Title: HIA update on Halton Borough Council’s Core Strategy: draft publication version October 2010

Author: Halton & St Helens Health Impact Assessment group

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Joanne Bayliss

Members of the Health Impact Assessment group who took part in the 2010 follow up session were:

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Members of Halton Borough Council’s Planning Department who supported the HIA group in conducting the 2009 exercise were:

Tim Gibbs  
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Neil McFarlane  
Anne Moyers  
Rachel Apter

Anne Moyers from Halton Borough Council’s Planning Department also supported the HIA group in conducting the 2010 exercise.

Who is the Health Impact Assessment (HIA) Group?

The HIA group acts as a virtual group, coming together when requests for HIAs are made or members of the group feel it would be important to conduct a HIA on a major development, policy or initiative. The group initially covered St Helens only, a legacy group from St Helens PCT. However, with the reorganisation of the PCT came impetus to expand this group to cover Halton as well. The group is managed via the Public Health Evidence & Intelligence Team within the PCT. Members of the group are from diverse backgrounds across the PCT and both local authorities. This adds a richness of knowledge and perspectives to the HIAs undertaken. All members of the group have undergone the IMPACT 5-day training, considered as the gold standard course for HIA.
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1. Background

1.1 The Health Impact Assessment Group were originally approached by Tim Gibbs, then Principal Planning Officer at Halton Borough Council to conduct a HIA screening exercise on the draft Preferred Options stage of the Core Strategy prior to it going to public consultation.

1.2 This exercise was carried out during May 2010 and a report produced in July 2010. The group took a strategic approach to their assessment, using the social model of health and standard screening template that had been developed around this to consider the extent to which policies within the Core Strategy supported issues such as good quality housing and addressed fuel poverty, lifestyles and risk taking behaviour, access to open/green space to encourage physical activity and others. This report included a set of recommendations.

1.3 Bearing in mind that the borough council’s top priority is to address the health needs of its population, it was felt vital that an important strategic document such as the Core Strategy should consider the role that spatial planning has on health and where it can effectively impact to promote, protect and maintain health.

1.4 The only policy not to be considered within the Preferred Options paper was the Mersey Gateway. As a major development in its own right this had already undergone a separate rapid Health Impact Assessment. The full report can be found at: http://www2.halton.gov.uk/merseygateway/content/documents/?a=5441

1.5 The finalised HIA report of the Preferred Options paper is available on the PCT website at http://www.haltonandsthelenspct.nhs.uk/library/documents/HTSHhbccorestrategyhiascreeningreportjune2009.pdf

2. October 2010 update

2.1 At the end of the sessions that took place during May 2009, the HIA group agreed to revisit the Core Strategy following the public consultation and amendments made to take it to the stage of submitting to the Planning Inspectorate. This follow-up would look at how the planning team had responded to the recommendations made by the HIA group and how such amendments reflected the concerns and opportunities flagged in the recommendations.

2.2 The original schedule was for the document to be ready for the HIA group at the beginning of August 2010, for a minimum of one session to take place early August. This would enable any further discussions or sessions to take place before the final consultation phase of the document which was scheduled for late November 2010.

2.3 Unfortunately, delays in releasing the documentation (it was not made available to the HIA group until the first week in October) meant only there was only time for one half-day session to take place mid-October. This proved to be an inadequate amount of time for full discussions of all the recommendations. As the final report from the HIA group was needed by early November, no further
sessions could be scheduled and the HIA group were forced to complete the
dialogue by email over the course of the week following the session on 18th
October 2010.

3. October session process

3.1 To facilitate the discussions and aid the HIA group in navigating the revised
Core Strategy the planning team were asked to produce an update on how they
felt they had responded to the original set of recommendations from the HIA
group. These responses would be critiqued by the HIA group, using the Core
Strategy document as evidence on which to base their comments. This dialogue
forms the body of this update paper, together with some general issues raised by
group members.

4. General Comments

4.1 It was recognised, both in the 2009 discussions on the Preferred Options
paper and in the October 2010 session, that many of the aspirations of the
original recommendations will only be realised through the operational phase of
the Core Strategy plans. The group also recognised that recommendations will
need to undergo a ‘test of soundness’ exercise in order for them to become reality
i.e. the planning team and partners will need to be sure there is demand e.g. for
allotments, that the suggested action has a clear lead and is affordable. This last
point is especially challenging, given that the session took place at the same time
as the Government’s Comprehensive Spending Review findings were made public.

4.2 Unfortunately the tenant of the ‘What we did’ responses makes it clear that
the planning team felt many of the recommendations fall outside the scope of the
Core Strategy. The group were informed at the October session that, since the
Preferred Options paper HIA had been done, external advice had been given that
cut back on many of the aspirations originally detailed in the Core Strategy. This
left members of the HIA group feeling that it was difficult overall to find evidence
of how the recommendations have been addressed within the Core Strategy. At
best, the recommendations had been deferred to other documents.

