Brighton & Hove
City Council

Health Impact Assessment Guidance Note

Produced by Planning Policy and Public Health teams

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Contents

Introduction

1.1   The links between planning and health are long-established; planning originated as a response to address public health concerns arising from sub-standard housing and living conditions.

1.2   Although a person's health is in part determined by genetics, age and lifestyle, the built and natural environment within which people live and work has a major influence. Planning for health therefore needs to ensure that we plan for and build a health-promoting environment, that improves the health of those who live, work or visit the city.

1.3   The World Health Organisation defines health as including good physical, mental and social wellbeing. Good health is not just about the absence of illness. This definition of health is used in Health Impact Assessments (HIA) as HIAs cover both the factors that support good health as well as those that cause ill-health.

Purpose of this Guidance

2.1   The purpose of this guidance is to provide technical advice for developers and applicants on undertaking a HIA, and guidance for local authority officers and public health professionals on assessing HIAs submitted with planning applications.

2.2   It provides guidance and interpretation of the policies most relevant to health, and provides a local **Checklist** which will support the HIA process **(see Appendix 1)**.

2.3   The Checklist comprises various criteria of relevance to health for four overarching themes; Healthy Housing, Active Lifestyles, Healthy Environment, and Safe & Vibrant Neighbourhoods. The Checklist includes examples of measures that can support good health for each of the criteria.

2.4   This guidance also outlines the different types of HIAs and the various stages of the HIA process.

2.5   The aims and objectives of this guidance note are:

Aims

- To improve understanding of the HIA process
- To provide information and guidance that supports the HIA process
- To inform pre-application advice and consultation responses on planning applications of health-related considerations

Objectives

- To support delivery of a built and natural environment that supports good physical and mental health, and social well-being
- To support delivery of a built and natural environment that prevents poor health
- To maximise positive impacts and minimise negative impacts on health arising from development

2

Policy Context

3.1 The planning system in place today seeks to address health issues through implementation of national and local planning policies.

The National Planning Policy Framework (NPPF, 2019)[1]

3.2 The NPPF requires public health to be taken into account in both plan-making and decision-taking and states the purpose of planning is to contribute to the achievement of sustainable development, with delivery of the social objective of sustainable development being paramount to supporting health.

3.3 Paragraph 8b: **a social objective -** supports strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being.

3.4 Links to health can be found throughout, with key areas including policies on delivering homes (section 5), transport (section 9), design (section 12), climate change (section 14), and the natural environment (section 15).

3.5 In addition, section 8, Promoting Healthy and Safe Communities, paragraph 91, requires planning policies and decisions to aim to achieve healthy, inclusive and safe places which promote social interaction, that are safe and accessible, and enable and support healthy lifestyles, especially where this would address identified local health and well-being needs.

3.6 Paragraph 92 requires planning policies and decisions to provide the social, recreational and cultural facilities and services the community needs, through planning positively for the provision and use of shared spaces, community facilities and other local services to enhance the sustainability of communities and residential environments, taking into account and supporting the delivery of local strategies to improve health, social and cultural well-being for all sections of the community, and guarding against the unnecessary loss of valued facilities and services.

3.7 In addition, paragraph 96 recognises the importance of access to quality open space and opportunities for sport and physical activity for health and well-being.

National Planning Policy Guidance (NPPG, 2014-2019)[2]

3.8 The NPPF is supported by additional guidance set out in the NPPG. The NPPG recognises that the built and natural environment has a major influence on health and wellbeing and states that planning has a role in creating environments that support and encourage healthy lifestyles[3] .

3.9 The NPPG describes a healthy place as one which supports and promotes healthy behaviours and environments, and one which reduces health inequalities.[4] It also describes a healthy place as one which:

- Provides opportunities for the community to improve their physical and mental health
- Supports community engagement and well-being

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[1] NPPF (2019)

[2] NPPG

[3] NPPG Para 001 Reference 53-001-20190722

[4] NPPG Paragraph: 003 Reference 53-003-20190722

3

- Meets the needs of children and young people
- Is adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments

3.10   The NPPG regards Health Impact Assessment as a useful tool to use where there are expected to be significant impacts.[5]

Local Planning Policy

3.11   The **City Plan Part 1 (2016)[6]**, saved policies from the **Local Plan (2005)[7], the Waste & Minerals Local Plan[8] and Shoreham Harbour Joint Area Action Plan[9]** comprise the local Development Plan and provide the local planning policy framework. City Plan Part 2[10] is currently being prepared. Once adopted, this will replace the Local Plan 2005 and sit alongside City Plan Part 1.

3.12   Health is a cross-cutting theme that is embedded within City Plan Part 1 which includes the following strategic objectives to support achieving the vision of becoming a "Healthy City":

- **SO19**: Contribute towards the delivery of more sustainable communities and the reduction of inequalities between neighbourhoods in Brighton & Hove.
- **SO20**: Contribute towards reducing inequalities experienced by different groups within the city.
- **SO22**: Across the city apply the principles of healthy urban planning and work with partners to achieve an equality of access to community services (health and learning), to opportunities and facilities for sport and recreation and lifelong learning. Ensure pollution is minimised and actively seek improvements in water, land and air quality and reduce noise pollution.
- **SO23**: Ensure that Brighton & Hove is a city where all people feel safe in public places and within their neighbourhoods

3.13   **City Plan Policy CP18 "A Healthy City"** is the key policy that aims to reduce health inequalities and promotes healthier lifestyles. Key policy points are:

- Requirement of HIA on all strategic developments
- Requirement for larger developments to minimise negative impacts and maximise positive impacts on health
- Encouragement of development to work towards Lifetime Neighbourhood principles
- Recognition of the importance of allotments and gardens in providing access to food
- Delivering a network of accessible integrated health facilities.

3.14   Various other policies of both City Plan Part 1 and the Local Plan are also of relevance to health and wellbeing and support achieving many of the social determinants of health; for example provision of open space, encouragement of walking and cycling, and ensuring housing delivered is of an acceptable standard.

3.15   The Waste and Minerals Local Plan also includes objectives and policies of relevance to health, including Strategic Objective 4: To protect and enhance the environment, communities and human health.

3.16   A list of the various local planning policies of relevance to health can be found in Appendix 2.

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[5] NPPG Paragraph: 005 Reference 53-005-20190722
[6] City Plan Part 1 (2016)
[7] Local Plan (2005)
[8] Waste and Minerals Plan (2013) and Waste and Minerals Sites Plan (2017)
[9] Shoreham Harbour JAAP
[10] City Plan Part 2 (Proposed Submission, 2020)

4

National and Local Strategies

3.17   There are various strategies which set the context and provide evidence of how the planning system can address health issues and improve health outcomes.

