Tower Hamlets Council - Health Impact Assessment Guidance July 2021 v2



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1 What is the Health Impact Assessment Guidance

- 1.1 This guidance has been prepared to support existing policies in the <u>Tower</u> <u>Hamlets Local Plan 2020</u> and explains:
 - The purpose of Health Impact Assessments (HIA)
 - How the planning process can improve people's health and wellbeing
 - Why health matters in Tower Hamlets and the policy context
 - When HIAs should be prepared and what they should contain
- 1.2 This document has been jointly written by the London Borough of Tower Hamlet's Public Health, Planning Policy and Development Management Teams.

2 Who is the Guidance for and what is its purpose?

- 2.1 The aim of this document is to provide additional advice and guidance on undertaking HIAs for development proposals within Tower Hamlets. The document expands on the existing policy **D.SG3 Health Impact Assessments** in the <u>Tower Hamlets Local Plan 2020</u>. This guidance is currently focused on Part 2 of the HIA policy, however can be utilised as relevant for HIAs undertaken for Part 1 of the policy. For example HIAs for hot food takeaways should focus on creating the Healthiest of Environments.
- 2.2 In practical terms the guidance is aimed at helping applicant's and developers undertaking HIAs by:
 - IDENTIFYING WHICH PLANNING APPLICATIONS REQUIRE THE ASSESSMENT
 - PROVIDING A LENS THROUGH WHICH TO VIEW HEALTHY DESIGN AND DEVELOPMENTS
 - DESCRIBING THE HIA PROCESS AND HOW IT FITS WITH THE PLANNING
 APPLICATION PROCESS

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- GIVING ADVICE AND INFORMATION ON HOW TO CARRY OUT A ROBUST
 ASSESSMENT
- PROVIDING A SET OF ASSESSMENT TOOLS AND CRITERIA FOR BOTH RAPID
 AND DETAILED HIA
- 2.3 The Local Plan seeks to ensure that development contributes towards a healthy built environment at all levels and recognises that the built environment plays a key role in shaping people's health and wellbeing
- 2.4 More specifically HIAs allow us to assess how new developments impact on the health and wellbeing of people living, working, and moving through the borough. Through the planning process HIAs can contribute to ensuring new development maximises health and well-being benefits.
- 2.5 The guidance also responds to an emerging new demographic context and market. Evidence has, over the years, shown the importance of promoting outdoor spaces for meeting, interaction and exercise. The new COVID-19 situation has demonstrated the importance of urban spaces for peace, quiet and reflection, offering the ability to achieve social distancing and safe interaction.
- 2.6 HIA also allows us to identify population groups with greater needs and address some of the existing health inequalities within Tower Hamlets, taking into account both the short and long-term impacts from development.
- 2.7 Development proposals will need to look through the lens of health and take into consideration health issues in the design process. The 4 themes below are fundamental to delivering healthier places.

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Figure 1: the four fundamental themes for delivering healthier places

2.8 Under each theme (<u>see section 7</u>) proposals will need to answer a series of questions which will inform the scheme design.

3 How can planning influence health and well-being?

- 3.1 Health is referred in this guidance as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO definition of health).
- 3.2 The wider determinants of health are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. A healthy place is one that can contribute to the prevention of ill health and provide the environmental conditions to support positive health and wellbeing.
- 3.3 The figure below highlights the complexity of the relationship between health and our environment. How healthy we are is determined by a myriad of factors working at different scales. Whether that's lifestyle behaviours, work, social networks, living conditions, or the socioeconomic and environmental conditions in which we live. These layers can be both positive and negative for our health and affect us as individuals and within our communities.

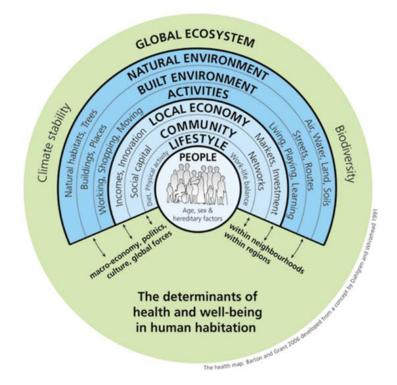


Figure 2: The determinants of health and wellbeing in human habitation

4 Health characteristics in Tower Hamlets

- 4.1 The health of people in Tower Hamlets is significantly worse than the London and England averages, with healthy life expectancy at birth being nearly ten years less than the national average.
- 4.2 The level of childhood obesity is significantly higher in the borough than the London and England averages, with levels of obesity amongst 10- and 11-year olds now increasing.
- 4.3 In common with much of inner London, Tower Hamlets suffers from poor air quality. An estimated 195 deaths per year in Tower Hamlets are attributed to small particulates (PM 2.5) and Nitrogen Dioxide (NO2).
- 4.4 The population in the borough doubled in the past thirty years and it is predicted to rise by almost 100,000 by 2031. Over 19000 households are on the housing waiting list, of which 7078 (37%) are overcrowded and 52.3% of households on the housing waiting list are families of Bangladeshi ethnic origin.

