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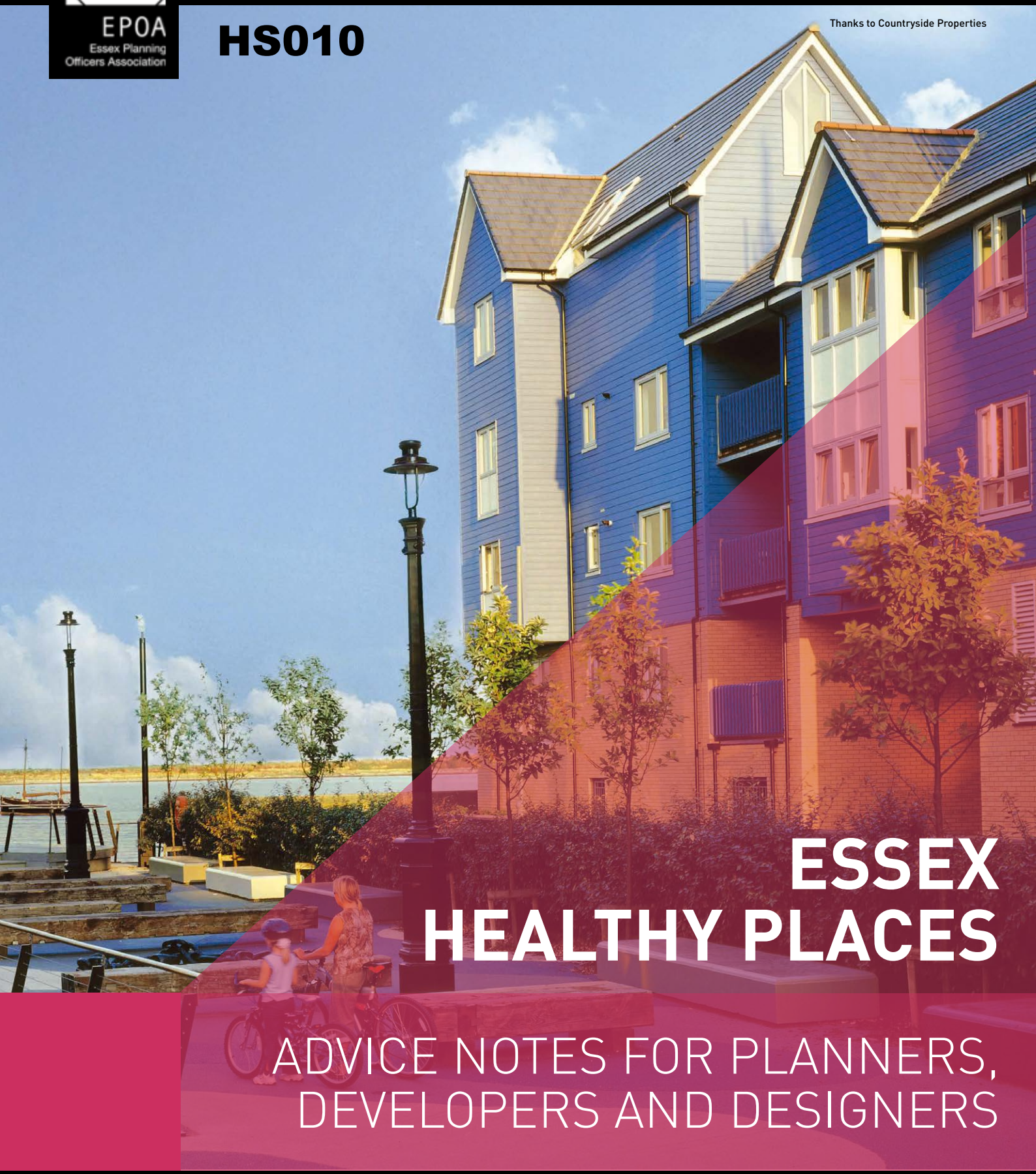

ESSEX HEALTHY PLACES

ADVICE NOTES FOR PLANNERS, DEVELOPERS AND DESIGNERS

eldp

ActiveEssex

livewell

SPORT ENGLAND

LOTTERY FUNDED

NOTICE

This area of practice and knowledge is changing at pace and users of this advice note must check for the most up-to date advice, guidance and best practice within this field. Essex Planning Officers Association, authors and contributors disclaim any responsibility for liability, negligence or other from the ideas or concepts contained within this advice note.

