Welling United Football Club

Health Impact Assessment

On behalf of

Woolwich Road Limited

Document Control Sheet

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For and on behalf of Stantec UK Limited					

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Contents

Figures

Tables

Appendices

EXECUTIVE SUMMARY

The importance of healthy communities is a theme running through national, regional and local planning policy. This Health Impact Assessment (HIA) has been prepared on behalf of Woolwich Road Ltd to determine the potential health impacts of the redevelopment of the Welling United Football Club Park View Road Stadium and 1-3 Park View Road in Welling, DA16 1SY.

The site is located approximately 500m to the east of Welling town centre and is within the administrative area of the London Borough of Bexley. This HIA has been prepared in support of a full planning application for the redevelopment of the site to provide a new football stadium and accompanying football facilities, residential dwellings and commercial uses, along with associated public realm improvements and associated infrastructure.

The HIA has reviewed the potential health effects of the Development and provides recommendations to seek to maximise health gains and remove or mitigate potential adverse impacts to health. The assessment has used the Healthy Urban Development Unit guidance which sets out key themes under which health impacts should be assessed. The HIA concludes that the Development would result in neutral and positive health effects, in addition to one uncertain effect relating to the provision of affordable housing.

1   INTRODUCTION

1.1   Overview

1.1.1   This Health Impact Assessment (HIA) has been prepared on behalf of Woolwich Road Limited (the Applicant), in partnership with Welling United Football Club (WUFC), in support of a full planning application for the redevelopment of the WUFC Park View Road Stadium and 1-3 Park View Road, Welling DA16 1SY (the Site).

1.1.2   This HIA seeks to identify and assess the potential health effects of the Development and ensure that the London Borough of Bexley (LBB) can fully consider the health implications of the Development as part of the planning application and decision-making process. The structure of this HIA is set out in Table 1.1. below.

Table 1.1 Contents of this HIA

Chapter	Content
Executive Summary	Summary of the HIA
Chapter 1	Description of the Site and the Development, the requirement for HIA and a summary of relevant planning policy
Chapter 2	Outline of the assessment methodology
Chapter 3	Describes the baseline health conditions of the site and surrounding area
Chapter 4	HIA tables
Chapter 5	HIA conclusions

1.2   Site Context and Description

1.2.1   The Site (see Appendix A: Site Location Plan) encompasses 1.19 hectares (ha) and is located approximately 500m to the east of Welling town centre and comprises the WUFC Park View Road Stadium in addition to 1-3 Park View Road which is a part-three-, part-two storey brick building along Park View Road currently in mixed commercial / residential use.

1.2.2   The Site boundaries are defined by a combination of brick walling, close board fencing, mesh fencing and buildings. The A207 Park View Road is located immediately to the north of the Site, with residential and commercial properties beyond. The eastern boundary of the Site is adjacent to the Bexleyheath cricket ground. A band of well-established trees associated with the Danson Park Site of Importance for Nature Conservation (SINC) abuts the southern extent of the Site. Danson Park comprises a play area, tennis courts, a bowls pitch, a boating pool and public open space. Residential buildings associated with the settlement of Welling are located beyond the western Site boundary.

1.2.3   The majority of the Site falls within London's Metropolitan Open Land (MOL)[1].

1.2.4   The current land use of the Site is as a football pitch with associated spectator stands and smaller buildings for changing rooms and storage, as well as other general stadium facilities.

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[1] Metropolitan Green Land (MOL) is a term used only within London. Land designated as MOL is afforded the same level of protection as the Metropolitan Green Belt.

1.2.5   The Site is located within the Bexley Air Quality Management Area (AQMA), declared by LBB in 2007 for exceedances in nitrogen dioxide (NO_2) and particulate matter with a diameter equal to or less than 10 microns (PM_{10}) with the source attributed to transport and industrial sources.

1.2.6   Park View Road, which abuts the northern extent of the Site is a two-way single carriageway with speeds limited to 30 miles per hour. Park View Road connects west to Welling town centre and east to Bexleyheath (located approximately 2km to the east of the Site). A footway is located on either side of Park View Road, in addition to road markings for cycle lanes on both directions which deviate around bus stops, parked cars and delivery areas. The Site currently accommodates two vehicular access points onto Park View Road.

1.2.7   No Public Rights of Way (PRoW) are located on the Site. The nearest PRoW (ref: FP73) is located approximately 220m to the west of the Site, which is a short stretch that links John Newton Court with Park View Road.

1.2.8   A Transport Assessment has been produced for the planning application. The nearest stops are located on Park View Road, located approximately 50 metres (i.e., a one-minute walk) east and west of the Site. Table 1.2. below provides a summary of the bus services from these stops.

Table 1.2 Local Bus Services – Routes and Frequency

Service	Destinations Served	Approximate Frequency		
		Mon-Fri	**Sat**	**Sun**
89	Lewisham – Blackheath – Vanbrugh Park – Welling – Bexleyheath – Barnehurst – Slade Green	1 every 15 minutes	8 an hour	1 every 20 minutes
96	Bluewater Shopping Centre – Dartford – Bexleyheath – Welling – Plumstead - Woolwich	1 every 10 minutes	1 every 10 minutes	1 every 11 minutes
486	North Greenwich – Greenwich – Woolwich – Welling – Bexleyheath	1 every 10 minutes	1 every 15 minutes	1 every 15 minutes
B16	Bexleyheath – Welling – Falconwood – Eltham – Blackheath	1 every 15 minutes	1 every 15 minutes	2 an hour
N89 (Night Bus)	Trafalgar Square – Covent Garden – Temple – Blackfrairs – Elephant and Castle – Walworth – Camberwell – Peckham – Deals Gateway – Lewisham – Blackheath – Welling – Bexleyheath – Barnehurst – Slade Green - Erith	Night Bus service between 23:45-04:45		

1.2.9   Welling railway station is located approximately 1.4km to the west of the Site (i.e., an 18-minute walk) and comprises 28 cycle spaces, located in a secure lockable cycle storage and 117 car parking spaces, two of which are accessible spaces. A summary of rail services from Welling railway station is set out in Table 1.3.

Table 1.3 Direct Rail Services – Welling Railway Station

Service	Destinations Served	Approximate Frequency		
		Weekday AM	Weekday PM	Saturday Daytime
Dartford	Welling – Bexleyheath – Barnehurst - Dartford	5 an hour	5 an hour	5 an hour
Dartford	Welling – Bexleyheath – Barnehurst – Slade Green - Dartford	Every 30 minutes	Every 30 minutes	Every 30 minutes
London Victoria	Welling – Falconwood – Eltham- Kidbrooke – Blackheath – Lewisham – Nunhead – Peckham Rye – Denmark Hill – London Vicotria	Every 30 minutes	Every 30 minutes	1 every hour
London Bridge	Welling – Falconwood – Eltham – Kidbrooke – Blackheath – Lewisham – St Johns – New Cross – London Bridge	No service	No service	1 every hour
London Cannon Street	Welling – Falconwood – Eltham – Kidbrooke – Blackheath – Lewisham – St Johns – New Cross – London Bridge – London Cannon Street	Every 30 minutes	Every 30 minutes	Every 30 minutes
London Charing Cross	Welling – Falconwood – Eltham – Kidbrooke – Blackheath – Lewisham – London Bridge – London Waterloo (East) – London Charing Cross	Every 30 minutes	Every 30 minutes	1 every hour
Woolwich Arsenal	Welling – Bexleyheath – Barnehusrt – Slade Green – Erith – Belvedere – Abbey Wood – Plumstead – Woolwich Arsenal	Every 30 minutes	Every 30 minutes	Every 30 minutes

1.3   The Development

1.3.1   The Development comprises a full planning application for:

"Redevelopment of the site to provide new Welling FC stadium and accompanying football facilities (Class F2), residential dwellings (Class C3) and commercial uses (Class E), along with associated public realm improvements, car and cycle parking, and refuse and recycling stores.".

1.3.2   Table 1.4 below provides an overview of the Development as set out in the Planning Statement that has been submitted in support of the planning application.

Table 1.4 Development Overview

Aspect of the Development	Summary
Stadium Facilities	- New 3G Pitch for professional and community use; - Stadium/stand works resulting in 4,044, four-sided spectator capacity, comprising 600 standing and 1,414 seating (including 30 disabled seats); and - New high-quality facilities to replace existing facilities lost to redevelopment (see further below for list of new facilities).

Aspect of the Development	Summary
Number of Homes	▪ 104 units.
Unit Mix	▪ One Bedroom: 24 units (23.1%); ▪ Two Bedroom: 61 units (58.6%); and ▪ Three Bedroom: 19 units (18.3%).
Ancillary Residential Floorspace	▪ West Wing Rooftop: 189 square metres (sqm); ▪ East wing rooftop: 161.5 sqm; and ▪ First-floor podium space: 149 sqm.
Play Space Provision	▪ 0-4yrs play space: 181 sqm (100% of requirement); ▪ 5-11yrs play space: 96 sqm (80.7% of requirement); and ▪ All remaining play space requirements will be addressed through off-Site provision.
Wheelchair Homes	▪ 10% M4(3) adaptable, with the remainder being M4(2).
Commercial Units	▪ Two commercial units along Park View Road, totalling 251 sqm.
Heights	▪ Central Section: eight storeys; ▪ West Wing: seven storeys, dropping down to two storeys; and ▪ East Wing: seven storeys, dropping down to five storeys.
Car Parking	▪ Residential: eight disabled car parking spaces (two on-street and six off-street) each with Electric Vehicle (EV) charging points; ▪ Stadium and Commercial Uses: No car parking; during stadium / community events where parking capacity is exceeded, 100 spaces will be used from the nearby Learning and Enterprise College; and ▪ Other: Two car club spaces at Denham Close, opposite the Site across Park View Road.
Cycle Parking	▪ Residential: 202 long-stay spaces; ▪ Commercial: 5 long-stay spaces; ▪ Stadium: 75 spaces; and ▪ Short Stay: 6 spaces (3 Sheffield hoops on Park View Road).
Energy	▪ Residential units will benefit from a communal Air Source Heat Pump (ASHP) system to provide heating and hot water, supplied to the dwellings via Heat Interface Units (HIUs). Roof mounted photovoltaic panels will be used to generate a portion of the electricity demand. ▪ Heating and cooling will be provided to the commercial spaces via efficient individual split Variable Refrigerant Flow (VRV) systems.

1.3.3   The Development includes 189 sqm of communal amenity space on the rooftop of the west wing; 161.5m on the east wing rooftop; and 149sqm on the first-floor podium space and will include the planting of species that are appropriate for the Site (i.e., evergreen and deciduous plants, flowing perennials, shrubs and trees as set out in the Design and Access Statement (DAS) that has been submitted with the planning application) to maximise biodiversity. Each rooftop terrace will include a communal outdoor kitchen area.

Green roofs also comprise part of the landscaping strategy. A 1.8m high perimeter glass or mesh screen will provide wind breaking and prevent items falling on to the pitch of spectator areas below.

1.3.4   In terms of private amenity space, residential dwellings which face the street will have inset balconies or terraces, and those which face the pitch will have inset balconies which can be internally enclosed (i.e., a winter garden) which would assist in preventing objects from falling onto the pitch or the spectator areas below.

1.3.5   Access to the stadium will be entirely independent from the residential element. Spectators will access the stadium via two separate entrances along Park View Road, providing five turnstiles each and enabling segregated access for home and away fans.

1.3.6   Ambulance parking for emergencies will be provided off-street within the residential parking area and will be accessed via Roseacre Road.

1.4   Requirement for HIA and Guidance Considerations

1.4.1   The World Health Organisation (WHO) defines health *as "A state of complete physical, mental, and social wellbeing and not merely the absence of disease of infirmity"*[i].

1.4.2   The Development does not meet either of the requirements for HIA set out within Policy DP16 of the Bexley Local Plan[ii]. However, the Development is within MOL and is therefore referrable to the Mayor of London[iii] and as such, a HIA has been undertaken in support of the planning application to assess the likely health impacts of the Development, complying with Policy GG3 of the London Plan[iv] (set out in Section 1.6 below).

1.4.3   It should be noted that whilst HIA is not a statutory requirement the importance of healthy communities is a running theme throughout national and local planning policy. HIAs are increasingly recognised as comprising an important contribution towards establishing the potential impacts and benefits of plans and policies. HIA is concerned with improving health and reducing health inequalities. HIA can be of different complexities and durations from desk-based (rapid) up to comprehensive (full), for which there are different accepted methodologies.

1.5   National legislation and Regulation

Health and Social Care Act[v]

1.5.1   The Health and Social Care Act (2012) introduced a duty upon local authorities to '*take such steps as it considers appropriate for improving the health of the people in its area'*. This can include requiring Health Impact Assessment (HIA) for policies, plans and projects.

National Planning Policy Framework (NPPF)[vi]

1.5.2   The NPPF identifies the key principles in relation to health that local planning authorities should consider. In particular, 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 developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between 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 beautiful, well-designed, clear*

and legible pedestrian and cycle 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.'*

To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:

a) *'plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;*

b) *take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;*

c) *guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;*

d) *ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and*

ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.'

1.6   Regional Planning Policy

1.6.1   Under legislation establishing the Greater London Authority (GLA), the Mayor is required to publish a Spatial Development Strategy (SDS). The SDS within the London Area is called the 'London Plan' and sets out the strategic plan, detailing an integrated economic, environmental, transport and social framework for development over a 20-to-25-year period. The policies of relevance to this HIA are set out below.

- ▪ **Policy GG3 - Creating a Healthy City,** sets out that to improve Londoners' health and reduce health inequalities, those involved in planning and development must:

  o *"ensure that the wider determinants of health are addressed in an integrated and co-ordinated way, taking a systematic approach to improving the mental and physical health of all Londoners and reducing health inequalities;*

  o *promote more active and healthy lives for all Londoners and enable them to make healthy choices;*

  o *use the Healthy Streets Approach to prioritise health in all planning decisions;*

  o *assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, in order to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example through the use of Health Impact Assessments;*

  o *plan for appropriate health and care infrastructure to address the needs of London's changing and growing population;*

- o *seek to improve London's air quality, reduce public exposure to poor air quality and minimise inequalities in levels of exposure to air pollution;*

- o *plan for improved access to and quality of green spaces, the provision of new green infrastructure, and spaces for play, recreation and sports;*

- o *ensure that new buildings are well-insulated and sufficiently ventilated to avoid the health problems associated with damp, heat and cold; and*

- o *seek to create a healthy food environment, increasing the availability of healthy food and restricting unhealthy options."*

- ▪ **Policy D4 – Delivering Good Design,** states that the components of delivery good design comprise 'design analysis and development certainty', 'design scrutiny' and 'maintaining design quality'.

- ▪ **Policy D5 – Inclusive Design**, sets out that development proposals should achieve the highest standards of accessible and inclusive design and should:

  - o *"Be designed taking into account London's diverse population;*

  - o *provide high quality people focused spaces that are designed to facilitate social interaction and inclusion;*

  - o *be convenient and welcoming with no disabling barriers, providing independent access without additional undue effort, separation or special treatment;*

  - o *be able to be entered, used and exited safely, easily and with dignity for all; and*

  - o *be designed to incorporate safe and dignified emergency evacuation for all building users. In all developments where lifts are installed, as a minimum at least one lift per core (or more subject to capacity assessments) should be a suitably sized fire evacuation lift suitable to be used to evacuate people who require level access from the building.".*

- ▪ **Policy D7 - Accessible Housing,** sets out that to provide suitable housing and genuine choice for London's diverse population, including disabled people, older people and families with young children, residential development must:

  - o *"have at least 10 per cent of dwellings (which are created via works to which Part M volume 1 of the Building Regulations applies) meet Building Regulation requirement M4(3) 'wheelchair user dwellings";*

  - o *"all other dwellings (which are created via works to which Part M volume 1 of the Building Regulations applies) meet Building Regulation requirement M4(2) 'accessible and adaptable dwellings'".*

- ▪ **Policy H6 – Affordable Housing Tenure,** sets out that for all residential development, the following split of affordable housing should be applied:

  - o *"a minimum of 30 per cent low-cost rented homes, as either London Affordable Rent or Social Rent, allocated according to need and for Londoners on low incomes";*

  - o *"a minimum of 30 per cent intermediate products which meet the definition of genuinely affordable housing, including London Living Rent and London Shared ownership".*

- ■ **Policy S2 – Health and Social Care Facilities,** sets out that 'Boroughs should work with Clinical Commissioning Groups (CCGs) and other NHS and community organisations to:

  i. *"identify and address local health and social care needs within Development Plans, taking account of NHS Forward Planning documents and related commissioning and estate strategies, Joint Strategic Needs Assessments and Health and Wellbeing Strategies;*

  ii. *understand the impact and implications of service transformation plans and new models of care on current and future health infrastructure provision to maximise health and care outcomes;*

  iii. *undertake a needs assessment to inform Development Plans, including an audit of existing health and social care facilities. Needs should be assessed locally and sub-regionally, addressing borough and CCG cross-boundary issues;*

  iv. *identify sites in Development Plans for future provision, particularly in areas with significant growth and/or under provision and to address needs across borough boundaries;*

  v. *identify opportunities to make better use of existing and proposed new infrastructure through integration, co-location or reconfiguration of services, and facilitate the release of surplus buildings and land for other uses.'*

  o *'Development proposals that support the provision of high-quality new and enhanced health and social care facilities to meet identified need and new models of care should be supported.".*

- ■ **Policy S5 – Sports and Recreation Facilities**, sets out that development proposals for sports and recreation facilities should:

  o *"increase or enhance the provision of facilities in accessible locations, well-connected to public transport and link to networks for walking and cycling;*

  o *maximise the multiple use of facilities, and encourage the co-location of services between sports providers, schools, colleges, universities and other community facilities; and*

  o *support the provision of sports lighting within reasonable hours, where there is an identified need for sports facilities, and lighting is required to increase their potential usage, unless the lighting gives rise to demonstrable harm to the local community or biodiversity.".*

1.7   Local Planning Policy and Guidance

Bexley Local Plan

1.7.1   The Bexley Local Plan was adopted by LBB in April 2023 and sets out the planning framework for the Borough, covering issues such as housing provision; the economy, retail and town centres; local character and design; infrastructure provision; and the environment. The leading policies of relevance to this HIA comprise:

- ■ **Policy SP1 – Achieving Sustainable Development**, sets out LBB's commitments for sustainable growth. In particular, Part 2C of this Policy sets out how Development is expected to be of a high-quality, safe and provide well-connected lifetime communities.

- ■ **Policy SP5 – Placemaking Through Good Design**, sets out how LBB seeks to ensure of high-quality standards of design. Design should respect the existing character and context but not need to be constrained by what already exists. Further, this policy goes on to say design should enhance

social cohesion and health and wellbeing and consider the principles of inclusive and active design in order to support good physical and mental health.

