# **Health Impact Assessment**

## Supplementary Planning Document March 2021 Development Plans



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### 1. Purpose of the SPD

- 1.1. 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.
- 1.2. 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.
- 1.3. 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."
- 1.4. 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 HIA. 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.
- 1.5. The aims and objectives of this Health Impact Assessment SPD are as follows:

#### Aims

- To stimulate and bring about development proposals whose design is reflective 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 help deliver built and natural environments that consider the needs of, and benefit everyone, including older people, those with mobility issues and those with specific health conditions.
- 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 inform communities and provide guidance to aid the preparation of Neighbourhood Plans.

#### Objectives

- 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 provide an evidence base resource, responding to local needs by providing supporting information and guidance; and
- To increase the number of Health Impact Assessments in order to maximise the positive health impacts of proposals and provide mitigation against any potential negative impacts.

#### Links between planning and health

1.6. Health is defined as "a state of complete physical, mental and social wellbeing"<sup>1</sup>. 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 and good quality lifestyle choices, all of which can be impacted by the built environment<sup>2</sup> in a positive or negative way, both directly and indirectly. These factors are usually known as the "wider determinants of health" (Figure 1 below).

<sup>&</sup>lt;sup>1</sup> https://www.who.int/about/who-we-are/constitution

<sup>&</sup>lt;sup>2</sup> For example, housing quality and design, quality of the public realm, social infrastructure, access to open space and nature, air quality, noise, neighbourhood amenity, accessibility, active travel, crime, community safety, access to healthy food, employment and income, education and social cohesion



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).

- 1.7. 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 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 wellbeing<sup>3</sup>.
- 1.8. 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 years<sup>4</sup>. 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.
- 1.9. The Milton Keynes Physical Activity Framework 2015-2020<sup>5</sup> 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
- 3

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

<sup>&</sup>lt;sup>4</sup> 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 <u>https://fingertips.phe.org.uk/profile/public-health-outcomes-</u> framework/data#page/0/gid/1000049/pat/6/par/E12000008/ati/102/are/E06000042

<sup>&</sup>lt;sup>5</sup> https://www.milton-keynes.gov.uk/assets/attach/51641/MK%20Physical%20Activity%20Framework%202015-20.pdf

often than active people<sup>6</sup> 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 illnesses<sup>7</sup>.

- 1.10. 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.
- 1.11. With the ageing population of Milton Keynes projected to increase significantly by 2031 it is important to consider the needs of older members of our population, particularly those who are less mobile and those with specific health conditions, such as dementia. We need to plan environments that are easily accessible and usable to encourage and aid these groups to continue leading active, fulfilled lifestyles.
- 1.12. The Marmot review<sup>8</sup> 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.
- 1.13. 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 compatible with action to reduce health inequalities through promoting sustainable local communities, active transport, sustainable food production, and zero carbon homes.
- 1.14. Good planning can play a crucial role in developing healthier communities to improve lifestyle choices. By considering these effects and their distribution, planning policies and decisions 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 and ensure the needs of all groups are planned for. 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;

<sup>&</sup>lt;sup>6</sup> UK Active. *Turning the tide of inactivity* (2014)

 $ukactive.com/downloads/managed/Turning\_the\_tide\_of\_inactivity.pdf$ 

<sup>&</sup>lt;sup>7</sup> Department of Health. *Start Active, Stay Active.* (2011)

www.gov.uk/government/uploads/system/uploads/attachment\_data/file/216370/dh\_128210.pdf

<sup>&</sup>lt;sup>8</sup> https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives

- improve air quality and water conservation; and
- promote active travel and physical activity.
- 1.15. It is also important to consider the effects of the wider determinants of health on the social environment. This refers broadly to the immediate physical and social setting in which people live or in which something happens or develops.
- 1.16. The overall health and evidence of health inequalities in Milton Keynes provides a strong basis for intervention at the local 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, and in considering those groups with specialist needs, so as to contribute towards reducing the health inequality gap, as outlined in the Council Plan 2016-2022.
- 1.17. The design of Milton Keynes' urban environments has a significant impact on the health of its population and on the ability of specific groups, particularly those who are less mobile or have specific health conditions, to lead active and fulfilling lives. There are high levels 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.
- 1.18. 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 if policies encouraging active travel, healthy urban environments and mixed uses are not translated into the development. 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.

