Health Impact Assessment





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1. PURPOSE OF THE SPD

The Milton Keynes Health Impact Assessment Supplementary Planning Document (SPD) is aimed at individuals and organisations involved in submitting a planning application as well as those involved in the determination and enforcement of planning applications. Once adopted, it will become a material consideration in the determination of planning applications.

Recognising that the places and spaces where we live and work can have a real impact on health and wellbeing, an individual's actions to improve their lifestyle or health status are likely to be influenced by the environmental and socio-economic context within which they take place. Poor health does not just arise by chance and is not just down to genetics. Good planning means considering economic, social and environmental matters with the aim of creating attractive, safe and accessible places to live in, work in, and visit. Understanding the roles of the built and natural environments and their impact on health and wellbeing can help to improve people's quality of life and provide a sustainable approach to the design and management of our environment. There is, therefore, a strong policy basis for planning and health professionals to work together to help deliver healthy and inclusive communities.

Policy EH6 of the Milton Keynes Local Plan (Plan:MK) adopted in March 2019, requires applicants to mitigate against potentially significant health impacts. A Health Impact Assessment (HIA) is a method of considering the positive and negative impacts of development on the health of different groups in the population, in order to enhance the benefits and minimise any risks to health. To ensure that new developments have a positive impact on the health and wellbeing of new and existing residents, Policy EH6 requires "all Use Class C2 developments and Use Class C3 residential development in excess of 50 dwellings... to prepare a Health Impact Assessment."

This SPD is not a policy itself but is intended to provide technical guidance and support to the implementation of Policy EH6 of Plan:MK and the delivery of Health Impact Assessments. This SPD also identifies sources of data to consider, provides examples of health impacts of the built environment to consider and examples of how to mitigate against negative health impacts and enhance positive ones.

The aims and objectives of this Health Impact Assessment SPD are as follows:

Aims

- To inform pre-application advice (and subsequent planning applications) of any
 potential health-related issues and to be a material consideration, where
 relevant, to be taken into account in determining planning applications;
- To provide information and guidance that can be used to support a Health Impact Assessment;
- To promote opportunities for healthier lifestyles, encourage healthier choices and help reduce the demand on the NHS, health professionals, the council and individuals across Milton Keynes;
- To inform the preparation of future plans, strategies, development frameworks and briefs, as well as policy decisions;
- To provide an evidence base resource, responding to local needs by providing

- supporting information and guidance; and
- To inform communities and provide guidance to aid the preparation of Neighbourhood Plans.

Objectives

- To stimulate and bring about development proposals whose design is supportive of this SPD;
- To help deliver built and natural environments that provide suitable living conditions, encourage good physical and mental health and wellbeing and help prevent people becoming ill;
- To increase the number of Health Impact Assessments in order to maximise the positive health impacts of their proposals and provide mitigation against any potential negative impacts

1.1 Links between planning and health

Health is defined as "a state of complete physical, mental and social wellbeing". As well as access to good quality healthcare services and lifestyle choices, there are many factors that affect health and wellbeing. These include the physical and social conditions in which people live, culture, education, housing, transport, employment, crime, income, leisure and other services. These all influence health in either a positive or negative way, both directly and indirectly. These factors are usually known as the "wider determinants of health" (Figure 1 below).



Figure 1. Barton and Grant (2006) A health map for the local human habitat, The Journal for the Royal Society for the Promotion of Health, 126 (6) developed from the model by Dahlgren and Whitehead (1991).

Differences in health across the population and between different groups within society, referred to as health inequalities, are not caused by one single issue, but a complex mix of

¹ https://www.who.int/about/who-we-are/constitution

factors reflecting the differing social, environmental and economic conditions of local communities. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing².

Men in the most affluent areas of Milton Keynes will live, on average, 7.5 years longer than men in the most deprived areas, while for women the difference is 7.4 years³. Almost a third of Year 6 pupils in Milton Keynes are overweight or obese and rates of admissions for lower respiratory tract infection among children are higher than the England average. Furthermore, whilst life expectancy has improved over the past decade, it remains half a year below the national average for England for both men and women and many lives continue to be shortened because of smoking, excessive drinking, unhealthy eating and physical inactivity. The Milton Keynes Physical Activity Framework 2015-2020⁴ recognises that physical inactivity alone is a significant issue that can impact on public health, as well as a contributing factor to the increased levels of obesity currently in Milton Keynes. Around one in two women and a third of men in England are damaging their health through a lack of physical activity. It is estimated that inactive people spend 38% more days in hospital and visit the doctor 6% more often than active people⁵ and that increasing physical activity levels has been shown to reduce the risk of an early death by 20-35% from a range of chronic disease and illnesses⁶. Physical activity has a significant impact on mental health as well as physical health and is closely linked to severe depression, social exclusion and loneliness. Approximately 26,000 of Milton Keynes' residents are thought to have a mental health disorder and over 11,000 have two or more mental health disorders. Appendix 1 includes some key health and wellbeing indicators relative to the built environment in Milton Keynes.

The Marmot review⁷ estimated that health inequalities cost society between £36 and £40 billion annually in lost production, in 2010 prices. Whilst this is a national figure, it is in local jobs and economies where this impact is borne out. Given the complex range of causes of health inequalities, there is a critical role for local areas to play in reducing them across the life course by taking a place-based approach. While action on behaviours and conditions is a necessary part of the solution to reduce health inequalities, these need to be addressed within the context of their root causes in the wider determinants of health. Figure 1 highlights why interventions must focus on treating place not just people. This is because acting on only one factor is likely to provide a partial and incomplete response to the situation. The Marmot Review further contends that creating a sustainable future is entirely

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https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report

³ 2015-2017, Figures calculated by Public Health England using mortality data and mid-year population estimates from the Office for National Statistics and Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Ministry of Housing, Communities and Local Government https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000008/ati/102/are/E060000042

⁴ https://www.milton-keynes.gov.uk/assets/attach/51641/MK%20Physical%20Activity%20Framework%202015-20.pdf

⁵ UK Active. *Turning the tide of inactivity* (2014)

ukactive.com/downloads/managed/Turning the tide of inactivity.pdf

⁶ Department of Health. *Start Active, Stay Active.* (2011)

www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf

⁷ https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives

compatible with action to reduce health inequalities through promoting sustainable local communities, active transport, sustainable food production, and zero carbon homes.