4.5 In this context, the Local Plan makes it essential for new planned developments to consider the four key dimensions of a healthy living and working environment developed in section 7.

5 Policy Context

- 5.1 These policies recognise the need for a holistic approach to health in the context of the social, environmental, and economic development of our communities.
- 5.2 The London Plan policies seek to improve Londoners' health and reduce health inequalities, recognising that there are currently large variations across the city.
- 5.3 "Delivering Good Growth will involve prioritising health in all of London's planning decisions, including through design that supports health outcomes, and the assessment and mitigation of any potential adverse impacts of development proposals on health and health inequality."
- 5.4 The Tower Hamlets Local Plan (2020) Policy D.SG3 on Health Impact Assessment seeks to ensure development contributes towards a healthy built environment in accordance with the London Plan (GLA, 2016) and the objectives of the Tower Hamlets Health and Wellbeing Strategy (2017).
- 5.5 <u>Legislation</u> Health and Social Care Act (2012)
- 5.6 National Policy

Planning Practice Guidance (2019) National Planning Policy Framework (2019) Healthy and Safe Communities Planning Practice Guidance (2019) National Design Guide (2019) Design: Process and Tools Planning Practice Guidance (2019) Town and Country Planning (Use Classes) (Amendment) (England) Regulations 2020

- 5.7 <u>London Wide Policy</u> <u>Policy GG3 of the London Plan 2021.</u> <u>Health inequality strategy (2018)</u>
- 5.8 <u>Tower Hamlets Policy</u> <u>Policy D.SG3</u>

1. The following developments are required to complete and submit a **rapid health impact assessment** as part of the planning application.

Major development within an area of sub-standard air quality (as designated and shown on the Policies Map).

b. Developments which contain any of the following uses:

- i. Education facilities
- ii. Health facilities
- iii. Leisure or community facilities
- iv. A5 uses (hot-food-takeaways)
- v. Betting shops
- vi. Publicly accessible open space

2. Development of a scale referable to the Greater London Authority (GLA) (as set out in legislation) are required to complete and submit a **detailed health impact assessment** as part of the planning application.

5.9 Related policies

The <u>LBTH Local Plan</u> policies aim at creating healthier living environments:

Policy D.DH8: Amenity Policy D.H3: Housing standards and quality Policy D.TC4: Financial and professional services Policy D.TC5: Food, drink, entertainment and night-time economy Policy S.CF1: Supporting community facilities Policy D.CF2: Existing community facilities Policy D.CF3: New and enhanced community facilities Policy S.OWS1: Creating a network of open spaces Policy D.OWS3: Open space and green grid networks Policy D.ES2: Air quality Policy D.ES7: A zero carbon borough Policy D.ES8: Contaminated land and storage of hazardous substances Policy D.ES9: Noise and vibration Policy D.ES10: Overheating Policy D.H4: Specialist housing

6 When is a HIA required and what type?

- 6.1 Part 1.a of the HIA local plan policy refers to major developments in areas of sub-standard air quality. Major developments are defined by Ministry of Housing, Communities and Local Government as developments with ten or more new residential units or 1,000 sq.m. or more of new floor-space (any use) or on sites of more than 1 hectare. A **rapid HIA** is required.
- 6.2 Area of sub-standard air quality are locations where:
 - Nitrogen dioxide levels exceed 40 µg/m3 (the European Union legal limit / national air quality objectives).
 - Fine particulate matter (PM2.5) levels exceed 10 µg/m3 annual mean PM2.5 (World Health Organisation guideline limits).
- 6.3 These areas are outlined on the Policies Map on page 155 of Tower Hamlets' Local Plan 2031 and shown below.

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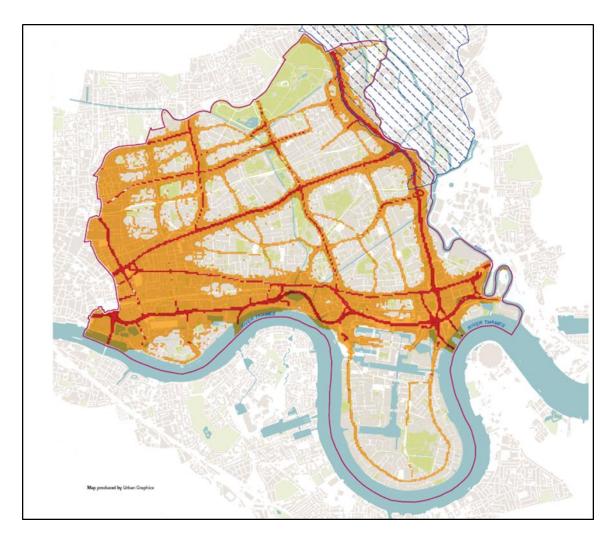


Figure 3: Map showing areas of sub-standard air quality

- 6.4 Part 1.b of the HIA policy refers to developments which contain uses identified by research and policy as having an impact on health. They include:
 - i. Education facilities
 - ii. Health facilities
 - iii. Leisure or community facilities
 - iv. A5 uses (hot-food-takeaways)
 - v. Betting shops
 - vi. Publicly accessible open space

A rapid HIA is required.