#### The Impacts of Covid-19

1.19. A further consideration for planning is the impact of the Covid-19 pandemic on the health and wellbeing of communities. During 2020 and the first waves of the pandemic, access to many services has been reduced and delivery of health and care services has been disrupted and changed. Concerns have been raised about significant drops in A&E use and the health care of people with long-term conditions is likely to have been significantly impacted.

- 1.20. In addition to this, mental health issues such as social isolation, loneliness and stress have affected many people. The impacts of COVID-19 have not been equally felt and the pandemic has both exposed and exacerbated health inequalities in society. The transition from the response phase into recovery, will see the impacts of the pandemic on individuals, households and communities, influence their capacity to recover. From a planning perspective, it will be even more important to take account of the wider determinants of health for both the physical environment and the social environment and what this means for the communities of the future.
- 1.21. Measures taken to control the spread of coronavirus have had consequences for people's ability to lead normal and healthy lives. This has significantly impacted on how people use their homes and the surrounding outdoor areas. People have spent significantly more time at home as a result of lockdown measures and this may exacerbate the health impacts of poor-quality housing. Changes in how we use our homes and community spaces during the pandemic are unlikely to be reversed completely and are likely to evolve further as we move into the post-pandemic period. These are important considerations when planning and designing future homes and communities.

#### **National Policy Context**

- 1.22. 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.
- 1.23. Chapter 8 of the NPPF, 'Promoting Healthy and Safe Communities', includes the following objectives which can be supported by an HIA:

Paragraph 91:

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

- b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion."
- c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling."

Paragraph 92:

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

- *b)* take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community"
- 1.24. The impact of development on human health and wellbeing is therefore a material consideration in the determination of planning applications.
- 1.25. National Planning Practice Guidance (PPG) includes guidance on healthy and safe communities, which 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, as well as recognising the role that new developments can have on health.
- 1.26. The PPG 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 PPG 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."<sup>9</sup>

- 1.27. The **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.
- 1.28. The **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. Therefore the, promotion of health and wellbeing is being addressed in all Milton Keynes Council Services, including Planning.

#### Local Policy context

1.29. **The Milton Keynes Council Plan 2016-2022**, as updated in 2020, sets out, as one of its three key aims, for Milton Keynes to be a 'Healthy City', ensuring lifelong wellbeing for all in an active, vibrant place with people living long, healthy and fulfilling lives and, to reduce health inequalities.

<sup>&</sup>lt;sup>9</sup> National Planning Practice Guidance; Paragraph: 003 Reference ID: 53-003-20190722

Furthermore, the Council Plan sets out a number of commitments that relate to, or can impact upon, health and healthier lifestyles and have links with planning:

- Improve public transport, by improving access and provision to services;
- Start an ongoing and planned resurfacing programme for redways and, investigate more provision of safe cycling and walking space;
- Provide additional safe bike storage spaces across the city;
- Campaign to ensure proper access for all to GP, dental and mental health services, including ensuring proper community health infrastructure and hospital facilities;
- Continue to ensure good levels of school places as the city grows, with appropriate levels of Special Educational Needs provision;
- Support becoming a Dementia Friendly city, to improve the lives of those most in need of help; and
- Deliver 100 affordable bungalows and accessible houses for older and disabled people.

## 1.30. 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."

- 1.31. 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.
- 1.32. **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."

- 1.33. 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.
- 1.34. It includes Policy EH6 (outlined below), which sets out a requirement for a HIA for proposals consisting of 50 or more C2 and/or C3 dwellings. 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.

#### Policy EH6: Delivery of health facilities in new development

All Use Class C2 developments and Use Class C3 residential development 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 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.

- 1.35. The 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.
- 1.36. The 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.
- 1.37. **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.
- 1.38. **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?

2.1. The World Health Organisation provides the following definition of a 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."<sup>10</sup>

- 2.3. For Milton Keynes it is used to identify all positive and negative health 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 incomes, minority ethnic groups, young, disabled and elderly people.
- 2.4. 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.
- 2.5. A HIA should be undertaken as early as possible in the planning stages of a development, so as it has potential to influence decisions being made on the design, layout and composition of the development. It is recommended that the HIA process is started prior to entering pre-application engagement, so as feedback can be provided as early on as possible and to ensure that a satisfactory HIA is submitted as part of any application. Policy EH6 of Plan:MK does make it clear that a HIA must be completed and submitted for applicable developments.

