childcare and nurseries been considered as part of this development and the early years at the appropriate Council been contacted?						
Do employment spaces have infrastructure to support active travel to site included? Specify.						
Has the proposal got an agreed education provision with local education providers?						
Is there active travel/ passenger/ public transport services links to local schools, health care facilities and centres for employment?						

Access to healthcare infrastructure

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Has NHS England Estates, the STP estates team or the CCG with designated responsibility for estates been consulted on healthcare infrastructure plans at preapplication stage? If no, please contact the relevant team						
Has the development ensured that the wider, cumulative impact on the health system has been considered? If so, how?						
Has the development considered the access and infrastructure needs of emergency services? Please state how						
Has consideration been given to local capacity for dental, pharmacy and other health providers? If so, how?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Does the designated health space have the capacity for modular growth?						
Does the designated space have multifunctional spaces within it for use of the community?						
Has the funding for this health space already been agreed and a business case started with the appropriate NHS body?						
Are local health care facilities within an acceptable distance and accessible via active travel? If not, how are these to be accessed?						
Have travel plans been developed for construction and operational phases of development?						

Environmental sustainability

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Is there an environmental statement for this proposal?						
Has Environmental Health, Environment Agency or Public Health England had input into the development and provided advice on environmental issues including construction phase?						
Are homes designed to minimise energy use through insulation measures and standards?						
Do homes and spaces support hot weather including areas for shade and cooling?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Do urbanised centres include measures to minimise heat island effects?						
Have travel plans for construction phase been developed?						
Does the development promote the use of clean fuel/lower emission HGV's during construction?						
Has frequency of HGV's on local traffic been considered and if so, how?						
Have travel plans for the operational phase been developed?						

Criteria for assessment	Yes or no	Comment	Potential impact on health and wellbeing	Length of effect	Vulnerable groups impacted	Mitigation
Do urbanised centres include measures to minimise heat island effects?						
Have travel plans for construction phase been developed?						
Does the development promote the use of clean fuel/ lower emission HGV's during construction?						
Has frequency of HGV's on local traffic been considered and if so, how?						
Have travel plans for the operational phase been developed?						

Recommendations from HIA (this section must be completed-if left blank, the HIA will be rejected by the case officer)

Example of A5/hot food takeaway checklist (for use in areas with restriction policies)

Name of applicant/ business		
Address including postcode of premises		
Assessment	Yes	No
Are you a fixed site premises?		
Is this proposal within 400 metres of a primary school?		
Is this proposal within 400 metres of a secondary school?		
Are your opening hours before school?		
Are your opening hours at school lunch hours?		
Are your opening hours immediately after school?		
Is this proposal within 400 metres of green space/park/play-space/ community centre where children regularly socialise?		
Do you offer healthier food choices or have signed up to the Essex Tuck In healthier eating scheme?'		
Do you give permission to be contacted about the Tuck In and on how to sign-up to such a scheme? If yes, please provide contact details which will be passed on to the appropriate team.		

1. Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948

2. Kings Fund (no date) Broader determinants of Health: Future Trends ; part of Time to Think Differently

3. Tountas (2009) The historical origins of the basic concepts of health promotion and education: the role of ancient Greek health promotion and medicine. Health Promotion International, Volume 24, Issue 2, 1 June 2009. Open paper

4. Dalgren and Whitehead (2007) European strategies for tackling social inequities in health: Levelling up Part 2. WHO Collaborating Centre for Policy Research on Social Determinants of Health. University of Liverpool

5. Barton and Grant (2006) A health map for local human habitat.RSPH Perspectives in Public Health 126:6:November 2006

6. Marmot, Allen, Goldblatt, Boyce, McNeish, Grady et al (Marmot Review (2010) Fair Society, Healthy Lives. The Marmot Review. Strategic review of health inequalities in England post 2010

7. Ministry of Housing, Communities and Local Government (2018) National Planning Policy Framework. Updated 2019

8. Ministry of Housing, Communities and Local Government (2014) Healthy ad Safe Communities: Guidance on promoting healthy and safe communities (updated 2019).

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NHS

London Healthy Urban Development Unit

HUDU Planning for Health

Healthy Urban Planning Checklist
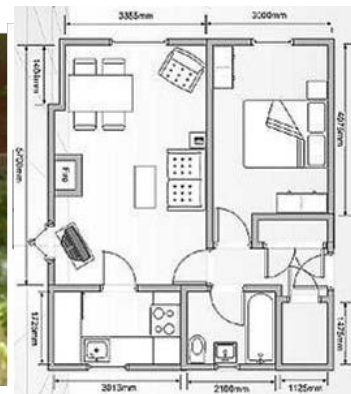
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Purpose of the checklist

The checklist aims to promote healthy urban planning by ensuring that the health and wellbeing implications of local plans and major planning applications are consistently taken into account. By bringing together planning policy requirements and standards that influence health and wellbeing the checklist seeks to mainstream health into the planning system.