Good planning therefore can play a crucial role in developing healthier communities to improve lifestyle choices. By considering these effects and their distribution, development policies and plans can enhance the potential to influence health and wellbeing, and therefore reduce health inequalities. This means that local areas have an important role to play in reducing health inequalities. Ensuring issues are considered at the planning and design stage can improve both the physical and mental health of the population. The Milton Keynes Council New Residential Development Design Guide SPD (2012) contributes to sustainable planning, good design and the development of community resources. These can encourage environments which:

- increase people's sense of safety and wellbeing;
- further opportunities for social interaction and community connectivity;
- improve air quality and water conservation; and
- promote active travel and physical activity.

It is also important to consider the effects of the wider determinants of health on not only the physical environment (such as the impact of air and noise pollution, traffic patterns, housing stock) but also the social environment. This refers broadly to the immediate physical and social setting in which people live or in which something happens or develops.

The overall health and evidence of health inequalities in Milton Keynes provides a strong basis for intervention at local area level. Although potential health impacts in all areas of Milton Keynes should be considered and mitigated against, with positive impacts enhanced, it is particularly important in deprived areas to contribute towards reducing the health inequality gap. The design of Milton Keynes, including its community spaces, its roads, its paths and its homes has a significant impact on the health of its population. There is a high quantity of car use and low levels of cycling coupled with a major source of air pollution by traffic emissions and the presence of major and heavily trafficked roads running through the Borough. It is widely recognised that there has been a progressive decline in the level of physical activity in people's daily lives. Little physical effort is involved in their work, domestic chores and travel choices. Physical inactivity and reliance on the car are contributing factors to obesity, a range of chronic disease and illnesses and poor mental health. In addition, air pollution, dust and odour associated with existing uses and with new development can have a significant influence on health.

The environment of Milton Keynes could contribute more to healthy outcomes and the challenge remains how to encourage people to live more active lifestyles by taking advantage of the extensive network of open space, linear parks and redways and to design new developments to build on these opportunities. Car usage is already high in Milton Keynes and there is a risk that increasing the number of houses will lead to increased levels of car travel. This could further impact on air quality and noise levels along with fostering increased physical inactivity and unhealthy lifestyles and the associated harm to human health.

1.2 National Policy Context

The **National Policy Planning Framework 2019 (NPPF)** recognises the need to understand and

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

The use of HIA is a way of doing so.

Chapter 8 of the NPPF, Promoting Healthy and Safe Communities, includes the following objectives (paragraphs 91 and 92) which can be supported by an HIA:

a) Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

"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:

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

b) Planning policies and decisions should ensure that developments create places that:

"are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion."

The impact of development on human health and wellbeing is therefore a material consideration in the determination of planning applications.

National Planning Practice Guidance (NPPG), on healthy and safe communities was updated in July 2019. It provides guidance on how local planning authorities should ensure that health and wellbeing and health infrastructure, are considered in local and neighbourhood plans and in planning decision-making and that there is a recognition of the role that new developments can have on health.

The NPPG also provides information on the range of issues to consider through the decision-making process in developments in respect of health and healthcare infrastructure. There is also reference in the NPPG to the HIA and acknowledgement as to how an HIA can be a useful tool where there might be significant health impacts:

"A healthy place is one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing.

The creation of healthy living environments for people of all ages which support social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments."8

Localism Act (2011) empowers community and voluntary groups to get involved and work innovatively to support new ideas. An HIA can help to create very good stakeholder engagement, including with the community.

Health and Social Care Act (2012) local authorities are required to use all levers at their disposal to improve health and wellbeing through the Health and Social Care Act and therefore the promotion of health and wellbeing is being addressed in all Milton Keynes Council Services, including Planning.

1.3 Local Policy context

The Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS) Operating Plan 2019/20 aims to deliver the NHS Five Year Forward View:

"Improve the wellbeing and health of our residents during 2019/20 and beyond by reducing the over-reliance on acute services, strengthening out of hospital services, challenging inefficiency and driving the prevention agenda."

Preventing people from becoming ill is crucial to managing demand on our health services. Using an HIA to inform the design of a development will help to maximise the positive health impacts and minimise the adverse ones, contributing to the prevention of ill-health and improving the health and wellbeing of the population.

Plan:MK the new Local Plan for Milton Keynes was adopted by Milton Keynes Council in March 2019. One of the strategic objectives is:

"To aim to reduce health inequalities and deprivation, and improve housing quality and access to services for all."

Chapter 9, Education and Health, recognises the benefits of good planning on health and wellbeing in encouraging active travel, accessibility to open space, improving life expectancy, reducing health inequalities and encouraging healthy choices.

Policy EH6: Delivery of health facilities in new development

All Use Class C2 developments and Use Class C3 residential development⁹ in excess of 50 dwellings will be required to prepare a Health Impact Assessment, which will measure the wider impact on healthy living and the demands that are placed upon the capacity of health services and facilities arising from the

⁸ National Planning Practice Guidance; Paragraph: 003 Reference ID: 53-003-20190722

⁹For SPD purposes, a home mentioned above refers to a dwelling that comes under C2 residential institutions and C3 dwellinghouses.

development. Further guidance on how this policy will be implemented will be provided in a Supplementary Planning Document, which will be published in due course. The Health Impact Assessment should not be required in advance of the Supplementary Planning Document being adopted.

Chapter 9 includes Policy EH6, which sets out a requirement for an HIA for residential any risks to health. The principle objective of this policy requirement, therefore, is to ensure that new developments have a positive impact on the health and wellbeing of new and existing residents. The level of detail required in the HIA will be appropriate to the scale and nature of the development.

Lifelong Wellbeing - The Joint Health and Wellbeing Strategy for Milton Keynes 2018-2028 sets out the priorities which will enable families and communities to lead fulfilling lives from birth to older age. Carrying out an HIA will allow an applicant to identify negative impacts on one or more of the Health and Wellbeing Strategy priorities, and provides the opportunity for mitigating actions to be put in place.