#### **Carrying out a HIA – the stages**

- 2.6. Although there is no set methodology for a HIA, the majority follow the main five stages outlined in Figure 2 and summarised below. This does not provide a thorough guide to preparing a HIA, but Appendix 3 does set out useful resources which describe the HIA process in more detail.
- 2.7. It is recommended that a HIA is carried out as early as possible (i.e. prior to, or at, the preapplication stage) in the design process of a development proposal, so it can inform decision making, outline any required interventions at an early stage, and allow for the maximum mitigation of any health impacts identified to be incorporated.

<sup>&</sup>lt;sup>10</sup> World Health Organisation, Health Impact Assessment <u>http://www.euro.who.int/document/PAE/Gothenburgpaper.pdf?ua=1</u>

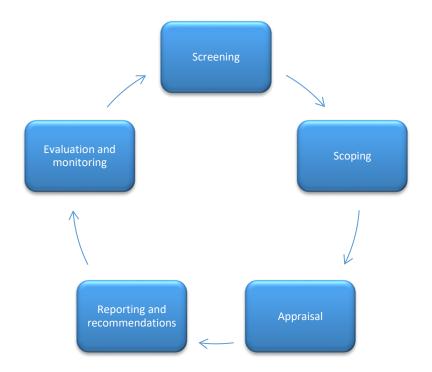


Figure 2: The five stages of preparing a HIA.

#### 1. Screening

2.8. Normally, this stage involves considering whether or not to carry out a HIA. As Plan:MK Policy EH6 sets out a threshold for those proposed developments that will require a HIA to be prepared, this stage should instead be used to help inform decisions around the scope of the HIA.

#### 2. Scoping

- 2.9. The scope 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. This stage of the process allows for the design and planning of the HIA, including outlining the HIA's focus, the methods to be used and a work plan. Areas for consideration should include timescales, geographical boundaries, resources, who should be involved and how they should be involved, and the extent of HIA to be carried out. It is important to use an approach that makes the best use of the resources available.
- 2.10. For each development proposal that meets the threshold set out in Policy EH6 of Plan:MK, the applicant must complete a copy of the HIA Screening/Scoping Template (as set out in Appendix 4) as early in the planning process as viable and, preferably, submit a complete copy at the pre-application stage to inform discussions. Pre-application engagement will then provide an opportunity for Planning and Public Health Officers to provide feedback, identify any potential issues at an early stage, and outline the scope of the final HIA report that will be required to be

submitted alongside a planning application. If this work is not carried out at an early stage, this could cause delays in assessing and determining planning applications, or potentially lead to objections being raised which could result in the refusal of planning permission.

- 2.11. The completion of the HIA Screening/Scoping Template will form the starting point of the HIA, and alongside engagement at the pre-application stage, will help to inform the scope of the final HIA report. For some development proposals, this may also be able to form the basis of the assessment and report itself, dependant on the level of health impacts that have been identified.
- 2.12. Table 1 below, outlines the process to undertake when completing the HIA Screening/Scoping Template. **Appendix 2: Considerations and possible impacts on health** helps to support the applicant in completing the template by outlining some of the potential health impacts, both positive and negative, that new developments can have on a range of different categories, and provides some potential areas for developers to consider during the planning process.

## Table 1: Process for using the Health Impact Assessment Screening/Scoping Template for proposed developments:

- 1. Consider each of the criteria listed (in the 12 different categories) in the Health Impact Assessment Screening/Scoping Template<sup>11</sup> (Appendix 4) 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 Screening/Scoping 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 3.

<sup>&</sup>lt;sup>11</sup> NHS London Healthy Urban Development Unit, Rapid Health Impact Assessment tool <u>https://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2017/05/HUDU-Rapid-HIA-Tool-3rd-edition-April-2017.pdf</u>

- 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 Screening/Scoping 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.

#### 3. Appraisal

- 2.13. The appraisal stage will have some overlap with previous stages and will develop the work carried out in completing the HIA Screening/Scoping Template, whilst also being led-by, and responding to, the advice received during pre-application engagement. This stage involves establishing the potential type, magnitude, probability and distribution of both the potential positive and negative health impacts identified at the screening and scoping 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 (The 'area' which the HIA will cover will vary on a case-by-case basis in relation to a number of factors and should therefore be considered and agreed during the Scoping stage).
- 2.14. 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

2.15. The report should include the methodology used at the different stages of the HIA and the evidence and information gathered. The purpose of a HIA is not only to identify whether or not there is a significant health impact, but also to help recommend mitigating actions. Therefore, 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).