3.18   "**Fair Society, Healthy Lives**"(the Marmot Review) (2010).[11] The review found that individual health is influenced by wider determinants such as income, education, local environmental quality and employment; the 'social determinants of health'. The review set out six policy objectives for reducing health inequalities including 'to create and develop healthy and sustainable places and communities'.

3.19   "**Healthy Lives, Healthy People: our strategy for public health in England**" (2010).[12] This White Paper sets out the Government's long-term vision for the future of public health in England. It adopts the Marmot Review's framework for tackling the social determinants of health, and aims to support healthy communities including by:

- Creating healthy places to grow up and grow old in (para 3.4)
- Supporting active travel (walking and cycling) and for physical activity to become the norm in communities (para 3.32)
- Creating an environment that supports people in making healthy choices, and that makes these choices easier (para 3.62)

3.20   "**Prevention is Better than Cure**" (DoH, 2018).[13] This seeks to improve healthy life expectancy and reduce health inequalities, recognising that various factors influence health including housing, neighbourhoods, education, safety, transport, food, leisure, greenspace and employment.

3.21   Brighton & Hove's **Joint Health and Wellbeing Strategy** (2019)[14]. This recognises the various factors that influence health and includes an overarching vision to improve health and wellbeing and reduce health inequalities. It states that "Planning of major developments and transport schemes will promote health and wellbeing".

3.22   Brighton & Hove's **Joint Strategic Needs Assessment[15]** provides local evidence on the health needs of the city and is used in formulating local policy.

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[11] Fair Society, Healthy Lives (2010)
[12] Healthy Lives, Healthy People(2010)
[13] Prevention is Better than Cure (2018)
[14] Joint Health and Wellbeing Strategy (2019)
[15] Joint Strategic Needs Assessment (various dates)

5

Local Requirement for HIA

Policy CP18 Healthy City

4.1   City Plan Part 1 Policy CP18 sets out the requirements relating to HIA.

> **CP18 Healthy City**
>
> CP18.2 Require HIA on all strategic developments in the city.
>
> CP18.3 Require larger developments to demonstrate how they minimise negative impacts and maximise positive impacts on health within the development or in adjoining areas.

4.2   Further information on "strategic developments" can be found in sections 4.3-4.12. Further information on "larger developments" can be found in sections 4.13-4.17.

Development Areas and Strategic Developments

4.3   The supporting text to Policy CP18, paragraph 4.201, defines "strategic developments" as:
- Those that are covered by Development Area proposals within the City Plan, or
- Those of an equivalent size (*to Development Area proposals*), or
- Those that require Environmental Impact Assessment[16]

4.4   City Plan Part 1 designates 8 Development Areas in the city. HIA is required for the Strategic Site Allocations within these Development Areas. Table 1 sets out the Development Areas and Strategic Allocations whereby policy CP18.2 applies.

Table 1: Development Areas and Strategic Allocations

Development Area Name	Strategic Allocation Name
DA1 Brighton Centre and Churchill Square	B1 New Brighton Centre and expansion of Churchill Square
DA2 Brighton Marina, Gas Works and Black Rock	C1 Brighton Marina Inner Harbour C2 Gas Works site C3 Black Rock site
DA3 Lewes Road	C1 Preston Barracks and Brighton University site C2 Woollards Field South C3 Falmer Released Land, Former Falmer High School
DA4 New England Quarter and London Road	C1 New England Quarter allocations: • Vantage Point, Elder Place • Trade Warehousing (Longley Industrial Estate • Richardson's Scrapyard • Cheapside • Blackman Street site C2 New England House, New England Road C3 125-163 Preston Road

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[16] The requirement for EIA will be determined through the screening process undertaken in accordance with EIA Regulations.

Development Area Name	Strategic Allocation Name
DA5 Eastern Road and Edward Street	C1 Royal Sussex County Hospital C2 Edward Street Quarter C3 Circus Street Site C4 Freshfield Road and Gala Bingo Hall site
DA6 Hove Station	C1 Conway Street Industrial Area
DA7 Toad's Hole Valley	C1 Toads Hole Valley
DA8 Shoreham Harbour	South Portslade Industrial Area

Other Strategic Developments

4.5 Once adopted, City Plan Part 2 will also include some further Strategic Site Allocations. These will also require HIA:

- SSA1 Brighton General Hospital site
- SSA2 Combined Engineering Depot, New England Road
- SSA3 Land at Lyon Close, Hove
- SSA4 Sackville Trading Estate and Coal Yard, Hove
- SSA5 Madeira Terrace and Madeira Drive
- SSA6 Former Peter Pan leisure site, Madeira Drive
- SSA7 Land adjacent to American Express Community Stadium, Village Way

4.6 Other developments that do not form a strategic allocation within City Plan Part 1 or City Plan Part 2, but which are considered to be of an equivalent size, will also be required to carry out an HIA.

Environmental Impact Assessment

4.7 Policy CP18.2 also requires HIA for development that requires an Environmental Impact Assessment (EIA).

4.8 Some types of development automatically require EIA, including those set out in Schedule 1 of the EIA Regulations[17]. This includes, for example certain types of waste disposal installations, waste water treatment plants and certain types of industrial plants. Developments that automatically require EIA are therefore required to carry out an HIA.

4.9 Other types of development, as set out in Schedule 2 of the EIA Regulations, are only required to carry out EIA if a screening exercise determines the likelihood of significant effects.

4.10 Table 2 sets out the types and sizes of development most likely to come forward locally that are required to undergo screening in accordance with Schedule 2 of the EIA Regulations. Developments that are smaller than the threshold indicated are not required to undertake EIA.

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[17] Town and Country Planning (Environmental Impact Assessment) Regulations 2017

Table 3: Types of development and thresholds for screening

Type of Development	Thresholds
Industrial estate development projects	The area of the development exceeds 0.5 hectares.
Urban development projects, including the construction of shopping centres and car parks, sports stadiums, leisure centres and multiplex cinemas;	(i) The development includes more than 1 hectare of urban development which is not dwellinghouse development; or (ii) the development includes more than 150 dwellings; or (iii) the overall area of the development exceeds 5 hectares.