- **Policy DP11 – Achieving High Quality Design**, whilst Policy SP5 above sets out broad principles to achieving high-quality design, this Policy provides additional detail to ensure the creation of well-designed development, covering criteria such as landscaping; privacy, outlook and adverse impacts; quality of residential accommodation; and crime.

- **Policy DP13 – Protecting Local Views** sets out that a proposal with the potential to impact on a non-designated view must demonstrate that the proposal will not have an adverse impact on that view.

- **Policy DP16 – Health Impact Assessments,** sets out that development proposals that major development, and any development proposals that contain any of the uses set out below are required to complete and submit a desktop HIA assessment checklist as part of the planning application:

  o   Hot-food takeaways;

  o   Betting shops;

  o   Education facilities;

  o   Health facilities;

  o   Leisure or community facilities; and

  o   Publicly accessible open space.

- **Policy DP24 – Impact of Development on the Transport Network**, sets out that proposals should not have a negative effect on the safety of users, including vulnerable users of the transport network such as pedestrians and cyclists. Proposals should identify, minimise, and mitigate potential negative impacts and seek to achieve a net positive effect on safety wherever practicable.

Bexley Joint Strategic Needs Assessment[vii]

1.7.2   The Bexley Joint Strategic Needs Assessment (JSNA) sets out a review of the health inequalities in the Borough of Bexley. It sets out a range of data, identifying the health and wellbeing needs of the residents of Bexley.

Bexley Joint Health and Wellbeing Strategy[viii]

1.7.3   The Bexley Joint Health and Wellbeing Strategy is focused on prevention, early help, and reducing health inequalities to ensure that Bexley is a place that facilitates healthy and fulfilling lives. The Strategy runs up until 2028 and focuses on four key priorities: obesity; mental health; children and young people; and ageing well. The purpose of the Strategy is not only to improve health and wellbeing by ensuring local health and care services meet the needs of the residents of Bexley, but also by addressing wider determinants of health such as housing, education, economic and environmental factors.

Technical Standards and Guidance

National Health Service (NHS England Healthy New Towns)[ix]

1.7.4   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. 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.

1.7.5   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[x]" is most appropriate to HIA. 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.

National Design Guide[xi]

1.7.6   The National Design Guide was first published in October 2019. It emphasises the importance of considering both physical and mental health to achieve well-designed developments. For example, the National Design Guide makes mention to 'healthy, comfortable and safe internal and external environment' in order to promote quality of life for a development's occupants and users as well as to the beneficial impacts of compact and walkable neighbourhoods on health and wellbeing.

IEMA Impact Assessment Outlook Journal: Health Impact Assessment in Planning, October 2020[xii]

1.7.7   This is a selection of thought pieces featuring case studies by practitioners working in health, planning and impact assessment. It includes ideas for best practice 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. The discussions in this collection of papers have influenced the assessment within this report.

Public Health England, Health Impact Assessment in Spatial Planning, October 2020[xiii]

1.7.8   This guidance from Public Health England was created in collaboration with national, regional and local experts in planning, public and environmental health, and HIA. The guidance demonstrates HIAs as an

essential tool to 'health-proof' spatial plans and to identify opportunities to deliver safer and healthier places and improve public health and wellbeing, and ultimately reduce inequalities.

2   Assessment Methodology

2.1   Overview

2.1.1   The objectives of this HIA are as follows:

- To identify the potential positive and negative health impacts associated with the demolition, construction and operation of the Development;

- To identify opportunities for improving health and promoting health equality; and

- To identify opportunities to mitigate negative impacts on health and reduce health inequalities.

2.1.2   As identified in Chapter 1, the planning application is referrable to the Mayor of London and as such, a HIA has been undertaken in support of the planning application.

2.1.3   The policy implementation text for Policy DP16 within the Bexley Local Plan sets out that the Healthy Urban Development Unit (HUDU) methodology should be used. Accordingly, the principles of the HUDU Rapid HIA[xiv] have formed the basis for this assessment. A copy of the Rapid HIA tool is provided at Appendix B.

2.1.4   This report includes a desk-based review of the baseline conditions, which inform the HIA. The assessment methodology is as follows.

2.2   Baseline Conditions

2.2.1   This HIA includes a high-level assessment of the baseline conditions within the LBB administrative area in Chapter 3.

Health Conditions

2.2.2   Utilising the information from Public Health England's (PHE) latest report for Bexley (2019)[xv] (Appendix C), Chapter 3 provides a summary of the latest health profile at Borough level. At the local level, the baseline conditions of health and deprivation are identified for the area using the English Index of Multiple Deprivation[xvi] (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 located in three LSOAs within the Falconwood and Welling ward: Bexley 016A; Bexley 016B; and Bexley 020E. Figure 2.1 below shows the location of the LSOA in relation to the Development.

Figure 1.1: English Index of IMD Ranking for the Site Location

Primary Healthcare Infrastructure Audit

2.2.3   An audit of existing primary healthcare infrastructure and the capacity available within the area surrounding the Site is provided within Chapter 3.

2.2.4   The GPs within 2km of the Site have been identified; this distance is considered a reasonable walking distance, acknowledging that not all people have physical or financial access to private or public transport, and some are less mobile than others. The levels of under- or over-provision of GPs have been determined through reference to the NHS General and Personal Medical Services statistics[xvii], which provide total patient size for individual GP practices and the number of Full Time Equivalent (FTE) GPs at each practice as of June 2023 (the latest information available). The assessment has been conducted by comparing the GP to patient ratios of local practices within the HUDU standard of 1 GP to 1,800 patients[xviii] to determine whether these practices are under- or over-capacity.

2.2.5   Dental practices within 2km of the Site have also been considered using the NHS dentist finder website[xix] which includes information on whether the dental practice is accepting new patients. It is not possible to determine the precise number of patient places available, as no central census of dentists is conducted and no definitive ratio of patients per dentist exists.

Education, Community Facilities and Open Space Provision

2.2.6   A brief outline of education and community facilities and open space provision within 2km of the Site has also been provided.

2.3   Health Impact Assessment

The HUDU Rapid Health Impact Assessment Tool

2.3.1   The latest version of the HUDU Rapid HIA Tool was updated in October 2019. The rapid assessment tool is designed to assess the likely health impacts of development plans and proposals. The tool, set out in Chapter 4, identifies 11 topics of broad determinants. These are:

- Housing quality and design;

- Access to healthcare services and social care services and other social infrastructure;

- Access to open space and nature;

- Air quality, noise and neighbourhood amenity;

- Accessibility and active travel;

- Crime reduction and community safety;

- Access to healthy food;

- Access to work and training;

- Social cohesion and inclusive design;

- Minimising the use of resources; and

- Climate change.

2.3.2   The Development has been assessed against the criteria set out in the Rapid HIA Tool to identify the impact it will have on health and wellbeing. For each theme, an assessment has been completed to establish the baseline of the existing situation, an evidence base around health impacts associated with a health priority, and identification of likely effects (adverse and beneficial). Recommendations for mitigation and monitoring have also been made. The assessment is found in Chapter 4 of this report.

Data Sources

2.3.3   The HIA is based on the best available information from a variety of sources (cited throughout the document) including from the following planning application documents:

- Active Travel Zone Assessment[xx];

- Air Quality Assessment[xxi];

- BNG Assessment[xxii];

- Circular Economy Report[xxiii];

- Design and Access Statement[xxiv];

- Energy and Sustainability Strategy[xxv];

- Event Management Plan[xxvi];

- Financial Viability Assessment Report[xxvii];

- Flood Risk Assessment and Drainage Strategy[xxviii];

- Noise Assessment[xxix];

- Planning Statement[xxx];

- Statement of Community Involvement[xxxi]; and

- Transport Assessment[xxxii].

3   Baseline Conditions

3.1.1   This chapter summarises the baseline information collated regarding the local population and indicators of human health.

3.2   Demographic Profile

3.2.1   The Site is located within the Falconwood and Welling ward. According to the Office for National Statistics (ONS) mid-year population estimates[xxxiii], there is approximately 16,942 people living within this ward. Of its entire population, 10,885 (64.25%) are of working age (16 to 64 years of age), which is higher than the England average (62.9%) for working age population.

Deprivation Levels

3.2.2   Table 3.1 below details how each LSOA is ranked, both overall and by each deprivation domain, against all of the LSOAs within England. Figure 2.1 in Section 2 above shows the Site in relation to the local LSOAs.

Table 3.1: 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)	Bexley 016A	Bexley 016B	Bexley 020E
Overall IMD Rank	23,585	12,119	23,070
IMD Percentage	*30% least deprived*	*40% most deprived*	*30% least deprived*
Income Rank	21,554	10,102	19,233
Income Percentage	*40% least deprived*	*40% most deprived*	*50% least deprived*
Employment Rank	22,645	13,977	22,297
Employment Percentage	*40% least deprived*	*50% most deprived*	*40% least deprived*
Education, Skills and Training Rank	18,682	11,558	20,716
Education Percentage	*50% least deprived*	*40% most deprived*	*40% least deprived*
Health Deprivation and Disability Rank	28,181	16,975	29,651
Health Percentage	*20% least deprived*	*50% least deprived*	*10% least deprived*
Crime Rank	12,129	19,900	15,658
Crime Percentage	*40% most deprived*	*40% least deprived*	*50% most deprived*
Barriers to Housing and Services Rank	20,859	6,159	11,425
Barriers to Housing and Services Percentage	*40% least deprived*	*20% most deprived*	*40% most deprived*
Living Environment Rank	16,136	8,053	19,892
Living Environment Rank Percentage	*50% most deprived*	*30% most deprived*	*40% least deprived*

As set out in Table 3.1, each LSOA varies in terms of their domains of deprivation. Bexley 016B is the subject of the highest levels of deprivation out of the three LSOAs.

3.3   Local Health Profile

3.3.1   This section is informed by the PHE Local Authority profile for Bexley, shown at Appendix C.

Health Inequalities

3.3.2   The health of people in Bexley is varied compared with national averages for England. In Bexley, approximately 16.3% (7,730) of children live in low-income families, compared with 17% across England. Life expectancy for both men and women (80.1 years for males, and 84.1 years for women) is higher than the England averages (79.6 years for males, and 83.2 years for females). Life expectancy is 7.9 years lower for men and 6.7 years lower for women in the most deprived areas of Bexley than in the least deprived areas.

Child Health

3.3.3   In year 6, 22.7% (710) of children are classified as obese, higher than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 12 per 100,000 people, lower than the average for England (32 admissions per 100,000 people). This represents 7 admissions per year. Levels of GCSE attainment (average attainment 8 score) is higher than the England average. Levels of smoking in pregnancy are lower than the England average.

Adult Health

3.3.4   The rate for alcohol-related harm hospital admissions is 567 per 100,000 people, which is lower than the England average. This represents 1,292 admissions per year. The rate for self-harm hospital admissions is 88 per 100,000 people, lower than the average for England. This represents 220 admissions per year. Estimated levels of physically active adults (aged 19+) are higher than the England average. The rates of new sexually transmitted infections and killed and seriously injured on roads are lower than the England average. The rate of new cases of tuberculosis is higher than the England average. The rates of violent crime (i.e., hospital admissions for violence) and under 75 mortality rates from cardiovascular diseases are lower than the England average.

3.4   Healthcare Infrastructure Audit

Primary Healthcare Facilities

3.4.1   A review has been undertaken of the existing primary healthcare infrastructure in the area surrounding the Site. The review identified that there are currently five GP practices within 2km of the Site. The HUDU sets a standard of 1 GP per 1,800 patients against which the existing GP to patient ratio (data acquired from the NHS General and Personal Medical Services Statistics for June 2023) at these medical practices are assessed in Table 3.2.

Table 2.2: GP Services

Practice	No. Patients	No. FTE GPs	Ratio	Capacity
Welling Medical Practice	11138	7	1:1591	Under Capacity
Bexley Group Practice	13035	9	1:1448	Under Capacity
Ingleton Avenue Surgery	4968	3	1:1656	Under Capacity
The Westwood Surgery	9381	5	1:1876	Over Capacity
Bellegrove Surgery	12006	7	1:1715	Under Capacity

3.4.2   Eleven dental practices have been identified within 2km of the Site, which are identified in Table 3.3.

Table 2.3: Dental Services

Practice	Accepting New Patients?
GM Burr and Associates	Only taking new NHS patients for specialist dental care by referral
Hook Lane Practice Limited	Yes
Crook Log Dental Practice	No
M S Darr and Associates	Yes
Bexleyheath Dental Practice Ltd	Yes
Dental Surgery Bellegrove Road	Yes
Dental Beauty Bexleyheath	No
Blackfen Dental Care	No
Welling Dental Studio	Yes
Smile Sensations	No
Karia Dental Practice	Yes

Childcare, Educational and Open Space Facilities

3.4.3   In addition, to the above physical and mental health baseline statistics, an audit of current social infrastructure has been undertaken. A study area of 2km (i.e., within a 30-minute walking distance) was utilised to examine the current level of education facilities and community centres.

3.4.4   The following educational facilities and open space provision are available within a 2km radius of the Site:

Childcare and Educational Facilities

- ALP Parkview Academy;

- The Bexley Day Nursery;

- Foster's Primary School;

- Aspire Academy Bexley;

- Leaning and Enterprise College;

- Bexley Grammar School;

- Monkey Puzzle Welling Day Nursery;

- St Stephen's Catholic Primary School; and

- Welling School.

Open Space and Recreational Areas

- Danson Park;

- Danson Park Play Area;

- Bexley Heath Golf Club;

- Penhill Park;

- Holly Oak Wood Park;

- Stephens Park;

- East Wickham Open Space; and

- Swingate Lane Playing Fields.

4   HIA Assessment Matrix

4.1.1   The tables below set out the potential health and wellbeing impacts associated with the Development during its construction and operational phases. As set out in the Assessment Methodology section in Chapter 3, the tables have been adapted from the HUDU Rapid Health Impact Assessment Tool.

4.1   Housing Quality and Design

Table 4.1 Housing Quality and Design

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
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 Development will be of a high-quality providing a good standard of amenity for all. A Planning Statement has been submitted as part of the planning application package and sets out that 10% of the residential units, approximately 10 dwellings, will be M4(3) compliant, with the remainder of units being M4(2) compliant, allowing for a diverse residential development of varying ages and profiles. The Development complies with the requirements of Policy D7 *'Accessible Housing'* of the London Plan; and Policy SP5 *'Placemaking Through Good Design'* of the Bexley Local Plan.	**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	As set out above, 10% of the residential units, approximately 10 dwellings, will be M4(3) compliant, with the remainder being M4(2) compliant. An M4(3) compliance checklist has been provided in the DAS that has been submitted with the planning application, confirming that the M4(3) wheelchair adaptable units are fully compliant with requirements.	**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	Please see the responses above. The Development complies with Policy D7 *'Accessible Housing'* of the London Plan, and Policy SP5 *'Placemaking Through Good Design'* of the Bexley Local Plan.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal promote good design through layout and orientation, meeting internal space standards?	**Yes** ✓ No N/A	The Planning Statement that has been submitted as part of the planning application package sets out that all units will comply with the Nationally Described Space Standards[xxxiv]. Table 3.1 of the London Plan sets the minimum space standards for new dwellings, which are the same as the Nationally Described Space Standards.	**Positive** ✓ Negative Neutral Uncertain	N/A

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
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 will provide 104 dwellings, delivering a range of housing types and sizes, as set out in Table 1.4 of this HIA. The Planning Statement that has been submitted with the planning application sets out that due to financial pressures underpinning the provision of substantial enhancements to WUFC's facilities and stadium without cost to the football club, the scheme proposes the minimum quantum of development required in order to make the scheme financially viable. As such, no affordable housing provision can be provided as part of the proposal. A Financial Viability Assessment Report has been submitted in support of the planning application and sets out to demonstrate the financial and operational constraints of the existing situation and compares this with a scenario in which the Development comes forward. Leaving the Site in its current form would move WUFC into a significant negative cashflow position by the end of 2024. However, if the enabling residential development proceeds and funds the new stadium and related improvements, a positive net cashflow is produced in the first year of operation. Subsequently, an appraisal of the financial viability of the Development was undertaken and sets out how the amount of enabling residential development is considered to represent the minimum quantum in order to make the Development deliverable, and no affordable housing (or additional planning financial contributions) can be provided as part of the proposals.	Positive Negative Neutral **Uncertain** ✓	A viability review related to affordable housing provision will be undertaken by LBB and GLA at the application determination stage, which will confirm the exact financial position of the Development.
Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?	**Yes** ✓ No N/A	The Development is subject to target a minimum of 35% CO_2 reduction in accordance with Building Regulations Part L 2021 for all building uses. As set out in the Energy and Sustainability Strategy that has been submitted in support of the planning application, the principles of the Energy Hierarchy will be implemented throughout the Development to provide a high-level operational energy efficiency. A 'fabric first' approach will be followed, incorporating passive design measures such as low u-values, low air leakage and low thermal bridging. Active design measures will then be incorporated via energy efficient building services, such as 100% low energy lighting, and Mechanical Ventilation with Heat Recovery (MVHR). The residential units will benefit from communal ASHP systems to provide heating and hot water, supplied to the dwellings via HIUs. Roof mounted photovoltaic panels will be used to generate a portion of the electricity demand.	**Positive** ✓ Negative Neutral Uncertain	N/A

4.2   Access to Health and Social Care Services and Other Infrastructure

Table 4.2 Access to Health and Social Care Services and Other Infrastructure

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal retain or re-provide existing social infrastructure?	Yes No **N/A** ✓	The planning application includes the redevelopment of the existing football stadium, to provide enhanced sport, recreation, and physical activity opportunities.	Positive Negative **Neutral** ✓ Uncertain	N/A
Does the proposal assess the impact on health and social care services and have local NHS organisations been contacted regarding existing and planned healthcare capacity?	**Yes** ✓ No N/A	Chapter 3 of this HIA sets out the existing social infrastructure surrounding the Site. There are currently five GP practices located within 2km of the Site. Of the five practices identified, one is currently operating over capacity. The Queen Elizabeth Hospital is located 5km to the north-west of the Site. Further, 11 dental practices have been identified within 2km of the Site, where four are not currently accepting new patients. The Development will provide 104 residential dwellings on the Site. As a result, this will increase the local population requiring healthcare facilities and provide an added pressure on these facilities. Given the scale and location of the Development with accessibility to additional health services in the wider area, it is anticipated that the new population will likely be accommodated.	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 planning application is for the redevelopment of WUFC, the provision of 104 residential dwellings and commercial units 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 accessibility of other social infrastructure, e.g. primary, secondary and post-19 education needs and community facilities?	**Yes** ✓ No N/A	Chapter 3 of this HIA sets out the current baseline of educational facilities within the local area. There are currently nine educational facilities within 2km of the Site. The Development will provide a beneficial effect on the levels of housing in the area, , it is therefore anticipated that the Development would provide an increased pressure on the existing educational facilities. However, it is anticipated that due to the scale of the residential element of the Development, the current facilities can accommodate the increased pressure.	Positive Negative **Neutral** ✓ Uncertain	N/A

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal explore opportunities for shared community use and co-location of services?	**Yes** ✓ No N/A	The Development does not provide any space for shared community use such as school, community centres or places of worship. However, the sporting facilities within the Development would be available for private hire for local youth teams, supported charities, and use the ground for play, training, and classroom-based activities throughout the week. The Development includes a high-quality public realm, incorporating the planting of new trees, and new paving, as set out in the DAS that has been submitted in support of the planning application. All circulation routes will be clear, and logical. Several open space and recreational areas are within 2km of the Site, as set out in Chapter 3 above, which includes Danson Park located immediately to the south.	**Positive** ✓ Negative Neutral Uncertain	N/A

4.3   Access to Open Space and Nature

Table 4.3 Access to Open Space and Nature

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal retain and enhance existing open and natural spaces?	Yes No **N/A** ✓	Due to the nature of the Site being a football club, no open and natural space is within it to be retained.	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 DAS sets out that the Development will provide community amenity and play space for recreational activities within the communal terrace gardens and the first-floor podium garden, enhancing the availability of open space for future residents of the Development and would be accessible for all, including those with limited mobility. The area surrounding the Site contains substantial areas of public open space each of which are located within 2km, including Danson Park immediately to the south. Although within walking distance from the Site, not all the identified spaces will be accessible to all of the future residents of the Development, or residents with physical disabilities preventing longer trips. The Development therefore complies with the requirements of Policies GG3 *'Creating a Healthy City'*; and D5 *'Inclusive Design'* of the London Plan, and Policy SP5 *'Placemaking Through Good Design'* of the Bexley Local Plan.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal provide a range of play spaces for children and young people?	**Yes** ✓ No N/A	As described above, the Development will provide multiple areas of community amenity and play space within the communal terrace gardens and first-floor podium garden that will enable children and young people to access recreational spaces on the Site.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal provide links between open and natural spaces and the public realm?	**Yes** ✓ No N/A	The new open spaces within the Development would be privately accessible for all future residents.	Positive Negative **Neutral** ✓ Uncertain	N/A
Are the open and natural spaces welcoming and safe and accessible for all?	**Yes** ✓ No N/A	The Development will create an area that is easily accessible, welcoming, and safe for its users and future residents. As described above, the Development seeks to be of a high-quality and provide a good standard of living to its future residents. The Development will provide open space and residential units that will be equipped for the future of the community.	**Positive** ✓ Negative Neutral Uncertain	Management and maintenance of the public realm to encourage a feeling of safety and security.

