Annex 7

Havering
LONDON BOROUGH

CABINET MEETING
19th JULY 2017

HAVERING LOCAL PLAN

HEALTH IMPACT ASSESSMENT

Planning for health and wellbeing in Havering: Health Impact Assessment of the Proposed Submission Version of the Local Plan

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Authors	LBH Public Health Service LBH Development Planning Team
Lead Directors	Mark Ansell, Acting Director of Public Health Steve Moore, Director of Neighbourhoods

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Context

The natural and built environments are really important for the health and wellbeing of the community. Around the globe there are numerous examples where carefully planned environments provide the circumstances where good health and wellbeing can be more easily achieved. The benefits can have positive effects on both established and incoming communities - which can last for generations. Good planning can result in, for example, less opportunity for criminal behaviour and stronger community cohesion, as well as further health benefits such as less likelihood of obesity, and better mental health.

The big question is how to provide sufficient homes for a growing and changing population, whilst at the same time promoting health and wellbeing. We know that Havering as a place is changing. The population is destined to grow, and there is a need to build more homes and develop the infrastructure to accommodate this growing and changing population.

One of the ways to influence and promote health and wellbeing through development is to ensure that the Local Plan is sufficiently robust to maximise health gains and, where there is a risk of negative impact, to mitigate against this. Undertaking a health impact assessment (HIA) on Havering's Local Plan has helped to make the Local Plan more robust in this respect. The HIA of the Local Plan has resulted in a raft of policies being revised, new guidance being drafted and a proposed new policy that requires developers of all major developments to undertake their own HIA pre-application. In order to equip developers and planning teams to take this forward, the Public Health Service will be developing detailed guidance for developers and delivering training to planners.

It has become evident that the synergies known to be present between public health and planning have been incorporated into this piece of work. This is confirmation of the value of public health being transferred into the local authorities and it has resulted in the development of strategic plan that has incorporated concepts of health and healthy living from the outset.

1.0 Introduction

1.1 Purpose of this Report

During 2016-2017 London Borough of Havering Planning Department and the Public Health Service conducted a Desktop Health Impact Assessment (HIA) of the Local Plan. This purpose of this report is to describe the steps and actions that were taken as a result. This report is set out as follows:

- brief descriptions of a Local Plan, and an HIA
- processes followed in undertaking the HIA
- appraisal findings, and immediate actions taken to strengthen the Local Plan
- additional recommendations

The report concludes with:

- a reflection on the value of the HIA
- proposals for monitoring and evaluation

1.2 What is the Local Plan?

The Local Plan for Havering guides future growth and development within the borough over the next 15 years, until 2031. The Plan sets out the Council's vision and strategy, and the policies that are needed to deliver them. The Plan indicates the broad locations in Havering for future housing, employment, retail, leisure, transport, community services and other types of development. The policies in the Local Plan will help ensure that the needs of the borough over the next 15 years are sustainably met. The Local Plan and Proposals Map together with the London Plan, the Joint Waste Development Plan Document (DPD) for the East London Waste Authority Boroughs and Havering's forthcoming Detailed Sites Plan will comprise the Development Plan for the borough and will be the primary basis against which planning applications are assessed.

The Local Plan must be consistent with the National Planning Policy Framework (NPPF) 2012 and in general conformity with the London Plan 2016 (consolidated with alterations since 2011). The NPPF recognises that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. The London Plan includes policies on improving health and addressing health inequalities, and health and social care facilities. The London Plan was subject to a full Integrated Impact Assessment which included a Health Impact Assessment.

1.3 What is a Health Impact Assessment (HIA)?

HIA is a process that can help to evaluate the health effects of a plan or project. It is used for plans or projects such as transport or land use, i.e. plans that are not primarily concerned with health or the delivery of health services. HIAs should provide practical recommendations for enhancing positive health impacts of a project, and for minimising negative impacts.

The HIA approach recognises that where we live, how we travel, and how we gain access to green space or leisure activities can all have a significant impact on health and wellbeing. HIA provides an opportunity to ensure that the potential impacts on health and wellbeing, particularly where there may be inequalities in outcomes for marginalised or disadvantaged groups, are addressed from the outset and mitigated where possible.

There are many HIA tools available; all follow a similar approach which is:

- Screening: identifying whether an HIA would be useful
- Scoping: planning the HIA
- Assessment: identifying groups/populations affected and quantifying health impacts

- Recommendations: suggesting practical actions to promote positive health and minimise negative effects
- Reporting: presenting the results of the HIA
- Monitoring and evaluation: determining the HIA's impact on the decision and health status

2.0 Health Impact Assessment Process

2.1 Screening

The screening stage considers the need for and type of HIA required.

2.1.1 Establishing the need for HIA

While there is no statutory requirement to undertake a HIA when preparing a Local Plan, national and regional policy and local strategy all recognise the important connections between planning and the health of communities, and led to the decision to proceed with HIA:

> National Planning Practice Guidance says, *"Local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in local and neighbourhood plans and in planning decision making. Public health organisations, health service organisations, commissioners and providers, and local communities should use this guidance to help them work effectively with local planning authorities in order to promote healthy communities and support appropriate health infrastructure*".
>
> The London Plan says, "*The impacts of major development proposals on the health and wellbeing of communities should be considered, for example through the use of Health Impact Assessments (HIA)".*
>
> Havering's Health and Wellbeing Strategy recognises the importance of addressing the wider determinants to improve health and wellbeing, including factors such as the impact of the local environment, and the interplay between the environment and social conditions. See Appendix 1: Wider determinants of Health, for a description of the many factors that interact to influence health status and the Dahlgren and Whitehead illustration "Rainbow of Determinants".