4.11   If the screening exercise determines that significant effects are likely and EIA is required, then HIA is also required.

4.12   For more information on EIA and the links to HIA see section 6.3.

Larger Developments

4.13   Other developments could come forward in the city which are not required to carry out an HIA as described above, however may be of a scale that could have health impacts.

4.14   CP18 policy point 3 addresses such developments and requires:

- *"Larger developments to demonstrate how they minimise negative and maximise positive impacts on health within the development or in adjoining areas"*

4.15   For these purposes, "larger" developments are considered to be those providing:

- 100 or more dwellings (this includes bedspaces provided in student accommodation)
- Other development providing more than 1,000sqm floorspace

4.16   Applications to vary conditions of approved applications associated with the above types of development may also be subject to this requirement, particularly where the variation relates to changes to the approved drawings.

4.17   A lighter touch approach will be appropriate for larger developments to demonstrate how they meet the requirement of CP18.3. A statement should be provided which initially identifies potential negative and positive impacts and then summarises how negative impacts have been minimised and how positive impacts have been maximised, for both new occupiers and existing communities.

4.18   The Checklist provided in Appendix 1 can be used to help identify how a development might positively or negatively influence health. This can form the basis of this statement.

What is a Health Impact Assessment?

5.1   A Health Impact Assessment (HIA) is undertaken to indicate the health implications on a population of implementing a project, such as a new development proposal, policy or programme. It is a tool that can be used to assess the positive aspects of a proposal (e.g. creation of new jobs) and the negative effects (e.g. pollution) on different population groups. It is particularly focused on looking at how disadvantaged groups may be affected, to minimise the risks of widening inequalities.

5.2   It is a tool that is based upon considering the wider determinants of health, which are the range of personal, social, economic and environmental factors which determine the health of an individual or population. These are illustrated in Figure 1.

Figure 1. The Barton and Grant model of the determinants of health and wellbeing in our cities[18]
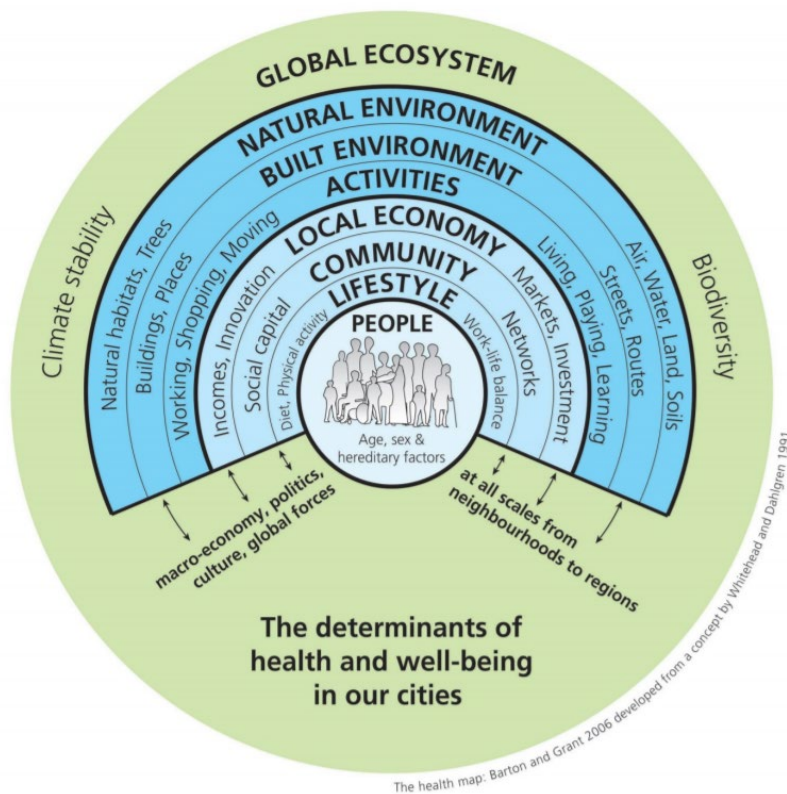
5.3   HIA is usually used to assess a proposal that does not have health improvement as a primary objective, for example a planning application for a proposed development. The assessment considers whether the implementation of a proposal may achieve its objectives but with unintended or unanticipated consequences for health, which may be either good or bad.

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[18] Barton, H. and Grant, M. (2006) "A health map for the local human habitat", *The Journal for the Royal Society for the Promotion of Health*, 126 (6). pp.252-253.

9

Purpose of an HIA

5.4   The purpose of an HIA is to ascertain whether the impact on health of a particular proposal is acceptable or not. They assist decision-makers by giving them better information, but do not make the decision for them.

5.5   HIAs give valuable information not only about potential effects on health, but also how to manage them. It therefore provides the opportunity to amend the design of a proposed development to protect and improve health. Changing a proposal as a result of a HIA means that not only is its implementation more likely to promote health, but it is also less likely to cause ill-health in the community, with the consequential benefits for individuals and the wider economy.

Aims and objective of HIAs

5.6   An HIA should:

- Identify the potential positive and negative health and well-being impacts of the proposed development on planned new communities and neighbouring existing communities in vicinity of the development
- Highlight any differences in health impacts on sub-population groups[19]
- Make recommendations to mitigate against any potential negative health impacts and maximise potential positive health impacts, highlighting where possible the most affected vulnerable groups.

Benefits of undertaking an HIA

5.7   HIAs are beneficial because they can lead to better developments that reflect the health and wellbeing needs of the local population and help build a healthier city. By predicting the negative impacts they can prevent damage from happening.

5.8   The cross-sectoral nature of some HIAs involves multiple stakeholders, which helps in the development of partnership working. Involving local stakeholders who will be affected by the proposals, or who have knowledge of the local area, ensures that developments are informed by their views and health needs.

5.9   There can also be long-term savings to health and social care budgets, e.g. through the promotion of good health and prevention of ill-health.

When should an HIA take place?

5.10   For relevant developments, HIAs should commence at the start of the planning process, at the pre-application stage. This will enable the HIA findings to be incorporated into changes to the proposed development, where necessary.

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[19] Sub-population groups include: BAME communities; people of any gender; LGBT individuals; people of any age, including children, young people, working age adults and older people; disabled people or people suffering from poor health; religious or faith groups; pregnant women; and any other key population groups locally such as people suffering from socio-economic deprivation.