Changes to the Use Classes Order that came into force on 1st September 2020 (Town and Country Planning (Use Classes) (Amendment) (England) Regulations 2020) put hot-food takeaways into the Sui Generis category. They used to be classed as A5. Betting shops remain classed as Sui Generis. Appendix 2 updates the policy requirements for these two uses.

- 6.5 Part 2 of the HIA policy requires developments of a scale referable to the GLA to conduct a **detailed HIA**.
- 6.6 **Difference between rapid and detailed HIA:** detailed HIAs are more indepth and so are the most resource intensive, requiring extensive literature searches and data collection, and stakeholder and public engagement - this type of HIA is therefore more suited to and required for schemes of a scale referable to the GLA.
- 6.7 Rapid HIAs involve a brief assessment of health impacts, including a literature review of quantitative and qualitative evidence. Public engagement is optional in this case. We would still encourage the establishment of a small steering group and carrying out a stakeholder workshop for larger developments.
- 6.8 Table 1 below give information on more specific requirements for both rapid and detailed HIAs.

7 Healthy Planning – Four key themes

- 7.1 The HIA and development design should be framed around the following key themes, which have been identified as particularly important within Tower Hamlets.:
 - Delivering healthy layouts
 - Promoting neighbourhood cohesion
 - Enabling active living
 - Creating the healthiest of environments
- 7.2 **Delivering Healthy Layouts** ensuring proposed site layout maximises the health benefits delivered by new development
- 7.3 In many larger new build development situations there is more choice as to where buildings are placed, where different land uses are situated within a mixed-use development. With smaller scale or infill developments it is acknowledged there may be less opportunities however even small changes can make a difference.
- 7.4 Applicants should ask themselves these key questions:

- How flexibly can homes be lived in? Is there sufficient space for a dedicated home working space without loss of a bedroom?
- Which land uses on the site are most impacted by different negative environmental factors, including poor air quality, overshadowing and high noise levels? Does the layout ensure the least sensitive uses face the poorest air quality sources or the high ambient noise level?
- Are new open spaces located to maximise their access to direct sunlight and minimise over-shadowing? Were alternative site layouts considered?
- Is the proposed massing and layout chosen to minimise the net adverse amenity impact to neighbours, through loss of daylight or sunlight, overshadowing, loss of privacy or over-bearing impact?
- Are new open spaces arranged to maximise the opportunity for people living in different parts of the development and/or different housing tenures to informally meet each other and set up opportunities for social interaction?
- Do the proposed new routes through the site best aid neighbourhood level connectivity by walking or cycling to local parks, local shops, community facilities and alike?
- How does the scheme dovetail and meet the objectives for good quality living set out in the Borough's High Density Living SPD?
- 7.5 Through the HIA process applicants should demonstrate that layout, massing and design options maximise positive health outcomes and address known health inequalities.
- 7.6 **Promoting Neighbourhood Cohesion** addressing social disadvantage, isolation and ensuring new spaces are for all
- 7.7 Major new developments may become home to a diverse group of people, from different social backgrounds, incomes, genders, religions and cultural identities. Certain groups are disproportionately affected by systemic inequalities in health outcomes when benchmarked against the population of London as a whole whilst other groups (principally characterised by a high household income), that tend to inhabit new market housing, are beneficiaries of positive health outcomes when measured against the general demographic of the Borough.

- 7.8 The Council will be seeking through the evidence in HIAs how a new build development can very practically provide new asset to an area to help bridge any social divisions and provide better opportunities for people to meet and live a shared life experience that help forge equitable health outcomes. In short the new scheme should maximise the opportunity for social inclusion as social interactions contribute to mental health.
- 7.9 Applicants should ask themselves these key questions:
 - Does the existing site have any demonstrable social value that will not be not replaced or compensated for by the proposal?
 - Does the proposal provide employment floorspace which responds to a clearly identified local business need?
 - How has the proposal been designed to encourage social interaction between residents?
 - How has the proposal been designed to encourage social integration with the wider community?
 - Does the new scheme provide new asset to an area to help bridge any social divisions and provide better opportunities for people to meet and live a shared life experience that help forge equitable health outcomes?
 - For large developments proposing to integrate new social and community infrastructure (typically D1 or D2 land use classes): how do developers plan to deliver these uses without leaving these spaces as effective 'voids' which only find an end occupier long after planning consent is gained.
 - Does the existing site grow, promote or sell healthy or unhealthy (fast) food?
- 7.10 Enabling Active Living delivering spaces and places where people can be physically and socially active
- 7.11 At the heart of well-being (feeling good and functioning well) amongst other is good physical health, alongside a sense of fulfilment and a sense of purpose and individual's possessing a good degree of control over their daily life. All individuals having ready opportunities to physical exercise near their homes and place of work and set within a good built environment is vital to good health. As are opportunities for all to experience places of peace, calm.