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal set out how new open space will be managed and maintained?	**Yes** ✓ No N/A	Section 7.13 of the DAS that has been submitted in support of the planning application sets out a maintenance strategy for the new open space within the Development. The landscaped areas will be managed sustainably and to a high standard in the long term.	**Positive** ✓ Negative Neutral Uncertain	Landscaping management measures will be secured via planning condition.

4.4   Air Quality, Noise and Neighbourhood Amenity

Table 4.4 Air Quality, Noise and Neighbourhood Amenity

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	**Yes** ✓ No N/A	As with any demolition and construction project, there is the potential for the generation of dust and particulate matter by construction activity (including excavation, ground works, cutting, construction, concrete batching and storage of materials that have the potential to result in fugitive dust emissions). Large amounts of dust can cause respiratory and cardiovascular health problems and irritate eyes, throat and skin[xxxv] and therefore, if not controlled, the construction phase could have adverse on the surrounding residents and users of facilities local to the Site. The potential construction phase air quality impacts have been assessed in the Air Quality Assessment submitted in support of the planning application. Air quality impacts from fugitive dust emissions were assessed and it was considered that the use of good practice control measures such as the successful implementation of a Demolition / Construction Environmental Management Plan (D/CEMP) would provide suitable mitigation for the construction of the Development. The D/CEMP will include steps to mitigate fugitive dust emissions by setting out measures relating to the Site management, preparing and maintaining the Site, operating vehicle/machinery, sustainable travel, operations, waste management, earthworks, construction and trackout. The construction phase is expected to be phased, with the arrival and departure of Heavy Goods Vehicles (HGV) dispersed across the working day to avoid a concentration of released pollutants associated with these activities. All management of construction traffic and access will be carried out in accordance with the D/CEMP. Following the implementation of the proposed mitigation, the effect to air quality during construction would not be significant, therefore complying with Policy GG3 *'Creating a Healthy City'* of the London Plan. Similarly, noise and vibration impacts that may arise during the demolition and construction phase of the Development will be managed through the successful implementation of a D/CEMP.	Positive Negative **Neutral** ✓ Uncertain	D/CEMP to be secured by a planning condition and implemented throughout the demolition and construction phases.

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal minimise air pollution caused by traffic and energy facilities?	**Yes** ✓ No N/A	As discussed in the Air Quality Assessment that has been submitted in support of the planning application, there will not be a significant increase in pollutant concentrations; mitigation is not considered to be necessary other than those used to control demolition and construction dust, as set out above. Similarly, concentrations of all pollutants are below the National Air Quality Objectives at the Site and it is therefore not necessary to implement mitigation to reduce the exposure from NO_2 or any other pollutant to future residents of the Development. Nonetheless, Plant and Non-Road Mobile Machinery (NRMM) would be operated in line with the D/CEMP to ensure pollutant emissions are reduced and avoided where possible. NRMM will be maintained in a good condition and engines will not be left to idle. Construction vehicle emissions will be managed through the implementation of the D/CEMP, and operation of HGVs will be dispersed across the working day to avoid a concentration of released pollutants and noise. As set out in Chapter 2, the Development has been designed to be largely car free, with only eight disabled car parking spaces (6 on-site and 2 on-street) and two car club spaces proposed. These spaces would also comprise EV charging points; the use of EVs minimises emissions to air associated with combustion engines. The stadium and commercial uses within the Development would have no car parking on the Site; 100 spaces will be used from the nearby Learning and Enterprise College in the event that the stadium exceeds capacity. No mitigation is considered necessary for the operational phase of the Development. No energy facilities are proposed as part of the Development.	**Positive** ✓ Negative Uncertain Neutral	D/CEMP to be secured by a planning condition and implemented throughout the demolition and construction phase.

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal minimise noise pollution caused by traffic and commercial uses?	**Yes** ✓ No N/A	Large amounts of traffic during the operational phase of the Development are not anticipated. The Noise Assessment that has been submitted in support of the planning application has not assessed the impact of noise from footballing activities. The reason for this is because the current stadium has a capacity of 4,000; the stadium element of the Development will still have a capacity of 4,000 spectators. Since there will not be an increase in capacity of the stadium, rather an improvement of facilities, it is not anticipated that there will be an increase in footballing noise. Given that the northern end of the stadium will be enlarged, this will act as a noise barrier to the properties to the north of the Site and therefore, some dwellings close to the Development may experience a reduction in noise as a consequence of the Development. Delivery noise for the club and the commercial units is unlikely to be significant. Given that the front façade of the residential dwellings would benefit from a good level of sound insulation, as set out in the Noise Assessment, it is unlikely that deliveries would cause a significant disturbance, particularly against the residual acoustic environment comprising of significant levels of road traffic noise along Park View Road. With regard to the party floor which would separate the club bar to the residential units above, it would be expected that at a minimum, the party floor would comply with the requirements of Approved Document E of the Building Regulations[xxxvi] and achieve the minimum standard of sound insulation appropriate for the floor. Patron noise would be managed by staff within the premises so as not to disrupt adjacent residential dwellings. Furthermore, an Event Management Plan has been submitted in support of the planning application and sets out how the Development would ensure stadium events are managed in terms of operations on the ground.	**Positive** ✓ Negative Neutral Uncertain	Implementation of a Noise Management Plan (secured via planning condition) to ensure that activities within the club bar are managed.

4.5   Accessibility and Active Travel

Table 4.5 Accessibility and Active Travel

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal address the ten Healthy Street indicators?	**Yes** ✓ No N/A	The Healthy Street Indicators are as follows: 1. Pedestrians from all walks of life; 2. Easy to cross; 3. Shade and shelter; 4. Places to stop and rest; 5. Not too noisy; 6. People choose to walk, cycle and use public transport; 7. People feel safe; 8. Things to do and see; 9. People feel relaxed; and 10. Clean air. The Development seeks to be of a high-quality and provide a good standard of living for its future residents. High-quality amenity space will be available for future residents. An Active Travel Zone Assessment has been submitted in support of the planning application and determines the level of accessibility of the Site with regard to active travel opportunities and in line with Transport for London Guidance. The assessment sets out that the area surrounding the Site is in a good location to follow the Healthy Street's approach due to its proximity to amenities and public transport links with regular services. However, the Assessment identifies four points which can be improved to fulfil the Heathy Street Criteria (please see Active Travel Zone Assessment for images of routes referred to below): ▪ The Crossing on Roseacre Road: Route 1 may be improved with the presence of tactile paving; ▪ The Crossing on Bellgrove Road, Route 2 may be improved by re-painting the crossing markings, which makes people safer and crossing easier; ▪ The Cycle Lane on Park View Road, Route 3 may be improved by re-painting the cycle lane markings, which makes pedestrians and cyclists safer; and ▪ The lack of crossing at Foster's Primary School, Route 4 may be improved by introducing a new crossing area in addition to the 'Keep Clear' road markings.	**Positive** ✓ Negative Neutral Uncertain	Improvements recommended in Active Travel Zone Assessment secured via legal agreement to align with the Healthy Streets Approach

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal prioritise and encourage walking for example, through the use of shared spaces?	**Yes** ✓ No N/A	The Development prioritises an active and healthy lifestyle for its future residents and has been designed to be largely car free. The Development will allow for interaction between visitors, residents and other users of the Site, and connect to existing residential areas and local facilities in proximity to the Site. The Site is located near existing public amenities, allowing future residents of the Development to easily access key services, retail and leisure by foot.	**Positive** ✓ Negative Neutral Uncertain	Maintenance of landscaping and public realm spaces to ensure they remain attractive to residents and users of the Development.
Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?	**Yes** ✓ No N/A	The Planning Statement that has been submitted in support of the planning application sets out that the residential element of the Development will deliver 202 long-stay cycle parking spaces, along with four short-stay spaces, complying with London Cycle Design Standards and Transport for London preference. The commercial units will not have any parking associated with their use. Six long-stay cycle spaces will be provided in a secure store. The stadium element of the Development will have no car parking associated with its use; however, the Applicant has secured an agreement with the Learning and Enterprise college for 100 spaces for stadium events exceeding capacity. Whilst there are no policy requirements, the Development will deliver 75 cycle parking spaces for club employees, players and visitors. The implementation of these measures will encourage and enable people to travel to and from the stadium in a sustainable way.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	**Yes** ✓ No N/A	As set out in the Transport Assessment that has been submitted in support of the planning application, the Site is well connected to the surrounding transport network at Park View Road which connects west to Welling town centre and east to Bexleyheath. The Site is accessible on foot via footways on both sides of Park View Road providing a continuous lit route to both Welling and Bexleyheath town centres. There are on-road cycle lanes provided on Park View Road across the Site frontage. The local highway network is also considered suitable for cycling due to the relatively low speed limit and flat topography. Future residents and users of the Development would be able to sustainably access local facilities; cycle storage will be available for all users.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	**Yes** ✓ No N/A	During the construction phase, construction traffic will be managed in accordance with the D/CEMP. Large amounts of operational traffic are not anticipated, as the Development has been designed to be largely car free. Nonetheless, an Events Management Plan has been submitted with the planning application and sets out how traffic associated with events in the stadium would be managed to minimise effects.	**Positive** ✓ Negative Neutral Uncertain	D/CEMP to be secured via planning condition and implemented throughout the demolition and construction phases; and

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
				Implementation of the Events Management Plan (secured via planning condition) during the operational phase of the Development.
Is the proposal well connected to public transport, local services and facilities?	**Yes** ✓ No N/A	The Site is in proximity to local services and facilities, as identified in Chapter 3. In addition, the Transport Assessment and Chapter 1 of this HIA sets out that regular bus services are available from stops within a short walk from the Site. Further, Welling railway station is located 1.4km (i.e., 18-minute walk), each of which provide connections to the wider area. Therefore, the Development is well located to allow access to amenities and facilities within the local area, including those that are listed in Chapter 3 of this HIA.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?	**Yes** ✓ No N/A	As outlined above, cycle storage will be available for all elements of the Development. Eight disabled parking spaces; and two car club spaces will be provided, with the remainder of the Development being car free.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal allow people with mobility problems or a disability to access buildings and places?	**Yes** ✓ No N/A	The Development will be of a high-quality providing a good standard of amenity for all. 10% of the residential units will be M4(3) adaptable, with the remainder being M4(2) compliant. Eight disabled car parking spaces will be provided for the residential units, allowing those with reduced mobility to access the Development. Furthermore, 30 disabled seats will be provided within the stadium, allowing those with reduced mobility to enjoy future events.	**Positive** ✓ Negative Neutral Uncertain	N/A

4.6   Crime Reduction and Community Safety

Table 4.6 Crime Reduction and Community Safety

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal incorporate elements to help design out crime?	**Yes** ✓ No N/A	The DAS sets out that a meeting with the local Metropolitan Policy Designing Out Crime Officer (DOCO) has taken place. The recommendations from the DOCO have been incorporated into the Development and will ensure the highest standards of safety and crime prevention are met, in line with the aspirations of the Secured by Design Principles and Guidance[xxxvii]. It is considered that any detail with respect to Secured by Design can be secured via planning condition; on this basis, the Development is considered to be acceptable in terms of crime and safety.	**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	The Development aims to provide an accessible and inclusive space that promotes feelings of safety and security amongst its residents and visitors. The landscaping strategy has been sympathetically designed with the character of the surrounding area and will be maintained to create attractive and secure routes. A legible environment will be created for residents by positioning buildings to create focal points, providing a clear distinction between public and private space.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal include attractive, multi-use public spaces and buildings?	**Yes** ✓ No N/A	The Development provides residential dwellings, a stadium and commercial units that will be designed to a high quality.	**Positive** ✓ Negative Neutral Uncertain	N/A

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Has engagement and consultation been carried out with the local community?	**Yes** ✓ No N/A	As set out in the Statement of Community Involvement that has been submitted in support of the planning application, the Applicant has embraced the opportunity to engage with the local community. A public consultation event was held on the Site on Monday 10th July 2023, with the fan preview session running from 1pm to 3pm and the public session from 3pm to 7pm, with an invitation sent to 2,212 addresses. In addition, a dedicated project website was set up and has been operational since 29th June 2023 (https://wellingparkviewroad.co.uk/) The website contains key information about the Development, downloadable versions of the information boards displayed at the public consultation event, a feedback section, and contact details. To ensure that stakeholders could easily get in touch with the project team about any matters relating to the Development, a project email address (info@wellingparkviewroad.co.uk) was created. At the event, attendees were able to view information boards detailing the proposals, meet and ask questions of members of the project team, and provide feedback on the proposals. Attendees of the fan preview session were also given a presentation by the project team and representatives from WUFC and were able to ask questions in a Q&A session. In total, 204 people attended the public exhibition, with 95 people attending the fan preview session and 109 people attending the public session.	**Positive** ✓ Negative Neutral Uncertain	N/A

4.7   Access to Healthy Food

Table 4.7 Access to Healthy Food

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
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 facilitate the supply of local food.	Positive Negative **Neutral** ✓ Uncertain	N/A
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes No **N/A** ✓	The Development includes two Use Class E commercial units. The final uses of the commercial units have not been confirmed at this stage; however, there is the potential for a range of retail/commercial uses under Use Class E.	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	No hot food takeaway is proposed as part of the Development.	Positive Negative **Neutral** ✓ Uncertain	N/A

4.8   Access to Work and Training

Table 4.8 Access to Work and Training

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?	**Yes** ✓ No N/A	The demolition and construction phases of the Development is likely to directly generate part-time employment jobs. In addition to demolition and 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 provides comprises the redevelopment of WUFC, 104 residential units and commercial units, each of which would provide permanent employment opportunities during the operational phase of the Development. Further, landscaping, public realm, pitch maintenance and buildings maintenance would also contribute to local employment opportunities in the area.	**Positive** ✓ Negative Neutral Uncertain	Commit to sourcing workforce from the local area where possible; and Consider whether any apprenticeship positions could be provided.
Does the proposal provide childcare facilities?	Yes **No** ✓ N/A	The Development 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 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 arrangements?	**Yes** ✓ No N/A	The demolition and construction phases will provide opportunities for local people and the jobs will be temporary. As set out above, the operational phase would provide permanent employment opportunities.	**Positive** ✓ Negative Neutral Uncertain	Commit to sourcing construction workforce from the local area where possible; Consider whether any apprenticeship positions could be provided; and Consider local procurement arrangements.