4.3 This made it almost impossible to give an assessment of the new Core
Strategy in the same way that the HIA group had considered the Preferred Options
paper. The HIA group had not been supplied with these additional documents
and so could not assess whether the recommendations were adequately
addressed in them. In retrospect it would have been useful, given that members
of the planning team were present during the assessment process to have been
supplied with the relevant supplementary documents.

4.4 Whilst it would have been useful to have had the specific strategies referred
alongside the response to recommendations, this was only the case in a few
instances. As such the comments made by the group, detailed in the next section,
reflect the information which they had to hand either before or during the session
on 18th October 2010.
4.5. Overall the group felt the HIA exercise should form part of the ‘how has the core strategy been produced?’ section of the introduction of the main document. Perhaps a sentence in section 1.8.

4.6 The group felt that many of the subsequent planning processes that sit under the Core Strategy may require separate HIA screening and/or full HIAs. The HIA group urge the planning team to include in the Core Strategy an intention to adopt this tool as a strategic approach to ensuring health is considered during the Core Strategy implementation as well as the work already carried out during the development of the Strategy. Large scale/significant developments should have a separate HIA screening. If necessary (recommended following a HIA screen by the HIA group) developers should be required to ensure rapid or full HIAs are carried out at the development stage of projects.

5. Green Belt Policy

5.1 Clarity was sought from the planning team as to whether a separate HIA exercise would need to be undertaken on the new Green Belt policy included in the Publication document as it had not been in the Preferred Options paper. As the group had originally considered the Preferred Options paper strategically, pulling together policies to answer specific questions, it was agreed this separate exercise would not be necessary. However, the HIA group underlined that if the Green Belt policy was enacted due to the potential expansion of Liverpool John Lennon Airport becoming a reality a separate, full HIA exercise would need to be undertaken of this development, as part of the suite of essential assessments.
6. Comments of the draft Publication document

The group used the policy responses prepared by the planning team in advance of the final session 18th October 2010, together with discussions at the session with a member of the team to formulate their final response and comments. It should be noted that some of the comments below came about by email communications rather than ‘in person’ discussions. A draft of the Core Strategy Publication Policy was distributed on 11th October to the HIA group. An updated version of the document was tabled at the beginning of the session but the group was unable to go through it in detail. Some of the comments may therefore reflect the document version circulated on 11th October.

The original recommendations and HBC response has not been altered in this report. Rather, a set of comments has been added to reflect the discussions that took place against each of them. The comments reflect the views of the HIA group, using the information presented to them prior to the session or on the day.

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<thead>
<tr>
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<tr>
<td>General</td>
<td>The preferred Options Policies have been revisited following consultation responses, HIA Scoping, and EqIA Scoping and revised to incorporate cross referencing between inter-related policies demonstrating causal pathways within the document and to other supporting LDF documents.</td>
<td>Cross referencing still needs clarity. The Appendix 2: Monitoring offers a good example of how various policies in the Core Strategy support its strategic objectives. The group recommend this is retained in the final version.</td>
</tr>
<tr>
<td>1. Greater impact could be gained from the strategy details by cross referencing between the document to demonstrate causal pathways and inter-relationships between key dimensions of the preferred options.</td>
<td>The Core Strategy promotes the sustainable location of employment developments and identifies sustainable development principles increasing the quality of life for the Borough’s communities contributing towards the long term improvements in skill development and</td>
<td>The group recognise that it is beyond the remit of the Core Strategy to respond to this in totality. However, the group felt the policy as it stands could be strengthened by explicit reference to synergy with the Community Strategy, as local people in to local jobs, is a</td>
</tr>
<tr>
<td>Income &amp; Employment</td>
<td>Encourage local people into local jobs schemes as good practice for employment developments. Cross reference renewable technologies option with training and employment options to develop local skills in this</td>
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<td>educational attainment. The implementation of this policy approach will assist in the required outcome. Local recruitment agreements have been secured on previous large scale development and it is intended to formalise the approach to this in the LDF.</td>
<td>key objective of the strategic approach to economic regeneration in the borough. The group commended the local recruitment agreements that have been secured e.g. 3MG/Tesco Distribution Centre. The group would recommend making more of this achievement.</td>
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<td>Healthy beginnings for children</td>
<td>3. Consider investigating the reasons for outward migration and look at remedial steps to reduce the levels of this</td>
<td>The data on outward youth migration should be monitored. It is hoped that a combination of the Housing Mix Policy and Joint Employment Land Use Study will help stem the tide of outward migration but whilst it may do overall, the borough may still find itself loosing more people aged 16-24 out of the borough than it attracts in. Whilst it may be beyond the scope of the Core Strategy again, the group felt it was important to recognise the problem of net outflow of the 16-24 year cohort in the document and links to other action to</td>
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<tr>
<td>Research early in the process of developing the Core Strategy identified that outward migration from Halton was concentrated in the 16-24 age groups (students) and is no more prevalent from Halton than from its neighbours. However, Halton is failing to attract in-migrants leading to new outflow. The strategy of widening the housing offer is intended to attract in-migrants as well as cater for locally arising need.</td>
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understand the reasons for this made explicit. If this issue has been investigated and possible solutions offered in other strategic documents e.g. the Children & Young People’s Plan, then this should be acknowledged and cross-referenced. Without this the HIA group did not feel it had been given sufficient assurances that this issue had been investigated.