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

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

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

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

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

Thanks to Chelmsford City Council

Acknowledgements

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

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

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

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

Background of health in planning

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

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

Good health and wellbeing is impacted upon by a multitude of factors. These include genetic, environmental, socio-economic and the ability to access good quality healthcare services. The King's Fund summarised the weight that the wider determinants of health[2] has on overall health and wellbeing following their review of academic papers that explored their influence. From these, the general agreement is that the heaviest weighted influence on our health is from socio-economic and environmental factors.

History has demonstrated these influences. It has shown that when spatial planning and health work together, improvements to health can be made. The interaction of the environment and health were thought to have been first described in Ancient Greece circa 400BC[3]. Further historical examples of how health has been improved through changes in environment and place include the Victorian sewage systems, improved access to clean water systems and reduction of slum tenancies.

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

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

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

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

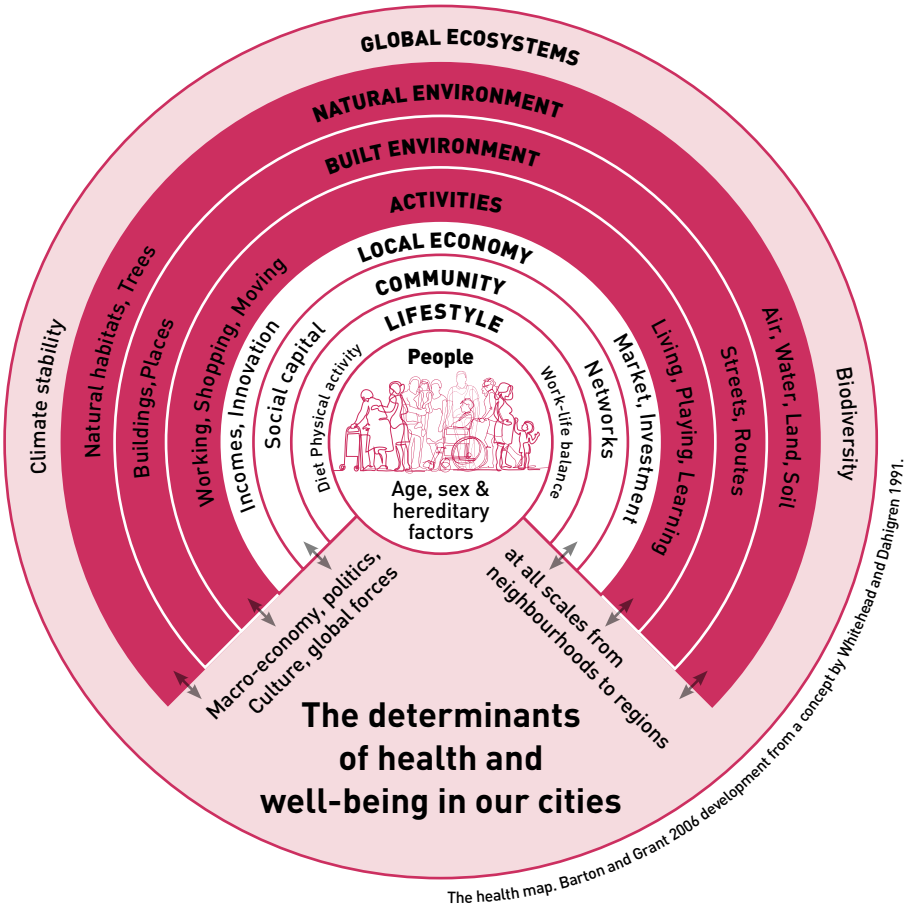

Figure 1- The Barton and Grant model Health Map[5]

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

Policy and strategy context

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

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

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

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

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

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

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

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

Many individual authorities in Essex have specific strategic objectives to improve health through their own health and wellbeing strategies and organisational plans and have been signposted to in key sources of information. Planners and developers should take these and the latest health profile data into account when reviewing their policies and plans.