The checklist was originally developed in 2012 by representatives from the six London Olympic and Paralympic Host Boroughs, the local NHS, the NHS London Healthy Urban Development Unit, Greater London Authority and Groundwork London. This third edition has been fully updated to be consistent with The London Plan, the Spatial Development Strategy for London consolidated with alterations since 2011, published in March 2016. This will be referred to simply as the London Plan 2016. From this date, the formal alterations to the London Plan form part of the statutory development plans for London Boroughs.

Who is the checklist for?

The National Planning Policy Framework (March 2012) promotes a collaborative approach to health and planning whereby local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population and the barriers to improving health and well-being (paragraph 171). The supporting online Planning Practice Guidance refers to the use of health impact assessment as a useful tool to assess the impacts of development proposals.

The checklist supports this collaborative approach and encourages different stakeholders to work together to address the health impacts of plans and development proposals. As such, the checklist could be used by:

- Developers, to screen and scope the health impacts of development proposals;
- Planning officers, to help identify and address the health impacts of plans and development proposals;
- Public health and environmental health professionals, to comment and scrutinise plans and development proposals;
- Neighbourhood forums, community groups and housing associations to comment on major planning applications to help foster community engagement

To create and develop healthy and sustainable places and communities, the Marmot Review of Health Inequalities in England 'Fair Society Healthy Lives' recommends that the planning system should be fully integrated with transport, housing, environmental and health policy.

Therefore, the checklist will also be of interest to environmental health officers concerned with environmental impacts and risks, transport planners concerned with promoting active travel and housing officers seeking to ensure that new housing is affordable and accessible.

What is healthy urban planning?

Healthy urban planning aims to promote healthy, successful places for people to live and work in. This can be achieved by providing the homes, jobs and services that people need, reducing environmental risks and delivering well designed buildings and urban spaces which will create the conditions for healthy, active lifestyles. In addition to access to healthcare services, a number of other factors are known to influence a person's health status and lifestyle, including economic, environmental and social conditions. These factors are referred to as the wider or social determinants of health.

Healthy urban planning seeks to highlight and promote the role of planning to influence these social determinants of health. In many ways, planners already 'do' health, by promoting sustainable development and travel, enhancing green spaces, reducing pollution and protecting residential amenity. However, healthy urban planning goes further by explicitly recognising the role of planning and by using health issues as a way to promote good planning and design and raise standards. Poorly planned and designed buildings and spaces could deter healthy lifestyles and exacerbate poor physical and mental health. The principles of healthy urban planning apply to both new development and urban regeneration programmes such as housing estate renewal schemes.

Local authorities are responsible for a number of regulatory functions, which are separate from planning controls, such as building regulations, traffic regulations, environmental protection and a range of licensing regimes. The checklist refers only to planning controls, although other regulatory controls, particularly environmental protection, food premises licensing and traffic regulations are closely related and required in order to achieve a 'healthy' development.

Urban design and healthy urban planning

Healthy urban planning means good planning and high quality urban design. Good design and good planning can help reduce health care costs over time by preventing ill-health from risks attributed to urban planning, including air pollution, road injuries, worklessness and poor housing. Good design also generates financial, social and environmental value. A well designed 'healthy' development will add economic value by increasing sales and lettings of residential units and producing higher returns on investment.

'Active Design' is a key element of healthy urban planning. Design has a crucial role to support activity in buildings and places in response to rising levels of obesity and related chronic diseases. New York City has produced Active Design Guidelines, which provides guidance on creating healthier buildings, streets, and urban spaces. The Guidelines demonstrate that active design will help to reduce energy consumption, increase sustainability, and be cost effective. It is recognised that active design can also address mental health and wellbeing.

Bringing together policy requirements, standards and assessments

The checklist aims to bring together key policy requirements and standards, which influence health and wellbeing to assist the decision-making process. A 'healthy' development can be achieved when these requirements and standards are met and exceeded.

The London Plan 2016 provides a strong policy framework for integrating health and spatial planning. It seeks to improve health and address health inequalities by requiring new developments to be designed, constructed and managed in ways that improve health and promote healthy lifestyles to help to reduce health inequalities (Policy 3.2).

The checklist refers to London Plan policies and standards set out in Mayoral supplementary planning guidance, notably the quality and design standards in the Housing Supplementary Planning Guidance (2016). This guidance updates London housing standards to reflect the implementation of the Government's new national technical standards. In addition to these standards the checklist also includes good practice standards which seek to 'raise the bar' and demonstrate that a development has fully considered health and wellbeing issues.

There are a range of national standards and assessments which when used together constitute healthy urban planning, such as the Housing - Optional Technical Standards, Lifetime Homes and Lifetime Neighbourhoods, Building for Life and Secured by Design. These assessments are illustrated in Figure 1.

Figure 1 – Assessments and standards

Much of the information needed to complete the checklist will be contained in documents submitted with a planning application required to validate the application (see Table 1 below). The checklist seeks to bring together existing information and assessments to demonstrate that health, as a material planning consideration, has been addressed.