2.16. The final HIA report must be submitted with the planning application to the Council.

#### 5. Evaluation and monitoring

- 2.17. The final stage of the HIA is an ongoing process. It is important to understand the difference between monitoring and evaluation.
- 2.18. **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.
- 2.19. **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 equality. If not, it should review and consider the reasons for this, and how plans might further be adapted.
- 2.20. 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, work in Milton Keynes. Progress being made on the health and wellbeing-related policies of Plan:MK will be reported in the Authority Monitoring Report on an annual basis.
- 2.21. All submitted HIAs will be assessed as part of the standard process of assessing planning applications, incorporating the input of both the Council's Public Health and Planning Officers. If a HIA has omitted key points or has not satisfactorily addressed recognised health issues related to the proposed development, input from the Public Health Team will lead to this being communicated with the applicant and, where required, extra information will be requested to be submitted. If these issues remain, or cannot be dealt with through the submission of extra information, the development may be found to not comply with specific policies of Plan:MK and an objection will be raised. This may ultimately lead to the refusal of the planning application.

KPI Indicator	MK Baseline	Latest data	Trend	Best 5%
Healthy life expectancy - Male (years)	64.1	2015-17		68.3
Healthy life expectancy - Female (years)	65.3	2015-17		69.1
Life expectancy inequality at birth ( Male) ( years)	7.5	2015-17		5.1
Life expectancy inequality at birth ( Female) ( years)	7.4	2015-17		3.1
Fraction of mortality attributable to particulate air pollution (%)	5.8	2017		3.7
Fuel Poverty	7.7	2016		7.7
Excess winter deaths ( 3 years, all ages) %	23	Aug '14 - Jul '17		15.1
Utilisation of outdoor space/exercise/health reason (%)	13.5	2015-16		24.9
Children with excess weight Year Reception (including obese) (%)	22.8	2017-18		17.7
Adults classified as overweight or obese (%)	64.8	2017-18		49.6
Percentage of physically active adults (%)	67.1	2017-18		73.8

#### 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<sup>rds</sup> of adults surveyed regarded themselves as physically active.

#### 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
<ul> <li>Accessible and adaptable dwellings</li> <li>Internal space standards, orientation and layout</li> <li>Affordable housing and dwelling mix</li> <li>Energy efficiency</li> <li>High quality Design</li> </ul>	communities may compromise the health of low income residents as they are likely to spend more on housing costs and less on	<ul> <li>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</li> <li>Creating mixed and sustainable communities through provision of a range of housing typologies and tenures to meet local needs, which are well integrated into new developments</li> <li>Providing a sufficient range of housing tenures with good basic services is also essential. Adaptable buildings for community uses</li> </ul>

#### 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
<ul> <li>Needs and demands for services</li> <li>Capacity of existing healthcare services, education services and social infrastructure</li> <li>Timing, location and</li> </ul>	<ul> <li>needs in an area can exacerbate pressure on existing services and worsen health outcomes and inequalities</li> <li>The under-provision of key services can contribute towards unnecessary travel, which can damage the environment and</li> </ul>	<ul> <li>social infrastructure to support population growth and change is an essential component of creating sustainable, healthy communities</li> <li>The planning system can help modernise facilities and improve the quality of services. Developer contributions can help provide and fund new facilities.</li> </ul>
<ul> <li>accessibility and developer contributions</li> <li>Reconfiguring health and social care services</li> <li>Access and use of buildings by disabled and older people</li> </ul>		<ul> <li>Co-locating some services can improve the effectiveness of service delivery, for example, primary health and social care, dentistry and pharmacies</li> <li>Access to a range of education, primary, secondary and post-19 improves self-esteem, job opportunities, support to residents in applying for jobs and earning capability</li> <li>Rapid access to CPR and defibrillation can save lives</li> </ul>