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

The Essex Design Guide[17]

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

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

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

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

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

- promoting high-quality local employment, affordable housing, sport & recreation facilities, environmental sustainability and skill development;
- providing convenient local healthcare services with options for (and incentives towards) self-care;
- providing interesting and stimulating open spaces and natural environments to encourage people to be physically active including active design principles;
- ensuring developments embody the principles of lifetime neighbourhoods and promote independent living;
- promoting access to healthy and locally sourced food;
- encouraging active travel, most particularly cycling and walking;
- creating a safe and accessible built environment with well-designed public spaces that encourage community participation;
- embracing the Smart Cities concept by incorporating and futureproofing for new technology; and
- ensuring that all work, educational or public spaces are sufficiently well designed to promote active and healthy lifestyles

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

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

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

Healthy Places guidance (available as separate documents)

- Active environments and active design principles
- Encouraging active travel
- Design of homes and housing
- Access to open green and blue space
- Supporting community participation and lifetime neighbourhoods
- Access to healthier food environments and locally sourced food
- Education, skills development and employment
- Access to healthcare infrastructure
- Environmental sustainability

HEALTH IMPACT ASSESSMENTS (HIA)

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

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

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

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

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

Types of HIA[66]

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

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

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

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

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

Screening

↓

Scoping

↓

Assessment

↓

Recommendations

↓

Monitoring

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

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

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

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

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

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

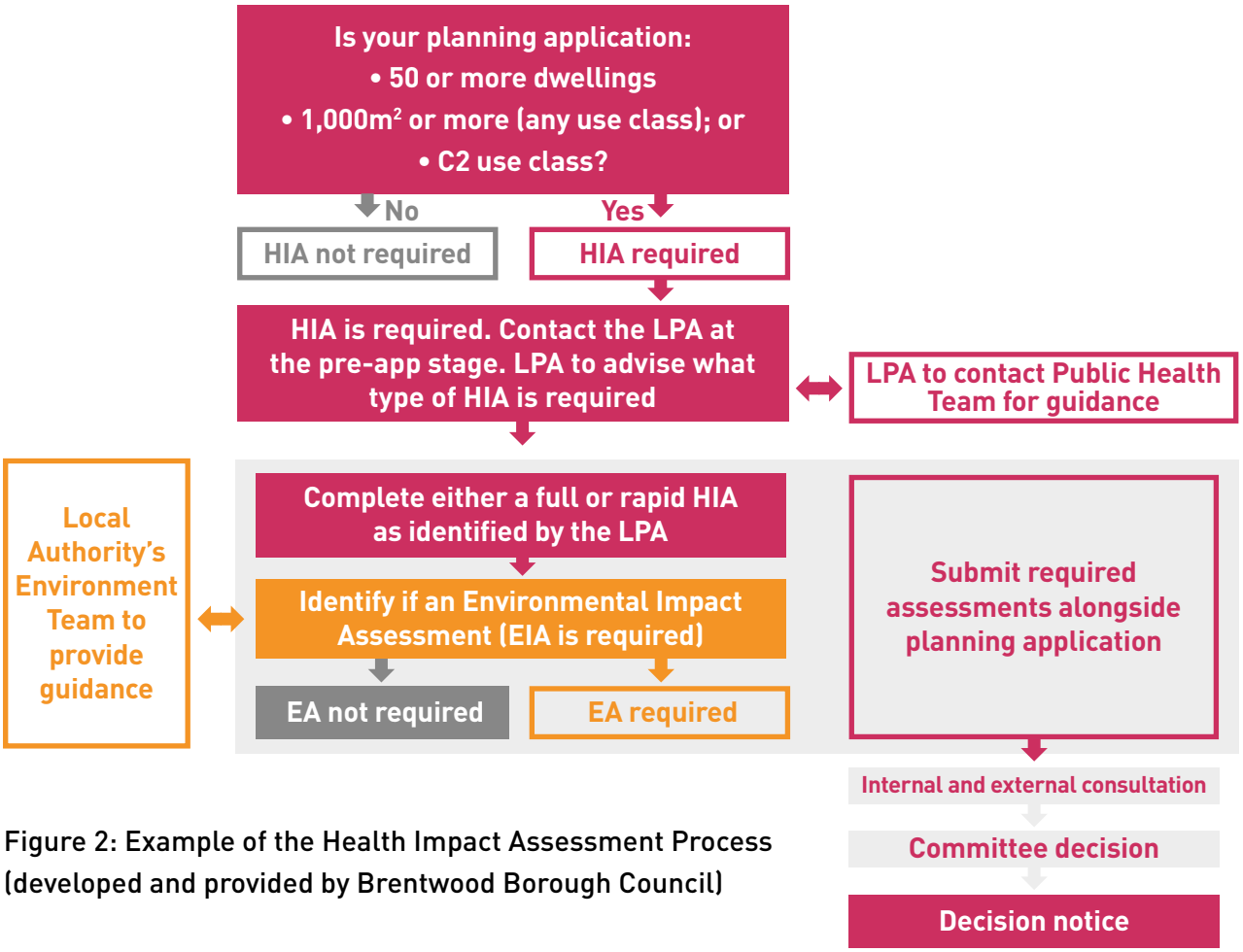

Figure 2: Example of the Health Impact Assessment Process (developed and provided by Brentwood Borough Council)

Thanks to The Active Wellbeing Society/Active Parks and CoCoMAD

Stakeholder and Community Engagement

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

Age related groups

Income related groups

Groups who suffer discrimination or other social disadvantage

Geographical groups

For detail on these groups please see appendix 4.

Criteria for HIA

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

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

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

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

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

Advice on HIA requirements

- There are no agreed guidelines around HIA types.
- EPOA members expect that any HIA carried out for spatial planning proposals will be the responsibility of the applicant. The type of HIA will be advised by the Local Planning Authority with advice from health partners as required.
- Appendix 1 contains a health impact assessment tool which is an adapted model from the HUDU version[69] and is suitable for residential developments.
- Non-residential developments, commercial developments, schools, care/residential homes and other proposals that fall outside of non-residential should contact the relevant planning authority early in their application for advice on HIA requirements.
- It is strongly advised that a HIA should not be undertaken until the applicant is confident of the type of HIA required – which should be agreed with the planning authority. Should an application be submitted without consultation, there will be no recourse if the HIA is inappropriate for the scheme. Further work or resubmission of the HIA may be required.
- In the authorities that are covered by Essex County Council, HIA will be assessed depending on local agreement with Public Health teams. Please contact Southend Public Health team for Southend advice.
- Continue to work with health and NHS partners and have conversations around what and how they interpret the plan including delivery of outcomes.
- A 21-day assessment window will be required for response as per standard planning practice and, as appropriate, be reviewed against a validated quality assurance tool for development projects.