2.1.2 Selecting HIA approach

There are three main approaches for HIA:

- Prospective – at the start of a development of a project, proposal or plan
- Concurrent – runs alongside the implementation of the project
- Retrospective – assesses the effect of an existing project and can be used as an evaluation tool. Retrospective assessments can also be made of unexpected events

Within any of the above, HIA can take one of three different forms, depending on the focus, the time and resources available:

- Desktop HIA – encompassing a small number of participants around a table using existing knowledge and evidence
- Rapid HIA – through establishing a steering group and participatory stakeholder workshop(s) – typically involving a brief investigation of health impacts, including literature reviews and gathering of knowledge and further evidence from a number of local stakeholders
- Comprehensive HIA – in-depth, and carried out over months, with extensive literature searches and collection of primary data

Planners and Public Health Specialists jointly agreed to undertake a Prospective Desktop HIA because:

- National guidance and London Policy, described that it is most useful to undertake HIA at the very start of Local Plan development (thus prospective approach)
- There was already available considerable knowledge and evidence to inform the HIA, including evidence from the Local Joint Strategic Needs Assessment, knowledge of the impact of wider determinants on health, and knowledge of policies that underpinned the Local Plan
- The need to take into account a high number of underpinning policies made workshops impractical and it was planned to conduct a wider consultation on the Local Plan as is required under Regulation 19 of the Town and Country Planning (Local Planning) (England) Regulations 2012

2.2 Scoping

This step defines the scope and scale of the HIA. The following details were identified and agreed:

- timescales
- the team of assessors; individuals with the necessary knowledge and skills. These were drawn from the Council's Development Planning Team and Public Health Service
- the assessors' individual roles and responsibilities for collecting/analysing the information
- specific HIA tool[1] to be used

The HIA tool selected was the London Healthy Urban Development Unit (HUDU) model. This model was chosen as it had been identified as suitable for high-level HIA of development plans and proposals, including planning frameworks and masterplans for large areas, regeneration and estate renewal programmes and outline and detailed planning application. The tool had been cited in the Mayor for London guidance documents, and had recently been used elsewhere in London and shown to be effective. The HUDU Rapid HIA tool is also minimally resource intensive.

2.3 Appraisal

The third step consists of the impact study, using information about the characteristics of the project, program or policy, information of a scientific nature obtained by reviewing the literature and consulting with experts about the potential effects of the project, program or policy, and by taking into account the profile of the population that is likely to be affected.

The HIA tool helps identify those determinants of health which are likely to be influenced by a specific development proposal. It assumes that policies, programmes and projects have the potential to change the determinants of health. Changes to health determinants then leads to changes in health outcomes or the health status of individuals and communities. It does not identify all issues related to health and wellbeing, but focuses on the built environment and issues directly or indirectly influenced by planning decisions.

Applying the HUDU tool, the Local Plan and all of the underpinning policies were assessed according to the following eleven topics:

(i) Housing quality and design
(ii) Access to healthcare services and other social infrastructure
(iii) Access to open space and nature
(iv) Air quality, noise and neighbourhood amenity
(v) Accessibility and active travel
(vi) Crime reduction and community safety
(vii) Access to healthy food

[1] There are a range of tools available, including the Healthy Urban Development Unit, the Wales Health Impact Assessment Support Unit, the Department of Health, as well as those used in other countries as described by the World Health Organization

(viii) Access to work and training
(ix) Social cohesion and lifetime neighbourhoods
(x) Minimising the use of resources
(xi) Climate change

Under each of the topics above, the HUDU tool poses a range of questions against which the draft Local Plan and supporting policies were considered, taking into account Havering's population profile and health needs (questions listed in Appendix 4).

The HIA process highlighted where there were possible gaps in policies, where there was a need for further guidance to be developed, and where some areas could be further strengthened. The process also helped to identify those policies that appeared to have no gaps and thus needed no changes. Appendix 3 summarises the key appraisal findings. It is worth noting that the policies included in the HIA of the Local Plan are also supported and enhanced by a raft of other national and local policies, such as Social Housing Regulation, Building Regulations, Licensing Policy, Education Policy etc. which in themselves have been developed to benefit the community. These wider policies and regulations were not considered through the HIA assessment.

The Local Plan has been prepared to be purposely focused and concise and it does not repeat policies that are already set out within the London Plan and National Planning Policy Framework. Policies within these documents are not re-assessed as part of this HIA.