- 7.12 Ensuring new developments are well connected by green routes and encourage walking and cycling between places is vital. High quality spaces suitably equipped and sized for structured sport and play for all ages, genders and social groups is equally important.
- 7.13 Applicants should ask themselves these key questions:
 - Has the development been designed to specifically encourage physical activity? What features have been included to encourage movement particularly among children and older residents?
 - To what extent is the existing site used for physical activity and is the proposed scheme replacing, improving or compensating for these existing uses?
 - Does the proposal improve permeability through the site and actively encourage walking and cycling?
 - Has sufficient quantity of playspace been provided on site? How will it be designed to encourage children or all ages, genders and backgrounds to be active and imaginative?
 - Are there opportunities for all to experience places of peace, calm, enjoyable well landscaped open spaces benefiting from good clean air, free of excessive ambient noise from road traffic and alike?
 - How does the scheme address disparities in levels of physical exercise and leisure time activities between higher income groups and others who suffer from health inequalities?
- 7.14 Creating the Healthiest of Environments ensuring new developments contribute to sustainability
- 7.15 Carefully considered holistic urban design approaches are capable of being mutually reinforcing and ensure addressing good health, inequalities in health outcomes and wider global environmental agendas.

- 7.16 Through the preparation of a HIA at the earliest design initiation of the scheme (before built elements become fixed) the applicant should be able to demonstrate how these interconnected considerations have informed the fundamentals of the design. For example, design of new open spaces with the highest access to sunlight will enable plants to prosper and rich biodiversity to establish. Predominately southern facing unobstructed facades to main living spaces will offer excellent access to daylight/sunlight for occupants. Equally it will enable passive room heating with less requirement for active energy systems. Such open aspects are also liable to serve well roof top solar panels and efficient use of air ground source heat pumps. Naturally ventilated buildings that can draw through clean air will be good for people's health but will equally benefit reduction in energy use and minimise carbon footprint. Rich landscape planting including trees will be benefit for all but equally by absorbing carbon it will be capable of helping to tackle localised poor air hotspots. Maximising open space through generous soft landscaping is liable to create well appreciated spaces but equally minimises rapid water run-off and associated flash flooding.
- 7.17 Applicants should ask themselves these key questions:
 - Does the construction phase have the potential to result in significant improvement in air quality, noise, traffic, contaminated land, changes to flood risk?
 - How is the scheme achieving true design excellence targeted at creating a healthy place equally serving well the objectives of sustainable development and the global environmental environment?
 - What aspects of the new scheme address good health and wider global environmental agendas? For instance, how does the development promote both energy efficiency/reduce carbon footprint as well as promote health?
 - Can the design show that it has considered equity issues?

The full range of questions to be answered in the assessment are in <u>appendix</u> $\underline{1}$.

8 The process and what a HIA document should consider

8.1 The flow diagram below outlines how the HIA process interacts with the planning process. Please note that Policy D.SG3 has effectively prescreened applications by identifying the threshold by which an application requires an HIA.

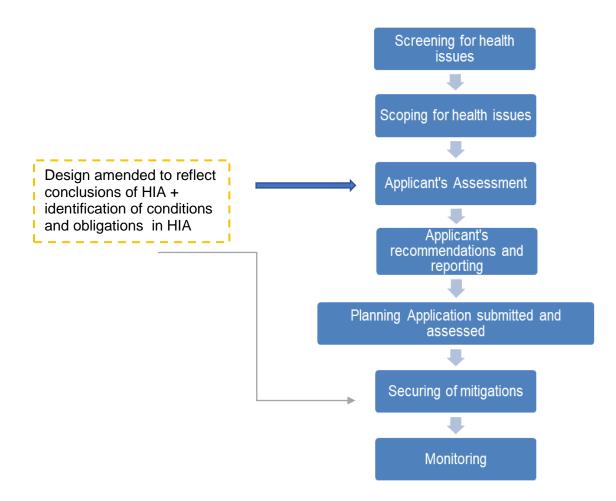


Figure 4: How the HIA process aligns with the development management process

8.2 Table 1 below explains what is required at each stage of the HIA process and what information should be provided in the HIA report. For HIA quality assurance framework and more details on how to draft an HIA report, see for instance a <u>Review Package for HIA Reports of Development Projects</u> (Ben Cave and Associates).