Table 1 - Planning application information requirements

	Air Quality assessment	Biodiversity and ecology report	Housing Optional Technical Stand's	Design and Access Statement	Flood risk assessment	Landscaping Strategy	Noise impact assessment	Open space assessment	Planning Statement	Regeneration statement	Retail impact assessment	Sustainability statement	Transport Assessment and Travel Plan
Healthy homes			✓	✓					✓	✓		✓	
Active Travel				✓					✓				✓
Healthy environment	✓	✓	✓		✓	✓	✓	✓	✓			✓	
Vibrant neighbourhoods				✓		✓			✓	✓	✓		

The Growth and Infrastructure Act 2013 introduced measures to speed up the planning application process. The amount of information submitted with a planning application has been reduced to a 'reasonable' level and design and access statements are now only required for major applications.

When to use the checklist?

The [Mayor of London's Social Infrastructure Supplementary Planning Guidance (May 2015)](#) describes three types of health impact assessment (HIA): a 'full' HIA involves comprehensive analysis of all potential health and wellbeing impacts; a 'rapid' HIA is a less resource intensive process, involving a more focused investigation of health impacts; and a 'desktop' assessment which draws on existing knowledge and evidence, often using published checklists. It suggests that the Healthy Urban Planning Checklist could be used as a 'desktop' assessment tool.

The checklist can be used to ensure that health and wellbeing issues are embedded into local plans, masterplans and major planning applications.

The checklist should be customised for local use to reflect local circumstances and priorities and could be used:

- as part of a Local Plan review to ensure that health and wellbeing issues are identified and addressed
- to screen possible health impacts as part of Health Impact Assessment, Integrated Impact Assessment or Environmental Impact Assessment processes
- to accompany a planning application, subject to local policy guidance and validation requirements
- by internal and external consultees to comment on and scrutinise major development proposals
- to help develop a neighbourhood plan and neighbourhood 'health' projects.

It is important that the use of the tool is monitored and evaluated. The checklist could be periodically reviewed by local health and wellbeing boards and recommendations could outline where further evidence is needed, using the Joint Strategic Needs Assessment or action supported by wider public health initiatives. The [Public Health Outcomes Framework](#) could be used to measure impacts and assess the effectiveness of the checklist. At a local level, the checklist should be updated by local authority planning departments to ensure that the national, regional and local policy and guidance references are up to date.

Neighbourhood planning

Neighbourhood planning was introduced as part of the Localism Act 2011. In London, neighbourhood forums can draw up a neighbourhood development plan. A proportion of Community Infrastructure Levy (CIL) funding can be spent on local community priorities. Therefore, local communities have a greater opportunity to shape local policy and infrastructure priorities and influence development proposals. This checklist could be used to help develop a neighbourhood plan, including identifying possible neighbourhood CIL 'health' projects and as a resource to help community groups comment on a planning application.

## The planning application process

It is intended that the checklist should be applied to major development proposals comprising 10 or more residential units (or a site area of 0.5 hectares or more), or 1,000 square metres or more of non-residential floorspace (or a site area of 1.0 hectares or more). The checklist is most effective when used throughout the lifecycle of a development proposal from pre-application discussions to the determination of a planning application. At the pre-application stage, there is more scope to influence the design, layout and composition of a development proposal.

For large scale development proposals a Health Impact Assessment (HIA) may be required, with a full assessment providing information on health needs and priorities, including

community engagement, and setting out a detailed assessment of health impacts and proposed mitigation and enhancement measures. For large scale development proposals such as strategic planning applications referred to the Mayor of London, it is recommended that other assessment tools, such as the HUDU Rapid HIA Tool is used.

Figure 2 below illustrates how the checklist could be used as part of the planning application process. Three key areas where the checklist could be used are highlighted.