#### 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
<ul> <li>Opportunities for physical activity</li> <li>Access to green open space including water fronts</li> <li>Location of open spaces</li> <li>Easy access for older people, those who are less mobile and those with specific health conditions</li> <li>Creation of an interconnected network of open space</li> <li>Formal and informal outdoor play spaces</li> <li>Maintenance of open space and sports facilities</li> <li>Integration with other outdoor uses such as growing food</li> </ul>	<ul> <li>playing fields near to communities can limit opportunities for physical activity</li> <li>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</li> <li>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</li> </ul>	<ul> <li>and play spaces can encourage physical activity and maintain or improve mental health</li> <li>The creation of an open space network that encourages pedestrian and cycle activity in an attractive setting</li> <li>Creation of a habitat network that provides residents with opportunities to interact with nature on a day to day basis.</li> <li>The location of green open spaces on key pedestrian and cyclist desire lines</li> <li>Green open spaces that are overlooked by adjacent housing and adjacent streets</li> <li>Where possible, open spaces should be co-located with</li> </ul>

environments (including green roof systems and green walls)food food e Gre coo	ner related health and environmental programmes such as ad growing and increasing biodiversity een walls can also provide insulation or shading and bling een infrastructure can reduce flood risk
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#### 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
<ul> <li>Construction impacts</li> <li>Air quality</li> <li>Land contamination</li> <li>Noise, vibration and odour</li> <li>Quality of local environment</li> <li>Provision of green space and trees</li> </ul>	generated by new developments can result	<ul> <li>construction impacts, particularly hours of working and construction traffic movements</li> <li>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</li> <li>Good design and the sensitive location and orientation of</li> </ul>

#### 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
<ul> <li>Streetscape (visual element of the street)</li> <li>Opportunities for walking and cycling</li> <li>Legibility and navigability of new developments</li> <li>Shortest possible pedestrian routes to shops, PT stops and other facilities</li> <li>Safe pedestrian routes</li> <li>Access to public transport</li> <li>Location of shops and other facilities</li> <li>Appropriate densities</li> <li>Minimising the need to travel</li> <li>Discouraging car use</li> <li>Road traffic injuries</li> </ul>	<ul> <li>increased the risk of road traffic injuries, with pedestrians and cyclists being particularly vulnerable</li> <li>Poor urban planning can prioritise the car over pedestrians and cyclists, and increase community severance</li> <li>Shops and other facilities located in isolated positions not on pedestrian desire lines will discourage active travel</li> <li>Pedestrian routes are circuitous and not direct</li> <li>Pedestrian routes that don't feel safe because they are not overlooked by housing</li> </ul>	<ul> <li>help people achieve recommended daily physical activity levels</li> <li>Concentrating new development around existing or new transport hubs can reduce the need for travel and promote walking, cycling and public transport.</li> <li>Consideration of inclusive design, access, orientation and streetscape during the design process can make it easier for people to access facilities using public transport, walking or cycling</li> <li>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)</li> <li>Frequent benches in the public realm can encourage and help those with mobility difficulties to walk more easily between places</li> <li>Designing new developments to be clearly legible and navigable for all through for example, a clear hierarchy of distinguishable street types and addition of legible features.</li> </ul>

<ul> <li>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</li> <li>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.</li> <li>Provision of secure cycle parking, showers and cycle lanes and suitable routes can also promote walking and cycling as</li> </ul>
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
<ul> <li>Designing out crime</li> <li>Fronts and backs of development</li> <li>Security and street surveillance including effective lighting</li> <li>Neighbourhood and street design</li> <li>Mix of uses</li> <li>Community engagements</li> <li>Major accidents/disasters</li> </ul>	<ul> <li>utilised, isolated spaces without natural surveillance and segregate places by creating barriers such as roads</li> <li>Backs of development (e.g. rear gardens</li> </ul>	<ul> <li>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</li> <li>Fronts of housing face the public realm and private backs are inaccessible to the public</li> <li>Active use of street and public spaces, combined with effective lighting, is likely to decrease opportunities for antisocial behaviour or criminal activity and create safer environments during both day and night</li> </ul>

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#### 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
<ul> <li>Healthy, localised food supply</li> <li>Hot food takeaways</li> <li>Social enterprises</li> <li>Allotments and community food growing spaces</li> </ul>	growth of large supermarkets can reduce the variety of foods available locally and disadvantage those on limited income to	<ul> <li>social enterprises, planners can help to create the conditions that enable low income people to have better and affordable access to nutritious food</li> <li>Urban planning can preserve and protect areas for small scale community projects and local food production, including allotments</li> <li>Urban planning can promote and increase the diversity of shopping facilities in local centres, and limit concentrations</li> </ul>