4.9   Social Cohesion and Inclusive Design

Table 4.9 Social Cohesion and Inclusive Design

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal consider health inequalities by addressing local needs through community engagement?	**Yes** ✓ No N/A	Each LSOA within the Site is varied in terms of its levels of deprivation. The Development will provide a high-quality stadium, residential dwellings and commercial units. This will provide temporary and full-time employment, which may help to reduce deprivation in income, in particular for LSOA Bexley 016B. In accordance with Policies D4 *'Delivering Good Design'* and D5 *'Inclusive Design'* of the London Plan, the design of the Development has been shaped through design principles that considers the local community. The Development will reinforce the unique qualities and culture of the area. The design responds positively to the topography, landscape and existing edge conditions to ensure that the Development enhances privacy, integrates with the local character and promotes a unique sense of place. As stated in the Statement of Community Involvement, the Applicant has sought and received pre-application planning advice from LBB and the local community and this has been used to inform the design of the scheme and the technical reports submitted as part of the planning application.	**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 will reflect the positive characteristics of the local area. The Development is well connected to the local area via Park View Road. The first-floor podium garden, and roof top terrace gardens will foster social interaction and shared enjoyment of the spaces between users.	**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 will provide a mix of uses, in terms of its residential dwellings; new community facilities (i.e., a football pitch); commercial areas; and a public café/bar and shop. Furthermore, a first-floor podium garden and two terrace rooftop gardens comprise the Development, allowing for free play, and gathering. Further, the Development is located in proximity to community facilities, as outlined in Chapter 3.	**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 that the landscaping and maintenance of the open spaces within the Development and local community organisations (e.g., neighbourhood watch) could generate opportunities for the voluntary and community sectors.	Positive Negative **Neutral** ✓ Uncertain	N/A

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal take into account issues and principles of inclusive and age-friendly design?	**Yes** ✓ No N/A	As set out in the Planning Statement that accompanies the planning application, a range of units types form the Development, allowing for a diverse residential development of varying ages and profiles. Private and public spaces are clearly defined, and accessibility comprises one of the Development objectives.	Positive Negative **Neutral** ✓ Uncertain	N/A

4.10   Minimising the Use of Resources

Table 4.10 Minimising Use of Resources

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal make best use of existing land?	Yes **No** ✓ N/A	The Site comprises previously developed / brownfield land. The Applicant has sought to locate development on the footprint of Previously Developed Land as much as possible. The Development will provide new, high-quality homes, within an area of housing need provision. The Site comprises a football stadium and associated structures that will be redeveloped and enhanced. The redevelopment of the Site will optimise the overall use of land.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal encourage recycling (including building materials)?	**Yes** ✓ No N/A	During the construction phase, where possible, materials will be sourced locally with a high recycling content. During the demolition and construction phase, waste will be minimised where possible and managed in accordance with the D/CEMP and Site Waste Management Plan (SWMP). Once operational, provisions for household waste and recycling collection will be made at designated waste collection areas (i.e., outside of residential dwellings) to ensure easy access to waste and recycling facilities. The Development will incorporate a large number of materials that can be used at the end of life. Brick, concrete and mortar, hollow core plans, aluminium, glass and steel will be used where possible and can be reused. The life cycle of these components will be large to prevent the number of times these products need to be replaced.	**Positive** ✓ Negative Neutral Uncertain	D/CEMP to be secured by a planning condition and implemented throughout the construction phase. Implementation of the SWMP during the demolition and construction phases to minimise waste and encourage recycling.
Does the proposal incorporate sustainable design and construction techniques?	**Yes** ✓ No N/A	A D/CEMP will be secured by planning condition which will set out how the demolition and construction phase of the Development will meet the planning policy requirements related to sustainable construction development techniques. Sustainable construction techniques will be explored, and consideration will be given to a reduced volume of materials, reclaimed materials, prefabricated elements and re-usable/recyclable materials as set out in the Circular Economy Report that has been submitted in support of the planning application. As described in the Energy and Sustainability Strategy, a fabric first approach will be followed, incorporating passive design measures such as low u-values, low air leakage and low thermal bridging. Active design measures have then incorporated via energy efficient building services, such as 100% low energy lighting, and MVHR. Heating and cooling will be provided to the commercial spaces via individual split VRV systems. By incorporating a combination of all the feasible passive measures along with the use of the above efficient heating & hot water systems and PV Panels, the Site-wide CO_2 emissions	**Positive** ✓ Negative Neutral Uncertain	D/CEMP to be secured by a planning condition and implemented throughout the demolition and construction phase.

| Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
		of the Development have been reduced in excess of the 35% required by Part L of the Building Regulations.		

4.11   Climate Change

Table 4.11 Minimising Use of Resources

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal incorporate renewable energy?	**Yes** ✓ No N/A	As set out above, roof mounted PV panels will be used to generate a portion of the electricity demand.	**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	As outlined in the Energy and Sustainability Strategy, the Development will be constructed using best practice performance for fabric and engineering services and will conform to the appropriate Building Regulations. Buildings will be thermally efficient, easily controlled, well designed and oriented. New planting and SuDS (e.g., green roofs) will provide natural cooling and channel surface water runoff. Buildings will be designed to adapt to climatic extremes by reducing water consumption, reducing overheating and improving ventilation.	**Positive** ✓ Negative Neutral Uncertain	N/A
Does the proposal maintain or enhance biodiversity?	**Yes** ✓ No N/A	The Development has been the subject of a Biodiversity Net Gain (BNG) Assessment. Some vegetation including a small area of deciduous woodland will need to be removed to facilitate the Development. Ecological enhancements built into the development design include extensive biodiverse green roof areas across several areas of the proposed new buildings, a small area of meadow planting, areas of green wall on the new buildings and along the southern boundary, ornamental tree planting along the frontage just outside the northern boundary and mixed native and ornamental planting within the rooftop terraces. The headline results indicate that there is an estimated negative BNG (i.e., loss) of 33.12% for habitats. In addition, the trading rules cannot be satisfied under the current proposals, as deciduous woodland is being lost from the Site and not replaced. Deciduous woodland is a habitat of principal importance and therefore should be retained in line with Paragraph 185(b) of the NPPF. However, as set out in the Planning Statement that has been submitted in support of the planning application, it is important to note that a significant proportion of the habitat loss is the result of replacing the existing grass pitch with an artificial 3G pitch, which is a requirement for WUFC. Should the pitch be retained as a grass pitch, compared with a 3G artificial pitch, the Development would result in a 39.12% increase in biodiversity, which is significantly in excess of the 10% requirement. The existing grass pitch on the Site, whilst having a positive impact in terms of the DEFRA Statutory Biodiversity Metric, is considered to have limited biodiversity value. The pitch is regularly maintained and used as a playing surface, limiting any actual biodiversity being capable of using it. As such, the Development is considered to have a limited impact on biodiversity, and actually results in an improvement if the existing grass pitch was not considered a valuable habitat within the DEFRA Statutory Metric.	Positive Negative **Neutral** ✓ Uncertain	Methods to increase the BNG value on the Site to be explored post-development (secured via planning condition). Landscaping management measures to be secured via planning condition.

Assessment Criteria	Relevant?	Details / Evidence	Potential health impact?	Recommended mitigation or enhancement?
Does the proposal incorporate sustainable urban drainage techniques?	**Yes** ✓ No N/A	The Flood Risk Assessment and Surface Water Drainage Strategy that has been submitted in support of the planning application sets out that across the Site, approximately 1,637 sqm of green roof will be incorporated into the Development. The largest proposed green roof on the Site will be associated with the western aspect of the Development. An external cellular tank, which due to spatial constraints, will be situated beneath the football pitch.	**Positive** ✓ Negative Neutral Uncertain	N/A

5   CONCLUSION

5.1.1   An assessment of the potential health effects of the Development has been undertaken using best practice guidance. Relevant local and national policy, and baseline conditions have been identified which has informed the assessment of effects undertaken using the HUDU Rapid Health Impact Assessment Tool.

5.1.2   A review of the baseline conditions on the Site and the surrounding area has been provided within Chapter 3. The Site is located with LSOAs Bexley 016A, Bexley 016B and Bexley 020E. The levels of deprivation within each LSOA is varied, with Bexley 016B being the subject of the highest levels of deprivation within the majority of domains.

5.1.3   The performance of the Development has been assessed against the following key health themes:

- Housing quality and design;

- Access to healthcare services and social care services and other social infrastructure;

- Access to open space and nature;

- Air quality, noise and neighbourhood amenity;

- Accessibility and active travel;

- Crime reduction and community safety;

- Access to healthy food;

- Access to work and training;

- Social cohesion and inclusive design;

- Minimising the use of resources; and

- Climate change.

5.1.4   Table 5.1 below sets out potential mitigation and enhancement measures that have been identified.

Table 5.1 Recommended Mitigation or Enhancement Actions for the Development

Health Theme	Recommended Mitigation or Enhancement Action
Housing quality and design	A viability review related to affordable housing provision will be undertaken by LBB and GLA at the application determination stage, which will confirm the exact financial position of the Development.
Access to healthcare services and other social infrastructure	No mitigation has been considered.
Access to open space and nature	- Management and maintenance of the public realm across the Site to encourage a feeling of safety and security; - Landscaping management measures will be secured via planning condition.
Air quality, noise and neighbourhood amenity	D/CEMP to be secured by a planning condition and implemented throughout the demolition and construction phases; and

Health Theme	Recommended Mitigation or Enhancement Action
	▪ Implementation of a Noise Management Plan (secured via planning condition) to ensure that activities within the club bar are managed.
Accessibility and active travel	▪ Improvements to Routes 1-4 recommended in Active Travel Zone Assessment to be secured via legal agreement to align with the Healthy Streets Approach; ▪ Maintenance of landscaping and public realm spaces to ensure they remain attractive to residents and users of the Development; ▪ D/CEMP to be secured via planning condition and implemented throughout the demolition and construction phases; and ▪ Implementation of the Events Management Plan (secured via planning condition) during the operational phase of the Development.
Crime reduction and community safety	▪ No mitigation has been considered.
Access to healthy food	▪ No mitigation has been considered.
Access to work and training	▪ Commit to sourcing workforce from the local area where possible; ▪ Consider whether any apprenticeship positions could be provided; ▪ Consider local procurement arrangements.
Social cohesion and lifetime neighbourhoods	▪ No mitigation has been considered.
Minimising the use of resources and	▪ D/CEMP to be secured by a planning condition and implemented throughout the demolition and construction phase; ▪ Implementation of the SWMP during the demolition and construction phases to minimise waste and encourage recycling.
Climate change	▪ Methods to increase the BNG value on the Site to be explored post-development (secured via planning condition); and ▪ Landscaping measures to be secured via planning condition.

REFERENCES

i https://www.publichealth.com.ng/world-health-organizationwho-definition-of-health/

ii London Borough of Bexley (adopted 26th April 2023) Bexley Local Plan [online] available at: https://www.bexley.gov.uk/sites/default/files/2023-07/bexley-local-plan-adopted-26-april-2023.pdf [last accessed 19th December 2023].

iii Mayor of London – What powers does the Mayor have for planning applications? [online] available at: https://www.london.gov.uk/programmes-strategies/planning/planning-applications-and-decisions/what-powers-does-mayor-have-planning-applications [last accessed 20th December 2023].

iv Mayor of London (2021) The London Plan – The Spatial Development Strategy for Greater London [online] available at: https://www.london.gov.uk/sites/default/files/the_london_plan_2021.pdf [last accessed 20th December 2023].

v UK Government (2012) The Health and Social Care Act 2021 [online] available at: https://www.legislation.gov.uk/ukpga/2012/7/contents [last accessed 20th December 2023].

vi National Planning Policy Framework (December 2023) [online] available at: https://assets.publishing.service.gov.uk/media/65819679fc07f3000d8d4495/NPPF_December_2023.pdf#page=28&zoom=100,61,70 [last accessed 19th December 2023]

vii London Borough of Bexley (undated) JSNA [online] available at: https://bexleyjsna.info/ [last accessed 20th December 2023].

viii London Borough of Bexley (2023) Joint Health and Wellbeing Strategy [online] available at: https://www.bexley.gov.uk/about-the-council/strategies-plans-and-policies/bexley-joint-local-health-and-wellbeing-strategy-2023-2028/introduction-joint-local-health-and-wellbeing-strategy [last accessed 20th December 2023].

ix NHS England (2015) [online] avaiable at: https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/ [last accessed 20th December 2023].

x NHS, Public Health England, TCPA, The Young Foundation, The Kings Fund (2019) Putting Health into Place Principles 1-3: Plan, Assess and Involve

xi Ministry of Housing, Communities & Local Government (2019) National Design Guide [online] available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962113/National_design_guide.pdf [last accessed 20th December 2023].

xii IEMA (October 2020) Impact Assessment Outlook Journal: Health Impact Assessment in Planning [online] available at: https://www.iema.net/resources/news/2020/10/27/health-impact-assessment-in-planning [last accessed 20th December 2023].

xiii Public Health England (October 2020), Health Impact Assessment in spatial planning, A guide for local authority public health and planning teams [online] available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929230/HIA_in_Planning_Guide_Sept2020.pdf [last accessed 20th December 2023].

xiv London Health Urban Development Unit (2019) Rapid Health Impact Assessment Tool

xv Public Health England (2020) Bexley Health Profile 2019 [online] available at: https://fingertips.phe.org.uk/static-reports/health-profiles/2019/E09000004.html?area-name=Bexley [last accessed 20th December 2023].

xvi Ministry of Housing, Communities & Local Government (September 2019) [online] available at: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019 [last accessed 20th December].

xvii NHS Digital (2021) General Practice Workforce 30 June 2023 [online] available at: https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/30-june-2023 [last accessed 20th December 2023].

xviii NHS (2009) NHS London Healthy Urban Development Unit Guidance Notes [online] available at: https://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2013/03/GuidanceNotes-2009.pdf [last accessed 20th December 2023].

xix NHS (undated) Find a dentist website [online] available at: https://www.nhs.uk/service-search/find-a-dentist [last accessed 8th August 2023].

xx Motion (2023) Active Travel Zone Assessment – Proposed Redevelopment of Welling FC Park View Road Football Stadium and 1-3 Park View Road, Welling DA16 1SY

xxi Hawkins Environmental (2023) Air Quality Assessment: Welling United FC

xxii Animal Ecology and Wildlife Consultants (2023) Biodiversity Net Gain Assessment, Welling United Football Club.

xxiii Mendick Waring Limited (2023) Circular Economy Report, Welling FC

xxiv Create Design (2023) Design and Access Statement, Welling United Football Club and Community Scheme

xxv Mendick Waring Limited (2023) Energy and Sustainability Strategy, Welling FC

xxvi Motion (2023) Event Management Plan – Proposed Redevelopment of Welling FC Park View Road Football Stadium and 1-3 Park View Road, Welling DA16 1SY.

xxvii U.L.L. Property (2023) Financial Viability Assessment Report, Welling United Football Club

xxviii Lustre Consulting (2023) Flood Risk Assessment and Surface Water Drainage Strategy, Welling United Football Club.

xxix Hawkins Environmental (2023) Noise Assessment: Welling United FC

xxx Stantec (2023) Planning Statement: Welling United Football Club

xxxi Cratus (2023) Statement of Community Involvement, Park View Road Football Stadium and 1-3 Park View Road, Welling.

xxxii Motion (2023) Transport Assessment - Proposed Redevelopment of Welling FC Park View Road Football Stadium and 1-3 Park View Road, Welling DA16 1SY.

xxxiii Office for National Statistics (2021) Ward-level Population Estimates (Experimental Statistics) [online] available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental [last accessed 20th December 2023].

xxxiv Department for Levelling Up, Housing and Communities (2015) Technical Standards Guidance – Nationally Described Space Standards [online] available at: https://www.gov.uk/government/publications/technical-housing-standards-nationally-described-space-standard [last accessed 21st December 2023].

xxxv UK Government (2018) Guidance: Health Matters: Air Pollution [online] available at: https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution [last accessed 20th December 2023].

xxxvi Ministry of Housing, Communities and Local Government (2015) Resistance to Sound: Approved Document E [online] available at: https://www.gov.uk/government/publications/resistance-to-sound-approved-document-e [last accessed 21st December 2023].

xxxvii Secured by Design, Homes 2023 [online] available at: https://www.securedbydesign.com/images/HOMES_GUIDE_2023_web.pdf [last accessed 20th September 2023].

Appendix A   Site Location Plan
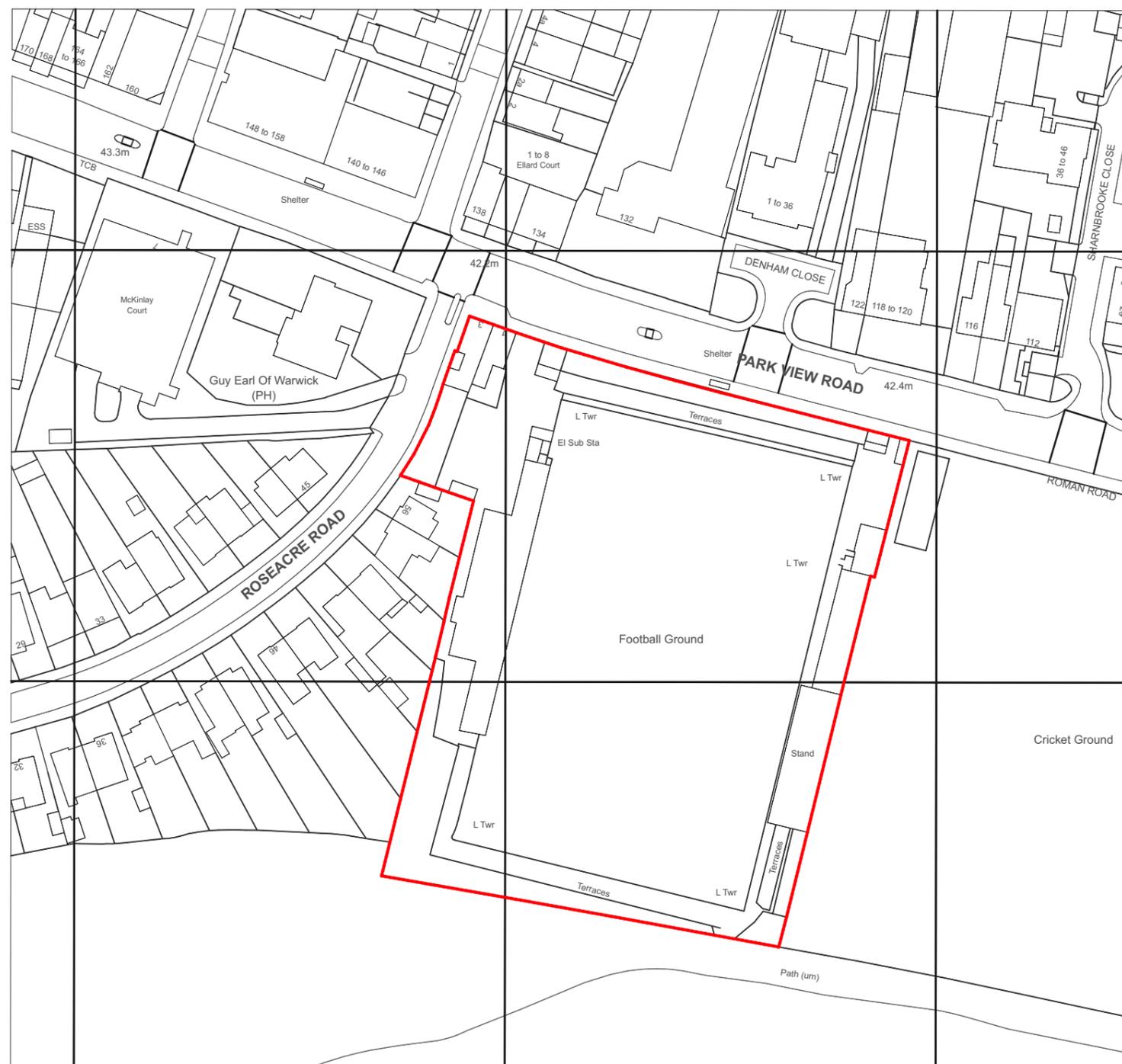
170
168 to 166
162
160
43.3m
TCB
148 to 158
140 to 146
Shelter
ESS
1 to 8
Ellard Court
138
134
132
1 to 36
1 to 8
Ellard Court
36 to 46
SHARNBROOKE CLOSE
McKinlay
Court
42.2m
DENHAM CLOSE
122
118 to 120
116
112
Guy Earl Of Warwick
(PH)
Shelter
PARK VIEW ROAD
42.4m
ROSEACRE ROAD
L Twr
Terraces
El Sub Sta
L Twr
ROMAN ROAD
45
36
L Twr
33
29
9B
Football Ground
Cricket Ground
L Twr
Stand
32
36
L Twr
Terraces
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Terraces
Path (um)

CDA Ref	Scale(s)	Original Paper Size
694	1:1250	A3

Drawing Number

Project	Originator	Volume	Level	Type	Role	Class	Number
694	CDA	ZZ	00	DR	A	00	0100

Revision   Revision Description

Appendix B   HUDU Rapid HIA Tool

NHS

London Healthy Urban Development Unit

HUDU Planning for Health

Rapid Health Impact Assessment Tool

Fourth Edition
October 2019

Contents

NHS London Healthy Urban Development Unit

www.healthyurbandevelopment.nhs.uk

HUDU Planning for Health

Rapid Health Impact Assessment Tool

Background

The Watch Out for Health guide and checklist was first published in 2008 to help ensure that health was properly considered when evaluating and determining planning proposals, and that where possible development plans and proposals had a positive rather than a negative influence on health.