Figure 2 - the planning application process

　　　　　　　　　　Healthy Urban Planning Checklist
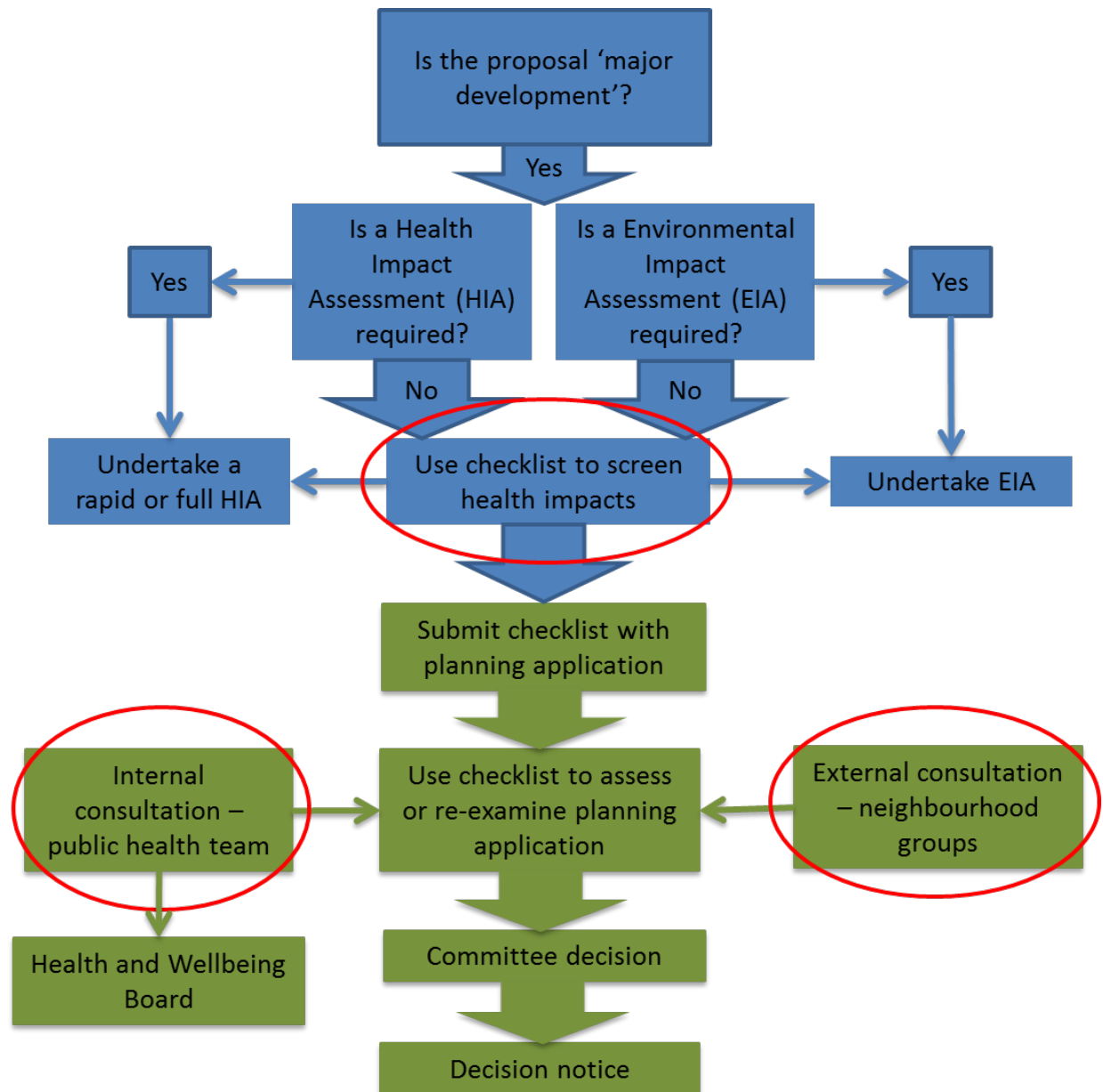
How to use the checklist

The checklist is divided into four themes. Each theme contains a number of questions focused on a planning issue. Under each theme there are a number of related health and wellbeing issues many of which are identified in local joint strategic needs assessments and health and wellbeing strategies, such as those related to:

- Obesity and diseases related to physical inactivity and poor diet
- Excess winter deaths
- Air and noise pollution
- Road safety
- Social isolation

Theme	Planning issue	Health and wellbeing issue
1. Healthy housing	- Housing design - Accessible housing - Healthy living - Housing mix and affordability	- Lack of living space - overcrowding - Unhealthy living environment – daylight, ventilation, noise - Excess deaths due to cold / overheating - Injuries in the home - Mental illness from social isolation and fear of crime
2. Active travel	- Promoting walking and cycling - Safety - Connectivity - Minimising car use	- Physical inactivity, cardiovascular disease and obesity - Road and traffic injuries - Mental illness from social isolation - Noise and air pollution from traffic
3. Healthy environment	- Construction - Air quality - Noise - Contaminated land - Open space - Play space - Biodiversity - Local food growing - Flood risk - Overheating	- Disturbance and stress caused by construction activity - Poor air quality - lung and heart disease - Disturbance from noisy activities and uses - Health risks from toxicity of contaminated land - Physical inactivity, cardiovascular disease and obesity - Mental health benefits from access to nature and green space and water - Opportunities for food growing – active lifestyles, healthy diet and tackling food poverty - Excess summer deaths due to overheating
4. Vibrant neighbourhoods	- Healthcare services - Education - Access to social infrastructure - Local employment and healthy	- Access to services and health inequalities - Mental illness and poor self-esteem associated with unemployment and poverty - Limited access to healthy food linked to obesity and related diseases - Poor environment leading to physical

Theme	Planning issue	Health and wellbeing issue
	workplaces • Access to local food shops • Public buildings and spaces	inactivity • Ill health exacerbated through isolation, lack of social contact and fear of crime

It may be the case that not all the issues and questions will be relevant to a specific plan or development proposal and the user should select and prioritise the issues accordingly. Some issues may be directly related to an individual development, others may be relevant at a neighbourhood level where the cumulative impact of development can contribute to a healthy neighbourhood.

Each section summarises the impact on health. Under each theme, key questions are asked linked to policy requirements and standards. The checklist identifies why each issue is important to health and wellbeing. An appendix providing general policy references and sources of evidence is provided. This should be supplemented with local information.