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
<ul> <li>Access to employment and training</li> <li>Job diversity</li> <li>Social Value</li> </ul>	<ul> <li>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 indirectly</li> <li>A poor quality environment and lack of infrastructure can make places less competitive or attractive to business investment</li> <li>A lack of business and employee support through childcare provision can hinder economic growth and employment opportunities</li> </ul>	<ul> <li>regeneration, allocation of appropriate sites and coordination of infrastructure provision can help to facilitate attractive opportunities for business, encourage diversity</li> <li>Equitable transport strategies can play an important role in providing access to job opportunities. The provision of local work can encourage shorter trip lengths, reduce emissions from transport and enable people to walk or cycle</li> <li>Access to other support services, notably childcare, can</li> </ul>

#### 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 N	legative effects	Positive effects
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<ul> <li>Social interaction</li> <li>Location and design of major infrastructure</li> <li>Mixed communities</li> <li>Access to community facilities</li> <li>Density of development</li> <li>Voluntary sector involvement</li> <li>Community severance</li> <li>Lifetime Neighbourhoods</li> <li>Social value</li> </ul>	int dis Lov ma rea aff oth linl wa mc • Poo	cial cohesion can be undermined b censive housing redevelopment an spersal of resident communities w densities throughout development ake it difficult to create a vibrant public alm. Community cohesion can also b fected by infrastructure such as roads of her developments that sever communit ks. Large schemes may disrupt familia alking routes, or create a barrier t ovement for planning may also result in the loss of mmunity facilities	d s e r y r r	vibrant public realm
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#### **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
Considerations	Negative effects	POSITIVE ETTECTS

<ul> <li>Making the best use of existing land</li> <li>Recycling and reuse</li> <li>Sustainable design and construction</li> <li>Waste management</li> <li>Potential hazards</li> <li>Social value</li> </ul>		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	•	Correct hazardous waste disposal, as well as using 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 building and infrastructure projects as well as considering water efficiency measures	
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#### 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 policies 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
considerations		

<ul> <li>Renewable energy</li> <li>Sustainable transport</li> <li>Building design</li> <li>Biodiversity</li> <li>Flood risk and drainage</li> <li>Social value</li> </ul>	<ul> <li>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</li> <li>Building in flood plain areas or a lack of local sustainable drainage systems (SuDS) may lead to greater flood risk</li> <li>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</li> </ul>	ustainable drainage systems and other flood measures to mitigate against potential future
	adaptable to their environment alleviation in flooding three change, will need for contract of the flooding three floodin	

#### 12. Designing for Older People and those with Specific Health Conditions

The number of older people in the UK is rising dramatically and in Milton Keynes it is expected that the percentage of the total population that are over 65 years old will increase from 13% to 18% by 2031, whilst the over 75 population is expected to double over the same period. Increasing age brings with it mobility issues and a higher potential for specific health conditions such as visual limitations and dementia.

However, mobility issues and health conditions are not just restricted to older members of our population, but also affect the lives of individuals and families of all ages, it is therefore vitally important that the built and natural environment is planned, and developed, in a way which allows everyone to benefit from new development in a manner that suits their individual needs. Developments that consider and plan for the needs of older people, those less mobile and

those with specific health conditions from the outset, can aid the wellbeing and independence of these groups, improving their quality of life and enabling them to live well for longer in the familiar surroundings of their home and local neighbourhood.

The Milton Keynes Council Plan 2016-2022, as updated in 2020, also outlines a commitment to *'becoming a Dementia Friendly city and to improve the lives of those most in need of help'*. The planning system has a key role to play in enabling this and, through good planning and the application of some simple design principles, new developments can help to deliver environments that assist those with dementia and other health conditions to live well.