Finally, the group highlighted the importance of weighing the relative positives of attracting the 16-24 year cohort through expansion of the night-time economy with the resultant negative impacts on alcohol-related crime, anti-social behaviour and health.

**Personal supportive networks**

4. When considering the closure of community facilities include community consultation to understand the reasons for lack of use

The Core Strategy Policies aim to ensure that community facilities are located in the most accessible and sustainable locations. Site specific requirements including the reuse of sites following the closure of existing facilities will be addressed in subsequent Development Plan Documents and Supplementary Planning Documents.

The group recommended that any Subsequent Development Plan Documents and Supplementary Planning Documents must recognise the need to investigate why facilities are not used and that this can go beyond location.
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<tr>
<td><strong>Physical safety, level of and fear of crime in communities</strong></td>
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<tr>
<td>5. Include reference to Design for Community Safety Policy as a way of mitigating fear of crime</td>
<td>Design for community safety has been incorporated into CS18 High Quality Design which also references the adopted SPD.</td>
<td>The group commended the inclusion of Design for Community Safety into CS18.</td>
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<tr>
<td>6. Ensure freight road transportation only occurs on designated routes approach so they don’t use residential areas as shortcuts</td>
<td>The Core Strategy seeks to promote freight facilities in sustainable locations with direct Access to the strategic road network. There should be no need for ‘rat-running’ through residential neighbourhoods. As such problems should be dealt with by traffic orders, not the Core Strategy.</td>
<td>The group underlined the need for freight transport plans to consider the impact on local communities. The group were informed that transport modelling had been undertaken for the 3MG development and the group recommended this be referenced in the document to give assurances that this matter had been recognised and dealt with.</td>
</tr>
<tr>
<td>7. Need greater emphasis or links to fear of crime and community safety and link this into the community hubs section</td>
<td>Following consultation of the Preferred Options Policies the concept of community hubs has been removed from the publication version. Policy CS 18 addresses high quality design ensuring that development will ‘promote safe and secure environments through the inclusion of measures to address crime, fear of crime and anti social behaviour in all developments’.</td>
<td>The group commended the inclusion of safety and consideration of fear of crime within the High Quality Design policy, including the ‘Secured by Design’ principles.</td>
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<td><strong>Health related or risk taking behaviour</strong></td>
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<td>8. Ensure there are clear links to community safety and alcohol harm minimisation agenda to ensure economic development drive does not run contrary to</td>
<td>The revised Sustainable Community Strategy identifies the alcohol agenda as a main focus for the Partnership.</td>
<td>The group felt that the planning team had a good understanding of the potential impact economic and land use development could</td>
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| **9. Consider other ways to regenerate night-time economy** | The Core strategy in combination with other LDF documents does promote sustainable development / community safety, but alcohol issues are not easily translated into the Core Strategy.  

The Core strategy in combination with other LDF documents does promote sustainable development / community safety, but alcohol issues are not easily translated into the Core Strategy.  

The Built and Green Environment policy aims to promote regeneration and in combination with CS5 a network of centres will provide the framework for regeneration.  

The Plan seeks to promote new non-alcohol based leisure developments (Widnes Waterfront / Runcorn Old Town).  

Additional regeneration initiatives will be addressed in subsequent Development Plan Documents and Supplementary Planning Documents.  

If there is a proven demand for allotments and a realistic prospect of delivering them, the issue will be addressed in the Allocation and Development Management DPD.  

The Core Strategy provides the framework for more detailed policy which will be provided in subsequent Development Plan documents.  

Spatial planning can make significant contributions to improving access to healthy food, either via retail outlets or enabling people to grow their own fruit & vegetables.  

CS20: Green Infrastructure, makes the links to the health improvements that green space can provide. The group felt more could have have on alcohol-related community safety and health. However, as one of the top health and community-safety priorities for the borough, the Core Strategy would be strengthened by specific intention being added to ensure this is taken in to account in all developments across the borough.  