10

Outline and Reserved Matters applications

5.11   For developments that seek approval under separate outline and reserved matters applications, an HIA should be undertaken at both stages, with HIA reflecting the content of the applications. For example, an HIA undertaken at outline stage would likely assess the overarching principles and amounts of development; an HIA undertaken at reserved matters stage would assess the remaining matters of the scheme, such as access, appearance, layout, scale and therefore quality of housing or development provided.

5.12   The production of an HIA at reserved matters stage may be secured by planning condition at outline stage, as may other elements of the scheme in relation to health impacts.

Figure 2 sets out the various stages of the planning process and how HIA integrates with this process (see page 17).

Types of Health Impact Assessment

6.1   There are a range of different types of HIA.

1. Desktop HIAs – encompass a small number of participants working together using existing knowledge and evidence to assess a proposal, policy, or plan.

2. Rapid HIAs – establish a small steering group and often use the approach of a participatory stakeholder workshop. This typically involves a brief investigation of health impacts, including a short literature review of quantitative and qualitative evidence and the gathering of knowledge and further evidence from a number of local stakeholders.

3. Comprehensive HIAs – in-depth analysis, with extensive literature searches and collection of primary data. This will include the comprehensive involvement of stakeholders such as focus groups, panels/public consultations, and interviews.

6.2   An HIA will often fit in-between two of these categories, as the approach taken will be determined by the nature and scale of the proposal and the timescales involved. For the majority of development coming forward in Brighton & Hove, it is considered likely that a desktop or rapid HIA will be most suitable. However, the most appropriate type of HIA should be discussed with the Public Health team.

Links to Environmental Impact Assessment (EIA)

6.3   EIA is a statutory requirement for certain types of developments. It is also a requirement for certain types and sizes of developments if they are determined to result in significant effects following a screening exercise. Recent changes to the EIA Regulations have resulted in the need to consider "population and human health" within an EIA.

6.4   Where EIA is required, HIA can be integrated into the EIA process. However, this will require a more structured assessment that meets the requirements of the EIA Regulations. In addition EIA only requires consideration of significant effects and allows consideration of mitigation resulting in a residual assessment.

6.5   The EIA Regulations also require a formal stage of consultation.

Stages of Health Impact Assessment

7.1   HIAs commonly have four main stages: Screening, Scoping, Assessment and Recommendations.

Stage 1: Screening

7.2   Not all development proposals will require an HIA; this will depend on the type, scale and location of the development or proposal. The screening stage of the HIA is therefore to decide whether or not an HIA needs to be undertaken.

> **City Plan policy CP18 requires certain developments to carry out a HIA, as described in Section 4.1. These developments should therefore go straight to scoping stage.**

7.3   The issues to be considered include:
- Is the proposal likely to affect health and wellbeing or health inequalities, such as an over concentration of hot-food takeaways in areas of deprivation?
- Is there an opportunity to influence and amend the proposal?
- Is there conflict or disagreement about the proposal? If so, would a HIA help to resolve it?

7.4   The following will also help in filtering out development proposals that are unlikely to benefit from an HIA
- The proposal is seen as having little impact on health and equality issues
- The proposal is likely to have an impact on health and equality issues but evidence for these is already documented and it may be possible to develop evidence based proposals without the need for a full HIA.

> **The Checklist in Appendix 1 can be used at screening stage to help determine whether HIA is required (see page 19 onwards).**

Stage 2: Scoping

7.5   The Scoping Stage of an HIA is about planning how the HIA will be undertaken and deciding which type of HIA is the most appropriate. This will depend upon the type and size of the project. Most development proposals are likely to require a Desktop or Rapid HIA, however there may be cases where a more comprehensive HIA is required. The Public Health team may be able to advise on this.

7.6   The scoping stage should
- Outline the aims and objectives of the HIA
- Define the geographical scope
- Identify the different sub-population groups to be considered, including vulnerable groups
- Define the timescale for the consideration of potential impacts

7.7   When carrying out the Screening and Scoping stages it is important to ensure that:
- All health impacts are included, not just those that arise from physical hazards
- The relevant stakeholders who should be involved in engagement are identified; stakeholders should include a balance of professional, business and community interests
- It considers the health benefits to be maximised as well as the risks to be minimised.

Stage 3: Assessment

7.8   The assessment process has two main stages; the development of the local profile and the appraisal of the proposal.

Local Profile

7.9   A health profile of the local population should be produced as a baseline for assessing the health impacts of the development. The health profile should contain data on:

- The demographic make-up of the local population, paying particular attention to any vulnerable sub-population groups identified at scoping stage
- The health status of the local population, including that of vulnerable sub-population groups
- An assessment of the local area, such as amenities, facilities and environmental challenges

7.10   As the HIA will need to consider the impacts on both the existing local population and any future population, the profile should also consider any changes to population that would arise from the development, e.g. an increase in any particular type of group or significant change in demographics.

7.11   Appendix 3 includes links to sources of local demographic and health data that can be used in preparation of the local profile.

Appraisal

7.12   The purpose of the appraisal is identify all the potential health impacts and will involve assessing the proposal and considering how it relates to the range of wider determinants of health of the local population.

7.13   The appraisal stage should include consideration of the potential positive and negative impacts of the proposal on the local population, including sub-population groups.

> **The Checklist in Appendix 1 should be used to assist in the identification of impacts.**

7.14   Impacts can affect different groups in different ways, can be direct or indirect, and could arise through unforeseen consequences. Impacts can also vary occur at different stages of a proposed development and this should be considered and documented.

7.15   The HIA should make it clear which impacts will affect which groups of people and be scored as either positive, negative or no impacts for each population group. It may also be appropriate to clarify whether impacts are significant. For example, where adverse impacts affect a large number of people, where they are irreversible, or where they affect people who already suffer from poor-health; or where positive impacts have significant potential for health improvements.

7.16   The assessment should be systematic and transparent about how impacts were identified.

7.17   If a Rapid or Comprehensive HIA has been recommended the appraisal stage should also include engagement with the local stakeholders, for example consultation for their views on health impact through questionnaire, focus groups and workshops, depending on the scale of development. The applicant will need to demonstrate how they have engaged with local stakeholders and incorporated their views into their plans.

Stage 4: Recommendations

7.18   Following the appraisal, recommendations should be developed by those undertaking the HIA to remove or mitigate adverse health impacts and to enhance the positive effects of proposals.

7.19   Recommendations should be practicable, achievable and have an evidence base for effectiveness. Recommendations could be prioritised based on significant impacts.