The assessment tool was completely revised in January 2013 to take into account new legislation and policy changes both nationally and in London that relate to health and spatial planning. This fourth edition has been updated to be consistent with the new National Planning Policy Framework, the London Plan, the NHS Long Term Plan, the Public Health England Strategy 2020 to 2025 and the 25 Year Environment Plan. It also provides additional advice on the health impact assessment process and incorporates other relevant assessment approaches, such as Healthy Streets and Contextual Safeguarding principles.

- *The [National Planning Policy Framework (NPPF)](). The new NPPF came into effect in July 2018 and has replaced the 2012 version. An updated version was published in February 2019. The NPPF continues to promote the role of planning to create healthy and safe communities by supporting local strategies to improve health, social and cultural wellbeing for all. It encourages applicants to engage with both non-statutory and statutory consultees in pre-application consultation to resolve issues, such as affordable housing and infrastructure and to secure good design. There is an increased focus on the quality of design of developments includes the buildings and the spaces create places that are safe, inclusive and accessible and which promote health and well-being. The supporting [Planning Practice Guidance]() on healthy and safe communities encourages local planning authorities to consult the Director of Public Health on planning applications, including at the pre-application stage to identify significant health and wellbeing impacts and necessary mitigation measures, using health impact assessment as a useful tool to do this. To support the NPPF, the Government has published a [National Design Guide]() which sets out ten characteristics of well-designed places and demonstrates what good design means in practice by providing examples of schemes in England. Many of the characteristics and principles overlap with health and wellbeing and the guide is a useful tool to integrate good design with healthy urban planning principles.

- *The Localism Act 2011*. The Act enshrines a new layer of development plan called the neighbourhood plan. These are initiated by communities, although they are subject to a formal approval process and a referendum. The Act also enables neighbourhoods to initiate a neighbourhood development order, which allows local people to designate for particular development without it requiring planning permission, and to prepare a neighbourhood plan.

- *The [London Plan](#) and other Mayoral strategies in London.* Along with Local Plans, the London Plan forms part of the statutory development plan for London Boroughs. Health is treated as a cross-cutting issue linking planning and health throughout the London Plan. Underpinning the draft new London plan are six 'Good Growth' policies, including a policy framework to create a healthy city (Policy GG3) which aims to help improve Londoners' health and reduce health inequalities. Delivering Good Growth will involve prioritising health in all London's planning decisions, including through design that supports health outcomes, and the assessment and mitigation of any potential adverse impacts of development proposals on health and health inequality. The plan requires the impacts of new developments on health and wellbeing to be assessed, for example by using health impact assessments. An objective of the Mayor of London's [Health Inequalities Strategy](#) (2018) is to use the planning system to create healthier neighbourhoods and to adopt the Healthy Streets Approach. Healthy Streets Indicators also underpin the Mayor's [Transport Strategy](#) (2018).

- *[Fair Society, Healthy Lives (the Marmot Review)](#).* Published in 2010, the review found that individual health is influenced by wider determinants such as income, education, local environmental quality and employment – called the 'social determinants of health'. The review set out six policy objectives for reducing health inequalities including 'to create and develop healthy and sustainable places and communities'. In February 2020 The Institute of Health Equity will publish with The Health Foundation: 'Health Equity in England: The Marmot Review 10 Years On', to examine progress in addressing health inequalities in England and to propose recommendations for future action. Recognising that the NHS could do far more to support good health as well as treat ill health, the Institute published in 2018 ['Reducing Health Inequalities Through New Models of Care: A Resource for New Care Models'](#)

- *The Public Health England Strategy 2020 to 2025* sets out how the organisation will work to protect and improve the public's health and reduce health inequalities over the next 5 years. A key role is to shape policy and practice. In 2017, Public Health England published ['Spatial Planning for Health: An evidence resource for planning and designing healthier places'](#), which assessed the impact of neighbourhood design, housing, transport, the natural environment and the food environment on health.

- *A Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies.* Prepared by local health and wellbeing boards they identify health and wellbeing needs and priorities, inform commissioning plans and the integration of services, and support action across the wider determinants of health. The Government has updated the [Public Health Outcomes Framework](#) indicators for 2019 to 2022. The indicators help identify public health trends and are used to measure progress on local public health plans.

- The *[NHS Long Term Plan](#).* Published in 2019, the NHS Long Term Plan sets out a 10-year programme of phased improvements to NHS services and outcomes, including improving the quality of care, transforming 'out-of-hospital' and integrated community-based care, increased use of digital technology and an emphasis on prevention. A focus on population health involves a new system hierarchy involving primary care networks serving populations of 30,000 – 50,000 people, local authorities (places) serving

populations of 250,000 – 500,000 people and larger integrated care systems covering populations from 1 – 3 million. The NHS Long Term plan stresses the importance of the NHS and the built environment sector continuing to work together to improve health and wellbeing.

- *The NHS England Healthy New Towns programme* was launched 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. Key lessons from 10 demonstrator sites have been captured in the [Putting Health into Place](#) publications. The documents set out ten principles for healthy place-making. They advocate a 'whole systems approach' to address the root causes and wider determinants of preventable health conditions and poor wellbeing, involving local authorities, NHS organisations, developers, housing associations, and the voluntary community and social enterprise sector. They recognise the need to ensure that health, wellbeing and social connections are prioritised in the master planning and design of places, and that there are long term management solutions in place for public and community spaces.

- [*A Green Future: Our 25 Year Plan to Improve the Environment*](#). The Government's 25-year Environment Plan was published in 2018 and sets out government action to help the natural world regain and retain good health. One key area is connecting people with the environment to improve health and wellbeing. It contains actions that are linked to spatial planning such as ensuring access to the natural environment, recognising the physical and mental health benefits of access to nature and the concept of environmental therapies, such as gardening, outdoor exercise and care farming, and encouraging more investment in green infrastructure, including planting one million trees in England's towns and cities by 2022. It also includes actions to mitigate and adapt to climate change and to minimise waste.

Taken together, this legislative and policy context sends a strong signal that local authorities, health and wellbeing boards and NHS commissioners and providers should engage in the planning system to address the health impacts of development and regeneration proposals and improve health outcomes in new and existing communities.

The Rapid HIA tool

The tool is designed to assess the likely health impacts of development plans and proposals, including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes and outline and detailed planning applications. It is partly based on the World Health Organization Publication *Healthy Urban Planning by Hugh Barton and Catherine Tsourou (2000).*

It helps identify those determinants of health which are likely to be influenced by a specific development proposal. It does not identify all issues related to health and wellbeing but focuses on the built environment and issues directly or indirectly influenced by planning decisions. Not all the issues or assessment criteria may be relevant, and the user is encouraged to prioritise specific actions which focus on key impacts.

There is no single definition of HIA, but a common description used is from the World Health Organization 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 these effects within the population".

European Centre for Health Policy, WHO Regional Office for Europe. Gothenburg Consensus Paper (1999)

It is widely recognised that there are three types of health impact assessment:

- A 'desktop' assessment which draws on existing knowledge and evidence, often using checklists or templates which provide a broad overview of potential health impacts

- A 'rapid' assessment, which is a more resource intensive process, involving a more focused investigation of health impacts and recommending mitigation and enhancement measures

- A 'full' assessment which involves comprehensive analysis of all potential health and wellbeing impacts, which may include quantitative and qualitative information, data from health needs assessments, reviews of the evidence base and community engagement.

HUDU has developed this Rapid HIA tool using existing evidence to assess the impacts of a development plan or proposal and recommend measures to mitigate negative impacts and maximise health benefits. New development may generally bring about a number of positive impacts. However, it may also result in consequences that are unintended which may be good or bad for a person's health.

A more comprehensive HIA could use qualitative and/or quantitative methods, including participatory techniques with local communities and organisations and identify the impacts of development on different groups in the community. The assessment should also include arrangements for monitoring and evaluating the impacts and measures.

Potential users of the tool could include:

- *Developers and consultants* formulating a development proposal and assessing the health impacts of a subsequent planning application.

- *Local authorities and NHS organisations* assessing the health impacts of regeneration or development proposals, who may want to scrutinise planning applications to ensure that health impacts are addressed and health benefits maximised. Use of the tool could be coordinated by health and wellbeing boards and be supported by the joint strategic needs assessment.

- *Community, voluntary groups and organisations* such as neighbourhood forums who may want to identify the health impacts of a proposed development or of a proposed neighbourhood plan or development order.

The assessment tool is generic and should be localised for specific use. It is designed to highlight issues and to facilitate discussion. As a rapid assessment tool, its purpose is to quickly ensure that the health impacts of a development proposal are identified, and appropriate action is taken to address negative impacts and maximise benefits. It may be

supplemented by further information, such as a policy and literature review, a needs assessment and community engagement.

The tool overlaps with other assessments and standards, in particular environmental impact assessment and sustainability appraisal (see summary of assessments in Table 1). In London, the Mayor of London has used Integrated Impact Assessments to assess the Mayoral strategies, including the London Plan, which includes an assessment of health impacts.

This tool could be used as a 'stand-alone' assessment to assess the impact of large-scale development plans or projects, such as area action plans or masterplans, or large planning applications. Alternatively, it could form part of an integrated impact assessment process. In the case of major planning applications subject to environmental impact assessment (EIA), the environmental statement could include a separate chapter on health impacts using this tool. Cross-references should be made to other relevant chapters in the environmental statement, such as socio-economic impacts, transport, noise and air quality. Incorporating health impacts into EIA also allows the cumulative impacts of other neighbouring developments to be addressed. For example, the cumulative impact of a number of developments might necessitate the need for new health or social infrastructure.

Table 1 Summary of relevant assessments and standards

Assessment	Process
Building Research Establishment Environmental Assessment Method (BREEAM)	A BREEAM assessment should be undertaken for all major development proposals. Building Research Establishment Environmental Assessment Method (BREEAM) assesses the environmental performance of new and refurbished buildings. Based on a common framework of technical standards, versions of BREEAM have been developed to assess all key elements of the built environment including new buildings, masterplanning of new communities or regeneration projects and new homes (the Home Quality Mark (HQM). The assessment gives buildings a score of pass, good, very good or excellent. https://www.bregroup.com/products/breeam/ **Note on Code for Sustainable Homes** Previous editions of this tool advocated the use of the Code for Sustainable Homes to assess major development proposals. 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 (eg. under an affordable housing programme), or where planning permission has been granted subject to a condition stipulating discharge of a code level. In these instances, it is possible to continue to conduct code assessments.

Assessment	Process
Housing standards	The current approach to housing standards in England was announced in March 2015 and comprise a <u>nationally described space standard</u> and <u>optional technical standards</u>. These have been adopted in the London Plan and the <u>Housing Supplementary Planning Guidance 2016</u>
Sustainability appraisal (SA) and Strategic Environmental Assessment (SEA)	Sustainability Appraisal is mandatory under the Planning and Compulsory Purchase Act 2004. Sustainability appraisals incorporate the requirements of the Environmental Assessment of Plans and Programmes Regulations 2004 (commonly referred to as the 'Strategic Environmental Assessment Regulations'). The process seeks to promote sustainable development through the integration of social, environmental and economic considerations in the preparation of development plan documents and supplementary planning documents. SA provides a critical evaluation of the performance of policy against predetermined social, economic and environmental criteria so that the plan's performance can be improved. It usually involves: • reviewing current best practice with regard to the subject of the plan • scoping national, regional and local policy guidance • reviewing the plan's assumptions, objectives and forecasts • identifying criteria for appraising the plan's sustainability performance • appraising policies against the criteria (usually in a matrix) • modifying policies in the light of the appraisal • identifying sustainable development indicators (SDI) so the plan's long-term delivery of sustainability can be monitored. <u>https://www.gov.uk/guidance/strategic-environmental-assessment-and-sustainability-appraisal</u>
Health Impact Assessment (HIA)	Health Impact Assessment (HIA) is a means of assessing the health impacts of policies, plans and projects using quantitative, qualitative and participatory techniques. It aims to produce a set of evidence-based recommendations to inform decision-making to maximise the positive health impacts and minimise the negative health impacts of proposed policies, plans or projects. It assumes that policies, programs and projects have the potential to change the determinants of health. Changes to health determinants then leads to changes in health outcomes or the health status of individuals and communities. World Health Organization Health Impact Assessment: <u>http://www.who.int/hia/en/</u> Mayor of London Social Infrastructure Supplementary Planning Guidance (May 2015): <u>https://www.london.gov.uk/what-we-do/planning/implementing-london-plan/supplementary-planning-guidance/social-infrastructure</u>

Assessment	Process
	The Public Health (Wales) Act 2017 requires public bodies to carry out health impact assessments in specified circumstances. The Wales Health Impact Assessment Support Unit provide a number of resources https://whiasu.publichealthnetwork.cymru/en/resources?cat=3&keyword=&topics=
	The International Health Impact Assessment Consortium (IMPACT) is based at the University of Liverpool. A key resource is the Merseyside Guidelines for HIA (2nd edition 2011) https://www.liverpool.ac.uk/population-health-sciences/departments/public-health-and-policy/research-themes/impact/publications/
Mental Well-being Impact Assessment (MWIA) Toolkit	The toolkit helps support national, regional and local services and systems across health, local government, the voluntary, community and private sector to embed mental well-being into their work. It includes an updated evidence base on population characteristics, determinants and protective factors for mental wellbeing. It focuses on the social determinants of mental well-being, such as socio-economic position, environment, transport, education, food, and the understanding of resilience, core economy, social justice and equity. National MWIA Collaborative (England) (2011) Mental Health Wellbeing Impact Assessment: A Toolkit for Well-being (3rd edition)
Integrated Impact Assessment	The Mayor of London has adopted an integrated approach to assessing the impacts of his strategies, which incorporates the following legal requirements: Strategic Environmental Assessment (SEA), Sustainability Appraisal, a Health Impact Assessment (related to the duty to reduce health inequalities as set out in the GLA Act 1999 as amended), an Equalities Impact Assessment, and a Community Safety Impact Assessment. Carrying out an Integrated Impact Assessment (IIA) enables any synergies and cross-cutting impacts of the assessments to be identified. To meet the requirement of the SEA Directive, the significant effects of implementing the London Plan are monitored through a set of key performance indicators, which are reported in the London Plan Annual Monitoring Report (AMR). The IIA approach has been widely used by London boroughs to assess the impacts of their draft Local Plans.
Environmental impact assessment (EIA)	An EIA may be required to identify the environmental effects of a proposed development and ensure that these are thoroughly understood. EIAs are compulsory for certain types of development that include urban development projects where the size of the site is above 0.5ha and where the proposal is likely to have significant environmental impacts. https://www.gov.uk/guidance/environmental-impact-assessment

Assessment	Process
	The Town and Country Planning (Environmental Impact Assessment) Regulations 2017 specify 'population and human health' as one of five core 'factors' to be assessed in an environmental impact assessment. Thus, there is a clear requirement to ensure that health effects are considered early in the design process and that any likely significant health effects arising from the project are identified and mitigated. See https://www.gov.uk/government/publications/health-and-environmental-impact-assessment-guide-for-local-teams
Design and access statement (DAS)	A DAS is required for both outline and full planning applications. Statements are documents that explain the design thinking behind the application. This includes how everyone, including disabled people, older people and very young children will be able to use the development. https://www.gov.uk/guidance/making-an-application - Design-and-Access-Statement
Design Code	A design code is a set of illustrated design requirements that provide specific, detailed parameters for the physical development of a site or area. The graphic and written components of the code should build upon a design vision, such as a masterplan or other design and development framework for a site or area. A design code is particularly useful to ensure that good design principles are applied across a number of sites in a masterplan area, or across a large phased development. To support the National Design Guide and National Planning Policy Framework, the Government intend to publish a National Model Design Code, setting out detailed standards for key elements of successful design. It is expected that local planning authorities will develop their own design codes or guides, taking in to consideration the National Model Design Code.
Lifetime Homes and Neighbourhoods, Inclusive and Age-friendly Design	Lifetime Homes is a set of 16 design criteria that can be incorporated into the construction of new homes at minimal cost. In 2015, the Government withdrew the Lifetime Homes concept. The London Plan no longer includes references to Lifetime Homes standards, but now reflects the Building Regulation requirement M4 (2) on accessible and adaptable dwellings. Many local planning policies continue to require Lifetime Homes standards in new developments. http://www.lifetimehomes.org.uk/ Lifetime Neighbourhoods places the design criteria of Lifetime Homes into a wider context. It encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe. http://www.lifetimehomes.org.uk/pages/lifetime-neighbourhoods.html http://www.communities.gov.uk/publications/housing/lifetimeneighbourhoods

Assessment	Process
	Inclusive and Age-friendly Design Planning Practice Guidance now refers to inclusive and age-friendly design and the issues and principles to be considered, and characteristics of a dementia-friendly community. https://www.gov.uk/guidance/housing-for-older-and-disabled-people#inclusive-design The World Health Organization has established a Global Network for Age-friendly Cities and Communities https://www.who.int/ageing/projects/age_friendly_cities_network/en/ The Housing Learning and Improvement Network (LIN) is a leading knowledge hub and has compiled resources on age-friendly communities and design https://www.housinglin.org.uk/Topics/browse/Design-building/Neighbourhoods/ The Royal Town Planning Institute has published Dementia and Town Planning: Creating better environments for people living with dementia https://www.rtpi.org.uk/knowledge/practice/dementia-and-town-planning/
Building for Life	Building for Life (BfL), updated in 2012, is the industry standard, endorsed by Government, for well-designed homes and neighbourhoods. BfL12 is a tool that local communities, local authorities and developers are invited to use to stimulate conversations about creating good places to live. It sets out 12 questions to be addressed when designing new developments, grouped under three broad headings: • Integrating into the neighbourhood • Creating a place • Street and home. http://www.designcouncil.org.uk/knowledge-resources/guide/building-life-12-third-edition
Healthy Streets	The Healthy Streets Approach and the 10 Indicators of a Healthy Street were first included in Transport for London policy in the first Health Action Plan in 2014. The Healthy Streets Approach now underpins the Mayor's Transport Strategy (2018), the Mayor's Health Inequalities Strategy (2018) and the new London Plan. https://www.london.gov.uk/what-we-do/health/transport-and-health/healthy-streets The approach aims to deliver a healthier, more inclusive city where people choose to walk, cycle and use public transport. The 10 Healthy Streets Indicators are the key elements of a healthy street environment. 1. Pedestrians from all walks of life 2. People choose to walk, cycle and use public transport 3. Clean air 4. People feel safe 5. Not too noisy

Assessment	Process
	6. Easy to cross 7. Places to stop and rest 8. Shade and shelter 9. People feel relaxed 10. Things to see and do A Healthy Streets Toolkit aims to put the approach into practice. It includes an indicator tool and a Healthy Streets Check for Designers tool which aim to embed the approach into initial assessment, project implementation and evaluation. https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets
Contextual Safeguarding	Contextual Safeguarding is a framework for safeguarding children beyond their family settings developed by the University of Bedfordshire. Whilst traditional safeguarding is focused on working with parents, within this new contextual framework the focus is on identifying harm or risk of harm in public spaces and then working in partnership to create safety within those environments. For example, this might include increasing lighting in a stairwell, or closing down a space being used to exploit young people. Planning applications should consider designing spaces to reduce the risk of young people being harmed or exploited (e.g. by reducing hidden or unlit spaces, increasing the number of windows, or providing safe communal facilities and spaces where young people can socialise). Further information and resource can be found on the Contextual Safeguarding website: https://www.contextualsafeguarding.org.uk/
Equalities Impact Assessment	The Equality Act 2010 places a duty on local planning authorities to engage with the local community and other interested parties when developing plan policies and take into account representations made to it when determining a planning application. An equality impact assessment is a process designed to ensure that a policy, project or scheme does not discriminate against any particular group on the basis of certain characteristics, which are defined as: • Age • Disability • Ethnicity/Race • Gender/Sex • Gender reassignment • Marriage and Civil Partnership • Pregnancy and maternity • Religion or beliefs and; • Sexual orientation The use of equality impact assessment can help identify disadvantaged or vulnerable groups for the purposes of the health impact assessment and seek to address health inequalities.