In response to the findings and recommendations of the HIA revisions were made to the Local Plan. Some of the key actions taken were:

- Embedding health and wellbeing throughout the Local Plan, recognising that the health challenges of non-communicable diseases[2], health inequities and inequalities are hugely influenced by the environment
- Developing a specific Health and Wellbeing Policy to highlight the importance of health and wellbeing to those wishing to develop and invest in the borough
- Ensuring strong support for active travel options
- Supporting developments which improve access to open spaces via walking and cycling paths
- Including requirements for car clubs
- Strengthening policy support for independent living and adaptations to facilitate this

2.4 Recommendations

As described above, findings and recommendations were made throughout the iterative HIA process, and appropriate revisions made. In addition, it is also recommended that HIA be embedded in the approach to planning through the following three actions:

(a) Ongoing joint working between planners and public health, to include:
    - Continued consideration of health in all future policies and plans such as Site Specific Allocations and Supplementary Planning Documents
(b) A requirement for all major developments[3] to include a Health Impact Assessment stage, which should be commensurate of the scale of the development and take into account HIA principles, for example:

[2] Non communicable diseases include, for example, cardiovascular disease (heart attacks, stroke), cancer, chronic respiratory diseases, and diabetes

- be supported by good evidence of the needs of the local population, as an integral part of the development application
- include particular attention to the impacts that may increase inequalities in health outcomes experienced by marginalised or disadvantaged groups
- include a consultation process to engage with the local community, with particular consideration given to inequalities by taking into account the views of more vulnerable groups
- consider the preservation and provision of green and other open space
- consider how social cohesion and community safety can be enhanced through good design and provision of social infrastructure to meet the needs of diverse population groups.

(c) Promoting use of HIA for smaller developments, as even modest developments can add value to health and wellbeing

3.0 Conclusion

Meeting the local need for housing and necessary infrastructure means that development and growth are inevitable. It is essential that this development and growth are carefully planned in order to optimise the benefits and to mitigate any negative impacts. The Local Plan provides the opportunity to undertake this careful planning, particularly when shaped by, and scrutinised through the lens, of a HIA.

As the HIA of the Havering Local Plan has shown, the rigour of undertaking HIA has not only helped to identify and address gaps in the Local Plan, but has also contributed to assurances that many of the underpinning policies and planning processes had already taking into account the relationship between planning and health and thus required no modification.

The HIA of the Local Plan has helped to demonstrate at a local level the impact that development can have on health and wellbeing, and where there are opportunities to enhance health gains and mitigate against negative impacts. This in turn has led recommendations to further embed HIA in the planning processes.

4.0 Monitoring and evaluation

The Council is required to publish an Authority Monitoring Report (AMR) on an annual basis which reports on the extent to which the policies set out in Local Plan are being achieved. The proposed submission version of the Local Plan includes an indicator to monitor how many major applications are submitted with a Health Impact Assessment.

The Local Plan will influence the broader determinants of health, and as a result will make an important contribution to the overall long-term health and wellbeing of the borough's residents. It is expected that high level health and wellbeing outcomes will continue to be monitored by the Health and Wellbeing Board.

When the local plan is reviewed either in part or full, the HIA should be revisited to ensure it is still fit for purpose.

5.0 Next Steps

This HIA supports the Proposed Submission version of the Local Plan which is currently subject to public consultation. Following the receipt of the representations on the Proposed Submission version of the Local Plan, the

[3] A major development is defined as any residential scheme of 10 or more units, or any schemes of 1,000 square feet

Council will consider the representations prior to submitting the documents to the Secretary of State for Communities and Local Government for examination by an independent Planning Inspector. The HIA will be updated to reflect any changes made to the Local Plan before it is submitted to the Secretary of State.

Following the examination, the Council will consider the Inspector's Report prior to adopting the new Local Plan. Should the inspector require any changes to the Local Plan during the examination process, the HIA will be revisited and further updated in order to reflect the changes.

Appendix 1: Wider determinants of health, and the impact of the built environment on health

Figure 1 below reproduces Dahlgren and Whitehead's representation of the wider determinants of health. It illustrates the many factors that interact to influence health status.

Whilst we are powerless to alter such central factors as our age, sex and genetically inherited propensity to disease, the interaction between our individual characteristics and the environment in which we live, not just our immediate surroundings but also the socio-political and cultural environment, is key to determining health.