The group felt also, further assurances may be needed during the development of specific plans – DPDs and SPDs - in the future.  

Explicit links should be made to the Sustainable Community Strategy in the final version of the Core Strategy, within the appropriate policy(ies) to recognise the importance of the alcohol agenda. |
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<td>be made of the role of allotments in improving health and well-being, albeit within the boundaries of ‘test of soundness’, within this policy.</td>
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<td>If work has already been undertaken that demonstrates that there is sufficient provision to meet demand or that other elements of ‘test of soundness’ have been carried out, this should be made clear.</td>
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<td>11. Include greater scrutiny and more strategic approach to granting of planning permissions for ‘fast food’ outlets, especially those in proximity to schools/youth facilities.</td>
<td>The Health and well Being policy addresses this issue which will also be the subject of a subsequent Supplementary Planning Document. Overly detailed and prescriptive for the Core Strategy, however, reference will be included to work is currently underway (with St Helens) to develop a Hot-Food Take Away SPD.</td>
<td>The group commended the planning team for working with partners to address this issue. In particular the group welcomed the news that Supplementary Planning Document was already being developed to address new ‘fast food’ outlet applications. Given the inclusion of the National Child Measurement Programme in the justification section of the health and well-being policy, the group did feel special reference to outlets near schools was justified in its recommendation.</td>
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<td>However all action to take a partnership approach to tackling the obesogenic environment – a key feature of the Foresight Report on Obesity and recent NICE guidance on population approaches to tackling</td>
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<tr>
<td>12. Monitor the availability of fresh fruit and vegetables in retail areas and link to planning applications. Consider introducing a local farmers market.</td>
<td>This issue will be addressed in a subsequent Supplementary Planning Document.</td>
<td>cardiovascular disease is welcomed.</td>
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<td><strong>Housing</strong></td>
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<td>13. Reconsider timing of introduction of Gold Standard for housing build quality. Bring date for introducing this forward</td>
<td>The Housing Mix policy promotes and encourages the delivery of sustainable homes which meet Lifetime Homes standards.</td>
<td>The Core Strategy only looks at land and not existing housing stock, so to say that the housing mix policy will promote and encourage the delivery of sustainable homes to meet the Life Time Homes Standard is only practicable to new build homes. Fuel Poverty and Affordable Warmth Schemes are indicative to existing and specifically old housing stock. It is not therefore possible to determine how HBC plan to address these recommendations in full.</td>
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<tr>
<td>14. Strengthen fuel poverty initiatives, affordable warmth schemes and benefits available to those on low incomes and ensure housing development and maintenance is linked to these.</td>
<td>The Housing Mix policy promotes and encourages the delivery of sustainable homes more detailed policy which will be provided in subsequent Development Plan documents.</td>
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<td>15. Consider a more flexible approaches to provision of disabled facilities to take account of changing needs such as installed facilities to follow the person</td>
<td></td>
<td>Not sure the housing mix policy will consider/implement flexible design approaches above and beyond cost implications even if they incorporated extra care housing, is this enough to meet the needs of Halton’s aging population. Again links with other strategies would strengthen their desire to address this.</td>
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<tr>
<td><strong>16.</strong> Where housing developments use contaminated land ensure access to allotments if people are restricted from growing fruit &amp; vegetables in their own gardens</td>
<td>Needs to be incorporated in to the approach to extra care housing.</td>
<td>Discussions took place as to the likelihood of this occurring. New regulations and testing technology mean all new developments would have needed to take sufficient remedial action as to negate the need for this recommendation. However, whilst not planned for, there may be occasions when contamination is found on land populated by existing housing. The issue of growing produce on such land would need to be addressed in this context.</td>
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<td><strong>Natural Environment</strong></td>
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<td><strong>17.</strong> Consider greening of Brownfield space where feasible</td>
<td><em>This issue has been addressed in the Green Infrastructure and Managing Pollution and Risk policies.</em></td>
<td>The group felt that the approach to open/green space was satisfactory. Access to and management of open/green space to meet the needs of all sections of the community has been considered in the policies. There are a couple of evidence-based reports on the health impact that can be brought about using open/green space that would strengthen policies on this. NICE guidance on spatial planning is</td>
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<tr>
<td>expected to be published December 2011</td>
<td>Spatial planning for health</td>
<td>NICE guidance already exists for ways of encouraging physical activity through changes to the planned environment</td>
</tr>
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**Health Service Facilities**

18. Need clearer understanding of PCT decision making criteria regarding health facilitates and co-location of ‘outreach’ health facilities in multi-use buildings. Whilst it is recognised not every new development can have a new health centre need to work with PCT estates to think of creative solutions