7.20   Recommendations may sometimes impinge on other areas of the proposal and therefore a balance needs to be struck to ensure any recommendations have the greatest chance of being acted upon.

7.21   The applicant will need to ensure that any HIA recommendations are worked through to an acceptable conclusion, e.g. amendments to design, and so on.

Contents of the HIA report

7.22   It is suggested that an HIA report should include
- Executive summary
- Description of proposals
- Scope (geographical and population) and methodology
- Options examined, where relevant
- Policy context
- Limits of the HIA
- Local evidence, where relevant
- Local Profile including any groups given special consideration
- Stakeholder involvement
- Appraisal/Assessment
- Summary of impacts
- Implications for equality
- Recommendations
- Resources/references used

Monitoring

7.23   Monitoring and review are important components of the planning system. The process of undertaking and producing the HIA should be evaluated. This includes determining whether the HIA recommendations influenced decision making.

7.24   BHCC will provide commentary on the progress on City Plan policies through the annual Authorities Monitoring Report (AMR) which forms the local planning monitoring framework. This will include monitoring the number of HIAs submitted for strategic developments, as required under the existing monitoring framework for City Plan Part 1.

HIA Review and Planning Process

Application Stage

8.1   Production of the HIA is the responsibility of the applicant. It should be undertaken whilst a proposed scheme is being developed, and needs to be submitted alongside the planning application. If an applicant intends to secure planning permission through separate outline and reserved matters applications, an HIA should be submitted at both stages and should reflect the associated application as described in paragraph 5.11.
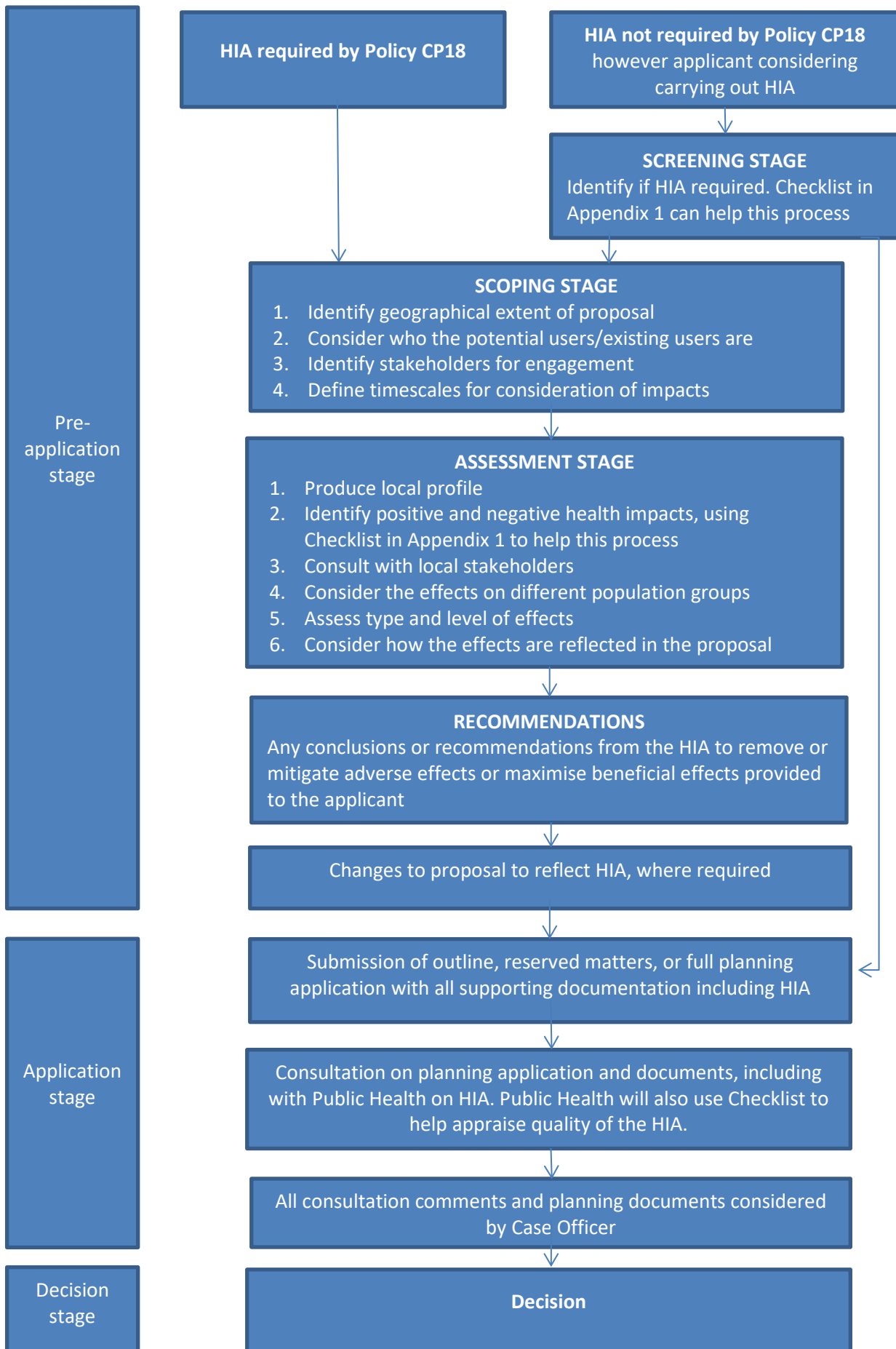
Assessing the quality of an HIA

8.2   An HIA review team, consisting of BHCC officers including those within Public Health, will appraise the HIA submitted by the applicant making use of the Checklist in Appendix 1. The effects of the proposal on different population groups identified in the HIA will be considered, as well as the impact on the wider determinants of health and health inequalities.

8.3   The HIA review team will provide feedback on the HIA to the Planning Case Officer, in the form of a formal consultation response on the planning application from Public Health. This will be publically available on the council's Planning Register.

8.4   Consultation comments received on the HIA may form the basis of further negotiations between the Case Officer and the applicant.

The Planning Decision

8.5   The HIA will be considered along with all other documentation submitted with the planning application, as well as any consultation responses received by members of the public and other consultees.

8.6   Recommendations arising from the HIA, which have not been incorporated into revised proposals, may form the basis of any planning conditions in order to make the development acceptable in planning terms. In addition, for outline and reserved matters applications, the decision could include conditions to undertake HIA at reserved matters stage, as well as secure recommendations of the HIA.