Physical Activity Framework for MK 2015 – 2020 provides the overarching framework that encompasses all elements of physical activity and sets out a clear coordinated direction of travel for physical activity in Milton Keynes in line with the Health and Wellbeing Board's priorities. The framework has three "Life Course" priorities to encourage children, young people and adults to move more:

- 1. Supporting ALL children and young people of all abilities to have an active life.
- 2. Encouraging ALL adults to build physical activity into their everyday lives.
- 3. Supporting older adults to add years to live and active life to years by encouraging them to build activity into their daily routine.

Milton Keynes Sport and Active Communities Strategy 2014-2023 identifies the role physical activity has in positively impacting on an individual's mental and physical health. The strategy has a clear role in supporting the objectives of the Joint Health and Wellbeing Strategy in encouraging children and adults to become more active.

Milton Keynes Healthy Weight Strategy 2014-2019 informs the commissioning of services to prevent the population of Milton Keynes from becoming overweight and to reduce the prevalence of obesity. This strategy has a clear role in supporting the objectives of the Joint Health and Wellbeing Strategy in encouraging children and adults to eat more healthily. The three key priorities in the strategy are:

- 1. Reduce obesity prevalence in Milton Keynes through preventative measures.
- 2. Ensure there is effective support for individuals to manage their weight.
- 3. Encourage healthy lifestyles in the population of Milton Keynes.

2. What is a Health Impact Assessment?

Health is determined by a complex mix of factors including income, housing, employment, health behaviours, access to health and care services and significant inequalities in health which persist. Short term gains for improving health and wellbeing amongst the poorest and most vulnerable can be made by improving access to health care, but in the longer term, a focus on the "causes of the causes" of health inequalities, including education, housing and employment will ensure a sustained reduction in health inequalities. This will require the commitment of all partners in the public, business, voluntary and community sectors to work together to make a difference.

The World Health Organisation provides the following definition of an HIA:

"A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on health of a population, and the distribution of those effects within the population." It is a tool used to identify all positive and negative effects that may result from the development in order to enhance the benefits for health and minimise any risks to health. It considers the differential impacts on different groups in the population, because certain groups are potentially more vulnerable to negative impacts from development. For example, those on a low income, people involved in the criminal justice system, minority ethnic groups, young, disabled and elderly people.

HIAs can be a freestanding report or they can be incorporated into another required appraisal, such as an Environmental Impact Assessment. Where the HIA is integrated into another assessment, it is recommended that a separate chapter is included in the assessment on health impacts, with cross-referencing to other relevant chapters, such as transport, noise and air quality.

An HIA can be carried out before a proposal is implemented (prospective), done while the proposal is being implemented (concurrent) or done after a proposal is implemented (retrospective). The preference is for a prospective HIA to be undertaken as early as possible, so the HIA has potential to influence decisions being made on the design, layout and composition of the development. The policy does make it clear that a HIA must be completed for applicable developments.

⁰ World Health Organisation, Health Impact Assessment

http://www.euro.who.int/document/PAE/Gothenburgpaper.pdf?ua=1

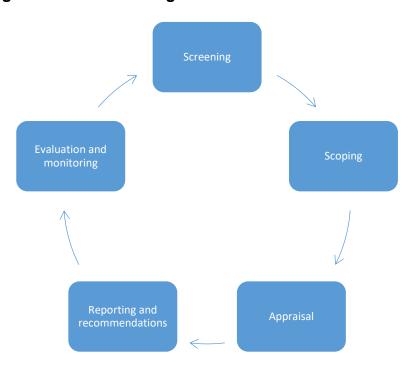
2.1 What type of HIA should be undertaken?

There are three types of commonly recognised Health Impact Assessment:

- A Desktop HIA: this provides a broad overview of potential health impacts. It draws on existing knowledge and evidence and can be carried out quickly (hours or a day).
- A Rapid HIA: this type of HIA involves a more detailed assessment of potential health impacts and mitigation measures. It includes a broader range of knowledge and evidence and may involve stakeholder consultation. It may take days or weeks to complete.
- A Full HIA; this is the most detailed form of HIA and is undertaken when the potential scale and severity of health issues warrant an in-depth investigation. It typically involves quantitative and qualitative information, data from health needs assessments and community engagement. This type of HIA may take months to complete and is more suited to complex proposals.

The type of HIA required will depend on the type, size and location of the development scheme as well as the likely implications for local public health issues and health infrastructure. An HIA may fit in between two of these categories, as the approach taken will also depend on the timescales and resources available to undertake the HIA. It is important to use an approach that makes the best use of the resources available.

2.2 Carrying out an HIA - the stages



1. Screening

This stage involves considering whether or not to carry out an HIA. **Appendix 2: Considerations and possible impacts on health** helps to support the applicant complete the HIA when considering both positive and negative health impacts of a proposed development.

Table 1: Process for using the Health Impact Assessment Template for proposed developments:

- 1. Consider each of the criteria listed (in the 11 different categories) in the Health Impact Assessment (HIA) Template¹¹ (Appendix 1) early in the planning stage of the proposed development and then identify which criteria are relevant to the development. The Details/Evidence column should be completed for each of the criteria, including those that are deemed not to be relevant. If the HIA Template is completed in the very early stages of a proposed development, it may not be clear whether some of the criteria in the template are going to be met. If this is the case, the Details/Evidence column should be used to record this information.
- 2. Investigate the relevant criteria in more depth, looking at why the criteria is, or is not, relevant to the proposal and the evidence. This evidence can come from a wide range of sources, many of which will be collected as part of the planning application (for example, the design and access statement, environmental statement, transport assessment, Environmental Impact Assessment). Some other possible sources of evidence are listed in Appendix 2.
- 3. This evidence can then be used to inform whether the potential health impact is likely to be positive, negative or neutral. These health impacts may be short-term (for example, relating to construction) or longer-term (for example, the ongoing management of the development) or both. Similarly, some impacts may have a local impact, whilst others may have a wider impact. This information should be used to complete the Potential Health Impact column. Occasionally there may be a lack of data on certain aspects of the proposed development in which case the potential impact should be marked as uncertain, and further investigations should be done.
- 4. Where a potential health impact is identified, the recommended mitigations (for negative health impacts) and recommended enhancement (for positive health impacts) column on the template should be completed.

This gives the opportunity for the development plans to be updated accordingly at an early stage.