The checklist aims to ensure a development proposal is as 'healthy' as possible, by achieving as many 'Yes' ticks and avoiding 'No's. A 'No' gives a warning that an aspect of a development may need to be reconsidered. Local circumstances may justify why a scheme cannot meet the expected standard.

Where the response to a question is unclear or not known, more information may be required. The checklist can stimulate discussions and negotiations on planning applications, supported by internal and external consultation and supporting information, for example from public health officers.

Note on Code for Sustainable Homes and Lifetime Homes Standards

Following the technical housing standards review, the Government has withdrawn the Code for Sustainable Homes, aside from the management of legacy cases.

Legacy cases are those where residential developments are legally contracted to apply a code policy (e.g. affordable housing funded through the national Affordable Housing Programme 2015 to 2018, or earlier programme), or where planning permission has been granted subject to a condition stipulating discharge of a code level, and developers are not appealing the condition or seeking to have it removed or varied. In these instances, it is possible to continue to conduct code assessments.

Details of the new approach to the setting of technical housing standards in England were announced on 27 March 2015 and a new set of streamlined national technical standards were published. The Code for Sustainable Homes is now no longer Government policy and has been archived.

Healthy Urban Planning Checklist

The Government has also withdrawn the Lifetime Homes concept. However, many local planning policies will continue to require Lifetime Homes standards in new developments. However, as of October 2015, the London Plan will no longer be linked to Lifetime Homes standards. In particular, the requirement in London Plan Policy 3.8 B(c) that 'all new housing is built to The Lifetime Homes standard' is replaced by 'ninety percent of new housing meets Building Regulation requirement M4 (2) "accessible and adaptable dwellings"'. The Healthy Urban Planning Checklist has been updated to include the modified London Plan requirements.

Theme 1: Healthy Housing

Issue	Key questions	Yes /No / Not relevant Comment	Policy requirements and standards	Why is it important
a. Healthy design	Does the proposal meet all the standards for daylight, sound insulation, private space and accessible and adaptable dwellings?		London Plan Policy 5.2 Minimising carbon dioxide emissions and Housing SPG Standard 35: zero carbon residential buildings from 2016 and non-domestic buildings from 2019. Housing SPG Standard 29 on dual aspect and Standard 32 on daylight and sunlight. Housing SPG Standard 4 on communal open space, supported by London Plan Policy 2.18, Standards 1 and 2 on defining good places, and Standard 3 on public open space. Housing SPG Standards 26 and 27 on minimum provision of private (amenity) open space. London Plan Policy 3.8 Housing choice and Housing SPG Standard 11 on access require 90% of new homes meet Building Regulation M4(2) 'accessible and adaptable dwellings'. Sound insulation and noise - London Plan Policy 7.15 and Housing SPG Standard 30 on noise. Housing SPG Standards 8 and 9 on entrance and approach.	Satisfying these standards can help meet carbon dioxide emissions targets. Good daylight can improve the quality of life and reduce the need for energy to light the home. The provision of an inclusive outdoor space, which is at least partially private, can improve the quality of life. Improved sound insulation can reduce noise disturbance and complaints from neighbours.

Theme 1: Healthy Housing

Issue	Key questions	Yes /No / Not relevant Comment	Policy requirements and standards	Why is it important
b. Accessible housing	Does the proposal provide accessible homes for older or disabled people? Does the proposal ensure that every non-ground floor dwelling is accessible by a lift that can accommodate an ambulance trolley?		[London Plan Policy 3.8](#) and Housing SPG Standard 11 on access require 10 per cent all new housing to be designed to be wheelchair accessible or easily adaptable such that they meet Building Regulation M4(3) 'wheelchair user dwellings'. Housing SPG Standards 15 and 16 relate to the provision of lifts. Good practice standard - the provision of an ISO standard 13 person lift in a configuration which can accommodate a trolley bed (see [Department of Health Technical Memorandum 08-02: Lifts](#)).	Accessible and easily adaptable homes can meet the changing needs of current and future occupants. One of the main methods of transportation of immobile patients is by trolley bed. Non-ground floor dwellings should be accessible by a lift that can accommodate an ambulance trolley.
c. Healthy living	Does the proposal provide dwellings with adequate internal space, including sufficient storage space and separate kitchen and living spaces? Does the proposal encourage the use of stairs by ensuring that they are well located, attractive and welcoming?		[London Plan Policy 3.5](#) (Table 3.3 - minimum space standards for new dwellings) and Housing SPG Standard 24 on dwelling space standards. Housing SPG Standard 25 - dwellings should accommodate the furniture, access and activity space requirements relating to the declared level of occupancy. Also, Housing SPG Standard 28 on privacy and Standard 31 on ceiling heights. Housing SPG Standards 12 to 16 relate to shared internal circulation, cores and lifts.	Sufficient space is needed to allow for the preparation and consumption of food away from the living room to avoid the 'TV dinner' effect. Rather than having lifts at the front and staircases at the back of buildings, it is preferable to have them located at the front to encourage people that can to use them.