This needs to be addressed through active dialogue with the PCT (and its successor primary care commissioners) as required. The group queried whether this could be flagged in the CS17: High Quality Design policy e.g. added to bullet point 4 ‘be flexible and adaptable to respond to future social, technological and economic needs. The group felt the inclusion of the need for developers to contribute to new/improved social infrastructure as a result of their development was an excellent approach (CS6 Infrastructure Provision para1.4) Depending of the scale of new
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<td>developments, the group felt there should be an additional sentence stating that developers should carry out a HIA on all new/substantially changed developments.</td>
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**Transport**

19. In regard to freight transportation need to look at this in relation to proximity of routes to residential areas, schools etc. Perceptions of the local air quality need to be managed. May be at odds with economic development aspirations freight brings with it. Need to monitor air quality etc and make reports available to allay fears.

20. If the Sandymoor school development goes ahead it will be important to consider transport impact of this in relation to pollution, noise and congestion during construction phase and operational phase.

21. It will be important to monitor efforts to reduce car as mode of transport for short journeys – to set targets and link these to the Transport Plan #

Policy CS 14 Sustainable Transport addresses freight transportation and sustainable transport facilities encouraging greenway networks to encourage more sustainable modes of transport – walking and cycling. In addition policy CS23 Managing Pollution and Risk addresses local air quality.

This issue would be addressed at the planning application stage. The conditions applied to a site would ensure that the application would be supported by school travel plans. In relation to pollution, noise and congestion and in addition to Policy CS 23 Managing risk and pollution, at the site level proposals would be subject to more detailed policies in subsequent development plan documents.

See previous comments under Physical safety, level of and fear of crime in communities block.

The group recommend that if the Sandymoor school development goes ahead it should be subject to a separate HIA screening exercise and potentially rapid HIA.
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<td><strong>Health Inequalities</strong></td>
<td><strong>22. The use of social marketing such as MOSIAC may help to understand the differing needs of different types of deprived communities and will aid targeting. Link to PCT social marketing work and with PH Evidence &amp; Intelligence team on health needs</strong></td>
<td><strong>HBC has invested in health ACORN and the planning team may wish to make use of this to further understand the needs of different communities within the borough.</strong></td>
</tr>
</tbody>
</table>
7. Conclusions and Further Recommendations

7.1 The HIA group felt all its original recommendations still had relevance.
7.2 The HIA group felt it could not come to any firm conclusions as to the extent to which its recommendations had been adequately addressed. This was due to the extensive use of ‘see other documents’ in the responses.
7.3 The HIA group urge the planning team to make specific reference to alcohol in economic and land use planning policies within the Core Strategy.
7.4 The HIA group urge the planning team to include in the Core Strategy the intention to require HIA to be a core part of the Strategy implementation. This should include an onus on developers to fund full HIAs were there are recommended by the HIA group.
7.5 Robust cross-referencing to other policies and strategies remains an issue for the Core Strategy. The need for this was especially highlighted in discussions about the responses to recommendation 2 on local people in to local jobs and recommendation 3 which covered net outward migration of 16-24 year olds.
7.6 The HIA group felt the response to recommendation 4 did not acknowledge that community facility use went beyond location and a community-based assessment of why people are not using facilities needs to be undertaken.
7.7 The HIA group commended the planning team for working with the PCT and its neighbouring borough of St Helens to address the issue to ‘Fast Food’ take-aways. However, given the levels of child obesity the group felt justified in recommending emphasis should, at least initially, be on outlets planned near schools and youth facilities.
7.8 Without access to the Housing Mix Policy it was not possible to determine the extent to which the issue of fuel poverty (recommendation 14) and recommendation 15 could be addressed.
7.9 However, it was recognised recommendation 16 would not be needed for new developments, it may, on occasion, be relevant to existing housing stock.
7.10 The group felt that overall, policies concerning the use of open/green space gave adequate consideration of it use for physical activity.
7.11 The High Quality Design policy, bullet point 4 ‘be flexible and adaptable to respond to future social, technological and economic needs’ should be extended to include health needs.
7.12 If the Sandymoor school development goes ahead, a HIA (minimum screening exercise with the possibility of a developer-funded full HIA) should be carried out.
Appendix 1: How can spatial planning promote good health?: what the evidence tells us

As can be seen from the selected health data presented in the previous section health inequalities are spatially apparent in Halton and much of the poor health experienced across the borough is closely related to the socio-economic characteristics of certain areas.

Spatial planning can help to address these kinds of disparities by addressing some of their root causes through the development and regeneration agenda. Most of the key determinants of health are outside the direct influence of health and social care, for example, education, employment, housing, and environment.