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Health Impact Assessment review

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

- Wales Health Impact Assessment Unit Quality Assurance Framework[70] for HIA published in 2017
- Ben Cave Associates Ltd: A review package for Health Impact Assessment reports of development projects in 2009[71]

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

Post HIA submission

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

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

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

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

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Livewell Healthy Places Accreditation

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

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

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

Thanks to Chelmsford City Council

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

- step 1 is the award of Livewell Design
- step 2 is full accreditation to be recognised as a Livewell Development.

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

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

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

PUBLIC HEALTH AND ENVIRONMENTAL IMPACT ASSESSMENTS

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

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

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

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

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

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

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

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

APPENDIX 1:

Design Principles[19]

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX 2:

Key information sources

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

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

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

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

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

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

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

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

1. **Essex Open Data:** wealth of information on multiple subjects, from population statistics to organisation strategies including JSNAs.
2. **PHE fingertips;** rich source of indicators across a range of health and wellbeing themes.
3. **Local Health Profiles:** providing reports and maps on public health data in many cases down to small area level.
4. **NOMIS:** a service provided by the Office for National Statistics, ONS, to give you free access to the most detailed and up-to-date UK labour market statistics from official sources.

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

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

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

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

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

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

The NHS Long Term Plan

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

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

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

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

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

Chapter 4 - addresses workforce challenges

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

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

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

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

APPENDIX 3: SPORT ENGLAND ACTIVE DESIGN CHECKLIST

SPORT ENGLAND
LOTTERY FUNDED

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

Activity for all

1. Activity for all

Neighbourhoods; Facilities and open spaces should be accessible to all users and should support sport and physical activity across all ages.

Enabling those who want to be active, whilst encouraging those who are inactive to become active.

- [ ] Are a range and mix of recreation, sports and play facilities and open spaces provided to encourage physical activity across all neighbourhoods?
- [ ] Are facilities and open spaces managed to encourage a range of activities to allow all to take part, including activities for all genders, all ages and all cultures?
- [ ] Are a range of sport and physical activity opportunities specifically targeted at more deprived areas or areas where there are known to be particular health issues?
- [ ] Are varied promotion initiatives and methods directed across peer groups, to seek to reach all members of society and to target hard to reach groups?
- [ ] Are all facilities supported as appropriate by public conveniences, water fountains and, where appropriate, changing facilities to further increase their appeal to all?
- [ ] Do public spaces and routes have generous levels of seating provided?
- [ ] Where shared surfaces occur, are the specific needs of the vulnerable pedestrian taken into account?