| Stage | Purpose of that stage | What does it mean for applicants? What are applicants required to do? |
|-----------|---|--|
| Screening | To determine if a HIA is required. If so, which type? | Policy D.SG3 on Health Impact Assessment in LBTH Local Plan 2031 has pre-screened planning applications and identified the threshold by which a HIA is required. |
| | | For this stage, applicants are only asked to: Identify whether their application requires a HIA. Does the application meet the policy threshold for detailed HIA and requires community consultation? |
| Scoping | To develop a plan for conducting the HIA, including considering | For this stage applicants are required to identify the following: |

| | public engagement is | Who will conduct the HIA and generally |
|------------|---|---|
| | needed To identify the potential risks and | ensure that a project management plan is identified for completing the HIA. (Smaller schemes might require just one person to conduct the HIA, large schemes will need to put a team together). Methods used for assessing the impact, |
| | benefits. | including considering the geographical scope and timescale of impact (during construction, post-delivery). |
| | | • <u>For detailed HIA</u> : Local community groups and stakeholders to engage with and methods of participation (consultation is optional for rapid HIA). |
| | | NB: It is recommended that scoping is conducted during pre-app meetings for larger developments. |
| Assessment | To describe the baseline health of the affected communities and analyse the health impacts. | Rapid and detailed HIAs cover the same questions: scale and scope of the assessment will need to be proportionate to the type of applications it relates to. |
| | Using various methods and available evidence (including evidence from the community in the case of detailed HIA). | Applicants will need to: Establish the baseline: Who are the population groups more likely to be affected when the site changes (during construction and once operational)? What population groups will be most affected, i.e. who are the most vulnerable groups? How is the health profile of the population likely to be impacted? What existing infrastructure and services are in the area? |
| | | NB: To identify the population and infrastructure baselines, applicants are encouraged to use for instance the LBTH Borough Profile and Borough Atlas, the four Tower Hamlets' locality profiles, the Joint Strategic Needs Assessment and the Health and Wellbeing strategy all available on LBTH website. Applicants are encouraged to refer to other sources. |
| | | Engage with local communities and stakeholders to identify how the scheme could affect their health, to test mitigation |

| | | measures proposed and give a local perspective on risks. Only applicants who need to produce a detailed HIA will need to involve communities and stakeholders. Conduct the assessment: Respond to the questions in appendix 1 using a variety of qualitative and quantitative methods |
|-----------------|---|---|
| | | according to the risks. New data (e.g. consulting local groups) or existing data (e.g. statistics produced by LBTH, national statistics) can be used as evidence considering the potential positive and negative impacts of the scheme. For each question, scale and nature of impact will have to be explained as well as what groups will be affected. |
| | | NB: Applicants are asked to use the tables in appendix 1 to conduct the assessment. |
| Recommendations | To develop practical strategies that can be implemented to minimise health risks and maximise health benefits | Applicants should: Explain how the impact identified in the assessment can be addressed or health benefits secured through: changes to the design of the proposals? mitigation measures controlled through planning conditions or obligations? contributions to off-site facilities, public realm or connections? |
| | | NB: Applicants should prioritise more significant impacts in their recommendations. <u>The view of stakeholders on significance of impact must be taken into account in detailed HIAs</u> . A balance will need to be struck between conflicting recommendations if relevant. See appendix 1. |
| Reporting | To present results and recommendations the local planning authority, to local communities and other stakeholders | Applicants should: Provide a HIA report as part of their planning application documents Ensure that the HIA report is accessible to non expert audience and where relevant |

| | | share the findings with local communities and stakeholders (detailed HIA) |
|------------|--|--|
| Monitoring | To monitor the changes in health or health risks | Applicants should: Ensure that their HIA report explain clearly when the healthy design (e.g. housing, play area, cycle parking) will be delivered, if management plans are needed and who will be responsible for managing the place (it could be private companies, voluntary sector or even Council services). HIA should include a recommendation to carry out future monitoring of the health impacts that result from the development proposal, so that corrective action can be taken to address any unforeseen impact. The larger the scheme planned, the more important this section is. |

Table 1: requirements at each stage of the HIA process

- 8.3 **Difference between rapid and detailed HIAs:** The scale and scope of the assessment will need to be proportionate to the type of application it relates to. Whilst the stages and questions asked are the same for both rapid and detailed HIAs, the level of detail required in the analysis will be different for Rapid HIAs compared to Detailed HIAs. Remember that detailed HIAs require community engagement.
- 8.4 <u>Appendix 1</u> offers the assessment tables with all the questions that each scheme should be responding to. Applicants are strongly advised to use appendix 1 when developing their HIA.

Appendix 1: HIA Checklist

Table 1 is to check that the procedural steps of the HIA have been followed and the HIA can be read by planners and members of the public as a standalone document. The following tables list the assessment questions (grouped under the 4 key themes). The list is recommended, but if applicants want to consider other factors, they can argue this in the HIA.

Table 1

Please ensure you can answer YES for all 5 questions below

Has the HIA process started at the earliest design initiation of the scheme (before built elements become fixed)? Please provide details.

Have the site and proposed uses been described in the HIA?