Figure 1: Social determinants of health

How planning policy can impact upon the main determinants of health:

Individual behaviour and lifestyle
The physical environment is shaped by planning decisions and can deter or enable a healthy lifestyle. The propensity of people to walk, cycle, or play in the open air is affected by the convenience, quality and safety of pedestrian and cycling routes and by the availability of local open space. It is especially important that children are encouraged to adopt regular exercise in childhood – regular exercise ‘protects against heart disease and by limiting obesity, reduces onset of diabetes. It promotes a sense of wellbeing and protects older people from depression.’
Social and community influences
Insufficient attention to maintaining and creating community cohesion in urban renewal projects can lead to the destruction of social networks. Regeneration can also produce a rich community life, by providing opportunities needed for social interaction such as common activities and meeting places: schools, post offices, pubs and convivial, safe streets. Sustaining local facilities and networks depends upon long-term strategies for housing, economic development and transport. Social support is also necessary for the most vulnerable groups.

Local structural conditions
Planning policy can directly affect personal health in a number of ways. For example a lack of supply of affordable quality housing contributes to homelessness and overcrowding; accessible work opportunities can alleviate poverty and depression caused by unemployment; an accessible urban structure together with an efficient and affordable transport system can reduce social exclusion by opening up opportunities for people who are socially and economically marginalised. Transport planning also reduces the likelihood of accidents and well designed parks and public spaces reduce fear of crime.

General socioeconomic, cultural and environmental conditions
At the broadest level, local urban planning impacts upon the quality of air, water and soil resources. It also affects the emissions of greenhouse gases that through climate change will have significant health consequences.

Spatial plans are about controlling the way development takes place in the future – how much takes place, where, when and in what way? The critically important factor is to ensure that the spatial planning policies and the interventions explicitly address health and are calculated to improve health outcomes by facilitating or requiring conditions that support healthier living conditions. It is acknowledged that evidence of what works, and of causality, is difficult to identify in many areas of public health and environment.

(extract ends)
Potential Spatial Planning Interventions to promote health

The Healthy Urban Development Unit\(^1\) have outlined a series of possible spatial planning interventions. They have been used to support the development of the Halton Core Strategy preferred options and are summarised in Figure 2 to 10.

### Figure 2: Mental Illness

<table>
<thead>
<tr>
<th>Health issue</th>
<th>Where the issue is located</th>
<th>Pathway / causal link</th>
<th>Potential options for addressing the issue - actionable insights</th>
<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental illnesses, including depression and anxiety occur in 1 in 4 of the population.</td>
<td>Concentrated in certain areas with high deprivation</td>
<td>Lack of green space High and persistent noise Lifestyle choices Fear of crime High levels of unemployment</td>
<td>Access to good quality open space Provide opportunities for physical activity Improve housing quality Noise management Reduction in worklessness</td>
<td>To reduce rates of depression and in patient attendance</td>
</tr>
</tbody>
</table>

**Spatial planning interventions**
- Have standards of open space been set for existing and new areas in terms of accessibility, quality and size?
- Will access to open space be enhanced for those communities that are deficient?
- Will access to green space be enhanced for those communities that are deficient?
- Will the management of open and green space ensure that the needs of all sections of the community be met?
- Will a high density of tree planting be achieved?
- Will access to exercise opportunities be required from new development?
- Will the appropriate quantity and quality of housing reduce levels of overcrowding?
- Have maximum noise levels been set that will protect physical and mental health and have enforcement mechanisms clearly set out?
- Will design and access standards seek to reduce crime?
- Will diverse local employment opportunities reflecting a range of skill, levels be provided and worklessness reduced?
- Will local employment agreements be secured in development consents or obligations?

### Figure 3: Obesity and Diabetes

<table>
<thead>
<tr>
<th>Health issue</th>
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<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>High prevalence of obesity and type 2 diabetes.</td>
<td>Particular neighbourhoods. Rising rates in children</td>
<td>Low levels of physical activity Poor diet</td>
<td>Access to good quality open space Provide opportunities for physical activity Create active travel routes Encourage walking to school Improve access to fresh good food</td>
<td>To reduce rates of obesity To increase levels of physical activity</td>
</tr>
</tbody>
</table>

**Spatial planning interventions**
- Have standards of open space been set for existing and new areas in terms of accessibility, quality and size?
- Have standards of green space been set for existing and new areas in terms of accessibility, quality and size?
- Will access to open space be enhanced for those communities that are deficient?
- Will access to green space be enhanced for those communities that are deficient?
- Will access to exercise opportunities be required from new development?
- Will active travel be required in travel plans for major developments?
- Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified?
communities that are deficient?
- Will the management of open and green space ensure that the needs of all sections of the community be met?
- Will a safe and continuous cycle network be created?
- Will good access to fresh food be achieved for all communities?
- Will access to food growing opportunities be provided for all who need it?