Walkable communities

2. Walkable communities

Homes, schools, shops, community facilities, workplaces, open spaces and sports facilities should be within easy reach of each other.

Creating the conditions for active travel between all locations.

- [ ] Are a diverse mix of land uses such as homes, schools, shops, jobs, relevant community facilities and open space provided within a comfortable (800m) walking distance? Is a broader range of land uses available within 5km cycling distance?
- [ ] Are large, single purpose uniform land uses avoided?
- [ ] Are walkable communities created, providing opportunities to facilitate initiatives such as walking buses to school, and providing the basic pattern of development to support a network of connected walking and cycling routes (Principle 3)?

Connected walking and cycling routes

3. Connected walking & cycling routes

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

Prioritising active travel through safe, integrated walking and cycling routes.

- [ ] Does the proposal promote a legible, integrated, direct, safe and attractive network of walking and cycling routes suitable for all users?
- [ ] Does the proposal prioritise pedestrian, cycle and public transport access ahead of the private car?
- [ ] Are the routes provided, where feasible, shorter and more direct than vehicular routes?
- [ ] Are the walking and cycling routes provided safe, well lit, overlooked, welcoming, and well maintained, durable and clearly signposted? Do they avoid blind corners?
- [ ] Do routes support all users including disabled people?
- [ ] Are shared pedestrian and cycle ways clearly demarcated, taking the needs of the vulnerable pedestrian into account?
- [ ] Do walking and cycling leisure routes integrate with the open space and green infrastructure network of the area?
- [ ] Are sporting facilities fully integrated in this walking and cycling network?
- [ ] Are informal facilities for physical activity provided, such as Greenline routes?

Co-location of community facilities

4. Co-location of community facilities

The co-location and concentration of retail, community and associated uses to support linked trips should be promoted. A mix of land uses and activities should be promoted that avoid the uniform zoning of large areas to single uses.

Creating multiple reasons to visit a destination, minimising the number and length of trips and increasing the awareness and convenience of opportunities to participate in sport and physical activity.

- [ ] Does the proposal promote a mix of land uses and the collocation and concentration of key retail, community and associated uses?
- [ ] Are sports facilities and recreational opportunities prominently located?
- [ ] Are multiple sporting facilities located in one place, to allow choice of activity?

Multifunctional open spaces

5. Network of multifunctional open space

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

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

- [ ] Does the open space provided facilitate a range of uses?
- [ ] Are the sports and recreation facilities provided designed in accordance with best practice guidance?
- [ ] Are the sports and recreation facilities appropriately designed and located in relation to neighbouring uses?
- [ ] Does the open space provide an accessible setting for development?
- [ ] Does the open space link to existing networks and walking and cycling routes?

High quality streets and spaces

6. High quality streets and spaces

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

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

- [ ] Are streets and spaces which are provided of a high quality, with durable materials, street furniture and signage?
- [ ] Is appropriate provision made to promote access to, and activity by, all users including providing safe route ways for vulnerable pedestrians?
- [ ] Is the new civic space of an appropriate scale and proportion to allow a range of possible functions?

Appropriate infrastructure

7. Appropriate infrastructure

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

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

- [ ] Are public toilets, showers and changing facilities provided? Are these accessible and usable by all potential users?
- [ ] Are drinking fountains provided?
- [ ] Is there a multitude of seating options provided? Is the seating provided accessible to all?
- [ ] Is safe and secure cycle parking provided for all types of cycles including adapted cycles and trikes?
- [ ] Is Wi-Fi provided in facilities and spaces?
- [ ] Is safe and secure pushchair storage provided where appropriate?

Active buildings

8. Active buildings

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

Providing opportunities for activity inside and around buildings.