Have applicants required to produce a detailed HIA engaged constructively with the community to scope and assess health impact of the proposed scheme? Please provide details.

Has the public health and infrastructure baselines been identified? Applicants are expected to respond to the following:

- Who are the population groups more likely to be affected when the site changes (during construction and once operational)?
- How is the health profile of the population likely to be impacted?
- What existing infrastructure and services are in the area?

Has the assessment of impact been conducted? Have the applicants responded to the questions below with specific examples of how the design has evolved and description of measures taken to mitigate negative impact and maximise benefits to health, and established the following for each impact and resulting effects?

| Assessment criteria | Details/evidence of impact Are impacts positive or negative? What is the scale of each impact? Are impacts temporary or permanent? | Explain how impacts can be addressed or benefits secured through: changes to the design of the proposals before the |
|---------------------|---|---|
| | What is the nature of the impact i.e. is it direct, indirect, secondary or cumulative? How are different individuals and groups affected? What groups will be particularly advantaged/disadvantaged compared to others? What value do local people place on each impact? | application is submitted mitigation measures controlled through planning conditions or obligations contributions to off-site facilities, public realm or connections NB: you can use visual aid to show new measure/revised design |

Template for responding to assessment questions:

Delivering healthy layouts

| Adaptive homes | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
|---|----------------------------|---|
| How flexibly can homes be lived in? Example: Can furniture be configured in a range of ways within rooms? | | |
| Is there sufficient space for a dedicated home working space, without loss of a bedroom? | | |
| Healthy land use | Details/evidence of impact | Explain how impacts can be |
| Which land uses on the site are most impacted by different negative environmental | | addressed or benefits secured |
| factors, including poor air quality, overshadowing and high noise levels? | | |
| Does the layout ensure the least sensitive uses face the poorest air quality sources or the high ambient noise level to then allow new homes, new schools and alike to be set to some degree sheltered from such hostile environmental site features? | | |
| Maximising sunlight | Details/evidence of impact | Explain how impacts can be |
| Are new open spaces located to maximise their access to direct sunlight and minimise over-shadowing? | | addressed or benefits secured |
| Were alternative site layouts considered? If so, why were they discounted? | | |

| Mixed income open spaces Are new open spaces arranged to maximise the opportunity from different housing tenures to informally meet each other and set up opportunities to social interact? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
|---|----------------------------|--|
| Minimising neighbouring impact Is the proposed massing and layout chosen to minimise the net adverse amenity impact to neighbours , through loss of daylight or sunlight, overshadowing, loss of privacy or over-bearing impact? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
| Neighbourhood level connectivity Do the proposed new routes through the site best aid neighbourhood level connectivity to local parks, local shops, community facilities and alike? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
| High density living How does the scheme dovetail and meet the objectives for good quality living set out in the Borough's High Density Living SPD? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
| Other factors If applicants consider that other impact should be considered, please explain and identify other impact that you have addressed. Make sure you provide evidence (from public engagement or your expert judgement). | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |

Promoting neighbourhood cohesion

| Future social value of the site | Details/evidence of impact | Explain how impacts can be |
|---|----------------------------|----------------------------|
| Does the existing site have any demonstrable social value that will be not replaced | | addressed or benefits |
| or compensated for by the proposal? E.g. open space, amenities, formal/informal | | secured |
| spaces for community use | | |
| Health facilities | Details/evidence of impact | Explain how impacts can be |
| Does the proposal assess the impact on health and social care services? | | addressed or benefits |
| If the proposal includes the provision or replacement of healthcare facilities: has | | secured |
| local NHS and CCG (clinical commissioning group) been consulted regarding | | |
| existing and planned healthcare capacity and NHS requirements? | | |
| Job opportunities | Details/evidence of impact | Explain how impacts can be |
| Does the proposal provide employment floorspace which responds to a clearly | | addressed or benefits |
| identified local business need? | | secured |
| Promoting social interaction | Details/evidence of impact | Explain how impacts can be |
| How has the proposal been designed to encourage social interaction between | | addressed or benefits |
| residents? | | secured |

| What specific design features encourage interaction between different groups of residents, for example older and younger residents or residents in the affordable and market housing? | | |
|--|----------------------------|--|
| Are there any amenities on site which will be unavailable to some residents? Has consideration been given to how their use could be widened? | | |
| Integration with wider community How has the proposal been designed to encourage social integration with the wider community? (e.g. Secured by design principles, accessible amenity and child play space, Community noticeboards and organisations/clubs). | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
| How does the development physically integrate sympathetically into the existing neighbourhood to support social cohesion? How does the development invite the wider community beyond the future application site into its sphere of influence? | | |
| Creation of new community asset Does the new scheme provide new asset to an area to help bridge any social divisions and provide better opportunities for people to meet and live a shared life experience that help forge equitable health outcomes? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
| Answering social infrastructure needs For large development (requiring detailed HIA) proposing to integrate new social and community infrastructure (typically D1 or D2 land use classes): how do developers plan to deliver these uses without leaving these spaces as effective 'voids' which only find an end occupier long after planning consent is gained. Has the detailed HIA established what the most pressing social needs of the neighbourhood are and what gaps exist in community and social infrastructure? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
| especially those identified from HIA community consultation with hard to reach individuals and groups who suffer from inequality of health outcomes. Has the HIA shown how the developers are planning to address these gaps? Healthy food environment Does the existing site grow, promote or sell healthy or unhealthy (fast) food? (e.g. | Details/evidence of impact | Explain how impacts can be addressed or benefits |
| Markets. Supermarkets. Allotments , Specialist food shops. Fast food outlets. | | secured |