Although the HIA Template shows categories and criteria that are likely to influence health and wellbeing, extra criteria can be added to the template as necessary for a particular proposed development.

NHS London Healthy Urban Development Unit, Rapid Health Impact Assessment tool
https://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2017/05/HUDU-Rapid-HIA-Tool-3rd-edition-April-2017.pdf

2. Scoping

This stage allows for the design and planning of the HIA, including focus, methods and work plan. Areas for consideration include timescales, geographical boundaries, resources, who should be involved, and the type of HIA to be carried out.

3. Appraisal

This stage involves establishing the potential type, magnitude, probability and distribution of both the potential positive and negative health impacts identified at the screening stage, using the knowledge and evidence available (some sources are suggested in Appendix 3). Engagement with stakeholders and the community will also need to be carried out at this stage. The appraisal will also include an understanding of the demographic, health and economic situation in the area.

At the end of this stage there will be a list of the potential health impacts (positive and negative) that the development might have on different populations of the existing community, new community and visitors to the area. These impacts will include the cumulative impacts that might emerge through the combined effects of nearby developments.

4. Reporting and recommendations

The report should include the methodology used at the different stages of the HIA and the evidence and information gathered. The purpose of an HIA is not only to identify whether or not there is a significant health impact, but also help recommend mitigating actions, so the report should include a list of recommendations, based on and showing the evidence gathered through the previous stages of the HIA. These recommendations should enhance the positive impacts that the development might have on health and wellbeing as well as recommend actions to mitigate against potential negative impacts of health that have been identified (see Table 1 above and Appendix 2).

The HIA should be submitted with the planning application to the Council.

5. Evaluation and monitoring

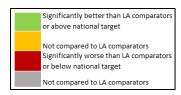
The final stage of the HIA is an ongoing process. It is important to understand the difference between monitoring and evaluation.

Evaluation will look at the production of the HIA, and the extent to which the HIA has influenced the decision making process. For example, whether the recommendations were adopted.

Monitoring provides an opportunity to assess whether any of the specific HIA recommendations were implemented as part of the development, and if they contributed to positive effects on health and equity; if not, to review and consider the reasons for this, and how plans might further be adapted. Monitoring and review are important components of the planning system. This SPD will be monitored to see whether it is contributing towards a healthier environment for people who live and work in Milton Keynes. Progress being made on the health and wellbeing-related policies of Plan:MK will be reported in the Authority (Annual) Monitoring Report.

APPENDIX 1 – WIDER DETERMINANTS OF HEALTH IN MILTON KEYNES

| | | | | Comparison to other | |
|---|-------------|-------------------|----------|---------------------|---------|
| KPI Indicator | MK Baseline | Latest data | Trend | similar LA | Best 5% |
| | | | | No comparator mean/ | |
| Healthy life expectancy - Male (years) | 64.1 | 2015-17 | | RAG Rating | 68.3 |
| | | | | (61.7-66.9) | |
| | | | \wedge | No comparator mean/ | |
| Healthy life expectancy - Female (years) | 65.3 | 2015-17 | | RAG Rating | 69.1 |
| , , , , , | | | | (61.6-67.5) | |
| | | | | | |
| Life expectancy inequality at birth (Male) (years) | 7.5 | 2015-17 | | (5.2-11.4) | 5.1 |
| | | | | - | |
| Life expectancy inequality at birth (Female) (years) | 7.4 | 2015-17 | | (3.2-10.2) | 3.1 |
| | | | | 5.1 | |
| Fraction of mortality attributable to particulate air pollution (%) | 5.8 | 2017 | | (3.8- 6.5) | 3.7 |
| | | | | 10.3 | |
| Fuel Poverty | 7.7 | 2016 | | (7.2- 13.5) | 7.7 |
| | | | | 22.1 | |
| Excess winter deaths (3 years, all ages) % | 23 | Aug '14 - Jul '17 | | (14.7 - 27.7) | 15.1 |
| | | | | ì | |
| | 13.5 | | | (13.2- 21.4) | 24.9 |
| Utilisation of outdoor space/exercise/health reason (%) | | 2015-16 | \ | | |
| | | | | No comparator mean/ | |
| Children with excess weight Year Reception (including obese) (%) | 22.8 | 2017-18 | | RAG Rating | 17.7 |
| children with excess weight real neception (including obeset) (70) | 22.0 | 2017 10 | / | (18.8-25.8) | 17.7 |
| | | | · · · | | |
| | 64.8 | 2017-18 | | 63.6 | 49.6 |
| Adults classified as overweight or obese (%) | | | | (55.2-67.9) | |
| | 67.1 | 2017-18 | | 66.8 | 73.8 |
| Percentage of physically active adults (%) | | | | (59.6-72.3) | |



Wider Determinants of Health in Milton Keynes - key findings

- Healthy Life expectancy improving but low in rank and 2-3 years lower than the best 5%.
- Life expectancy equality at birth means that men and women living in the most deprived areas can expect to live 7.5 years less than those in the least deprived.

Assets and risk factors of note

- 5.8% of deaths in adults over 30 are estimated to be due to poor air quality.
- The numbers of people in fuel poverty are lower than the regional and national numbers, but are increasing.
- 72 more deaths at all ages are estimated to have occurred during the winter months than in the non-winter months.
- 23% of 4-5 year olds are overweight, above both the regional and national rate.
- Nearly 2/3rds of adults are overweight or obese.
- The number of adults using outdoor space for exercise and health reasons has fallen.
- 2/3^{rds} of adults surveyed regarded themselves as physically active.