- [ ] Are buildings well located in relation to surrounding walking and cycling routes, with direct access by these modes prioritised over access by vehicular modes?
- [ ] Is the use of stairs promoted (over the lift) utilising signage and creating spacious and clean stairwells that are welcoming? (This should be balanced with the need to ensure lifts are easily accessible for those who cannot use the stairs)
- [ ] Within the workplace, have methods to promote natural physical activity been explored such as using sit-stand desks?
- [ ] Have innovative design features within buildings and surroundings which encourage activity e.g. feature staircases, cycle access ramps or other architectural features been utilised?
- [ ] Have buildings been designed to provide appropriate amounts of internal space for rooms along with circulation and external space?

Management, maintenance, monitoring and evaluation

9. Management, maintenance, monitoring & evaluation

The management, long-term maintenance and viability of sports facilities and public spaces should be considered in their design. Monitoring and evaluation should be used to assess the success of Active Design initiatives and to inform future directions to maximise activity outcomes from design interventions.

A high standard of management, maintenance, monitoring and evaluation is essential to ensure the long-term desired functionality of all spaces.

- [ ] Has the long term management and maintenance of a development or facility been considered to ensure the facility remains sustainable over a long-term?
- [ ] Have alternatives to local authority management of public realm, streets, spaces and formal open space been considered?
- [ ] Have issues such as the servicing of grass pitches, the impact of noise, floodlighting or vehicular access been considered?
- [ ] Do the management of facilities target the broadest possible range of users, with particular emphasis on disadvantaged groups?
- [ ] Have programs for monitoring and evaluating the success of initiatives been established?

10. Activity promotion & local champions

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

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

- [ ] Has the stakeholders and organisations prioritised the promotion of sport and physical activity across all of their activity?
- [ ] Has a broad program of events been established in the area associated with new facilities?
- [ ] Has the scope of new technology and social media been explored in terms of promoting activities or encouraging activity?
- [ ] Have local champions been identified to help ensure the sport and physical activity benefits of the development will be realised and will the local champions be adequately supported?

Thanks to Countryside Properties

APPENDIX 4:

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

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

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

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

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

APPENDIX 5:

Main contacts for health and wellbeing

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

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

CCGs buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations or private sector providers. This means better care for patients, designed with knowledge of local services and commissioned in response to their needs. They commission a wide range of services including mental health services, urgent and emergency care, elective hospital services, and community care. CCGs are responsible for about 60% of the NHS budget, they commission most secondary care services, and play a part in the commissioning of GP services (co-commissioning). The types of services commissioned by CCGs include; Planned hospital care, Rehabilitative care, Urgent and emergency care (including out-of-hours and NHS 111), Most community health services, Mental health services, Learning disability and/or autism services

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

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

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

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

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

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

Public Health

- In Essex, the primary source of advice on population health, health improvement and poor health prevention across all residents is the Directors for Public Health and their Public Health teams.
- They also lead on the production of the 3 yearly pharmaceutical needs assessment for the Health and Wellbeing Board.
- Policy, strategy, evidence, data and intelligence on population health including health inequalities can be signposted to by the team.
- Public Health teams will be able to advise on the requirements of HIA and, where capacity allows and is appropriate, support the review of a submitted HIA.
- Greater Essex has 3 Directors of Public Health – 1 for Essex County Council covering the 12 District, Borough and City councils within the county council administrative boundary, 1 for Southend Unitary Council and 1 for Thurrock Unitary Council.
- For cross-border developments, you should engage with all relevant Public Health teams.
- Each planning authority at a District, Borough and City level has a local Public Health Practitioner who may be able to provide advice, guidance or signpost to help on planning and health matters, and should be the first contact for local Public Health matters. They can be contacted via their local planning authority.
- The NPPF and associated planning guidance advises that local public health teams and the Director of Public Health is contacted to ensure that health and wellbeing priorities are considered in any plan-making or planning decision making.

Social Care

- Essex County Council and both Southend and Thurrock councils are responsible for social care.
- Essex County Council adult social care team support the use of independent living guidance[12] and the Essex Design Guide[13]
- Social care commissioning teams can be contacted via their relevant authorities.

Active Essex

- The strategic lead partnership for physical activity and sport, part funded by Sport England. Working with key stakeholders with physical activity and sport sector, linking partners from statutory agencies through to grass roots.
- 14 Active Networks are in place, facilitated by Active Essex, to linking communities in this work. There is a locality manager that provides support to specific geographies in Essex and can be contacted via Essex County Council.