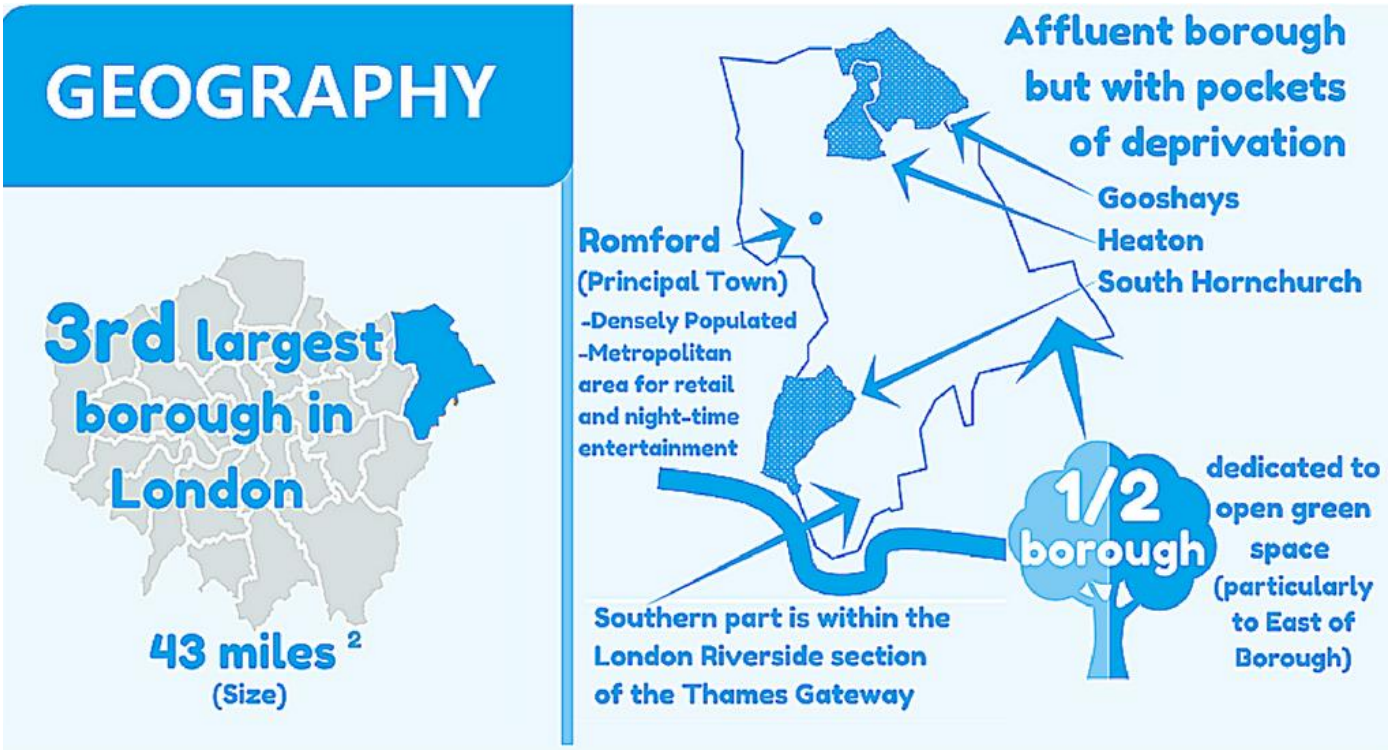
Figure

People living in areas of deprivation, with potentially poor housing conditions, overcrowding, high levels of unemployment, on low incomes, and poor education, live significantly shorter lives than their more affluent counterparts. For example, in England, a person in the quintile of lowest deprivation can expect to live around 7 years longer than a person in the quintile of highest deprivation. The environmental aspects of the local place also interplay with the social conditions; large networks of streets or estates can impact on our ability to access green and open spaces, important not just for physical activity, but for our mental health and wellbeing too. The design and density of housing, access to shops, supermarkets, leisure facilities and other retailers can affect the quality of our diet and lifestyle, including how we build and maintain our social relationships. Also, how we travel through our environments, whether there are traffic calming measures, safe places for children to play and the impact of traffic pollution on our air quality are important factors.

Appendix 2: Havering's Population Profile and Health Needs

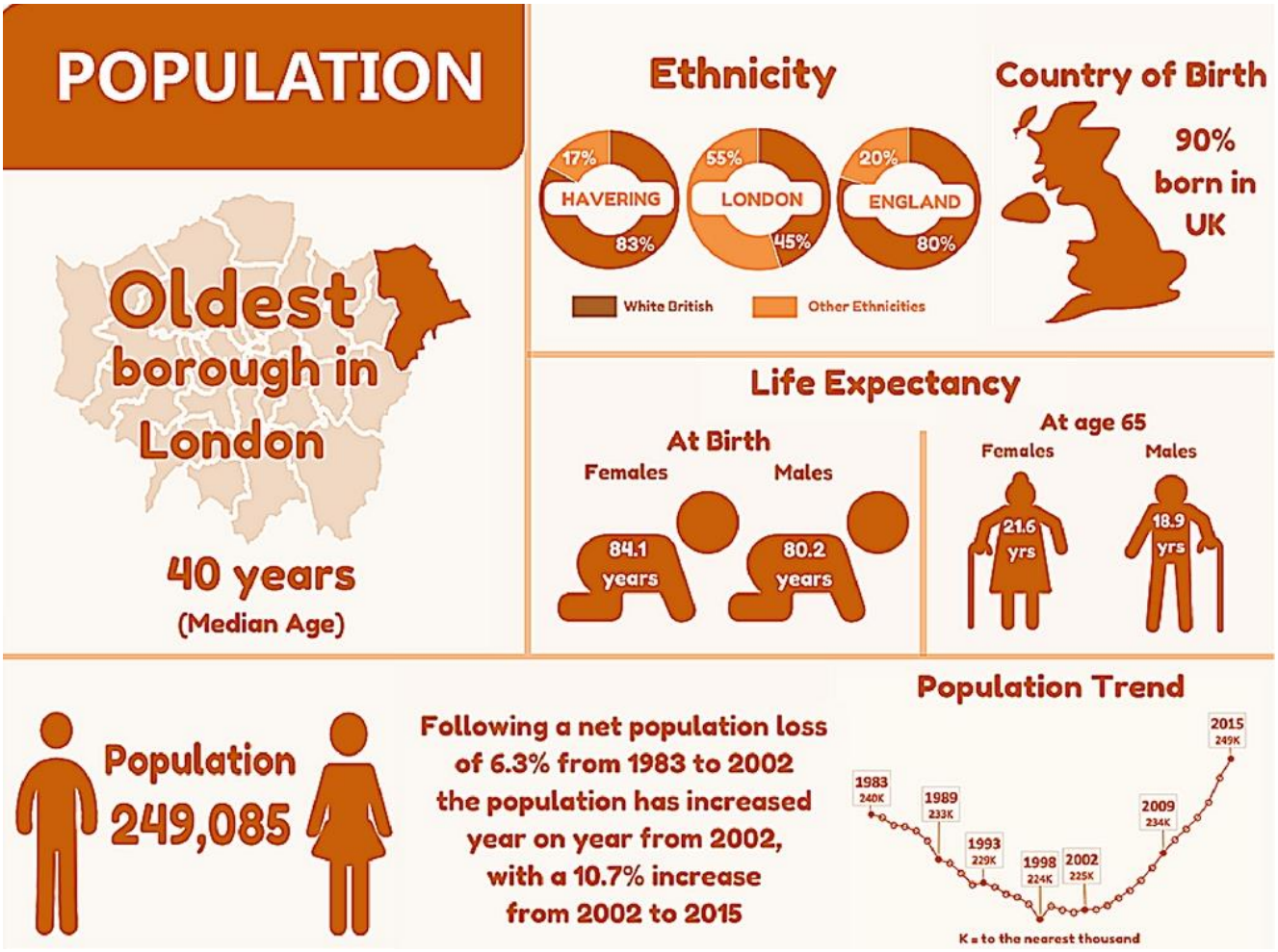
The following is a snapshot of the key population and health attributes of Havering. For full details, please refer to the document "*This is Havering: a demographic and socio-economic profile*[4]".