APPENDIX 2 – CONSIDERATIONS AND POSSIBLE IMPACTS ON HEALTH

1. Housing quality and design

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 an impact on community welfare, cohesion and mental wellbeing.

| Considerations | Negative effects | Positive effects |
|---|---|---|
| Accessible and adaptable dwellings Internal space standards, orientation and layout Affordable housing and dwelling mix Energy efficiency High quality Design | communities may compromise the health of low income residents as they are likely to spend more on housing | 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 to capture solar gain. 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. |

2. Access to healthcare services and other social infrastructure

Social infrastructure includes education, health facilities (hospitals and primary care providers), social services, emergency services (police, fire and ambulance); and other community facilities such as cultural facilities, libraries, cemeteries and community halls. 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 to and into a building, and the range and quality of services offered. Access to good quality health and social care, education 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.

| Considerations | Negative effects | Positive effects |
|---|--|--|
| Needs and demands for services Capacity of existing healthcare services, education services and social infrastructure Timing, location and accessibility and developer contributions Reconfiguring health and social care services Access and use of buildings by disabled and older people | infrastructure needs in an areas can exacerbate pressure on existing services and worsen health outcomes and inequalities The under-provision of key services can contribute towards unnecessary travel, which can damage the environment and social cohesion | other social infrastructure to support population growth and change is an essential component of creating sustainable, healthy communities The planning system can help modernise facilities and improve the quality of services. Developer contributions can help provide and fund new facilities. |

3. Access to open space and nature

Providing secure, convenient and attractive green/open 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 are missing out on regular exercise, and an increasing number of children are being diagnosed as overweight and obese. Access to play spaces, community or sports facilities such as sport pitches can encourage physical activity. There is strong correlation between the quality of open spaces and the frequency of use for physical activity, social interaction or relaxation.

| Considerations | Negative effects | Positive effects |
|---|--|---|
| Opportunities for physical activity Access to green open space including water fronts Location of open spaces Creation of an interconnected network of open space Formal and informal outdoor play spaces Maintenance of open space and sports facilities Integration with other outdoor uses such as growing food Maximising free infrastructure in urban environments (including green roof systems and green walls) | and playing fields near to communities can limit opportunities for physical activity Green open spaces that are of poor quality, feel unsafe (isolated and note overlooked by adjacent housing and adjacent streets, or are inaccessible (not on pedestrian desire lines) will discourage physical activity and social interaction 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 | spaces and play spaces can encourage physical activity and maintain or improve mental health. The creation of an open space network that encourages pedestrian and cycle activity in an attractive setting The location of green open spaces on key pedestrian desire lines Green open spaces that are overlooked by adjacent housing and adjacent streets Where possible, open spaces should be co-located with other non-residential uses to encourage a vibrant social environment and more active travel A growing population, particularly an increase in |

4. Air quality, noise and neighbourhood amenity

The quality of the local environment can have a significant impact on physical and mental health. Pollution is caused by construction, traffic and commercial activity and 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 among children. Noise pollution can have a detrimental effect on health

resulting in sleep disturbance, cardiovascular and psycho-physiological effects. Good design and planning, and the separation of land uses can lessen impacts.

| Considerations | Negative effects | Positive effects |
|---|--|--|
| Construction impacts Air quality Land contamination Noise, vibration and odour Quality of local environment Provision of green space and trees | High level of road traffic and congestion generated by new developments can result in higher levels of air pollution | construction impacts, particularly hours of working and construction traffic movements Travel plans for construction and the future community and reduced levels of car parking which encourage the use of public transport, cycling and walking will result in better local environmental conditions Good design and the sensitive location and orientation of residential units can lessen noise impacts |

5. Accessibility and active travel

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 can 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.

| Considerations | Negative effects | Positive effects |
|---|---|--|
| Streetscape (visual element of the street) Opportunities for walking and cycling Shortest possible pedestrian routes to | have increased the risk of road traffic injuries, with pedestrians and cyclists being particularly vulnerable | can help people achieve recommended daily physical activity levels Consideration of inclusive design, access, orientation and streetscape during the design process can make it |

- shops, PT stops and other facilities
- Safe pedestrian routes
- Access to public transport
- Location of shops and other facilities
- Appropriate densities
- Minimising the need to travel
- Discouraging car use
- Road traffic injuries

- increase community severance
- Shops and other facilities located in isolated positions not on pedestrian desire lines will discourage active travel
- Pedestrian routes are circuitous and not direct
- Pedestrian routes that don't feel safe because they are not overlooked by housing or adjacent streets
- Low densities over large areas will spread out shops and other facilities thereby discouraging active travel
- Over provision of car parking in a development can undermine other travel modes such as public transport and cycling

- transport, walking or cycling
- Shops and other facilities located on pedestrian desire lines will encourage use by active travel (more so when co-located with certain open spaces such as play areas)
- Pedestrian routes are overlooked by adjacent housing and streets
- Pedestrian routes are direct as possible to access shops, PT stops and other facilities
- 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
- Cycling and walking can be promoted by connecting routes and public to wider networks, providing safe junctions, 20 mph speed limits in new residential developments and calming traffic and providing secure parking spaces.
- Provision of secure cycle parking, showers and cycle lanes and suitable routes can also promote walking and cycling, as can provision of routes and spaces that are green

6. Crime reduction and community safety

Thoughtful planning and urban design that promotes natural surveillance and social interaction can help reduce crime and the perception and "fear" of crime, all of which impact 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.

| Considerations | Negative effects | Positive effects |
|---|---|---|
| Designing out crime Fronts and backs of development Security and street surveillance Mix of uses Community engagements Major accidents/disasters | under-utilised, isolated spaces without | commercial areas can ensure natural surveillance over public space. This can be assisted by creating places which enable possibilities for community interaction and avoid social exclusion Fronts of housing face the public realm and private backs are inaccessible to the public Active use of street and public spaces, combined with effective lighting, is likely to decrease opportunities for antisocial behaviour or criminal activity Developers can work with the police to get their advice on making development proposals "secure by design". They can also involve communities to foster a sense of ownership and empowerment, which can also help to enhance community safety |

7. Access to healthy food

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

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

| Considerations | Negative effects | Positive effects |
|--|--|--|
| Healthy, localised food supply Hot food takeaways Social enterprises Allotments and community food growing spaces | and growth of large supermarkets can reduce the variety of foods available locally and disadvantage those on limited income to afford a healthy diet | facilitate social enterprises, planners can help to create the conditions that enable low income people to have better and affordable access to nutritious food Urban planning can preserve and protect areas for small scale community projects and local food production, including allotments Urban planning can promote and increase the diversity of shopping facilities in local centres, and limit concentrations of hot food takeaways |

8. Access to work and training

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.