Healthy Urban Planning Checklist

Theme 1: Healthy Housing

Issue	Key questions	Yes /No / Not relevant Comment	Policy requirements and standards	Why is it important
d. Housing mix and affordability	Does the proposal provide affordable family sized homes?		London Plan Policy 3.8 Housing choice. London Plan Policy 3.11 Affordable housing targets seeks to maximise affordable housing provision and to ensure an average of at least 17,000 more affordable homes per year in London over the term of the London Plan. 60% of the affordable housing provision should be for social and affordable rent and 40% for intermediate rent or sale. The Mayor's Homes for Londoners: Affordable Homes Programme 2016-21 is a £3bn fund to help start building at least 90,000 affordable homes by 2021.	The provision of affordable housing can create mixed and socially inclusive communities. The provision of affordable family sized homes can have a positive impact on the physical and mental health of those living in overcrowded, unsuitable or temporary accommodation. Both affordable and private housing should be designed to a high standard ('tenure blind').

Theme 2: Active Travel				
Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
a. Promoting walking and cycling	Does the proposal promote cycling and walking through measures in a travel plan, including adequate cycle parking and cycle storage?		London Plan Policy 6.3 (C) Travel plans London Plan Policy 6.9 Cycling. London Plan Policy 6.10 Walking. London Plan - Parking Addendum to Chapter 6 on cycle parking: Table 6.3 Cycle parking minimum standards. Housing SPG Standards 20 and 21 on cycle storage.	A travel plan can address the environmental and health impacts of development by promoting sustainable transport, including walking and cycling. Cycle parking and storage in residential dwellings can encourage cycle participation.
b. Safety	Does the proposal include traffic management and calming measures and safe and well lit pedestrian and cycle crossings and routes?		London Plan Policy 6.9 Cycling. London Plan Policy 6.10 Walking.	Traffic management and calming measures and safe crossings can reduce road accidents involving cyclists and pedestrians and increase levels of walking and cycling.
c. Connectivity	Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks and public transport?		London Plan Policy 6.9 Cycling - Map 6.2 Cycle superhighways. London Plan Policy 6.10 Walking - Map 6.3 Walk London Network. Green Infrastructure: The All London Green Grid SPG (March 2012). Transport for London Legible London. Transport for London Bus Service Planning Guidelines.	Developments should prioritise the access needs of cyclists and pedestrians. Routes should be safe, direct and convenient and barriers and gated communities should be avoided. Developments should be accessible by public transport.

Theme 2: Active Travel				
Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
d. Minimising car use	Does the proposal seek to minimise car use by reducing car parking provision, supported by the controlled parking zones, car free development and car clubs?		[London Plan Policy 6.13 Parking - Table 6.2 Car parking standards](#) (Parking addendum to chapter 6). Housing SPG Standards 17 to 19 on car parking provision.	Space for pedestrians and cyclists should be given priority over commercial and private vehicles. Maximum car parking levels allows for provision to be reduced as far as practicable. Car clubs can be effective in reducing car use and parking demand at new residential developments.

Theme 3: Healthy Environment

Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
a. Construction	Does the proposal minimise construction impacts such as dust, noise, vibration and odours?		London Plan Policy 5.3 Sustainable design and construction. London Plan Policy 5.18 Construction, excavation and demolition waste. The Control of Dust and Emissions During Construction and Demolition SPG (July 2014). Housing SPG Standard 34 on environmental performance.	Construction sites can have a negative impact on an area and can be perceived to be unsafe. Construction activity can cause disturbance and stress, which can have an adverse effect on physical and mental health. Mechanisms should be put in place to control hours of construction, vehicle movements and pollution. Community engagement before and during construction can help alleviate fears and concerns.
b. Air quality	Does the proposal minimise air pollution caused by traffic and energy facilities?		London Plan Policy 7.14 Improving air quality. At least 'air quality neutral' - Housing SPG Standard 33 on air quality. London Plan Policy 5.10 Urban greening. London Plan Policy 5.3 Sustainable design and construction.	The long-term impact of poor air quality has been linked to life-shortening lung and heart conditions, cancer and diabetes.

Theme 3: Healthy Environment				
Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
c. Noise	Does the proposal minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?		London Plan Policy 7.15 Reducing and managing noise, improving and enhancing the acoustic environment and promoting appropriate soundscapes. Limit the transmission of noise to sound sensitive rooms - Housing SPG Standard 30 on noise.	Reducing noise pollution helps improve the quality of urban life.
d. Open space	Does the proposal retain or replace existing open space and in areas of deficiency, provide new open or natural space, or improve access to existing spaces? Does the proposal set out how new open space will be managed and maintained?		London Plan Policy 7.1 Lifetime neighbourhoods. London Plan Policy 7.18 Protecting open space and addressing deficiency, Table 7.2 Public open space categorisation. London Plan Policy 7.19 Biodiversity and access to nature. Housing SPG Standards 3 and 4 on communal and public open space.	Access to open space has a positive impact on health and wellbeing. Living close to areas of green space, parks, woodland and other open space can improve physical and mental health regardless of social background. To maintain the quality and usability of open spaces an effective management and maintenance regime should be put in place.