| Food banks.) | | |
|---|----------------------------|--|
| Does the proposal (or temporary use) include and promote urban farming or community food projects? | | |
| In cases where fast food is proposed, how does it provide a healthy and affordable option and avoid targeting the most vulnerable members of the community? | | |
| For applications where a hot food take-away is proposed, see appendix 2. | | |
| Other factors If applicants consider that other impact should be considered, please explain and identify other impact that you have addressed. Make sure you provide evidence (from public engagement or your expert judgement). | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |

Enabling active living

| Promoting physical activity | Details/evidence of impact | Explain how impacts can be |
|--|----------------------------|-------------------------------|
| Has the development been designed to specifically encourage physical activity? | | addressed or benefits secured |
| What features have been included to encourage movement particularly among children and older residents? (e.g. Active building principles like central staircase and clear internal signage). | | |
| Considering the active environment baseline | Details/evidence of impact | Explain how impacts can be |
| To what extent is the existing site used for physical activity and is the proposed scheme replacing, improving or compensating for these existing uses? (e.g. functionality and usage of rooms, connections, recreational space) | | addressed or benefits secured |
| Site permeability | Details/evidence of impact | Explain how impacts can be |
| Does the proposal improve permeability through the site and actively encourage | | addressed or benefits secured |
| walking and cycling? (e.g. healthy streets assessment, step free access and | | |
| gradients. Secure cycle parking) | | |
| Is the new development well connected by green routes and encourage walking and cycling between places? | | |

| Playspace provision | Details/evidence of impact | Explain how impacts can be |
|---|----------------------------|--|
| Has sufficient quantity of playspace been provided on site? | | addressed or benefits secured |
| How will it be designed to encourage children or all ages, genders and backgrounds | | |
| to be active and imaginative? | | |
| Is it located so as to encourage wide use and social interaction, by residents of the | | |
| development and the wider community? | | |
| Are the new playspace provisions of high quality (e.g. suitably equipped and sized for structured sport and play for all ages, genders and social groups). | | |
| Open space provision | Details/evidence of impact | Explain how impacts can be |
| Are there opportunities for all to experience places of peace, calm. enjoyable well landscaped open spaces benefiting from good clean air, free of excessive ambient noise from road traffic and alike? | | addressed or benefits secured |
| Active environment for all – monitoring satisfaction | Details/evidence of impact | Explain how impacts can be |
| Ensure that the HIA explain how developers will test and demonstrate how a new development maximise the physical and social opportunities to enable active citizens (potentially including post occupation well-being and satisfaction survey). In particular, show how the scheme will address disparities in levels of physical exercise and leisure time activities between higher income groups and others who suffer from health inequalities. | | addressed or benefits secured |
| Other factors If applicants consider that other impact should be considered, please explain and identify other impact that you have addressed. Make sure you provide evidence (from public engagement or your expert judgement). | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |

Creating the healthiest of environments

| Construction phase Does the construction phase have the potential to result in significant improvement in air quality, noise, traffic, contaminated land, changes to flood risk? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
|--|----------------------------|--|
| Design for healthy environment and healthy people: open spaces How is the scheme achieving true design excellence targeted at creating a healthy place equally serving well the objectives of sustainable development and the global environmental environment? (e.g. design new open spaces with the highest access to sunlight will enable plants to prosper and rich biodiversity to establish). How does the scheme incorporate natural elements which allow people to have access to nature? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |

| Design for healthy environment and healthy people: buildings What aspects of the new scheme address good health, inequalities in health outcomes and wider global environmental agendas? For instance, how does the development promote both energy efficiency/reduce carbon footprint as well as promote health? (e.g. maximising access to daylight/sunlight; enabling passive room heating with less requirement for active energy systems, roof top solar panels and efficient use of air ground source heat pumps, natural ventilation, rich scheme planting, soft landscaping). Can the applicant demonstrate how these interconnected consideration have informed the fundamentals of the design? | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
|---|----------------------------|--|
| Equity dimension in healthy environments Can the design show that it has considered equity issues? E.g. new affordable homes on the lower storeys with their window facades cast in shadow or obstructed from receiving direct sunlight to the rooms and private balconies shows a lack of proper consideration on these matters or relies heavily on mechanical ventilation to gain ventilation and clean air. | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |
| Other factors If applicants consider that other impact should be considered, please explain and identify other impact that you have addressed. Make sure you provide evidence (from public engagement or your expert judgement). | Details/evidence of impact | Explain how impacts can be addressed or benefits secured |