Figure 2 sets out the HIA process and how it integrates with the planning process (see page 17)

Figure 2. Integration of HIA with the Planning Process and Stages of HIA

Pre-application stage	

HIA required by Policy CP18

HIA not required by Policy CP18 however applicant considering carrying out HIA

SCREENING STAGE
Identify if HIA required. Checklist in Appendix 1 can help this process

SCOPING STAGE
1. Identify geographical extent of proposal
2. Consider who the potential users/existing users are
3. Identify stakeholders for engagement
4. Define timescales for consideration of impacts

ASSESSMENT STAGE
1. Produce local profile
2. Identify positive and negative health impacts, using Checklist in Appendix 1 to help this process
3. Consult with local stakeholders
4. Consider the effects on different population groups
5. Assess type and level of effects
6. Consider how the effects are reflected in the proposal

RECOMMENDATIONS
Any conclusions or recommendations from the HIA to remove or mitigate adverse effects or maximise beneficial effects provided to the applicant

Changes to proposal to reflect HIA, where required

Submission of outline, reserved matters, or full planning application with all supporting documentation including HIA

Application stage

Consultation on planning application and documents, including with Public Health on HIA. Public Health will also use Checklist to help appraise quality of the HIA.

All consultation comments and planning documents considered by Case Officer

Decision stage

Decision

Appendix 1 – Health Impact Assessment Checklist

This checklist has been designed to support an HIA. It provides questions to consider when assessing a proposal and examples to support implementation. The questions are not exhaustive, and not all questions will be of relevance to all proposals.

The potential for adverse or positive impacts on the local population, including relevant sub-population groups[20], should be considered against each question, as well as any other health-related consideration of relevance to the development.

Topic	Questions/policy requirements to consider within the assessment	Further points to consider/examples	Main Policy Links
Healthy Housing	Are the dwellings accessible and adaptable?	• Design and layout of parking, entrances, hallways and internal space • Step-free access and level threshold • Future-proofed to accommodate changing needs • Lifts/accessible stairways • Adaptable homes (Building Regulations M4 (2))	Local Plan: HO11, HO12, HO13 CPP1: SA6, CP12 CPP2: DM1, DM4, DM5, DM7, DM8
	Are any of the dwellings suitable for occupation by a wheelchair user?	• Design and layout of parking, entrances, hallways and internal space • Step-free access and level threshold • Entrance-level bedroom and living space • Building Regulations M4 (3)	Local Plan: HO13 CPP1: N/A CPP2: DM1
	Do the dwellings meet nationally described internal space standards and have access to natural light, especially to habitable rooms?	• Space standards met for bedroom sizes, storage, ceiling heights and level access • Natural daylight	Local Plan: QD27 CPP1: SA6, CP19 CPP2: DM1, DM4, DM5, DM6, DM7, DM20
	Do the dwellings include any private outdoor amenity space, or communal outdoor space where applicable?	• Private balcony, patio, roof terrace • Shared amenity space • Space for sitting, drying clothes, and storage	Local Plan: HO5 CPP1: SA6, CP19 CPP2: DM1, DM4, DM5, DM6, DM7
	Is a mix of types, tenures and sizes of dwellings provided?	• Proportion of unit size mix to meet local needs • Mix of market and affordable housing	Local Plan: N/A CPP1: SA6, CP14, CP19, CP20, CP21

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[20] Sub-population groups include: BAME communities; people of any gender; LGBT individuals; people of any age, including children, young people, working age adults and older people; disabled people or people suffering from poor health; religious or faith groups; pregnant women; and any other key population groups locally such as people suffering from socio-economic deprivation.

| Topic	Questions/policy requirements to consider within the assessment	Further points to consider/examples	Main Policy Links
		• Flatted and non-flatted • Family homes • Starter homes • Build to rent	CPP2: DM1
	Are a proportion of the dwellings provided affordable?	• Onsite provision where required • Integrated throughout the scheme • Mix of tenures • Proportion of unit size mix to meet local needs	Local Plan: N/A CPP1: CP20 CPP2: DM1, DM6
	Are the dwellings energy efficient?	• Passive design and orientation; maximising natural light • High fabric performance • Low carbon, low-emission solutions/technologies • Connection to existing/future decentralised energy schemes	Local Plan N/A CPP1: CP8 CPP2: DM44
	Indoor air/noise quality – is exposure to sources of air and noise pollution minimised?	• Site layout and design • Proximity of habitable rooms from roadside • Low-emission renewable energy • Sound insulation • Noise from heating/ventilation	Local Plan: SU9, QD27, SU10 CPP1: CP8 CPP2: DM20, DM40
Active Lifestyles	Does the proposal promote cycling and walking?	• Well-located, secure cycle storage • Workplace cyclist facilities • Protection of existing cycle routes • Accessible building entrances • Good quality public realm • Easily navigable/legible routes	Local Plan: TR11, TR12, TR14 CPP1: CP9, CP18 CPP2: DM33, DM36 SPD: SPD14
	Does the proposal consider the safety of pedestrians and cyclists, including vulnerable road users?	• Safe access • Lighting • Passive/natural surveillance • Separate cycling and walking routes • Children, older people and disabled people road safety considerations • Dementia-friendly paving	Local Plan: TR7, TR11, TR12, TR15 CPP1: CP9, CP18 CPP2: DM33

Topic	Questions/policy requirements to consider within the assessment	Further points to consider/examples	Main Policy Links
	Is the public realm connected to pedestrian, cycle and public transport networks?	- Well connected, attractive, safe, and legible streets, footpaths and cycle network. - Public realm linked to existing networks	Local Plan: TR15 CPP1: CP9, CP13 CPP2: DM18, DM33
	Does the public realm allow all people to move easily between buildings and places?	- Step-free level access - Inclusive design - Legible pathways - Clear entrances to buildings	Local Plan: N/A CPP1: SA6, CP9, CP12, CP13 CPP2: DM18, DM33
	Does the proposal minimise the need to travel and support sustainable travel?	- Walkable neighbourhoods - Co-location of services and facilities - Parking for car-clubs - Car-free proposal - Cycle storage - Links to public transport and pedestrian network - Links to surrounding facilities	Local Plan: N/A CPP1: SA6, CP9, CP18 CPP2: DM33, DM35, DM36 SPD: SPD14 Parking Standards
	Does the proposal retain, provide or improve any type of open space?	- Provision of open space on-site - Communal open space - Improved access to open space off-site	Local Plan: QD15 CPP1: CP16 CPP2: N/A
	Does the proposal provide open space for children and young people?	- Formal and informal play areas - Natural play - Open space accessible to children/young people living in both affordable and market housing	Local Plan: N/A CPP1: CP16, CP18 CPP2: N/A
	Does the proposal provide or improve indoor/outdoor sports facilities?	- Leisure facilities - Improved access to playing fields or other facilities off-site	Local Plan: N/A CPP1: CP17 CPP2: N/A
	Does the layout and design promote opportunities for active lifestyles?	- Provision of open space (where relevant) - Pedestrian and cyclist priority - Walkable communities - Co-location of services and facilities - Internal design to encourage activity, e.g. stairs well-located to encourage walking over use of lift	Local Plan: QD15 CPP1: SA6, CP9, CP12, CP13, CP18 CPP2: DM33