Theme 3: Healthy Environment

Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
e. Play space	Does the proposal provide a range of play spaces for children and young people?		London Plan Policy 3.6 Children and young people's play and informal recreation facilities. Shaping Neighbourhoods: Play and Informal Recreation SPG (Sept 2012) - quantity Benchmark Standard of a minimum of 10 square metres per child regardless of age (4.24) and accessibility to play space Benchmark Standard (Table 4.4). Housing SPG Standard 5 on play space.	Regular participation in physical activity among children and young people is vital for healthy growth and development. The location of play spaces should be accessible by walking and cycling routes that are suitable for children to use.
f. Biodiversity	Does the proposal contribute to nature conservation and biodiversity?		London Plan Policy 7.19 Biodiversity and access to nature. Table 7.3 - London regional Biodiversity Action Plan habitat targets for 2020. Housing SPG Standard 40 on ecology.	Access to nature and biodiversity contributes to mental health and wellbeing. New development can improve existing, or create new, habitats or use design solutions (green roofs, living walls) to enhance biodiversity.
g. Local food growing	Does the proposal provide opportunities for food growing, for example by providing allotments, private and community gardens and green roofs?		London Plan Policy 5.10 Urban greening. London Plan Policy 7.22 Land for food. London Plan Policy 5.11 Green roofs and development site environs.	Providing space for local food growing helps promote more active lifestyles, better diets and social benefits.

Theme 3: Healthy Environment

Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
h. Flood risk	Does the proposal reduce surface water flood risk through sustainable urban drainage techniques, including storing rainwater, use of permeable surfaces and green roofs?		London Plan Policy 5.3 Sustainable design and construction. London Plan Policy 5.11 Green roofs and development site environs. London Plan Policy 5.13 Sustainable drainage. Flooding and drainage - Housing SPG Standards 38 and 39.	Flooding can result in risks to physical and mental health. The stress of being flooded and cleaning up can have a significant impact on mental health and wellbeing. It is likely that increasing development densities and building coverage coupled with more frequent extreme weather events will increase urban flood risk.
i. Overheating	Does the design of buildings and spaces avoid internal and external overheating, through use of passive cooling techniques and urban greening?		London Plan Policy 5.3 Sustainable design and construction. London Plan Policy 5.9 Overheating and cooling. London Plan Policy 5.10 Urban greening. London Plan Policy 5.11 Green roofs and development site environs. Overheating - Housing SPG Standards 36.	Climate change with higher average summer temperatures is likely to intensify the urban heat island effect and result in discomfort and excess summer deaths amongst vulnerable people. Urban greening - tree planting, green roofs and walls and soft landscaping can help prevent summer overheating.

Healthy Urban Planning Checklist

Theme 4: Vibrant Neighbourhoods

Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
a. Health services	Has the impact on healthcare services been addressed?		London Plan Policy 3.17 Health and social care facilities. NHS London Healthy Urban Development Unit Planning Contributions Tool (the HUDU Model). Social Infrastructure SPG (2015).	Poor access and quality of healthcare services exacerbates ill health, making effective treatment more difficult. The provision of support services and advice on healthy living can prevent ill health.
b. Education	Has the impact on primary, secondary and post-19 education been addressed?		London Plan Policy 3.18 Education facilities.	Access to a range of primary, secondary and post-19 education improves self-esteem, job opportunities and earning capacity.
c. Access to social infrastructure	Does the proposal contribute to new social infrastructure provision that is accessible, affordable and timely? Have opportunities for multi-use and the co-location of services been explored?		London Plan Policy 3.16 Protection and enhancement of social infrastructure. London Plan Policy 7.1 Lifetime neighbourhoods. Social Infrastructure SPG (2015).	Good access to local services is a key element of a lifetime neighbourhood and additional services will be required to support new development. Not doing so will place pressure on existing services. Future social infrastructure requirements are set out in Borough infrastructure plans and developments will be expected to contribute towards additional services and facilities.

       Healthy Urban Planning Checklist

Theme 4: Vibrant Neighbourhoods

Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
d. Local employment and healthy workplaces	Does the proposal include commercial uses and provide opportunities for local employment and training, including temporary construction and permanent 'end-use' jobs? Does the proposal promote the health and wellbeing of future employees by achieving BREEAM health and wellbeing credits?		London Plan Policy 4.12 Improving opportunities for all and London Plan Policy 8.2 Planning obligations. London Plan Policy 7.1 Lifetime neighbourhoods. Workplace environment - BREEAM health and wellbeing credits.	Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Employment can aid recovery from physical and mental illnesses. Creating healthier workplaces can reduce ill health and employee sickness absence.
e. Access to local food shops	Does the proposal provide opportunities for local food shops? Does the proposal avoid an over concentration or clustering of hot food takeaways in the local area?		London Plan Policy 4.7 Retail and town centre development. London Plan Policy 4.8 Supporting a successful and diverse retail sector. London Plan Policy 4.9 Small shops. London Plan Policy 7.1 Lifetime neighbourhoods.	A proliferation of hot food takeaways and other outlets selling fast food can harm the vitality and viability of local centres and undermine attempts to promote the consumption of healthy food, particularly in areas close to schools.