Considerations	Negative effects	Positive effects
<ul> <li>The provision of specialist homes and extra-care facilities.</li> <li>Accessible and adaptable dwellings</li> <li>Access and use of buildings by older people and those with specific health conditions</li> <li>Legible and navigable neighbourhoods</li> <li>Design of neighbourhoods, streets and public spaces</li> <li>Safe neighbourhoods where people feel at ease and are not at risk from harm</li> </ul>	<ul> <li>those with health conditions can restrict easy access to services and facilities, leaving members of the community isolated and without independence</li> <li>Poorly defined and marked routes, especially those that lead to dead-ends can be confusing and restrict access and movement</li> <li>A poorly designed pedestrian environment (e.g. narrow, obstructed paths with significant changes in level) will restrict the mobility of older people and those with specific health conditions</li> </ul>	<ul> <li>of residents over time will enable them to stay in their home and community for longer</li> <li>Providing frequent places within the public realm for those with mobility issues to rest</li> <li>Memorable spaces and building groups can help places to be more legible, familiar and distinctive, aiding orientation and wayfinding</li> <li>Provision of accessible informal, as well as formal, open spaces can provide a range of benefits to those with specific health conditions and can be less intimidating.</li> <li>Providing footpaths and walking routes that are wide, well</li> </ul>

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 in Spatial Planning	Public Health England	https://assets.publishing.service.gov .uk/government/uploads/system/u ploads/attachment_data/file/92923 0/HIA_in_Planning_Guide_Sept2020 .pdf	Guide for Local Authority public health and planning teams
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/mk- low-carbon-living/the-2019-2050- sustainability-strategy	The strategy to become the world's greenest and most sustainable city.
Milton Keynes Council Plan 2016- 2022	Milton Keynes Council	<u>https://www.milton-</u> <u>keynes.gov.uk/your-council-and-</u> <u>elections/council-information-and-</u> <u>accounts/strategies-plans-and-</u> <u>policies/council-plan-2016-2020</u>	The vision and priorities for 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)	<u>https://www.tcpa.org.uk/healthypla</u> nning	Link to a series of resources developed by the TCPA on how good planning links to improved health and wellbeing
Building for a Healthy Life – A design toolkit for neighbourhoods, streets, homes and public spaces	Design for Homes	https://www.udg.org.uk/publication s/othermanuals/building-healthy- life	The industry standard for the design of new housing developments and creating places
Healthy Homes and Buildings White Paper "Laying the Foundations for Healthy Homes and Buildings" (2018)	All Party Parliamentary Group for Healthy Homes and Buildings	<u>https://healthyhomesbuildings.org.</u> <u>uk/</u>	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/med ia/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	<u>https://www.nice.org.uk/guidance/</u> 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 healthier places	Public Health England	https://assets.publishing.service.gov .uk/government/uploads/system/u ploads/attachment_data/file/72972 7/spatial_planning_for_health.pdf	A resource on how the design of places can improve health
Technical Housing Standards – nationally described space standard	GOV.UK	https://assets.publishing.service.gov .uk/government/uploads/system/u ploads/attachment_data/file/52453 1/160519_Nationally_Described_Sp ace_StandardFinal_Web_versio n.pdf	This standard deals with internal space within new dwellings and is suitable for application across all tenures.
Designing Dementia Friendly Neighbourhood Design Guidance	Milton Keynes Council	To be published in 2021	Milton Keynes specific guidance on how new developments can be designed to play a role in maintaining the wellbeing and independence of people living with dementia.

#### Other resources

Title	Organisation	Link	Comments
The Joint Health and Wellbeing Strategy for Milton Keynes 2018- 2028	-	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	<u>https://www.blmkpartnership.co.uk</u> 	This website provides details of the work to provide and improve healthcare across Milton Keynes

The completion of the Health Impact Assessment Screening/Scoping 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 Screening/Scoping 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 Hub<sup>12</sup>.

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

<sup>&</sup>lt;sup>12</sup> <u>https://www.milton-keynes.gov.uk/planning-and-building/premium-planning-service/pre-application-advice-for-planning</u>

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			□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	□Yes		□Positive	

layout and solar orientation (predominantly east-west orientation), meeting internal space standards?		□Negative □Neutral □Uncertain	
Does the proposed development include a range of housing types and sizes, including affordable housing responding to local housing needs?	□Yes	□Positive □Negative □Neutral □Uncertain	
Does the proposed development contain homes that are highly energy efficient (e.g. a high SAP rating)?	□Yes	□Positive □Negative □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 ensure provision of required and, where necessary, enhanced social infrastructure?	□Yes		□Positive □Negative □Neutral □Uncertain	
Does the proposal assess and, where required address, the impact on healthcare services (both primary and acute)?			□Positive □Negative □Neutral □Uncertain	
Does the proposed development include the provision, or replacement, of a healthcare facility meeting NHS requirement (and/or does the proposed development provide a financial contribution for this)?	□Yes □No		□Positive □Negative □Neutral □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?			□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-located	□Yes	□Positive	
with other non-residential uses?	□No	□Negative	
		□Neutral	
		□Uncertain	
Are open spaces overlooked by adjacent housing and streets	□Yes	□Positive	
	□No	□Negative	
		□Neutral	
		□Uncertain	
In areas where they are deficient, does the proposed development		□Positive	
provide new open or natural space, or improve access to		□Negative	
existing spaces?		□Neutral	
		□Uncertain	
Does the proposed development provide a range of accessible		□Positive	
spaces for children and young people?		□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?	□Yes □No	□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	