Sport England

- Sport England are an executive non-departmental public body, sponsored by the Department for Digital, Culture, Media and Sport.
- Their aim is to help and encourage people and communities to increase their levels of physical activity and become physically active for life.
- They have a responsibility to protect existing sports provision. They are a statutory consultee for planning applications that affect playing fields in England.

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

Environmental Health and Protection

- Environmental Health and Protection advice including industrial pollutants and health is the responsibility of teams that sit within District, Borough and City Councils within Essex. This function sits within unitary authorities.
- These expert teams can be contacted for advice on issues, monitoring and follow-up of environmental health issues.
- These include air quality, noise, land contamination, statutory nuisance and water.
- They have multiple legislative powers including those around planning obligations, conditions, monitoring and enforcement that Local Authority Public Health teams do not possess regarding human health protection.

Public Health England (PHE)

- PHE are an independent executive organisation of the Department of Health.
- They are an advisory body for matters relating to Public Health with national coverage. They have regional teams that support local Public Health teams and are a source of advice and guidance.
- PHE are responsible for national health protection. In addition, they are also responsible for improvements to the health of the population.
- In addition, the PHE Centre for Radiation, Chemicals and Environmental Hazards (CRCE) provides independent assessment and review of environmental protection issues. This includes scientific and technical advice and guidance in planning.

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

- CCG's are NHS bodies that are responsible for planning and commissioning of health services for their local population. They commission the majority of secondary, community and primary care service in their area.
- Many CCG's have now taken on delegated responsibility for their primary care estate and infrastructure planning. This was previously the responsibility of NHS England.
- New models of care, aligned to the FYFV14, are being developed by Sustainability and Transformation Partnerships (STP's). These partnerships are formed of a range of stakeholders from within the Health Economy and Local Authority to transform the way in which services are delivered. These groups have their own vision, priorities and work streams to achieve improved outcomes for patients.
- In Essex County, there are 5 CCG's- North East Essex, Mid-Essex, Basildon and Brentwood, West Essex and Castle Point and Rochford. There is 1 CCG in Southend Unitary and 1 CCG in Thurrock Unitary. There are 3 STP's- North Essex and Suffolk, West Essex and Hertfordshire and Mid and South Essex.
- In addition, there are secondary care providers, commissioned providers and specialist services that have estate and infrastructure.

NHS England (NHSE)

- NHS England lead the NHS in England and are responsible for setting the priorities and direction for the NHS.
- They commission the contracts for GP's, pharmacists and dentists. They provide support to CCG's.
- NHS England commissions specialist services, primary care (in areas where the CCG is not joint or fully delegated), some public health services, offender healthcare and some services for the armed services.
- It has 5 regional teams covering the country. Each regional team is split into several Director of Commissioning (DCO) offices. The DCO for Essex is NHS England Midlands & East (East).
- The NHS England Midland & East (East) DCO estates team covers Cambridgeshire and Peterborough, Norfolk, Great Yarmouth and Waveney, Suffolk and Essex.

Strategic Estates Planning Team

- Strategic Estates Advisors work for NHS Improvement with all health partners to support them with their Strategic Estates plans.
- They provide strategic estates advice to support the NHS and public sector around estates strategies.
- They are members of the estates groups which provide support to local healthcare teams when responding to planning policy documents.

East of England Ambulance Trust

- NHS ambulance services are provided across Essex by the East of England Ambulance Trust.
- They provide emergency and non-emergency transport across the East of England region.

Community and voluntary sector

- Community and voluntary sector organisations work across Essex, Southend and Thurrock.
- These organisations support a variety of different groups including volunteers and community groups across the area.
- They tend to be district based and can be contacted through their own individual websites.

Healthwatch

- Healthwatch is an independent organisation.
- They represent residents' views around health and social care services.
- More details of what they do can be found on their website.
- Local Healthwatch teams are recognised as a point of contact within Planning Policy Guidance.

APPENDIX 6:

The following checklist is available for completion online at https://www.essexdesignguide.co.uk/overarching-themes/health-and-wellbeing/

Essex Health Impact Assessment Checklist

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

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

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

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

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

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

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

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

Active environments and active design principle application

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

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

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

Design of homes and neighbourhoods

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

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

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

Access to open, green and blue space

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

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

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

Supporting communities and lifetime neighbourhoods

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

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

Access to healthier food environments

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

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

Education, employment and skills

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

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

Access to healthcare infrastructure

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

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

Environmental sustainability

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

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

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

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

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

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

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