Work can aid recovery from physical and mental illnesses.

| Considerations | Negative effects | Positive effects |
|--|---|---|
| Access to employment and training Job diversity Business support Social Value | Locating employment in inaccessible locations or failing to provide diversity of local jobs or training opportunities can negatively affect health, including mental wellbeing, both directly and | economic regeneration, allocation of appropriate sites and coordination of infrastructure provision can help to facilitate attractive opportunities for business, |

| indirectly A poor quality environment and lack or infrastructure can make places less competitive or attractive to business investment A lack of business and employed support through affordable business space and childcare provision can hinder economic growth and employment opportunities | provision of local work can encourage shorter trip lengths, reduce emissions from transport and enable people to walk or cycle Access to other support services, notably childcare, can make employment opportunities easier to access |
|--|---|
|--|---|

9. Social cohesion and lifetime neighbourhoods

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 delineated 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.

| Considerations | Negative effects | Positive effects |
|---|---|--|
| Social interaction Location and design of major infrastructure Mixed communities Access to community facilities Density of development Voluntary sector involvement Community severance | dispersal of resident communities Low densities throughout developments make it difficult to create a vibrant public realm. Community cohesion can also be affected by infrastructure such | by creating safe and permeable environments with places where people can meet informally Infrastructure such as streets are designed to help integrate communities or neighbourhoods Higher densities in accessible locations help enable a more vibrant public realm Mixed-use developments in town centres and residential neighbourhoods can help to wide social |

| Lifetime Neighbourhoods Social value create a barrier to movement 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 The planning system can be used to help the process of providing a range of facilities and providing opportunities for improving levels of equity. |
|--|---|
|--|---|

10. Minimising the use of resources

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.

| Considerations | Negative effects | Positive effects |
|---|--|---|
| Making the best use of existing land Recycling and reuse Sustainable design and construction Waste management Potential hazards Social value | 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 Sending out waste from a redevelopment site to be sorted or disposed of can increase vehicle movements, emissions and cause significant disruption including noise and dust which can contribute towards health problems for residents There are also ecological impacts (stripping of materials, mining for minerals etc) through excessive use of resources from a scarce global environment | local recycled and renewable materials wherever possible in the building construction process minimises the environmental impact Redevelopment on brownfield sites or derelict urban land also ensures that land is effectively used, recycled and enhanced Through encouraging reduction, reuse and recycling, resource minimisation can be better realised and contribute towards a better environment. Examples of various standards to consider including BREEAM (Building Research Establishment Environmental Assessment Method) and CEEQUAL (Civil Engineering Environmental Quality assessment), which are benchmarking tools for non-residential |

11. Climate change

There is a clear link between climate change and health. Evidence shows that people with the poorest health would be hit hardest by the impacts of climate change so all areas should prioritise polices and interventions that "reduce health inequalities and mitigate climate change".

The planning system 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 have the potential to contribute towards the mental wellbeing of residents, as well as their physical wellbeing.

| Considerations | Negative effects | Positive effects |
|---|---|---|
| Renewable energy Sustainable transport Building design Biodiversity Flood risk and drainage Social value | Proposed developments 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 Building in flood plain areas or a lack of local sustainable drainage systems (SuDS) may lead to greater flood risk 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 | greenhouse gas emissions by requiring lower energy use in buildings and transport, and by encouraging renewable energy sources Proposed developments 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 Design techniques can ensure that new housing and public realm can adapt to changes in temperature Flood risk can be reduce through a sequential approach to locating development and by introducing mitigation measures such as sustainable drainage systems in new developments Designing sustainable drainage systems and other flood alleviation measures to mitigate against |

drainage infrastructure or property level resilience.

APPENDIX 3 – FURTHER INFORMATION AND RESOURCES

Some of the following documents will be updated during the lifetime of this SPD. Care should therefore be taken to ensure that the current sources of information are used. For further information, please contact Public Health at Milton Keynes Council.

HIA Guides

| Title | Organisation | Link | Comments |
|--|---|--|--|
| Health Impact Assessment | London Healthy Urban Development Unit | https://www.healthyurbandevelop ment.nhs.uk/our- services/delivering-healthy-urban- development/health-impact- assessment/ | Guidance for those carrying out an HIA |
| Health Impact Assessment – a practical guide | Welsh Health Impact Assessment Support Unit | https://whiasu.publichealthnetwork .cymru/files/7714/9555/1126/Whia su Guidance Report English V2 W EB.pdf | Guidance for those carrying out an HIA |
| Health Impact Assessment Guidance for Practitioners | Scottish Health and Inequalities Health Impact Assessment Network | https://www.scotphn.net/networks/scottish-health-and-inequalities-impact-assessment-network-shiian/shiian-resources-information/reports/ | Guidance for those carrying out an HIA |

Data sources

| Title | Organisation | Link | Comments |
|--|-----------------------|---|--|
| 2011 Census | ONS | https://www.ons.gov.uk/census/20 11census | Census statistics provide a picture of the nation and how we live |
| Milton Keynes Council Sustainability Strategy 2019- 2050 | Milton Keynes Council | https://www.milton-keynes.gov.uk/environmental-health-and-trading-standards/mklow-carbon-living/the-2019-2050-sustainability-strategy | The strategy to become the world's greenest and most sustainable city. |
| Milton Keynes Council Plan | Milton Keynes Council | https://www.milton- | The vision and priorities for |

| 2016-2022 | | keynes.gov.uk/your-council-and- elections/council-information-and- accounts/strategies-plans-and- policies/council-plan-2016-2020 | Milton Keynes |
|---|-----------------------|--|---|
| Milton Keynes Insight | Milton Keynes Council | http://mkinsight.org/ | Quick access to information about Milton Keynes |
| Milton Keynes Joint Strategic Needs Assessment | Milton Keynes Council | https://www.milton- keynes.gov.uk/social-care-and- health/2016-2017-joint-strategic- needs-assessment/draft-16-17-jsna- place | Identifying health and wellbeing needs in Milton Keynes |
| Public Health Profiles | Public Health England | https://fingertips.phe.org.uk/ | Provides an overview of health for each local authority in England |
| Local Sports Data | Sport England | https://www.sportengland.org/our- work/partnering-local- government/local-sports-data/ | Looking at sports data to see how to encourage more people to participate in sport |
| National General Practice Profiles | Public Health England | https://fingertips.phe.org.uk/profile/general-practice | Data on the popula6tion demographic and health by GP practice |
| Office for National Statistics | ONS | https://www.ons.gov.uk/ | The UK's largest independent producer of official statistics and the recognised national statistical institute of the UK. |