**Figure 4: Cardiovascular Disease**

<table>
<thead>
<tr>
<th>Health issue</th>
<th>Where the issue is located</th>
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<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates of Cardiovascular Disease are high</td>
<td>Distributed across the borough but with prevalence in certain ethnic groups</td>
<td>Low levels of physical activity Air pollution Poor diet</td>
<td>Open space management for physical activity Provide opportunities for physical activity Improve air quality Active travel patterns Green space and food growing</td>
<td>To reduce incidence of Cardiovascular Disease To increase life expectancy</td>
</tr>
</tbody>
</table>

**Spatial planning interventions**
- Have standards of open space been set for existing and new areas in terms of accessibility, quality and size?
- Have standards of green space been set for existing and new areas in terms of accessibility, quality and size?
- Will access to open space be enhanced for those communities that are deficient?
- Will access to green space be enhanced for those communities that are deficient?
- Will the management of open and green space ensure that the needs of all sections of the community be met?
- Will access to exercise opportunities be required from new development?
- Will air quality improve to above minimum standards for all parts of the community?
- Will active travel be required in travel plans for major developments?
- Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified?
- Will a safe and continuous cycle network be created?
- Will good access to fresh food be achieved for all communities?
- Will access to food growing opportunities be provided for all who need

**Figure 5: Respiratory Disease**

<table>
<thead>
<tr>
<th>Health issue</th>
<th>Where the issue is located</th>
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<th>Potential options for addressing the issue - actionable insights</th>
<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory disease is a common problem</td>
<td>Prevalent in major transport corridors and in certain neighbourhoods</td>
<td>Particulate levels caused by vehicles Climatic conditions exacerbating effects</td>
<td>More green spaces Control development and traffic levels – improve air quality Design buildings and public realm protected from excessive sun Improve housing energy efficiency performance Increase tree cover</td>
<td>To reduce incidence of various types of respiratory disease To reduce levels of air borne pollution</td>
</tr>
</tbody>
</table>

**Spatial planning interventions**
- Will access to green space be enhanced for those communities that are deficient?
- Will sustainable travel be required in travel plans for major developments?
- Will road traffic levels be reduced?
- Will air quality improve to above minimum standards for all parts of the community?
- Are interventions for managing air quality focussed on air quality ‘blackspots’?
- Will all dwellings meet minimum insulation and optimum energy efficiency standards so as to meet targets for home energy consumption?
- Will the public realm be protected from excessive sun and cooling surfaces introduced?
- Will a high density of tree planting be achieved?

**Figure 6: Winter and summer mortality**
<table>
<thead>
<tr>
<th>Health Issue</th>
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<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter and Summer mortality caused by extremes of hot and cold</td>
<td>Winter and Summer mortality caused by extremes of hot and cold</td>
<td>Low income and fuel poverty Poorly insulated and heated homes Poor cooling and shading</td>
<td>Insulation installation project Advice More shading through trees and cooling by water</td>
<td>To reduce levels of excess winter and summer mortality To moderate seasonal variations in temperature</td>
</tr>
</tbody>
</table>

Spatial planning interventions
- Will all dwellings meet minimum insulation and optimum energy efficiency standards so as to meet targets for home energy consumption?
- Will housing provision in terms of space, location and design and technology meet the needs of the elderly and enable greater degree of safe independent living?

**Figure 7: Personal Injuries**

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Where the issue is located</th>
<th>Pathway / causal link</th>
<th>Potential options for addressing the issue – actionable insights</th>
<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>High personal injuries rates</td>
<td>High rates of hospitalisation and premature death due to falls in elderly population</td>
<td>High risk housing Poor levels of public realm maintenance</td>
<td>Lifetime homes standard applied and extended Retrospective adaptation of housing for elderly and vulnerable Inspection regime improved to avoid trips</td>
<td>To increase rates of independent living To reduce injury rates to certain groups</td>
</tr>
</tbody>
</table>

Spatial planning interventions
- Will new housing meet the needs of children, families and older people based on assessments and projections of need?
- Will housing provision in terms of space, location and design and technology meet the needs of the elderly and enable greater degree of safe independent living?
- Will standards be applied to public realm design that will secure safe walking surfaces?