Topic	Questions/policy requirements to consider within the assessment	Further points to consider/examples	Main Policy Links
Healthy Environment	Does the proposal minimise construction impacts for those living or working in the vicinity?	• Considerate Constructers scheme • Dust impacts • Noise impacts • Visual Impacts including light • Odours and exhaust fumes • Construction/Demolition Environmental Management Plan	Local Plan: SU9, SU10 CPP1: N/A CPP2: DM20, DM40 WMDF: WMP25 CPP2: N/A
	Does the design minimise exposure to sources of air and noise pollution for future and existing inhabitants?	• Indoor/outdoor air quality • Site layout and design • Avoidance of "street canyons" • Proximity of habitable rooms from roadside • Electric vehicle charging infrastructure • Low-emission renewable energy • Sound insulation • Noise from heating/ventilation	Local Plan: SU9, QD27, SU10 CPP1: CP8 CPP2: DM20, DM40 WMDF: WMP25
	Does the proposal provide any green infrastructure and conserve and increase biodiversity?	• Green roofs, green walls, trees, planting • Water features • Gardens	Local Plan: QD15, QD16, QD18 CPP1: CP8, CP10, CP13 CPP2: DM22, DM37 SPD: SPD11
	Does the proposal protect water resources?	• Water efficiency measures including the 'optional' standard in Building Regulations • Sustainable Drainage Systems (SUDS) • Green infrastructure	Local Plan: CPP1: CP8 CPP2: DM42
	Does the proposal reduce the risk of flooding from all sources?	• Site sequential design • SUDS, such as permeable paving • Green infrastructure	CPP1: CP8, CP11 CPP2: DM22, DM43 SPD: SUDS SPD
	Is the proposal designed to avoid internal and external over-heating?	• Passive cooling • Shading • Green infrastructure	Local Plan: N/A CPP1: CP8 CPP2: DM18, DM22
	Does the proposal include opportunities to increase access to healthy food?	• Near to local or town centre locations selling fresh food	Local Plan: SR4, SR5, SR6, SR7, SR11 CPP1: SA6, CP4

Topic	Questions/policy requirements to consider within the assessment	Further points to consider/examples	Main Policy Links
		• Access to drinking water • Avoiding clusters of hot-food takeaways • Near to allotments/food-growing space • Community/communal kitchen space	CPP2: DM12, DM13, DM16
	Does the proposal provide opportunities for food growing?	• Provision of food growing space in the development, such as roof gardens, raised beds or gardens • Incorporation of fruit and/or nut trees (edible landscaping) • Incorporation of, or near to, allotments	Local Plan: QD21 CPP1: CP8, CP16, CP18 CPP2: DM4, DM22 PAN 06: Food Growing and Development
	Does the proposal include attractive, flexible public spaces, streets and buildings that provide opportunities for social interaction?	• High quality materials • Benches • Shading • Communal areas	Local Plan: QD15 CPP1: SA1, SA2, SA6, CP12, CP13 CPP2: DM18, DM22
Safe and Vibrant Neighbourhoods	Has the potential for impact on health and social care services been considered?	• Impacts on GPs, dentists, pharmacists, hospitals, A&E, community health services, mental health services and social care. Health protection preparedness and response. • Health facility in scheme where appropriate	Local Plan N/A CPP1: SA6, CP18 CPP2: N/A
	Does the proposal provide any community facilities?	• Community centre • Community/communal kitchen space • Accessibility of space • Co-location of facilities	Local Plan: HO19 CPP1: SA6 CPP2: DM9
	Does the proposal include any commercial floorspace?	• Energy efficient design, BREEAM • Healthy design, such as ventilation and natural lighting • Well connected • Measures to promote sustainable travel	Local Plan: EM4, EM8, EM9 CPP1: CP2, CP3 CPP2: DM11
	Does the proposal provide opportunities for local employment or training?	• Local Employment Scheme	Local Plan: N/A CPP1: CP2, SA6 CPP2: N/A

Topic	Questions/policy requirements to consider within the assessment	Further points to consider/examples	Main Policy Links
	For relevant non-residential developments, targeting maximum available BREEAM[21] health & wellbeing credits?	- Lighting - Sound insulation - Avoiding Volatile Organic Compounds - Inclusive design - Ventilation	Local Plan: N/A CPP1: CP8 CPP2: N/A
	Does the proposal incorporate features to help deter crime and promote safety?	- Clearly defined boundaries - Appropriate mix of land uses - Passive/natural surveillance - Lighting - Barriers or netting to prevent suicide, e.g. on high rise buildings and bridges - High quality materials - Secure By Design	Local Plan: QD8 CPP1: SA2, SA6, CP12, CP13, CP18 CPP2: DM18, DM22, DM23

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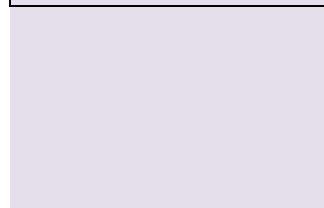
[21] Building Research Establishment Environmental Assessment Method: sustainability assessment and certification for development proposals; includes a category on health & wellbeing.

Appendix 2 – List of local Development Plan policies with links to health

Policies may be listed more than once as relevant to the different topics of Healthy Housing, Active Lifestyles, Healthy Environment and Safe & Vibrant Neighbourhoods. City Plan Part 2 policies are also included as these gather weight as they go through the various stages of plan preparation.

This list is not exhaustive and other policy requirements may also influence health.