Health and the built environment

| Title | Organisation | Link | Comments |
|--------------------------------|--|--|---|
| Reuniting health with planning | Town and Country Planning Association (TCPA) | https://www.tcpa.org.uk/healthypla nning | Link to a series of resources developed by the TCPA on how good planning links to improved health and wellbeing |
| Building for Life 12 | Design Council Cabe | https://www.designcouncil.org.uk/resources/guide/building-life-12- | The industry standard for the design of new housing |

| | | third-edition | developments |
|--|---|--|---|
| Healthy Homes and Buildings White Paper "Laying the Foundations for Healthy Homes and Buildings" (2018) | All Party Parliamentary Group for Healthy Homes and Buildings | https://healthyhomesbuildings.org. uk/ | White Paper setting out how homes should be fit for purpose and healthy |
| Dementia and Town Planning | Royal Town Planning Institute | https://www.rtpi.org.uk/knowledge/practice/dementia-and-town-planning/ | A dementia and planning practice advice note |
| Lifetime Neighbourhoods | GOV.UK | https://www.gov.uk/government/p ublications/lifetime- neighbourhoods2 | Guidance on how a development can be places designed to be inclusive regardless of age or disability |
| Active Design | Sport England | https://www.sportengland.org/media/3964/spe003-active-design-published-october-2015-high-quality-for-web-2.pdf | Guidance on how to encourage and promote sport and physical activity through the design and layout of the built environment to support a step change towards healthier and more active lifestyles |
| Physical Activity and the Environment – NICE guideline NG90) | NICE | https://www.nice.org.uk/guidance/ng90 | Guidance on promoting and creating built or natural environments that encourage and support physical activity |
| Secured by Design | Secured by Design | https://www.securedbydesign.com/ | A police initiative that improves the security of buildings and their immediate surroundings to provide safe places to live, work, shop and visit |
| Spatial Planning for Health: an evidence resource for planning and designing | Public Health England | https://assets.publishing.service.gov .uk/government/uploads/system/u ploads/attachment_data/file/72972 | A resource on how the design of places can improve health |

| healthier places | 7/spatial planning for health.pdf | |
|--|---|---|
| Technical Housing Standards – nationally described space standard | https://assets.publishing.service.gov .uk/government/uploads/system/u ploads/attachment data/file/52453 1/160519 Nationally Described Sp ace Standard Final Web versio n.pdf | internal space within new dwellings and is suitable for application across all tenures. |

Other resources

| Title | Organisation | Link | Comments |
|---|-----------------------|---|--|
| The Joint Health and Wellbeing Strategy for Milton Keynes 2018-2028 | Milton Keynes Council | https://www.milton- keynes.gov.uk/social-care-and- health/health-and-wellbeing- board/health-and-wellbeing- strategies-and-the-jsna/joint-health- and-wellbeing-strategies | The Milton Keynes Health and Wellbeing Board's strategy for delivering good health and wellbeing for the people of Milton Keynes |
| Bedfordshire, Luton and Milton Keynes Integrated Care Service | BLMK ICS | https://www.blmkpartnership.co.uk | This website provides details of the work to provide and improve healthcare across Milton Keynes |

The completion of the Health Impact Assessment Template is the responsibility of the applicant, but Milton Keynes Public Health are available to provide further guidance during the process. It is recommended that the Health Impact Assessment Template is discussed with Public Health at the pre-application stage. Frequently asked questions and further information around pre-application advice can be found on the Milton Keynes Planning Hub¹²

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¹² https://www.milton-keynes.gov.uk/planning-and-building/premium-planning-service/pre-application-advice-for-planning

APPENDIX 4 – HEALTH IMPACT ASSESSMENT TEMPLATE

| Name of proposed development | |
|------------------------------------|--|
| Contact name and details | |
| Location of project | |
| Planning reference (if applicable) | |
| Date template completed | |

1. Housing Quality and Design

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|---|----------------------------|------------------|---|---|
| Does the proposed development meet (or exceed) Building Regulation M4 (2) (Accessible and adaptable dwellings | □Yes | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development address the housing needs of older people i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes? | □Yes | | □Positive □Negative □Neutral □Uncertain | |

| Does the proposed development include homes that can be adapted to support independent living for older and disabled people? | | □Positive □Negative □Neutral □Uncertain | |
|---|-------------|---|--|
| Does the proposed development promote good design through layout and solar orientation (predominantly east-west orientation), meeting internal space standards? | □Yes □No | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development include a range of housing types and sizes, including affordable housing responding to local housing needs? | □Yes □No | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development contain homes that are highly energy efficient (e.g. a high SAP | □Yes □No | □Positive □Negative | |

| rating)? | | □Neutral | |
|----------|--|------------|--|
| | | □Uncertain | |
| | | | |

2. Access to healthcare services and other social infrastructure

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|--|----------------------------|------------------|---|---|
| Does the proposed development retain or re-provide existing social infrastructure | | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposal assess the impact on healthcare services (both primary and acute)? | | | □Positive □Negative □Neutral □Uncertain | |

| replacement, of a healthcare | □Yes □No | □Positive □Negative □Neutral | |
|---|-------------|---|--|
| a financial contribution for this)? | | □Uncertain | |
| Does the proposed development explore opportunities for shared community use and co-location of services? | □Yes | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development contribute to meeting primary, secondary and post 19 education needs (either financially or in kind)? | □Yes | □Positive □Negative □Neutral □Uncertain | |

3. Access to open space and nature

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|---|----------------------------|------------------|---|---|
| Does the proposed development retain and enhance existing open and natural spaces? | □Yes | | □Positive □Negative □Neutral □Uncertain | |
| For large developments in particular are green spaces provided as part of an interconnected open network? | | | □Positive □Negative □Neutral □Uncertain | |
| Are open spaces provided in accessible locations on pedestrian desire lines? | | | □Positive □Negative □Neutral □Uncertain | |
| Are open spaces (particularly play areas) where possible co- | □Yes | | □Positive | |

| located with other non- residential uses? | □No | □Negative □Neutral □Uncertain | |
|---|-------------|---|--|
| Are open spaces overlooked by adjacent housing and streets | | □Positive □Negative □Neutral □Uncertain | |
| In areas where they are deficient, does the proposed development provide new open or natural space, or improve access to existing spaces? | □Yes □No | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development provide a range of accessible spaces for children and young people? | □Yes | □Positive □Negative □Neutral □Uncertain | |

| Does the proposed development provide links between open and natural spaces and the public realm? | | □Positive □Negative □Neutral □Uncertain | |
|---|--|---|--|
| Are the open and natural spaces welcoming and safe and accessible for all? | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development set out how new open space will be managed and maintained? | | □Positive □Negative □Neutral □Uncertain | |