The London Borough of Havering is the third largest borough in London (43 square miles) and contains 18 electoral wards, with a total estimated population of 249,085. Havering is mainly characterised by suburban development, with almost half of the area dedicated to open green space, particularly to the east of the borough. The principal town (Romford) is densely populated and is an area of major metropolitan retail and night time entertainment. The southern part of Havering is within the London Riverside section of the Thames Gateway redevelopment area and will be an area of increasing development and population change. Havering is a relatively affluent local authority but there are pockets of deprivation to the north (Gooshays and Heaton wards) and south (South Hornchurch) of the borough.

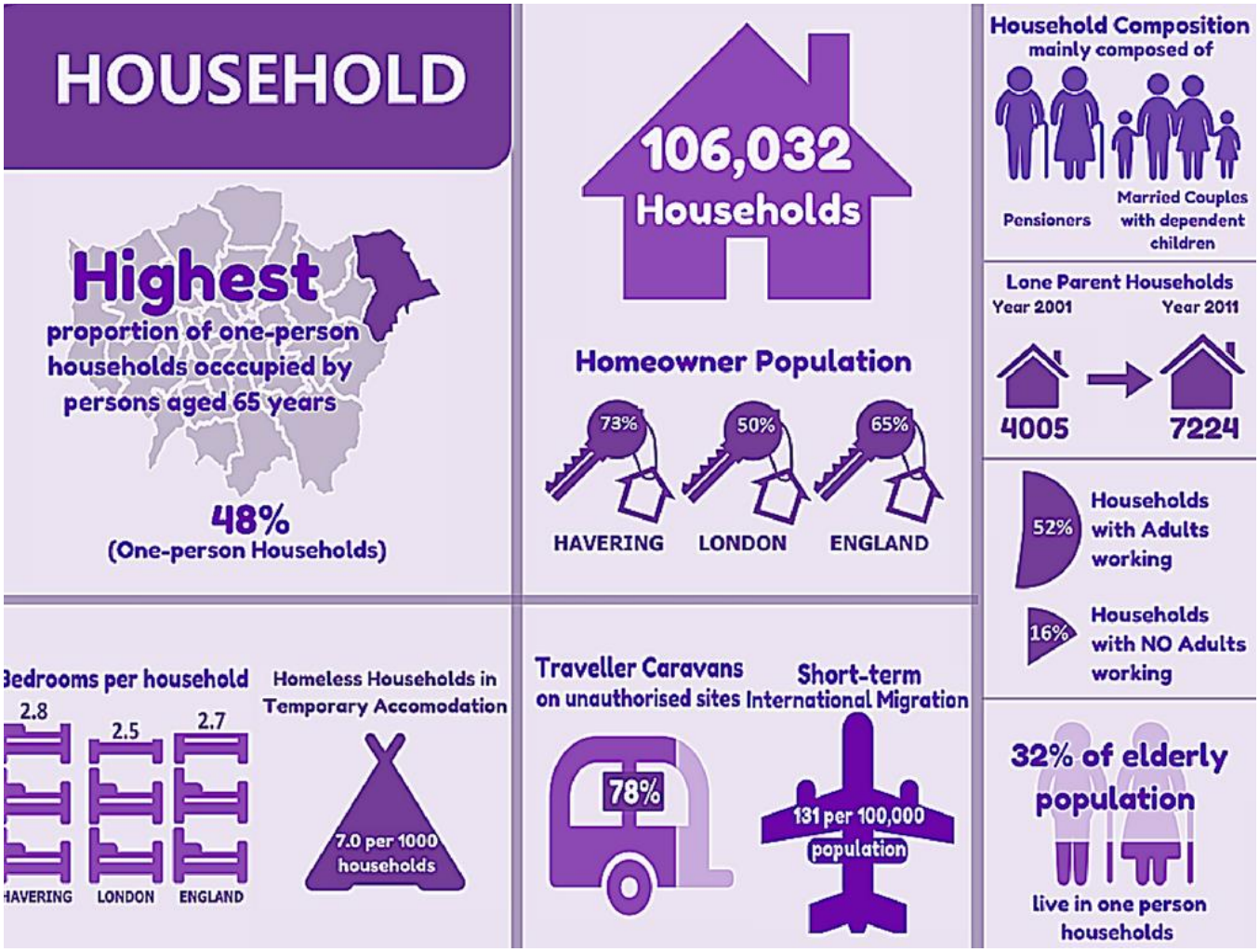


Havering has the oldest population out of all the London boroughs, with a median age of approximately 40 years old, and 18.4% of the population aged 65 years or over. The life expectancy at birth for people living in Havering is 80.2 years for males and 84.1 years for females. With a predicted 24% increase in those aged between 65 and 84 years and 45% increase in those aged 85 years or over by 2032 (compared to 2017), the health needs of older people is an important consideration.

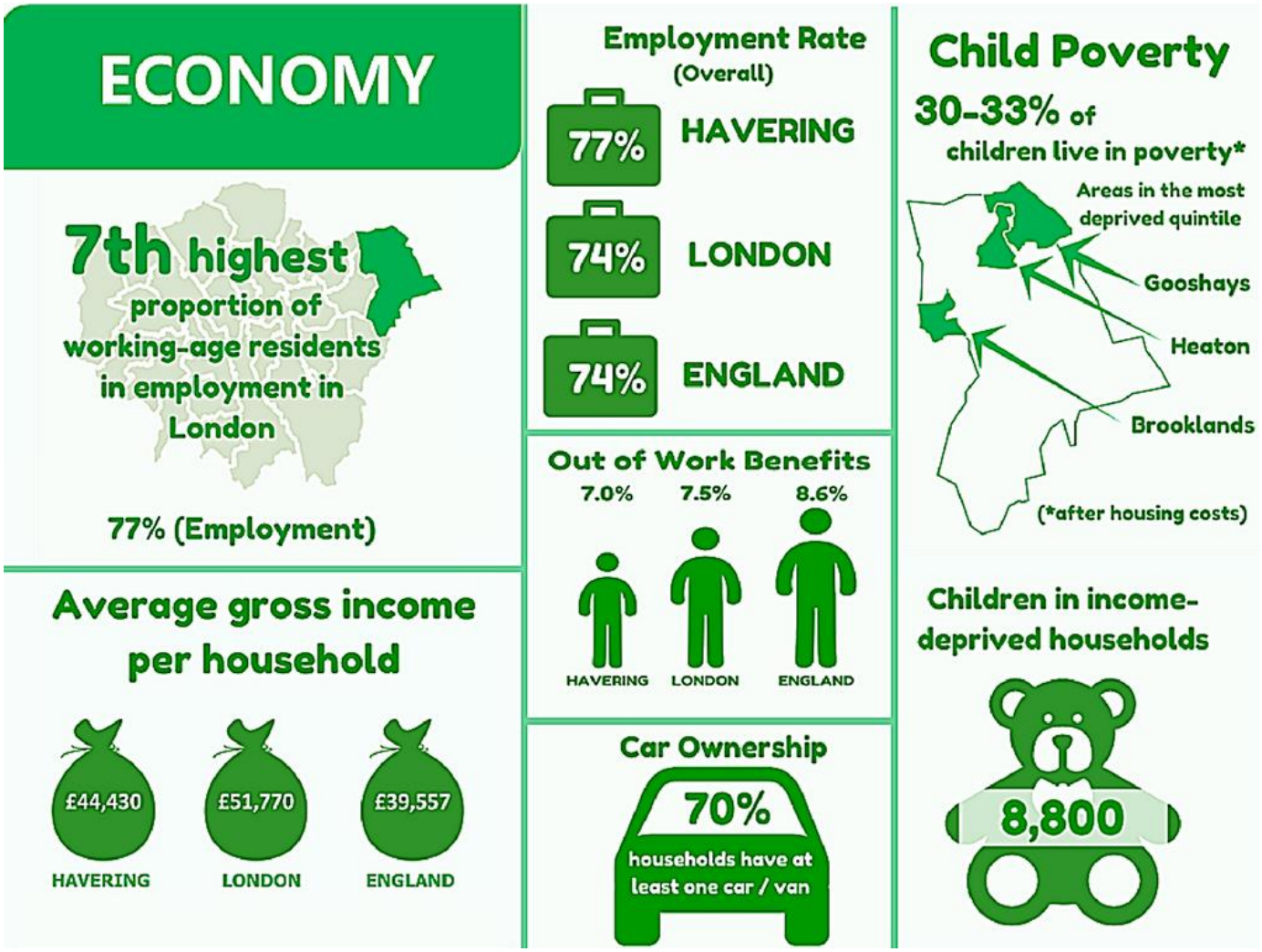
[4] London Borough of Havering (2017). *This is Havering: a demographic and socio-economic profile.* http://www.haveringdata.net/wp-content/uploads/2017/04/This-is-Havering_Havering-Demographic-Profile_Main-Document-v2.4.pdf