Suggested HIA methodology and use of the Rapid HIA tool

The scale and complexity of the development proposal or plan will determine the type of HIA used and the extent of analysis, engagement and assessment. HIA should be used at the earliest possible stage during plan preparation or prior to the submission of a planning application to inform the design, layout and composition of a development proposal.

Whilst there is no single approach or methodology to carry out an HIA, typically, it involves the following key stages, as illustrated in the following diagram.
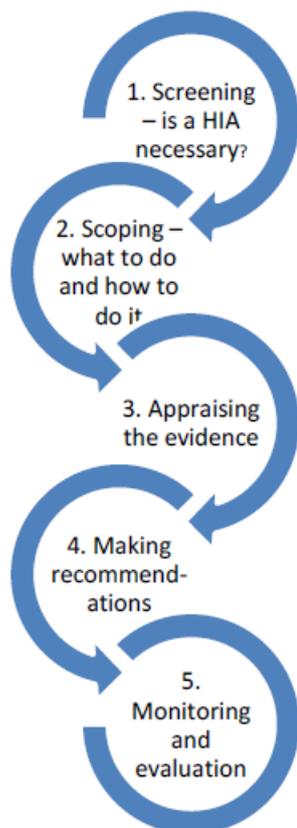
GLA, Public Health Team

1. Screening - Is a HIA required?

2. Scoping – identifying the type of HIA and what it will focus on

3. Appraising the evidence – gathering evidence and engaging with community groups and local stakeholders

4 Assessing the impacts and making recommendations – using the evidence to assess the impacts and recommend actions to mitigate negative impacts and maximise benefits

5. Monitoring and evaluation – monitoring health impacts and outcomes and ensuring that recommendations are implemented and HIAs are effective.

1. Screening

A requirement for HIA might be set out in the Local Plan and the validation list for planning applications. The Local Plan might specify the types and sizes of development that require HIA. Pre-application discussions should confirm the requirement, or agree a different approach, for example, where HIA could be incorporated into environmental impact assessment. The screening stage may also consider the site context, for example whether the site is located in a deprived or sensitive area, or whether there are likely to be cumulative impacts arising from other developments in the area, or phases of a large development.

2. Scoping

The scoping stage should determine the type of HIA to be used, which will depend on the scale and complexity of the plan or development proposal, the proposed use or uses, the site context and the scale of development in the wider area. For plans and large

development proposals, this should be agreed at the pre-application stage. The geographical scope of the assessment may be influenced by the proximity of existing communities and physical barriers, for example roads, rail, or water.

It should also identify the proposed approach to use local evidence, to identify the groups affected by the proposals, including the existing community and new occupants, and the methods to be used to consult and engage with the local community and stakeholders. The extent of the analysis and level of community engagement should be proportionate to the scale of the development proposal. For example, a desktop assessment could focus on specific issues and impacts using existing evidence, such as a local health profile.

Where a full or rapid HIA is required, a desktop checklist or template, such as HUDU's Healthy Urban Planning Checklist could be used to identify the key issues and impacts and when they are likely to occur, for example at the construction stage, or occupation of the development.

The following diagram indicates the type of HIA that could be used depending on the plan or development proposal.

Screening and scoping – what type of HIA should be used

Plan or development proposal	Suggested type of assessment
Local Plan	Full HIA, Integrated Impact Assessment or incorporate health impacts into Sustainability Appraisal
Major infrastructure project	Full HIA, use rapid HIA to scope issues
Area Action Plan or masterplan	Full HIA, use rapid HIA to scope issues
Neighbourhood Plan	Rapid HIA, or desktop checklist
Large planning applications (applying development thresholds)	Rapid HIA, or incorporated into Environmental Impact Assessment where applicable
Major applications	Rapid HIA, or desktop checklist
Minor applications	Desktop checklist or incorporated into other documents, ie Design and Access Statement
Other developments, for example change of use to A5 use	Desktop assessment or checklist looking at specific issues and impacts

Adapted from GLA Public Health Team 2015

The scoping stage should consider the resources required to conduct an HIA, including the capacity of local public health teams and the local community to inform and scrutinise the assessment. For HIAs on local plans or large development proposals, a steering group could be considered, setting out terms of reference, identifying resources and establishing the time-frames for the assessment.

3. Appraising the evidence

This stage aims to collate evidence and engage with community groups and local stakeholders to inform the assessment and recommendations. The extent of evidence gathering, data analysis and engagement will depend on the scale of the development proposal and the type of HIA used. This stage could involve the following tasks:

- A policy review – a summary of the relevant national and local policy context, for example the local health priorities identified in the joint health and wellbeing strategy.

- A local community profile and baseline identifying key health and wellbeing issues and determinants, and an infrastructure baseline, identifying existing capacity. This will require consultation with infrastructure providers and commissioners and the voluntary sector where appropriate.

- A evidence review using published research or resources, such as Public Health England's Spatial Planning for Health: An evidence resource for planning and designing healthier places, or the evidence summary and references provided in this tool.

- Gathering other evidence used for other assessments to support a development proposal, such as for an Environmental Statement or Transport Statement.

- Community engagement, considering how the proposal might affect different population groups, for example children and young people, older people and people with disabilities and long-term health conditions, certain ethnic minority or religious groups. The impacts might be at different stages of the development, for example during construction. Engagement might also take place with the voluntary sector and local interest groups.

Community engagement

The level of community engagement should be proportionate to the scale and complexity of the development proposal, the local site context and the characteristics of the existing population affected. For masterplans and large phased developments engagement could take place with new occupants as their needs and requirements are likely to be different than those of the existing community. This could include new residents, workers and visitors.

Community engagement can provide the contextual knowledge that is often missing from purely quantitative evidence. It allows people to become involved in assessing the potential impact of a development proposal on their own health and wellbeing while also providing key information on the way in which impacts may be distributed across a whole population. Engagement should be ongoing, particularly during the different phases of large developments.

There are different methods to engage community and stakeholder groups, which vary according to the type of HIA used and the amount of time and resources available.

- Participatory workshops
- Interviews and focus groups
- Recruiting public members to HIA steering groups
- Surveys
- A community led HIA, for example on a neighbourhood plan

Development proposals and local plans are subject to statutory consultation. It may be beneficial to link HIA consultation and engagement with pre-application consultation on development proposals and early consultation on a Local Plan at the issues and options stage. The Council's Statement of Community Involvement provides the minimum standards for public consultation on planning applications and local plans, including details of who should be consulted as well as techniques of community involvement.

Community engagement may be linked to wider regeneration programme, for example a Council estate regeneration scheme. In such instances, engagement on the HIA may form part of wider consultation and engagement. The use of regeneration ballots and charters may encourage community engagement and highlight issues and concerns to be addressed in a HIA.

4. Assessing the impacts and making recommendations

Assessing the impacts of development proposals and plans should be informed by the evidence collating and examined and from feedback from community engagement.

A structured approach using a matrix or template is useful setting out the issue, assessment criteria, the evidence, the potential health impact and recommended action.

This rapid HIA tool provides an assessment matrix in Section 1 based on eleven topics or broad determinants:

1. Housing design and affordability
2. Access to health and social care 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 inclusive design
10. Minimising the use of resources
11. Climate change

Under each topic Section 2 identifies examples of planning issues which are likely to influence health and wellbeing and provides supporting information and references.

Assessment criteria are suggested derived from the planning issues, but the user is encouraged to add other criteria where necessary. Information and evidence to assess and evaluate the proposal will come from a wide range of sources, including information submitted with a planning application. This could include a planning statement, design and access statement or an environmental statement for applications subject to environmental impact assessment. In some cases, there may be a lack of information and/or data about certain aspects of the proposal. In this case, the impact is likely to be uncertain and more information should be requested.

The planning issues and topics may be assessed according to local priorities and needs, derived from community engagement and a profile of community health and wellbeing needs and assets. In addition, impacts may be short-term or temporary, related to construction or longer-term, related to the operation and maintenance of a development and may particularly affect vulnerable or priority groups of the population, such as older people or black and ethnic minority groups. Some issues may have a local impact, whilst other issues may have a wider or neighbourhood impact.

It may not be possible to quantify the impacts as many of the effects on an individual's or community's health are not easily measurable and many health effects are indirect and take many years to manifest themselves.

Where an impact is identified, actions should be recommended to mitigate a negative impact or enhance or secure a positive impact. Recommended actions on development proposals may require design or layout changes, closer adherence to policy requirements or standards or planning conditions or obligations. In some cases, it may be helpful to identify non-planning measures, such as licencing controls or maintenance arrangements. The matrix should bring together commitments made in other assessments, for example plans to mitigate construction impacts. They can also be an opportunity to 'fill in' any identified gaps within the proposal and readdress any health (or other) inequalities that may be caused. Overall, recommendations need to be achievable and reflective of all available evidence and community views.

A HIA report should summarise the evidence gathered and analysed, describe the stakeholder and community engagement undertaken and explain how the recommendations have either influenced the development proposal or plan or will be implemented in future.

Normally, developers should take ownership of the recommendations and incorporate them into their planning for the design, construction and operation phases of development. Future recommendations and actions may require monitoring and the use of a management plan or governance arrangements to ensure that they are implemented.

5. Monitoring and evaluation

HIAs are a decision-making tool. Their effectiveness in influencing plan making or planning decisions should therefore be monitored and reviewed. This stage is often overlooked.

To ensure that the recommended actions are implemented, monitoring arrangements should be put in place. It is particularly important that actions and obligations are carried forward from a masterplan or outline approval into detailed planning applications. A separate assessment may be needed for each detailed application having regard to the overall framework of actions and recommendations.

Large-scale development proposals phased over a long period time will give rise to potential construction, operational and post-occupation health impacts which may be best monitored and evaluated by way of longer-term health study. A post-occupancy survey of new housing may be recommended to assess the profile of the new population and to reassess the health impacts. Relevant local indicators from the borough's Annual Monitoring Report, Joint

Strategic Needs Assessment or a sustainability appraisal can help monitor health impacts and outcomes.

The following sources provide indicators which could be used to monitor health impacts and outcomes:

- Marmot Indicators 2017 - Institute of Health Equity Briefing
  http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing

- Public Health Outcomes Framework (PHOF) data tool.
  https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

- The Wider Determinants of Health tool https://fingertips.phe.org.uk/profile/wider-determinants providing resources and a wider set of indicators relating to the wider determinants of health

- Healthy Streets Indicators
  https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets

Quality assurance

It is also useful to evaluate how the information from the HIA was used, and whether it influenced decision making. This will help to assess how effective the HIA process is in influencing decisions.

To ensure a HIA report is of high quality, it is useful to undertake a quality review using a structured tool. This will allow a critical appraisal of the HIA report, the outcome of which can then influence the validity of the recommendations and results, or whether further work needs to be undertaken.

- Quality Assurance Review Framework for Health Impact Assessment (HIA) WHIASU:
  https://whiasu.publichealthnetwork.cymru

- Screening Record Sheet and Scoping Checklist WHIASU:
  https://whiasu.publichealthnetwork.cymru

- Ben Cave – A review package for Health Impact Assessments:
  https://www.scambs.gov.uk/media/5749/hia-review-package-ben-cave-assoc.pdf

Consideration could be given to a scoring system to identify and reward a high standard of design, or 'healthy development' principles and use of measures to address adverse impacts. This could build on other standards, such as the Healthy Streets Approach and Building Research Establishment's Home Quality Mark.

Section 1 – HUDU Rapid Health Impact Assessment Matrix

The assessment matrix is designed to rapidly assess the likely health impacts of development plans and proposals, including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes and outline and detailed planning applications. It should be used prospectively at the earliest possible stage during plan preparation, or prior to the submission of a planning application to inform the design, layout and composition of a development proposal.

The matrix does not identify all issues related to health and wellbeing, but focuses on the built environment and issues directly or indirectly influenced by planning decisions. It is generic and should be localised for specific use. Not all the issues or assessment criteria may be relevant and the user is encouraged to prioritise specific actions which focus on key impacts.

The assessment matrix identifies eleven topics or broad determinants. Under each topic, Section 2 of the tool identifies examples of planning issues which are likely to influence health and wellbeing and the section also provides supporting information and references.

Health impacts may be short-term or temporary, related to construction or longer-term, related to the operation and maintenance of a development and may particularly affect vulnerable or priority groups of the population. This should be indicated in the details / evidence section. Where an impact is identified, actions should be recommended to mitigate a negative impact or enhance or secure a positive impact.

Name of assessor / organisation: ....

Name of project (plan or proposal): ....

Planning reference (if applicable): ....

Location of project:..

Date of assessment: ....

1 Housing design and affordability

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal address the housing needs of older people, ie extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include homes that can be adapted to support independent living for older and disabled people?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal promote good design through layout and orientation, meeting internal space standards?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal contain homes that are highly energy efficient (eg a high SAP rating)?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

2 Access to health and social care services and other social infrastructure

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include the provision, or replacement of a healthcare facility and does the facility meet NHS requirements?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal assess the capacity, location and accessibility of other social infrastructure, eg primary, secondary and post 19 education needs and community facilities?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal explore opportunities for shared community use and co-location of services?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

3 Access to open space and nature

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal provide a range of play spaces for children and young people?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal provide links between open and natural spaces and the public realm?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Are the open and natural spaces welcoming and safe and accessible for all?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal set out how new open space will be managed and maintained?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

4 Air quality, noise and neighbourhood amenity

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal minimise air pollution caused by traffic and energy facilities?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal minimise noise pollution caused by traffic and commercial uses?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

5 Accessibility and active travel

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal address the ten Healthy Streets indicators?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal prioritise and encourage walking, for example through the use of shared spaces?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal prioritise and encourage cycling, for example by providing secure cycle parking, showers and cycle lanes?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Is the proposal well connected to public transport, local services and facilities?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal allow people with mobility problems or a disability to access buildings and places?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

6 Crime reduction and community safety

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal incorporate design techniques to help people feel secure and avoid creating 'gated communities'?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include attractive, multi-use public spaces and buildings?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Has engagement and consultation been carried out with the local community and voluntary sector?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

7 Access to healthy food

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal facilitate the supply of local food, for example allotments, community farms and farmers' markets?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

8 Access to work and training

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal provide childcare facilities?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include managed and affordable workspace for local businesses?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include opportunities for work for local people via local procurement arrangements?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

9 Social cohesion and inclusive design

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal connect with existing communities, ie layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal include a mix of uses and a range of community facilities?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal provide opportunities for the voluntary and community sectors?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal take into account issues and principles of inclusive and age-friendly design?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

10 Minimising the use of resources

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		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal encourage recycling, including building materials?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal incorporate sustainable design and construction techniques?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

11 Climate change

Assessment criteria	Relevant?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the proposal incorporate renewable energy?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, for example ventilation, shading and landscaping?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal maintain or enhance biodiversity?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	
Does the proposal incorporate sustainable urban drainage techniques?	☐ Yes ☐ No ☐ N/A		☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain	

Section 2: Supporting information

General references and resources

Centre for Urban Design and Mental Health (2018) Designing mental health into cities

Design Council (2018) Healthy Placemaking

Department of Health (2012) No health without mental health: implementation framework

Department of Health and Social Care (2016) Public health outcomes framework 2016 to 2019

Ministry of Housing, Communities & Local Government (2019) National Planning Policy Framework

Ministry of Housing, Communities & Local Government (2019) National Design Guide

The King's Fund / London Healthy Urban Development Unit (2009) The health impacts of spatial planning decisions

The King's Fund (2013) Improving the public's health: A resource for local authorities

The King's Fund (2018) Communities and Health

The King's Fund (2019) Creating healthy places: perspectives from NHS England's Healthy New Towns programme

HM Government (2018) 25 Year Environment Plan

Institute of Health Equity (2010) Fair Society Healthy Lives (The Marmot Review)

Institute of Health Equity (Marmot Indicators) 2017 - Institute of Health Equity Briefing

Institute of Health Equity (2018) Reducing Health Inequalities Through New Models of Care: A Resource for New Care Models

NHS England (2019) NHS Long Term Plan

NHS England and NHS Improvement (2019) Putting Health into Place

NHS Sustainable Development Unit

Public Health England (2019) PHE Strategy 2020 to 2025

Public Health England (2017) Spatial planning for health: an evidence resource for planning and designing healthier places

Town and Country Planning Association (2019) The State of the Union: Reuniting Health with Planning

University of Liverpool International Health Impact Assessment Consortium resources

Wales Health Impact Assessment Support Unit resources

1 Housing design and affordability

Issues to consider

- Accessible and adaptable dwellings
- Internal space standards, orientation and layout
- Affordable housing and dwelling mix
- Energy efficiency

Potential health impacts

Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness since urban planning was formally introduced. Post-construction management also has impact on community welfare, cohesion and mental wellbeing.