Appendix 2: Rapid HIA checklist for minor developments including for hot food take-aways and betting shops

Application of Rapid HIA's for Part 1(b) of the Local Plan Policy including but not exclusively in relation to Hot Food Takeaway + Betting Shops

Under Part 1 (b) of Local Plan Policy D.SG3 – *Health Impact Assessments* - a Rapid HIA is required for planning applications relating to development to the following land uses:

- i. Education facilities
- ii. Health facilities
- iii. Leisure or community facilities
- iv. A5 uses (hot-food-takeaways)
- v. Betting shops
- vi. Publicly accessible open space

The Council in requesting the applicant to produce a Rapid HIA in relation to the above proposals are keen its preparation and content is both proportionate to the scale of its potential health impacts and relevant to how the development might impact upon health outcomes. With that to the fore a very minor proposal for example that only seeks to make small alterations to the appearance or function of a GP surgery, primary school, leisure centre (or indeed a new extract flue to an existing fast food take-away) the submitted Rapid HIA need only be very short, setting out the reasoning why the proposal will have positive or negative impacts on health.

Be mindful officers may challenge the assertion that negative health impacts are minimal or limited, so applicants are encouraged to support their claim in the Rapid HIA with robust evidence.

In contrast with other new classified 'minor' development proposals, the health impacts maybe not insignificant but thought of as narrow in scope and with these applications the focus of the Rapid HIA should be centred on those potential health impacts and mitigation measures if relevant. Equally (where applicable) the Rapid HIA should seek to evidence how the development proposal takes maximum advantage of opportunities to produce positive health outcomes from the development locally including actively helping to address

social disparities in health outcomes within the local population. Regard should be had in the preparation of the HIA to disparities in health outcomes arising from socio-economic disadvantage or other factors including gender bias in the use and operation of spaces.

The Rapid HIA is liable to be wider in scope and more extensive in content where the proposal is for a wholesale change in use to one of the above 6 identified land uses or a significant extension or intensification of use falling within these six categories is proposed. In preparation of Rapid HIA special attention should be paid to identifying sections of the local population that are presently disproportionately affected adversely from inequality in health outcomes and the HIA should outline how the proposal seeks to actively engage and address those health inequality outcomes.

Evidence within a Rapid HIA of meaningful engagement with local people on the proposal in relation to improving health outcomes is always welcomed. For example, resident engagement around a proposed new or improved sports or leisure facility. If application is being made seeking improvement to a new gym facility or outdoor MUGA the Rapid HIA should pay attention to not only demonstrating engagement with existing users of the sports facility but also others potential users who are less represented in the current user group (e.g. possibly older people, women of all ages, non-wage earners).

Specifically, in relation to new development relating to hot food take-aways in preparation of the Rapid HIA the applicant be well advised to:

- Set out details of other hot food takeaways within 200m of the application site'
- Demonstrate that the hot food takeaway is at least 400m walking distance from the entrance and exits of an existing or proposed primary or secondary school (London Plan Policy E9D)
- What type of hot food the premises intends to sell (any willingness to control this by planning condition);
- Whether the hot food takeaway seeks to open before 4pm (i.e. during or soon after school hours);
- Any evidence of the existing or targeted customer base of the operation (most notably those under 18 and 25)
- Whether the premises would include a substantive in kind 'healthy foods' menu
- Whether the proposed development relates to expanding the size and capacity of the hot food takeaway development on-site

For proposed new or expanded betting shops development proposals any Rapid HIA should set out its sought 'exceptions argument' if the development falls outside Central Activities Zone, Tower Hamlets Activity Areas, Canary Wharf Major Centre or Secondary Frontages within District Centres AND also fails to adhere with any of the following criteria: (a) creates or accentuates an over concentration of betting shops which could give rise to negative cumulative social impacts, (b) lies in close proximity to a school or sensitive community, cultural or social facilities; (c.) would detrimentally impact the amenity and character of the area.

Please note with regard to the above it should be assumed that any 'exception's argument' for a new betting shop is liable to be rejected by the Council in the determination of such a planning application in absence of overarching other material presented evidencing why an exception

should be applied. For instance, over concentration of betting shop located in an area of multiple deprivation could give rise to negative cumulative social impact. To demonstrate criteria a) is met and that their betting shop does not contribute to this overconcentration in areas of multiple deprivation, applicants can use the interactive index of deprivation map found here (<u>https://maps.cdrc.ac.uk/#/geodemographics/imde2019/default/BTTTFPT/10/-0.1500/51.5200/</u>) and submit screen shots of their findings.