From 2002 to 2015, the population of Havering has increased by 10.7%. As well as increases in the number of births in Havering, there has been an increase in the general fertility rate from 58 (per 1,000 women aged 15-44) in 2004 to 67 in 2015. This equates to an additional 9 births per 1,000 women aged 15-44 within the period. From 2010 to 2015, Havering experienced the largest net inflow of children across all London boroughs. 4,536 children settled in the borough from another part of the United Kingdom during this six year period. It is also projected that the largest increases in population will occur in children (0-17 years) and older people age groups (65 years and above) up to 2032. With the increases in population at both ends of the age spectrum, any growth and development in the borough has to take account of the specific needs of both children and older adults



Havering is one of the most ethnically homogenous places in London, with 83% of its residents recorded as White British, higher than both London and England. It is projected that the Black African population will increase from 4.1% in 2017 to 5.2% of the Havering population in 2032. There are 106,032 households in Havering, according to the Council Tax List (as at 28th February 2017), which are mainly composed of pensioners and married couples with dependent children. About 70% of the population in Havering are home owners; this is one of the highest proportions across London boroughs. Almost half (48%) of all one person households in Havering are occupied by persons aged 65 years and over, which is the highest proportion in London. In 2011, there were 7,224 one-adult households with children under 16 in Havering. This is an increase from 2001 when there were 4,005 lone parent households. There has also been an increase in the number of one-adult households with no children.



The majority of children in Havering are not poor, but around 8,800 live in income-deprived households. Gooshays and Heaton wards have the highest proportion of children living in poverty.

Appendix 3: Key Appraisal Findings

The HIA assessment process was structured around the 11 topics defined in the HUDU HIA tool. This identified gaps in policy, policies that had positive impacts on health, and policies that could be further enhanced to improve health outcomes. Section 2.3 provides a brief summary of assessment and actions taken. This appendix provides greater detail of that process.

(i) Housing quality and design

Housing availability and the quality of housing directly impacts on health. The HIA considered the relevant policies in the Local Plan that contribute to both the creation and maintenance of quality housing, as well as how broader Housing policy is applied locally (e.g. as the Lifetime Homes[5] criteria). The HIA took into account factors that impact on housing need and supply, as well as the housing needs of specific groups, and considerations such as energy efficiency, and adaptability to support independent living.

As far as housing quality and design was concerned, many of the policies were found to already include health and wellbeing as objectives and were assessed as having positive health impacts, for example:

- Policy 3: Housing Supply, 'Policy 4: Affordable Housing' and 'Policy 5: Housing Mix ' seeks to ensure that the Local plan provides for delivery of a range of housing types and sizes, including affordable housing responding to local housing need.
- Policy 6: Specialist Accommodation included a set of criteria to ensure that any development of such housing is well served by public transport, access to essential services and shops and provides an appropriate level of amenity space suited to meet the needs of residents.

There were some policies that were assessed as having a positive impact on health that could be further enhanced:

- Policy 7: Residential Design and Amenity – now states, "New developments should promote independent living by utilising designs which can allow for alterations to be made in the future. The Council will support and encourage proposals which provide adaptations enabling residents to live independently and safely in their own homes."
- Policy 12: Healthy Communities now states within the support text "It is important that the health and well-being of a building's occupants is considered and appropriate measures taken to prevent sick building syndrome. Therefore, all new developments - residential, business, commercial, and industrial - need to comply with the Building Regulations and the Chartered Institute of Building Services Engineers (CIBSE) Guide on building control systems"

(ii) Access to healthcare services and other social infrastructure

A healthy place can be defined as 'a good place to grow up and grow old in'. It is one which supports healthy behaviours and supports reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:

[5] http://www.lifetimehomes.org.uk/: describes how homes can be built with the potential for adaptation later. Such adaptations are important to ensure people continue to be able to live independently in their own homes for as long as possible as they age and their needs change.

- active healthy lifestyles that are made easy through the pattern of development, good urban design, good access to local services and facilities; green open space and safe places for active play and food growing, and which is accessible by walking and cycling and public transport.
- the creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments.

Supplementary Planning Guidance for the London Plan says that social infrastructure should be designed to meet people's needs at all stages of life[6]. Consideration should be given around the provision of a wide range of services including those for health, education, community, culture, play, recreation, sports and faith, and emergency facilities and services to meet other local needs that contribute to quality of life. Green infrastructure in all its forms is also a key component of social infrastructure. Similarly, business growth is important for jobs and maintaining the income levels of local residents. Income is a key wider determinant of health.

The HIA process found the Havering Local Plan had a largely positive health impact in relation to social infrastructure. The preparation of an Infrastructure Delivery Plan to identify infrastructure needs arising from increased demand on health services (GPs, Pharmacies, Dentists, etc.) and education provision (schools, colleges) has a positive impact. The Local Plan also made reference to implementing the policies contained within the London Plan, which promotes co-location of facilities and provision of multi-functional buildings.

The HIA identified that there were policies that had a positive health impact but which could be further enhanced:

- Policy 6: Specialist Accommodation for Older People – now incorporates the recommendation that common areas are encouraged to be included in proposals, thus providing occupants a space where they can socialise and interact with other people and the design takes into account the facilities and needs of the occupants.
- Policy 16: Social Infrastructure – this now states that, "The Council will make sure that new and existing residents will have access to a range of social infrastructure facilities by: (ii) Requiring major developments to provide new social infrastructure facilities as part of mixed-use developments where feasible, where a deficiency is identified through the Infrastructure Delivery Plan.