Possible effects of planning

Negative effects	Positive effects
A lack of affordable housing within communities may compromise the health of low-income residents as they are likely to spend more on housing costs and less on other health needs.	Making provision for affordable housing has the potential to improve wellbeing, while housing quality can be improved by use of appropriate construction methods. This includes use of good materials for noise insulation and energy-efficiency, and detailed design considerations to make sure that homes are accessible, adaptable and well oriented.
Poor choice of location, design and orientation of housing developments can be detrimental to physical and mental health and safety. Housing that is overcrowded can also affect mental health, and lead to physical illness and accidents.	Providing a sufficient range of housing tenures with good basic services is also essential. Adaptable buildings for community uses such as health, education and leisure can contribute towards a sustainable community.
	Planning can give consideration to the layout of the space with specific vulnerable groups in mind by providing spaces for communal activities (e.g. study or leisure spaces for young people).
	It can also design spaces to reduce the risk of young people being harmed or exploited through the maximisation of positive

Negative effects	Positive effects
	guardianships[1] (e.g. reducing hidden or unlit spaces; increasing windows).
The quality of design, including internal sound insulation, daylighting and provision of private space can influence the health and wellbeing of occupiers.	Providing adaptable homes allows residents to remain in their home despite changing accommodation requirements. In this context, adaptable housing more easily permits care to be provided in the community.

National Planning Policy Framework (2019)

5. Delivering a sufficient supply of homes

12. Achieving well-designed places

8. Promoting healthy and safe communities

London Plan policies (March 2016)

Policy 3.3 Increasing housing supply

Policy 3.4 Optimising housing potential

Policy 3.5 Quality and design of housing developments

Policy 3.7 Large residential developments

Policy 3.8 Housing choice

Policy 3.9 Mixed and balanced communities

Policy 3.10 Definition of affordable housing

Policy 3.11 Affordable housing targets

Policy 3.12 Negotiating affordable housing on individual private residential and mixed use schemes

Policy 3.13 Affordable housing thresholds

Policy 3.14 Existing housing

Policy 3.15 Coordination of housing development and investment

Policy 3.16 Protection and enhancement of social infrastructure

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[1] In order to create environments where young people are safe, we all have a role to play. Professionals working in and users accessing communal facilities can positively shape the environment by being a positive 'bystander'. A positive bystander is someone who either intervenes to stop events before they happen, while they are happening, or deals with an outcome after the event. This could involve directly intervening where it is safe to do so, or sharing information so that it can be responded to by others. As someone who is 'on the ground', professionals and users of community facilities have the capacity to notice, report and respond in partnership with others to create safety within a particular environment.

Supporting information

Office of the Deputy Prime Minister (2004) The Impact of Overcrowding on Health and Education

BRE (2015) The cost of poor housing to the NHS

NHS England (2016) Quick Guide: Health and Housing

Report of the Marmot Review Built Environment Task Group (2010)

Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty

World Health Organization (2011) Environmental burden of disease associated with inadequate housing

Mayor of London (2010) London Housing Design Guide Interim Edition

Mayor of London (2016) Housing Supplementary Planning Guidance

Department for Communities and Local Government Code for Sustainable Homes (archived)

Lifetime Homes Foundation, Lifetime Homes Standards and Revised Standards (2010)

Department for Communities and Local Government (2008) Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society

Department for Communities and Local Government (2012) Investigation into overheating in homes: Literature review and Analysis of gaps and recommendations

London Assembly (2011) Crowded houses, Overcrowding in London's social rented housing

The City of New York (2010) Active Design Guidelines – Promoting physical activity and health in design

NHS Improvement (2019) Homes for NHS staff

2 Access to health and social care services and other social infrastructure

Issues to consider

- Health and social care needs and demand for services
- Capacity of existing facilities and services
- Timing, location and accessibility and developer contributions
- Reconfiguring health and social care services
- Multipurpose buildings and co-location of services
- Access and use of buildings by disabled and older people

Potential health impacts

Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to social infrastructure and other services is a key component of Lifetime Neighbourhoods. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.

Possible effects of planning

Negative effects	Positive effects
Failing to plan for the social infrastructure needs in an area can exacerbate pressure of existing services and worsen health outcomes and inequalities.	The provision of accessible healthcare services, which include specialist targeted services such as sexual health and child and adolescent mental health services (CAMHS) and other social infrastructure to support population growth and change is an essential component of creating sustainable, healthy communities. The provision of safe social spaces for children and young people associated with their safety, wellbeing, education, and development (e.g. youth centres or sports facilities) should be considered.
The under-provision of key services can contribute towards unnecessary extra travel, which can damage the environment and social cohesion.	The planning system can help modernise facilities and improve the quality of services. Developer contributions can help provide and fund new facilities.
For those with mobility problems, including older people, poor access to local services could limit opportunities for social	Co-locating some services can improve the effectiveness and efficiency of service delivery, for example, primary health and social care, dentistry and pharmacies.

Negative effects	Positive effects
interaction and lead to isolation and depression.	
	Access to a range of education, primary, secondary and post-19 improves self-esteem, job opportunities and earning capability.

National Planning Policy Framework (2019)

3. Plan-making

4. Decision-making

8. Promoting healthy and safe communities

London Plan policies (March 2016)

Policy 3.16 Protection and enhancement of social infrastructure

Policy 3.17 Health and social care facilities

Policy 3.18 Education facilities

Policy 3.19 Sports facilities

Policy 7.1 Lifetime neighbourhoods

Policy 7.2 An inclusive environment

Supporting information

NHS England (2019) NHS Long Term Plan

Mayor of London (2010) Health Inequalities Strategy

Mayor of London (2015) Social Infrastructure Supplementary Planning Guidance

Report of the Marmot Review Social Inclusion and Social Mobility Task Group (2010)

NHS London Healthy Urban Development Unit Planning Contributions Tool (the HUDU Model)

Institute of Public Health in Ireland (2008) Health Impacts of Education: a review

Environmental Audit Committee inquiry into Transport and the Accessibility of Public Services

Building Research Establishment Environmental Assessment Method (BREEAM)

Sport England, Use Our School

3 Access to open space and nature

Issues to consider

- Opportunities for physical activity
- Access to open and natural space
- Formal and informal outdoor play spaces
- Maintenance of open space and sports facilities
- Integration with other outdoor uses such as food growing

Potential health impacts

Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health.

The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children and young people are missing out on regular exercise, and an increasing number of children and young people are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.

Possible effects of planning

Negative effects	Positive effects
Failing to protect local green spaces and playing fields near to communities can limit opportunities for physical activity.	The provision of publicly accessible green spaces and play spaces can encourage physical activity and maintain or improve mental health.
Green spaces that are of poor quality, feel unsafe, or are inaccessible will discourage physical activity and social interaction.	A growing population, particularly an increase in children and young people will require a range of formal and informal play spaces and equipment. Outdoor spaces and equipment should be age-appropriate and consider the specific needs of adolescents as well as younger children and include a variety of activities (i.e. football, basketball, playing parks). The location parks and other outdoor spaces should avoid isolating specific areas and spaces to increase safety.

Negative effects	Positive effects
Failing to provide a range of different types of open and play spaces may place pressure on existing spaces where formal and informal activities may conflict with each other.	Natural spaces and tree cover provide areas of shade and can improve the air quality in urban areas.
	There may be opportunities to integrate play spaces with other related health and environmental programmes such as food growing and increasing biodiversity.

National Planning Policy Framework (2019)

8. Promoting healthy and safe communities

13. Protecting Green Belt land

15. Conserving and enhancing the natural environment

London Plan policies (March 2016)

Policy 2.4 The 2012 Games and their legacy

Policy 2.18 Green infrastructure: the multi-functional network of green and open spaces

Policy 3.6 Children and young people's play and informal recreation facilities

Policy 5.1 Climate change mitigation

Policy 5.2 Minimising carbon dioxide emissions

Policy 7.1 Lifetime neighbourhoods

Policy 7.18 Protecting open space and addressing deficiency

Policy 7.19 Biodiversity and access to nature

Policy 7.22 Land for food

Supporting information

Department of Health (2011) Healthy Lives, Healthy People: A Call to Action on Obesity in England

Department for Environment Food and Rural Affairs (2011) Natural Environment White Paper: Natural Choice securing the value of nature

UK National Ecosystem Assessment (2011)

Foresight Report (2007) Tackling Obesities: future choices

NICE (2008) Guidance on the promotion and creation of physical environments that support increased levels of physical activity (PH8)

Report of the Marmot Review Built Environment Task Group (2010)

Mayor of London (2018) London Environment Strategy

Mayor of London (2018) Health Inequalities Strategy

London Health Board

Well London programme

Mayor of London (2012) Shaping Neighbourhoods: Play and Informal Recreation SPG

Faculty of Public Health (2010) Great Outdoors: How Our Natural Health Service Uses Green Space To Improve Wellbeing

Sustainable Development Commission (2008) Health, Place and Nature (archived)

Sport England (2015) Active Design: Planning for health and wellbeing through sport and physical activity

Sport England (2019) Planning for Sport Guidance

Town and Country Planning Association and Public Health England (2014) Planning Healthy Weight Environments

Town and Country Planning Association and Public Health England (2014) Planning Healthy-Weight Environments – Six Elements

Public Health England (2018) Everybody active, every day: framework for physical activity

UCL Institute of Health Equity, Public Health England, University of Sheffield (2018) Local action on health inequalities: Improving access to green spaces

4 Air quality, noise and neighbourhood amenity

Issues to consider

- Construction impacts
- Air quality
- Land contamination
- Noise, vibration and odour
- Quality of the local environment
- Provision of green space and trees

Potential health impacts

The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease (chronic bronchitis or emphysema) and heart conditions and asthma levels of among children and young people. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and the separation of land uses can lessen noise impacts.

Possible effects of planning

Negative effects	Positive effects
Construction can result in exposure to land contamination, deterioration in air quality and nuisance from noise, dust, vibration and odours.	The use of construction management plans can lessen construction impacts, particularly hours of working and construction traffic movements.
High levels of road traffic and congestion generated by new developments can result in higher levels of air pollution and noise.	Reduced levels of car parking and travel plans which encourage the use of public transport, cycling and walking will result in better local environmental conditions.
The close proximity of residential units to industrial uses or uses generating late night noise can cause nuisance.	Good design and the sensitive location and orientation of residential units can lessen noise impacts.
	Natural spaces and trees can improve the air quality in urban areas.

National Planning Policy Framework (2019)

4. Decision-making

13. Protecting Green Belt land

15. Conserving and enhancing the natural environment

London Plan policies (March 2016)

Policy 7.1 Lifetime neighbourhoods

Policy 7.2 An inclusive environment

Policy 7.14 Improving air quality

Policy 7.15 Reducing and managing noise, improving and enhancing the acoustic environment and promoting appropriate soundscapes

Supporting information

Mayor of London (2010) Clearing the Air: The Mayor's Air Quality Strategy

Environmental Protection UK (2010) Development Control: Planning for Air Quality

Aether for the Greater London Authority (2016) Updated Analysis of Air Pollution Exposure in London - Interim Report

Clean Air in London, 10 Steps for Clean Air in London

London Air Quality Network - King's College London, Air Pollution Guide

Trust for London, Policy Exchange and King's College London (2016), Up in the Air – How to Solve London's Air Quality Crisis

Transport for London (2015) An Ultra Low Emission Vehicle Delivery Plan for London: Cleaner Vehicles for a Cleaner City

British Medical Association (July 2012) Healthy transport = Healthy lives

Report of the Marmot Review Built Environment Task Group (2010)

King's College London, Environmental Research Group

Mayor of London (2014) The Control of Dust and Emissions During Construction and Demolition SPG

Health Protection Agency (2010) Environmental Noise and Health in the UK

European Environment Agency (2010) Good practice guide on noise exposure and potential health effects, EEA Technical report No 11/2010

Public Health England (2019) Improving outdoor air quality and health: review of interventions

5 Accessibility and active travel

Issues to consider

- Streetscape
- Opportunities for walking and cycling
- Access to public transport
- Minimising the need to travel
- Discouraging car use
- Road traffic injuries

Potential health impacts

Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, reduce risk of premature death and improve mental health.

Possible effects of planning

Negative impacts	Positive impacts
Greater traffic volumes and speeds have increased the risk of road traffic injuries, with pedestrians and cyclists being particularly vulnerable.	Combining active travel and public transport options can help people achieve recommended daily physical activity levels
Poor urban planning has prioritised the car over pedestrians and increased community severance.	By attending to inclusive design, access, orientation and streetscape planners can make it easier for people to access facilities using public transport, walking or cycling. Planners can consider the safety of public transport facilities such as ensuring that bus stops are in opened and accessible locations and safely lit; ensuring secure cycle storage spaces; safe and well-lit walking routes and keeping entrances in open sight lines (i.e. avoiding entrances located at the back of the building).
Over provision of car parking in a development can undermine other travel modes such as public transport and cycling.	Reduced levels of car parking and travel plans which encourage the use of public transport, cycling and walking will result in increased opportunities for active travel.

Negative impacts	Positive impacts
	Planning can promote cycling and walking by connecting routes and public to wider networks, providing safe junctions and calming traffic and providing secure cycle parking spaces.

National Planning Policy Framework (2019)

8. Promoting healthy and safe communities

9. Promoting sustainable transport

12. Achieving well-designed places

London Plan policies (March 2016)

Policy 2.7 Outer London: economy

Policy 2.8 Outer London: transport

Policy 2.9 Inner London

Policy 2.13 Opportunity Areas and Intensification Areas

Policy 2.15 Town Centres

Policy 6.4 Enhancing London's transport connectivity

Policy 6.7 Better streets and surface transport

Policy 6.9 Cycling

Policy 6.10 Walking

Policy 6.11 Smoothing traffic flow and tackling congestion

Policy 6.13 Parking

Policy 7.2 An inclusive environment

Supporting information

World Health Organization (2011) Health economic assessment tools (HEAT) for walking and for cycling

Mayor of London (2010) Mayor's Transport Strategy

Mayor of London (2010) Cycling Revolution London: London's Cycling Strategy

Mayor of London (2013) The Mayor's Vision for Cycling in London

Report of the Marmot Review Built Environment Task Group (2010)

Chartered Institution of Highways and Transportation (2010) Manual for Streets 2

Department for Transport (2014) Active Mode Appraisal (Walking and Cycling)

Department for Transport Local Transport Note 1/11: Shared Space

The City of New York Active (2010) Design Guidelines – Promoting physical activity and health in design

Transport for London (2013) Transport planning for healthier lifestyles: A best practice guide

Department of Transport and Department of Health, January 2011, Transport and Health Resource: Delivering Healthy Local Transport Plans

British Medical Association (July 2012) Healthy transport = Healthy lives

Public Health England (2018) Everybody active, every day: framework for physical activity

Transport for London (2017) Healthy Streets for London

6 Crime reduction and community safety

Issues to consider

- Designing out crime
- Security and street surveillance
- Mix of uses
- Community engagement
- Major accidents/disasters

Potential health impacts

Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns.

New environmental impact assessment regulations entering into force in 2017 require consideration of any significant effects arising from the vulnerability of the proposed development to major accidents or disasters that are relevant to that development.

Possible effects of planning

Negative effects	Positive effects
Poor urban design can exacerbate crime and community safety and increase harm to young people in particular by creating under-used, isolated spaces without natural surveillance and segregate places by creating barriers such as roads.	The detailed design and layout of residential and commercial areas can ensure natural surveillance over public space. This can be assisted by creating places which enable possibilities for community interaction and avoiding social exclusion
Where the local pedestrian environment is intimidating, and inconvenient people are more likely to use cars more or go out less. This reduces social interaction and increases the potential for crime.	Active use of streets and public spaces, combined with effective lighting, is likely to decrease opportunities for anti-social behaviour or criminal activity.
A 24 hour or 'evening' economy could generate anti-social behaviour and disturbance and can also facilitate crime and exploitation of children and young people. It may also intimidate or isolate young people living in the community.	Planners can work with the police to get their advice on making development proposals 'secured by design'. Large planning development projects should also involve communities to foster a sense of ownership and empowerment and differentiate between different groups (i.e.

Negative effects	Positive effects
	the different needs of young children compared to older adolescents, or the needs of adults compared to children) which can also help to enhance community safety. Planners can consider cultural opportunities for young people to engage with in their communities.

National Planning Policy Framework (2019)

8. Promoting healthy and safe communities

12. Achieving well-designed places

London Plan policies (March 2016)

Policy 1.1 Delivering the strategic vision and objectives for London

Policy 2.15 Town Centres

Policy 3.6 Children and young people's play and informal recreation facilities

Policy 3.16 Protection and enhancement of social infrastructure

Policy 7.2 An inclusive environment

Policy 7.3 Designing out crime

Policy 7.13 Safety, security and resilience to emergency

Supporting information

Mayor of London (2010) Health Inequalities Strategy

Report of the Marmot Review Built Environment Task Group (2010)

Department of Health (2012) No health without mental health: implementation framework

ODPM (2004) Safer Places – the planning system and crime prevention (archived)

Secured By Design - Design Guides

Secured by Design Interactive Guide

Design Council - Design out Crime

CABE (2009) This Way to Better Residential Streets

7 Access to healthy food

Issues to consider

- Healthy localised food supply
- Hot food takeaways
- Social enterprises
- Allotments and community food growing spaces

Potential health impacts

Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar.

Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.

Possible effects of planning

Negative effects	Positive effects
The centralisation of shopping facilities and growth of large supermarkets can reduce the variety of foods available locally and disadvantage those on limited income to afford a healthy diet.	By considering food access, location and how to facilitate social enterprises planners can help to create the conditions that enable low income people to have better and affordable access to nutritious food.
Redevelopment local allotments, gardens or agricultural land can also reduce the potential for locally grown food.	Planning can assist by preserving and protecting areas for small-scale community projects and local food production, including allotments.
An overconcentration of hot food takeaways can restrict healthy eating choices.	Planning can promote an increase in the diversity of shopping facilities in local centres, restrict large supermarkets, and limit concentrations of hot food takeaways. Planning can also consider alternatives to hot food takeways that still allows certain groups (e.g. young people) to have access to warm food and socialise in safety.