□Positive	
□Negative	
□Neutral	
□Uncertain	
	□Negative □Neutral

### 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?			□Positive □Negative □Neutral □Uncertain	
Do pedestrian routes feel safe by being well lit and overlooked by adjacent housing and streets?			□Positive □Negative □Neutral □Uncertain	

Do pedestrian routes link up with shops, facilities, play areas, other		□Positive	
open spaces and PT stops in the most direct way possible	□No	□Negative	
		□Neutral	
		□Uncertain	
Is the new development clearly legible and navigable?	□Yes	□Positive	
	□No	□Negative	
		□Neutral	
		□Uncertain	
Are densities appropriate support a range of non-residential uses		□Positive	
within walking distance of where people live.		□Negative	
		□Neutral	
		□Uncertain	
Does the proposed development connect public realm and internal		□Positive	
routes to local and strategic cycle and walking networks?		□Negative	
Ŭ	□No	□Neutral	
		□Uncertain	

Does the proposed development include traffic management and		□Positive
calming measures to help reduce		□Negative
and minimise road injuries e.g.		
designed to 20 mph zones?	□No	□Neutral
		□Uncertain
Is the proposed development well		□Positive
connected to public transport,	□Yes	
local services and facilities?	□No	□Negative
		□Neutral
		□Uncertain
Does the proposed development		□Positive
seek to reduce car use e.g. by	□Yes	
using travel plans to maximise single car use and other		□Negative
alternatives?	□No	□Neutral
		□Uncertain
Does the proposed development allow people with mobility		□Positive
problems or a disability to access places and buildings?		□Negative
	□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 development incorporate design techniques to help people feel secure and avoid creating "gated communities"?	□Yes		□Positive □Negative □Neutral □Uncertain	
Does the proposed development include attractive, multi-use public spaces and buildings?			□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		□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			□Positive	
and training opportunities for local people, including temporary			□Negative	
construction and permanent "end use" jobs?			□Neutral	
			□Uncertain	
Does the proposed development provide childcare facilities?	□Yes		□Positive	
			□Negative	
	□No		□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			□Positive	
i.e. layout and movement which avoids physical barriers and			□Negative	
severance and land uses and spaces which encourage social			□Neutral	
interaction?				

		[	□Uncertain	
Does the proposed development include a mix of land uses and a range of community facilities?		נ	□Positive □Negative □Neutral □Uncertain	
Does the development (where large) higher densities in the most accessible locations to encourage social interaction?	□Yes □No	נ	□Positive □Negative □Neutral □Uncertain	
Does the proposed development provide opportunities for the voluntary and community sectors?		נ	□Positive □Negative □Neutral □Uncertain	
Does the proposed development address the six key components of Lifetime Neighbourhoods?			□Positive □Negative	

□No	□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?			□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?			□Positive	

□Negative	□No	
□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 renewable energy?	□Yes □No		□Positive □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 incorporate sustainable urban		□Positive	
drainage techniques?	□No	□Negative	
		□Neutral	
		□Uncertain	

# 12. Designing for Older People and those with Specific Health Conditions

Criteria	Relevant to this proposal?	Details/evidence	Potential health impact?	Recommended mitigation or enhancement actions
Does the development provide for the needs older people?	□Yes		□Positive	
	□No		□Negative	
			□Neutral	
			□Uncertain	
Is the development designed in a manner which is accessible, legible			□Positive	
and navigable for all, including those who are less mobile?	□No		□Negative	
			□Neutral	
			□Uncertain	

Does the development take into account the needs of those with		□Positive	
specific health conditions, such as dementia?		□Negative	
		□Neutral	
		□Uncertain	

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