**Figure 8: Road and Traffic Injuries**

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Where the issue is located</th>
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<th>Potential options for addressing the issue – actionable insights</th>
<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>High rates of road and traffic injuries</td>
<td>Fluctuating road traffic injuries High levels of accidents in certain deprived neighbourhoods</td>
<td>High traffic speeds Lack of road safety awareness Community severance Chaotic lifestyles</td>
<td>Control development and traffic levels Vehicle speed reduction Introduction of traffic calmed neighbourhoods Safe routes to school</td>
<td>To reduce the rate of 'Killed and Seriously Injured' To reduce injury rates in key social and ethnic groups</td>
</tr>
</tbody>
</table>

Spatial planning interventions
- Will sustainable travel be required in travel plans for major developments?
- Will road traffic levels be reduced?
- Will clear standards for walkability be applied to new neighbourhoods?
- Are steps identified to meet deficiencies in walkability of existing neighbourhoods?
- Will vehicle speeds be reduced by traffic calming to
- Will road design and layout everywhere except on segregated high speed roads prioritise pedestrians?
- Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified?
- Will a safe and continuous cycle network be created?
- Are interventions focussed or prioritised on deprived neighbourhoods?
Figure 9: Health Inequalities

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Where the issue is located</th>
<th>Pathway / causal link</th>
<th>Potential options for addressing the issue – actionable insights</th>
<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health inequalities persist across the borough, with large differences between wards</td>
<td>Disparity in life expectancy high between wards; Incidence of self reported ill health high in certain groups</td>
<td>Worklessness Low and erratic income Education attainment Environmental conditions Poor access to health services</td>
<td>Increase local employment opportunities Improve housing quality Improve access to health and related services</td>
<td>To reduce life expectancy disparities To improve equality in access to services</td>
</tr>
</tbody>
</table>

Spatial planning interventions

- Will diverse local employment opportunities reflecting a range of skill, levels be provided and worklessness reduced?
- Will local employment agreements be secured in development consents or obligations?
- Will the provision been made for appropriate housing reduce levels of overcrowding?
- Are sites identified for co-location and coordinated social and community services?
- Is it clear under what circumstances developer contributions for new social infrastructure will be required?
- Are all anticipated changes to the health estate facilitated?
- Will necessary new capacity of healthcare facilities be provided for when and where it is needed?
- Has a spatial investment plan for health infrastructure been agreed and funding sources identified?

Figure 10: Primary Care Provision

<table>
<thead>
<tr>
<th>Health Issue</th>
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<th>Health objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pattern of primary care provision scattered and in inadequate premises</td>
<td>Single handed GPs concentrated in deprived neighbourhoods</td>
<td>Lack of access to efficient high quality care exacerbated chronic conditions and economic inactivity Social cohesion</td>
<td>Facilitate reconfiguration of primary services to match needs and demographic changes Improve transport to key services</td>
<td>To reduce Accident and Emergency attendance To reduce chronic conditions To increase accessibility to health care</td>
</tr>
</tbody>
</table>

Spatial planning interventions

- Will public transport accessibility be improved?
- Are sites identified for co-location and coordinated social and community services?
- Is it clear under what circumstances developer contributions for new social infrastructure will be required?
- Are all anticipated changes to the health estate facilitated?
- Will necessary new capacity of healthcare facilities be provided for when and where it is needed?
- Has a spatial investment plan for health infrastructure been agreed and funding sources identified?

NICE guidance

The use of open space can be a key vehicle for maintaining and promoting good health. This has been recognised by the NHS in producing National Institute for Health & Clinical Excellence (NICE) public health guidance *Promoting and creating built or natural environments that encourage and support physical activity* (January 2008). The guidance offers the first national, evidence-based recommendations on how to improve the physical environment to encourage physical activity. It demonstrates the importance of such improvements and the need to evaluate how they impact on the public’s health. It recommended that those responsible for planning should:
• Involve all local communities and experts at all stages of the development to ensure the potential for physical activity is maximised.
• Ensure planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life. Ensure local facilities and services are easily accessible on foot, by bicycle and by other modes of transport involving physical activity. Ensure children can participate in physically active play.
• Assess in advance what impact (both intended and unintended) the proposals are likely to have on physical activity levels.
• Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.
• Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity. These routes should offer everyone (including people whose mobility is impaired) convenient, safe and attractive access to workplaces, homes, schools and other public facilities. (The latter includes shops, play and green areas and social destinations.) They should be built and maintained to a high standard.
• Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity. They should also be accessible by public transport.
• Ensure public open spaces and public paths are maintained to a high standard. They should be safe, attractive and welcoming to everyone.
• Those involved with campus sites, including hospitals and universities, should ensure different parts of the site are linked by appropriate walking and cycling routes. (Campuses comprise two or more related buildings set together in the grounds of a defined site.)
• Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new, through routes (and not just links to the new facility).
• During building design or refurbishment, ensure staircases are designed and positioned to encourage people to use them.
• Ensure staircases are clearly signposted and are attractive to use. For example, they should be well-lit and well-decorated.
• Ensure school playgrounds are designed to encourage varied physically active play.
• Primary schools should create areas (for instance, by using different colours) to promote individual and group physical activities such as hopscotch and other games.