National Planning Policy Framework (2019)

7. Ensuring the vitality of town centres

8. Promoting healthy and safe communities

12. Achieving well-designed places

London Plan policies (March 2016)

Policy 2.15 Town Centres

Policy 2.18 Green infrastructure: the multi-functional network of green and open spaces

Policy 4.8 Supporting a successful and diverse retail sector and related facilities and services

Policy 5.11 Green roofs and development site environs

Policy 7.22 Land for food

Supporting information

Department of Health (2011) Healthy Lives, Healthy People: A Call to Action on Obesity in England

Mayor of London (2018) Health Inequalities Strategy

London Health Board

Well London programme

London Food Board

Sustain - publications

Mayor of London (2016) Capital of Food: Ten Years of London Leadership

Mayor of London and Sustain (2016) Developing Food Poverty Action Plans

Foresight Report (2007) Tackling Obesities: future choices

Report of the Marmot Sustainable Development Task Group (2010)

Town and Country Planning Association and Public Health England (2014) Planning Healthy Weight Environments

Public Health England (2017) Encouraging healthier 'out of home' food provision

Public Health England (2018) Healthy High Streets: good place making in an urban setting

Public Health England (2018) Fast food outlets: density by local authority in England

8 Access to work and training

Issues to consider

- Access to employment and training
- Job diversity
- Childcare
- Business support

Potential health impacts

Employment and income is a key determinant of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses.

Possible effects of planning

Negative effects	Positive effects
Locating employment in inaccessible locations or failing to provide a diversity of local jobs or training opportunities can negatively affect health and mental wellbeing both directly and indirectly.	Urban planning linked to clear strategies for economic regeneration, allocation of appropriate sites and coordination of infrastructure provision can help to facilitate attractive opportunities for businesses, encourage diversity in employment and ensure that local jobs are retained. Planners can consider providing job opportunities or apprentices for the community (i.e. including young people on construction sites).
A poor quality environment and lack of infrastructure can make places less competitive or attractive to business investment.	Equitable transport strategies can play an important part in providing access to job opportunities. The provision of local work can encourage shorter trip lengths, reduce emissions from transport and enable people to walk or cycle.
A lack of business and employee support through affordable business space and childcare provision can hinder economic and growth and employment opportunities.	Access to other support services, notably childcare, or apprentice opportunities for young people can make employment easier to access.

National Planning Policy Framework (2019)

6. Building a strong, competitive economy

7. Ensuring the vitality of town centres

London Plan policies (March 2016)

Policy 2.7 Outer London: economy

Policy 2.14 Areas for regeneration

Policy 2.16 Strategic outer London development centres

Policy 2.17 Strategic industrial locations

Policy 3.2 Improving health and addressing health inequalities

Policy 3.18 Education facilities

Policy 4.12 Improving opportunities for all

Policy 6.4 Enhancing London's transport connectivity

Policy 8.2 Planning obligations

Policy 8.3 Community infrastructure levy

Supporting information

Department for Work and Pensions Cross-Government initiative 'Health, Work and Well-being'

Mayor of London (2018) Health Inequalities Strategy

Mayor of London (2018) Economic Development Strategy

London First publications

The Local Enterprise Partnership for London

London First and London Enterprise Panel (2015) London 2036: An Agenda for Jobs and Growth

Report of the Marmot Review Social Inclusion and Social Mobility Task Group (2010)

Report of Marmot Review Employment and Work Task Group (2010)

Leeds Metropolitan University (2010) Mental Health and Employment Review

9 Social cohesion and inclusive design

Issues to consider

- Opportunities for social interaction
- Compact, mixed-use, walkable neighbourhoods
- Access to community facilities and services
- Community engagement and voluntary sector involvement
- Connectivity and permeability reducing community severance
- Inclusive and Age-friendly Design

Potential health impacts

Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion.

Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Planning proposals should be developed in consultation with differentiated community groups (such as children, young people, residents, families, businesses, faith groups, community organisations). They should be involved in the planning of the project from the beginning and throughout the life cycle of the project. Opportunities for post-planning qualitative consultations should be considered with these different groups to explore a range of social, emotional and health needs.

The concept of Lifetime Neighbourhoods placed the design criteria of Lifetime Homes into a wider context. It encourages planners to help create environments that people of all ages and abilities can access and enjoy, and to facilitate communities that people can participate in, interact and feel safe. Planning Practice Guidance now refers to inclusive and age-friendly design and the issues and principles to be considered, and characteristics of a dementia-friendly community.

Possible effects of planning

Negative effects	Positive effects
Social cohesion can be undermined by insensitive housing redevelopment and dispersal of resident communities.	Urban planning can help to facilitate social cohesion by creating safe and permeable environments with places where people can meet informally and consider the availability of positive community guardianship. Planning should consider intergenerational mixing which has been proven to improve community cohesion, such as having

Negative effects	Positive effects
	nurseries and nursing homes being located close to each other.
Community cohesion can also be affected by infrastructure such as roads or other development that severs community links. Large schemes may disrupt familiar walking routes or create a barrier to movement.	Mixed-use developments in town centres and residential neighbourhoods can help to widen social options for people.
Poor planning may also result in the loss of community facilities.	The provision of a range of diverse local employment opportunities (paid and unpaid) can also improve both social cohesion and mental wellbeing.
Planning does not directly affect income but it does have many indirect effects. The planning system can be used, for example, to hinder or to help the process of providing a range of facilities and providing opportunities for improving levels of equity.	

National Planning Policy Framework (2019)

9. Promoting healthy and safe communities

12. Achieving well-designed places

London Plan policies (March 2016)

Policy 3.1 Ensuring equal life chances for all

Policy 3.9 Mixed and balanced communities

Policy 3.16 Protection and enhancement of social infrastructure

Policy 7.1 Lifetime neighbourhoods

Policy 7.2 An inclusive environment

Policy 7.3 Designing out crime

Supporting information

Mayor of London (2018) Health Inequalities Strategy

Well London programme

Report of the Marmot Review Social Inclusion and Social Mobility Task Group (2010)

Report of Marmot Review Employment and Work Task Group (2010)

Department for Communities and Local Government (2011) Lifetime Neighbourhoods

National MWIA Collaborative (England) (2011) Mental Health Wellbeing Impact Assessment: A Toolkit for Well-being

Office for National Statistics: societal wellbeing theme

Young Foundation (2010) Cohesive Communities

Joseph Rowntree Foundation - Social Exclusion

Ministry of Housing, Communities & Local Government (2019) Planning Practice Guidance Inclusive Design

World Health Organization Global Network for Age-friendly Cities and Communities

Housing Learning and Improvement Network (LIN) age-friendly communities and design

Royal Town Planning Institute (2017) Dementia and Town Planning: Creating better environments for people living with dementia

Public Health England (2016) Active ageing and the built environment: practice briefing

10 Minimising the use of resources

Issues to consider

- Making the best use of existing land
- Recycling and reuse
- Sustainable design and construction
- Waste management
- Potential hazards.

Potential health impacts

Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.

Possible effects of planning

Negative effects	Positive effects
If left unchecked, disposal of significant hazardous waste can have a serious impact on the health of those communities living near to collection or disposal sites.	Planning can impose standards and criteria on hazardous waste disposal, recycling and domestic waste and that linked to development. It can ensure that hazardous waste is disposed of correctly, as well as ensure that local recycled and renewable materials are used whenever possible in the building construction process.
Sending out waste from a redevelopment site to be sorted or disposed can increase vehicle movements, emissions and cause significant disruption including noise and dust which can contribute towards health problems for residents	Redevelopment on brownfield sites or derelict urban land also ensures that land is effectively used, recycled and enhanced
There are also ecological impacts (stripping of materials, mining for minerals etc) through excessive use of resources from a scarce global environment.	Through encouraging reduction, reuse and recycling, resource minimisation can be better realised and contribute towards a better environment. Examples of various standards to consider include BREEAM (Building Research Establishment Environmental Assessment Method) and CEEQUAL (Civil Engineering Environmental Quality Assessment), which are benchmarking tools for non-residential buildings and infrastructure projects.

National Planning Policy Framework (2019)

14. Meeting the challenge of climate change, flooding and coastal change

15. Conserving and enhancing the natural environment

17. Facilitating the sustainable use of minerals

London Plan policies (March 2016)

Policy 5.3 Sustainable design and construction

Policy 5.14 Water quality and wastewater infrastructure

Policy 5.16 Waste net self-sufficiency

Policy 5.17 Waste capacity

Policy 5.18 Construction, excavation and demolition waste

Policy 5.19 Hazardous waste

Policy 5.20 Aggregates

Policy 5.21 Contaminated land

Policy 5.22 Hazardous substances and installations

Supporting information

Mayor of London (2018) London Environment Strategy

London Waste and Recycling Board

London Waste and Recycling Board (2015) Towards a Circular Economy – Context and Opportunities

Report of the Marmot Sustainable Development Task Group (2010)

Mayor of London (2014) The Control of Dust and Emissions During Construction and Demolition SPG

Building Research Establishment Environmental Assessment Method (BREEAM)

11 Climate change

Issues to consider

- Renewable energy
- Sustainable transport
- Building design
- Biodiversity
- Flood risk and drainage.

Potential health impacts

There is a clear link between climate change and health. Local areas should prioritise policies and interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change.

Climate change is potentially a significant threat to public health and may widen inequalities in health. The Mayor of London's Environment Strategy sets out a range of climate change mitigation and adaptation approaches for London. It focuses on reducing the risk of climate change impacts for the most disadvantaged communities, as well as increasing their resilience so that they can recover more quickly when those impacts do occur.

Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents.

The UK Government recently announced its commitment for the country to achieve net zero carbon by 2050 by amending the 2008 Climate Change Act which previously had a target to reduce greenhouse gas emissions by at least 80% (compared to 1990 levels). There is a wealth of evidence which demonstrates that meeting this target requires effective spatial planning at a range of scales.

Possible effects of planning

Negative effects	Positive effects
Planning can exacerbate the impacts of climate change by failing to consider relevant influences such as location, materials, designs or technologies that could help to reduce energy consumption or reduce the environmental impact of energy generation.	Urban planning can help to reduce greenhouse gas emissions by requiring lower energy use in buildings and transport, and by encouraging renewable energy sources.

Negative effects	Positive effects
Building in flood plain areas or a lack of local sustainable urban drainage measures may lead to greater flood risk.	Planning can address sustainability and environmental considerations through the use of standards that will help to reduce energy demands and increase the amount of renewable energy.
Neglecting to consider the microclimate for the siting of a proposed development, and the influence the development might have on that microclimate, could lead to new buildings that are neither suitable nor adaptable to their environment.	Design techniques can ensure that new housing and public realm can adapt to changes in temperature.
	Flood risk can be reduced through a sequential approach to locating development and by introducing mitigation measures, such as sustainable urban drainage systems in new developments.

National Planning Policy Framework (2019)

14. Meeting the challenge of climate change, flooding and coastal change

London Plan policies (March 2016)

Policy 5.1 Climate change mitigation

Policy 5.2 Minimising carbon dioxide emissions

Policy 5.3 Sustainable design and construction

Policy 5.4 Retrofitting

Policy 5.5 Decentralised energy networks

Policy 5.6 Decentralised energy in development proposals

Policy 5.7 Renewable energy

Policy 5.8 Innovative energy technologies

Policy 5.9 Overheating and cooling

Policy 5.10 Urban greening

Policy 5.11 Green roofs and development site environs

Policy 5.12 Flood risk management

Policy 5.13 Sustainable drainage

Policy 5.14 Water quality and wastewater infrastructure

Policy 5.15 Water use and supplies

Supporting information

Committee on Climate Change (2016) UK Climate Change Risk Assessment 2017. Synthesis report: priorities for the next five years

Committee on Climate Change (2019) Net Zero – The UK's contribution to stopping global warming

Royal Town Planning Institute (2018) Rising to the Climate Crisis: A Guide for Local Authorities on Planning for Climate Change

Mayor of London (2018) London Environment Strategy

London Climate Change Partnership - Resources

Climate Just - Publications

Mayor of London (2015) The Mayor's Climate Change Mitigation and Energy Annual Report

Mayor of London - London Heat Map

Department for Communities and Local Government (2012) Investigation into overheating in homes: Literature review

Report of the Marmot Sustainable Development Task Group (2010)

GRaBS: Green and Blue Space Adaptation for Urban Areas and Eco Towns - Adaptation Action Planning Toolkit

World Health Organization (2013) Climate Change and Health: A Tool to Estimate Health and Adaptation Costs

NHS Sustainable Development Unit (2009) Saving Carbon, Improving Health – NHS Carbon Reduction Strategy for England

The Lancet, Health and climate change 2018 Report

Public Health England (2015) Flooding: health guidance and advice

NHS London Healthy Urban Development Unit

Appendix C   Local Authority Health Profile: Bexley

Public Health England

Bexley

Area type: Unitary authority
Region: London

Local Authority Health Profile 2019

This profile gives a picture of people's health in Bexley. 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 Bexley is varied compared with the England average. About 16.3% (7,730) children live in low income families. Life expectancy for women is higher than the England average.

Health inequalities

Life expectancy is 7.9 years lower for men and 6.7 years lower for women in the most deprived areas of Bexley than in the least deprived areas.

Child health

In Year 6, 22.7% (710) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 12*, better than the average for England. This represents 7 admissions per year. Levels of GCSE attainment (average attainment 8 score) and smoking in pregnancy are better than the England average.

Adult health

The rate for alcohol-related harm hospital admissions is 567*, better than the average for England. This represents 1,292 admissions per year. The rate for self-harm hospital admissions is 88*, better than the average for England. This represents 220 admissions per year. Estimated levels of physically active adults (aged 19+) are better than the England average. The rates of new sexually transmitted infections and killed and seriously injured on roads are better than the England average. The rate of new cases of tuberculosis is worse than the England average. The rates of violent crime (hospital admissions for violence) and under 75 mortality rate from cardiovascular diseases are better than the England average.

* rate per 100,000 population
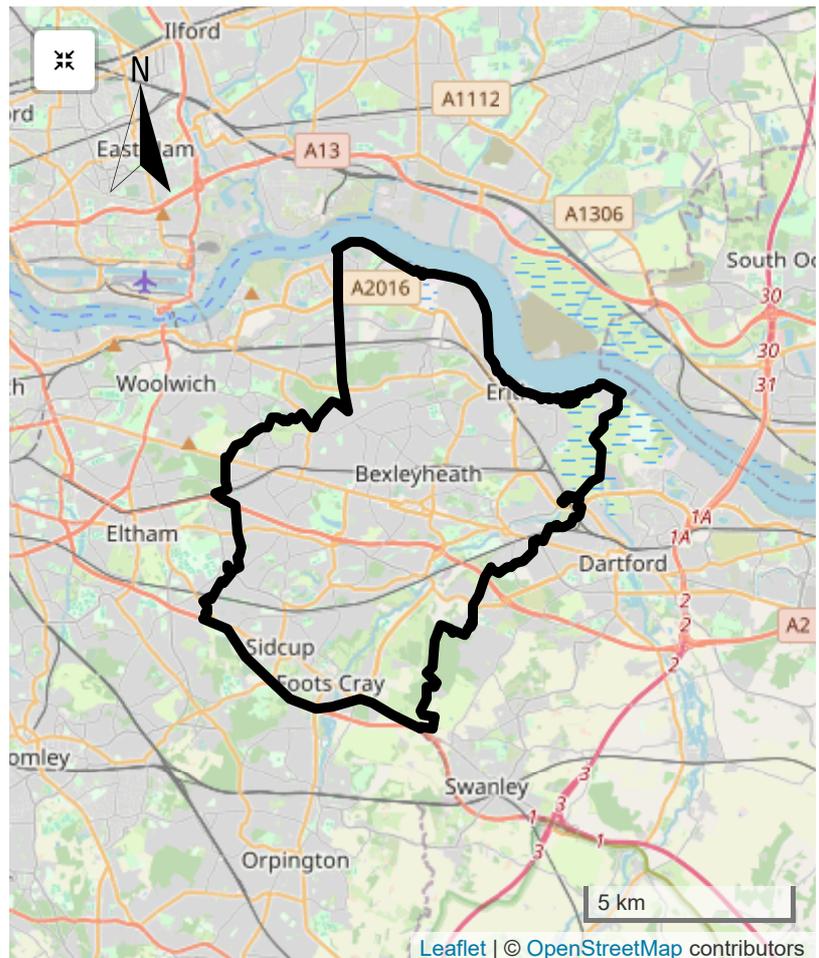
Contains National Statistics data © Crown copyright and database right 2019
Contains OS data © Crown copyright and database right 2019
Local authority displayed with full resolution clipped boundary

Leaflet | © OpenStreetMap contributors

Health summary for Bexley

Key

Significance compared to goal / England average:

Significantly worse (red)	**Significantly lower** (blue)
Not significantly different (orange)	**Significantly higher** (light blue)
Significantly better (green)	**Significance not tested** (grey)

↑ (red) Increasing / Getting worse ↑ (green) Increasing / Getting better
↓ (red) Decreasing / Getting worse ↓ (green) Decreasing / Getting better
↑ (light blue) Increasing ↓ (blue) Decreasing
↑ (orange) Increasing (not significant) ↓ (orange) Decreasing (not significant)
− Could not be calculated → (orange) 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	80.1	80.7	79.6	↑
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	84.1	84.5	83.2	↑
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	1770	305.1	303.3	330.5	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	347	60.4	70.5	71.7	↓
5 Mortality rate from cancer	<75 yrs	2016 - 18	744	130.1	120.1	132.3	↓
6 Suicide rate	10+ yrs	2016 - 18	52	8.15	8.11	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	189	25.6	39.5 $	42.6 $	−
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	220	88.2	83.4	193.4	↑
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	255	571.6	485.3	558.4	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	469	49.3	52.7	52.2	↓
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	80.8	71.4	78.0	↓
12 Estimated dementia diagnosis rate	65+ yrs	2019	1841	67.8 *	72.6 *	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	11.8	16.5	31.6	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	1292	566.5	556.5	663.7	↓
15 Smoking prevalence in adults	18+ yrs	2018	23189	12.2	13.9	14.4	↑
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	72.4	66.4	66.3	↑
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	63.8	55.9	62.0	↓

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	73	17.1	16.4	17.8	↑
19 Percentage of smoking during pregnancy	All ages	2018/19	201	7.55	4.81 $	10.6	↓
20 Percentage of breastfeeding initiation	All ages	2016/17	1806	- ~	- ~	74.5	−
21 Infant mortality rate	<1 yr	2016 - 18	30	3.26	3.30	3.93	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	710	22.7	23.2	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	16.2	-	21.8	−

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	20.9	23.6	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	7730	16.3	18.8	17.0	↑
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	130101	47.7	50.0	46.9	↓
27 Percentage of people in employment	16-64 yrs	2018/19	120200	76.8	74.2	75.6	↑
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	65	0.66	0.98	0.79	↑
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	285	38.2	46.2	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	147	22.3	27.1	30.1	↑
31 New STI diagnoses rate (exc chlamydia aged <25)	15-64 yrs	2018	1192	755.3	1713	850.6	↑
32 TB incidence rate	All ages	2016 - 18	87	11.8	21.9	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)
~	Value not published for data quality reasons
$	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)