4. Air quality, noise and neighbourhood amenity

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|---|----------------------------|------------------|---|---|
| Does the proposed development minimise construction impacts such as air pollution, dust, noise, vibration and odours? | □Yes | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development minimise long term air pollution caused by traffic and energy facilities (e.g. power stations)? | □Yes | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development minimise long term noise pollution caused by traffic and commercial uses? | □Yes | | □Positive □Negative □Neutral □Uncertain | |
| Has the proposed development been assessed for any | | | □Positive | |

| potential risk to construction workers and/or the future users | | □Negative | |
|--|-----|------------|--|
| of the developments by possible land contamination | □No | □Neutral | |
| (e.g. by a desk study or site investigation)? | | □Uncertain | |

5. Accessibility and active travel

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|---|----------------------------|------------------|---|---|
| Does the proposed development prioritise and encourage walking and cycling? | □Yes | | ☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain | |
| Do pedestrian routes feel safe by being overlooked by adjacent housing and streets? | | | | |
| Do pedestrian routes link up with shops, facilities, play areas, other open spaces and PT stops in the most direct way possible | | | | |
| Are densities appropriate support a range of non-residential uses within walking | | | | |

| distance of where people live. | | | |
|--|-------------|---|--|
| Does the proposed development connect public realm and internal routes to local and strategic cycle and walking networks? | □Yes □No | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development include traffic management and calming measures to help reduce and minimise road injuries e.g. designed to 20 mph zones? | | ☐ Positive ☐ Negative ☐ Neutral ☐ Uncertain | |
| Is the proposed development well connected to public transport, local services and facilities? | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development seek to reduce car use e.g. by using travel plans to maximise single car use and other alternatives? | □Yes □No | □Positive □Negative □Neutral | |

| | | □Uncertain | |
|--|-----|------------|--|
| Does the proposed development allow people with | | □Positive | |
| mobility problems or a disability to access places and | | □Negative | |
| buildings? | □No | □Neutral | |
| | | □Uncertain | |

6. Crime reduction and community safety

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|---|----------------------------|------------------|---|---|
| Is the proposed development designed in ways that reduce the opportunities for crime? (Has the principle of public realm being overlooked by the fronts of housing while backs of housing are inaccessible to the public been incorporated? | □Yes □No | | □Positive □Negative □Neutral □Uncertain | |
| | | | | |
| Does the proposed | | | □Positive | |

| development incorporate design techniques to help people feel secure and avoid creating "gated communities"? | | □Negative □Neutral □Uncertain | |
|--|-------------|---|--|
| Does the proposed development include attractive, multi-use public spaces and buildings? | □Yes | □Positive □Negative □Neutral □Uncertain | |
| Has engagement and consultation been carried out with the local community? | □Yes □No | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development assess the impact on Police infrastructure? | □Yes □No | □Positive □Negative □Neutral □Uncertain | |

7. Access to healthy food

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|--|----------------------------|------------------|---|---|
| Does the proposed development facilitate the supply of local food i.e. allotments, community farms and farmers' markets? | | | □Positive □Negative □Neutral □Uncertain | |
| Is there a range of retail uses including food stores and smaller affordable shops for social enterprises, either within the scheme or nearby and easily accessible? | □Yes | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development avoid contributing towards an over concentration on hot food takeaways in the local area and in close proximity to schools and learning centres? | □Yes □No | | □Positive □Negative □Neutral □Uncertain | |

8. Access to work and training

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|--|----------------------------|------------------|---|---|
| Does the proposed development provide access to employment and training opportunities for local people, including temporary construction and permanent "end use" jobs? | □Yes □No | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development provide childcare facilities? | | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development include managed and affordable workspace for local businesses? | □Yes | | □Positive □Negative □Neutral | |

| | □Uncertain | |
|--|------------|--|
| | | |

9. Social cohesion and lifetime neighbourhoods

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|--|----------------------------|------------------|---|---|
| Does the proposed development 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 | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development include a mix of land uses and a range of community facilities? | □Yes | | □Positive □Negative □Neutral □Uncertain | |
| Does the development (where large) higher densities in the most accessible locations to encourage social interaction? | | | | |

| Does the proposed development provide opportunities for the voluntary and community sectors? | □Yes | □Positive □Negative □Neutral □Uncertain | |
|--|------|---|--|
| Does the proposed development address the six key components of Lifetime Neighbourhoods? | □Yes | □Positive □Negative □Neutral □Uncertain | |

10. Minimising the use of resources

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|---|----------------------------|------------------|------------------------------|---|
| Does the proposed development make the most efficient and effective use of existing land? | □Yes | | □Positive □Negative □Neutral | |

| | | □Uncertain | |
|---|------|---|--|
| Does the proposed development encourage recycling (including building materials)? | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development incorporate sustainable design and construction techniques? | □Yes | □Positive □Negative □Neutral □Uncertain | |

11. Climate change

| Criteria | Relevant to this proposal? | Details/evidence | Potential health impact? | Recommended mitigation or enhancement actions |
|---|----------------------------|------------------|--------------------------|---|
| Does the proposed development incorporate | | | □Positive | |
| renewable energy? | □No | | □Negative | |

| | | □Neutral □Uncertain | |
|---|-------------|---|--|
| Does the proposed development ensure that buildings and public spaces are designed to respond to winter and summer temperatures i.e. shading, ventilation and landscaping | □Yes □No | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development maintain and/or enhance biodiversity? | | □Positive □Negative □Neutral □Uncertain | |
| Does the proposed development incorporate sustainable urban drainage techniques? | | □Positive □Negative □Neutral □Uncertain | |

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