Healthy Urban Planning Checklist

Theme 4: Vibrant Neighbourhoods

Issue	Key questions	Yes / No / Not relevant Comment	Policy requirements and standards	Why is it important
f. Public realm	Does the design of the public realm maximise opportunities for social interaction and connect the proposal with neighbouring communities? Does the proposal allow people with mobility problems or a disability to access buildings and places?		London Plan Policy 7.1 Lifetime neighbourhoods. London Plan Policy 7.2 An inclusive environment. London Plan Policy 7.5 Public realm. Shaping Neighbourhoods. Accessible London: Achieving and Inclusive Environment SPG (Oct 2014). Housing SPG Standard 10 on active frontages.	The public realm has an important role to play in promoting walking and cycling, activity and social interaction. It also affects people's sense of place, security and belonging. It is a key component of a lifetime neighbourhood. Shelter, landscaping, street lighting and seating can make spaces attractive and inviting. Implementing inclusive design principles effectively creates an accessible environment, in particular for disabled and older people.

Appendix - References and sources of evidence

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Glossary

Amenity (or residential amenity) – is physical external space which is part of the private home and enjoyed by occupiers of the dwelling. The level of enjoyment is also dependent on a number of factors, including daylight/sunlight, air quality, noise and light pollution and visual quality.

Biodiversity – refers to a diverse variety of life (species) in a habitat or ecosystem.

BREEAM - Building Research Establishment Environmental Assessment Methodology is a method of assessing, rating and certifying the sustainability of buildings developed by the Building Research Establishment.

Building Regulations – are standards that apply to most building work with approval required from Building Control Bodies - either the Local Authority or the private sector as an Approved Inspector.

Community Infrastructure Levy (CIL) – is a charge levied on development under the Planning Act 2008 by charging authorities (in London, the boroughs and the Mayor of London) to contribute towards a range of infrastructure, including physical, green and social infrastructure.

Car club - is a service that allows its members to hire a car for short-term use enabling members to have the option of using a car from time to time without having to own one.

Environmental protection - Unitary and district local authorities are responsible for inspections and enforcement duties under the Environmental Protection Act 1990 regarding pollution prevention and control, noise disturbance and contaminated land.

Gated developments - developments that are totally secured from non-residents through the use of controlled access gates.

Green roof or wall - a roof or wall that is intentionally covered with vegetation which can help reduce the causes and effects of climate change locally whilst promoting enhanced biodiversity.

Licensing - Unitary or district local authorities are responsible for a range of licensing regimes, including alcohol, entertainment and food premises under the Licensing Act 2003, gambling premises under the Gambling Act 2005 and houses in multiple occupation under the Housing Act 2004.

Lifetime Neighbourhoods – Lifetime neighbourhoods are places where people are able to live and work in safe, healthy, supportive and inclusive environments with which they are proud to identify. There are numerous design standards and checklists that cover elements of the lifetime neighbourhoods process, including WHO Age Friendly Cities checklist, BREEAM for Communities, and Building for Life.

Pedestrian - refers to a person walking on foot, but also includes those using wheelchairs and mobility scooters.

Planning Obligations (also known as 'Developer Contributions' or 'Section 106 Agreements') are private agreements made between local authorities and developers under section 106 of the Town and Country Planning Act 1990 (as amended). They can be attached to a planning permission to make development acceptable which would otherwise be unacceptable in planning terms. The land itself, rather than the person or organisation that develops the land, is bound by the agreement. Since the introduction of the Community Infrastructure Levy, agreements are focused on site-specific mitigation.

Public realm - the space between and within buildings that is publicly accessible, including streets, squares, forecourts, parks and open spaces.

Social exclusion/isolation - is a term to describe the effect whereby individuals or entire communities of people are excluded or disadvantaged from access to housing, employment, healthcare and civic engagement.

Sustainable Urban Drainage System (SUDS) - used to describe the various approaches that can be used to manage surface water drainage in a way that mimics the natural environment.

Tenure blind residential development - used to promote integration of different tenures in a single development by designing houses for sale and houses built for affordable or social rent so that they are similar in design and appearance so as to mask the tenures. The conviction is that tenure blind design helps social integration without affecting property prices.

Traffic calming - self-enforcing measures designed to encourage driving at speeds appropriate to local conditions, improve the environment and reduce accidents.

Traffic regulations and highway powers - Unitary and county authorities are responsible for traffic regulations regarding parking, speed limits and crossings under the Road Traffic Regulation Act 1984 and powers under the Highways Act 1980 to maintain and ensure safe public use of local highways. Developer contributions towards highway improvements can be secured under section 278 of the Highways Act.

Travel plan - a plan to manage travel to and from a development site or occupied building, to reduce transport impacts and deliver sustainable transport on an on-going basis.

NHS London Healthy Urban Development Unit

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Changes in the Index of Multiple Deprivation for Essex: IMD 2019

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