Healthy Housing

City Plan Part 1	Local Plan	City Plan Part 2
SA6 Sustainable Neighbourhoods	**HO5** Private amenity space	**DM1** Housing quality, choice and mix
CP8 Sustainable Buildings	**HO11** Residential care and nursing homes	**DM4** Housing and accommodation for older people
CP12 Urban Design	**HO12** Sheltered and managed housing	**DM5** Supported accommodation (specialist and vulnerable needs)
CP14 Housing Density	**HO13** Accessible housing and lifetime homes	**DM6** Build to rent housing
CP19 Housing Mix		**DM7** Houses in Multiple Occupation
CP20 Affordable Housing		**DM8** Purpose Built Student Accommodation
CP21 Student Housing and Houses in Multiple Occupation		**DM44** Energy efficiency and renewable

Active Lifestyles

City Plan Part 1	Local Plan	City Plan Part 2
SA6 Sustainable Neighbourhoods	**TR7** Safe development	**DM18** High quality design and places
CP9 Sustainable Transport	**TR11** Safe routes to school	**DM33** Safe, sustainable and active travel
CP12 Urban Design	**TR12** Helping the independent movement of children	**DM35** Travel plans and transport assessments
CP13 Public Streets and Spaces	**TR14** Cycle access and parking	**DM36** Parking and servicing
CP16 Open Space	**TR15** Cycle network	**DM22 Landscape Design and Trees**
CP17 Sports Provision	**QD15** Landscape Design	

Healthy Environment

City Plan Part 1	Local Plan	City Plan Part 2	Waste and Minerals Local Plan
SA1 The Seafront	**SU9** Pollution and nuisance control	**DM18** High quality design and places	**WMP25** General Amenity
SA2 Central Brighton	**SU10** Noise nuisance	**DM20** Protection of amenity	
CP8 Sustainable Buildings	**QD15** Landscape design	**DM22** Landscape design and trees	
CP9 Sustainable Transport	**QD16** Trees and hedgerows	**DM37** Green infrastructure and nature conservation	
CP10 Biodiversity	**QD18** Species protection	**DM40** Protection of the environment and health - pollution and nuisance	
CP11 Flood Risk	**QD27** Protection of amenity	**DM42** Protecting the water environment	
CP13 Public Streets and Spaces		**DM43** Sustainable urban drainage	

Safe & Vibrant Neighbourhoods

City Plan Part 1	Local Plan	City Plan Part 2
SA2 Central Brighton	**HO19** New community facilities	**DM4** Housing and accommodation for older people
SA6 Sustainable Neighbourhoods	**EM4** New business and industrial uses	**DM9** Community facilities
CP2 Sustainable Economic Development	**EM9** Mixed uses	**DM11** New business floorspace
CP4 Retail Provision CP5 Culture and Tourism	**SR4** Regional shopping centre	**DM12** Primary, secondary and local centre shopping frontages
CP8 Sustainable Buildings	**SR5** Town and district shopping centres	**DM13** Important local parades, neighbourhood parades and individual shop units
CP12 Urban Design	**SR6** Local centres	**DM16** Markets
CP13 Public Streets and Spaces	**SR7** Local parades	**DM18** High quality design and places
CP16 Open Space	**SR11** Markets and car boot sales	**DM22** Landscape design and trees
	QD8 Shop shutters	**DM23** Shop fronts
	QD15 Landscape design	
	QD21 Allotments	

Appendix 3 - Useful Information

Health and Population Data and Information

BH Joint Health and Wellbeing Strategy 2019:
https://new.brighton-hove.gov.uk/sites/default/files/health/brighton-hove-health-wellbeing-strategy-2019-2030-26-july-19.pdf

BH Joint Strategic Needs Assessment (JSNA):
Various needs assessments are located at: https://www.bhconnected.org.uk/content/needs-assessments

BH JSNA Executive Summary 2019:
http://www.bhconnected.org.uk/sites/bhconnected/files/bandh-jsna-exec-summary%20Feb%202019.pdf

Community Insight Brighton & Hove
Facts and figures for different geographic levels in Brighton & Hove are located at: https://brighton-hove.communityinsight.org

Public Health England Local Authority Health Profiles:
https://fingertips.phe.org.uk/profile/health-profiles

Local Development Plan and planning guidance

City Plan Part 1 2016:
https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/FINAL%20version%20cityplan%20March%202016compreswith%20forward_0.pdf

Local Plan 2005 (retained policies):
https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Saved%20Adopted%20Local%20Plan%20as%20at%20March%202016%20compressed.pdf

City Plan Part 2 (Proposed Submission, 2020):
https://www.brighton-hove.gov.uk/content/planning/planning-policy/city-plan-part-two

Waste and Minerals Development Local Plan:
https://www.brighton-hove.gov.uk/content/planning/waste-and-minerals

Shoreham Harbour Joint Area Action Plan:
https://www.brighton-hove.gov.uk/content/planning/planning-policy/shoreham-harbour-regeneration

Supplementary Planning Documents (SPDs):
https://www.brighton-hove.gov.uk/content/planning/planning-policy/supplementary-planning-documents-spd

Planning Advice Notes (PANs):
https://www.brighton-hove.gov.uk/content/planning/planning-policy/planning-advice-notes-pans

Other resources

Active Design (Sport England)
http://www.sportengland.org/facilities-and-planning/active-design/

Healthy New Towns Programme (NHS/TCPA)
https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/

Creating Healthy Places (Design Council)
https://www.designcouncil.org.uk/what-we-do/built-environment/creating-healthy-places

Healthy High Streets (PHE)
https://www.gov.uk/government/publications/healthy-high-streets-good-place-making-in-an-urban-setting

Creating Health Promoting Environments (TCPA)
https://www.tcpa.org.uk/tcpa-practical-guides-guide-8-health

Secured by Design
https://www.securedbydesign.com/guidance/design-guides

Examples of Health Impact Assessments
The following examples are for information only.

Northstowe Phase 2, Cambridgeshire
HIA of a mixed use development comprising up to 1,500 dwellings, a local centre, primary schools, 5ha of employment land and open spaces.
https://www.scambs.gov.uk/media/8953/health-impact-assessment_1.pdf

Waterbeach Railway Station, Cambridgeshire
HIA on the relocation and construction of a new railway station.
http://plan.scambs.gov.uk/swiftlg/MediaTemp/1150720-770150.pdf

Gaer Bungalow Estate Development, Powys
HIA of a residential development delivering 39 dwellings for older people.
https://whiasu.publichealthnetwork.cymru/files/9915/0590/8072/Final_HIA_Report_for_the_Gaer_Bungalow_Estate_and_development.pdf

27