(iii) Access to open space and nature

The Borough's assets include its wealth of green and open spaces. Preservation of this space, which can have a positive impact on mental as well as physical health, was a key feature of the Local Plan. The following policies were all considered to have a positive impact on health and wellbeing:

- Policy 3: Housing Supply
- Policy 15: Culture and creativity
- Policy 18: Open Space, Sports and Recreation
- Policy 29: Green Infrastructure
- Policy 30: Nature Conservation

There were a small number of policies that were assessed to have a positive impact which could be further enhanced:

- Policy 17: Landscaping - was amended to clarify maintenance responsibilities
- Policy 15: Culture and creativity – was strengthened and inclusivity was included

[6] Greater London Authority (2015). *Social Infrastructure: Supplementary Planning Guidance*. https://www.london.gov.uk/file/22780/download?token=a-BvX_IN

iv. Air quality, noise and neighbourhood amenity

Air pollution can damage lives, with harmful effects on human health, the economy and the environment. Air pollution contributes to cardiovascular disease, lung cancer and respiratory diseases, and has a disproportionate impact on the young and old, the sick and the poor.

The HIA identified that the growth in the borough is also likely to increase the number of vehicles, with the potential to have a negative impact on air pollution. Policy 3: Housing Supply - may cause an increase in air pollution as a result of building works.

The HIA process identified the measures that were already in place to mitigate against these negative effects:

- The impact of building/construction on noise and pollution (dust, exhaust fumes etc.) is largely controlled by the London Plan and by statutory Health and Safety Regulations.
- Local policies that were assessed as having a mitigating effect included:
  - Policy 36: Low Carbon Design, Decentralised Energy and Renewable Energy
  - Policy 34: Managing Pollution
  - Policy 29: Green Infrastructure
  - Policy 30: Nature Conservation
  - Policy 23: Transport Connections
  - Policy 24: Parking Provision and Design
  - Policy 13: Town Centre Development
  - Policy 19: Business Growth
  - Policy 15: Culture and creativity

Air Quality was initially addressed within the Pollution Policy. However, given the importance of this issue a new, expanded Air Quality policy was included which recognises links between air quality and health.

Noise pollution can be affected by late night entertainment (bars, clubs, festivals etc.). Both the National Planning Policy Framework and Havering Local Plan seek to encourage the vitality of town centres.

The HIA process identified the measures that were already in place to mitigate against the negative effects:

- Policy 7: Residential Design and Amenity and Policy 26: Urban Design both seek to protect the amenity from both residential and commercial developments, which is inclusive of noise pollution.

(iv) Accessibility and active travel

Physical activity is a key protective factor in maintaining health and wellbeing. The HIA identified that Havering's Local Plan policy on Transport Connectivity prioritises and promotes sustainable modes of transport, such as walking and cycling. This supports the London Plan which aims to encourage people to undertake active travel, and which promotes the provision of cycle lanes, and encourages local businesses to provide cycle storage and accessible showers.

- Policy 23: Transport Connections, describes how new development should be integrated into the existing cycle network and to promote good pedestrian and cycle access between the development and open spaces.

The Policy covering transport connections was assessed as having a positive impact but one that could be further enhanced. As a result of the recommendations, the following key alterations were made:

- Policy 25: Transport Connections – now requires new development to optimise sustainable access and other future transport connections, wherever applicable and seeks to ensuring good sustainable access between new developments and public transport interchanges in the borough to promote active travel

(v) Crime reduction and community safety

Feeling safe and secure has an influence on health and wellbeing. Good design can "design out crime" and can encourage people to use communal space. In turn this can encourage higher levels of physical activity through walking and cycling and outdoor play for children, as well as good community health as a result of increased social interaction.

Havering's Local Plan promotes community safety, ensuring overlooking of public spaces; and minimising opportunity for antisocial behaviour through the following policies:

- Policy 7: Residential Design and Amenity
- Policy 26: Urban Design
- Policy 23: Transport Connections
- Policy 15: Culture and creativity
- Policy 24: Parking provision and design

Further policies were assessed as having a positive impact but which could be further enhanced, particularly through applying 'Secured by Design' standards:

- Policy 9: Residential Design and Amenity – now supports development designed in accordance with the principles of Secured by Design

(vi) Access to healthy food

Levels of obesity in Havering are similar to the national average; with two-thirds being are overweight or obese (110,000 residents)[7]. Not only does obesity contribute to cancer, coronary heart disease and stroke, but also significantly impacts on mental health. Access to good quality, healthy food is an important factor in reducing or preventing obesity. Access to healthy food can be limited by

- large networks of streets or estates with limited access to local shops
- poor transport routes to large, out of town supermarkets
- small, local convenience stores stocking fewer fresh produce items
- high density of hot food take-aways

All of the policies in Havering's Local Plan were assessed as having a positive impact on access to healthy food. In particular, Policy 13: Town Centre Development includes provisions for a range of retail uses which ensure there are appropriate use classes within the town centres. It also seeks to control and limit the over-proliferation of take away units in the Borough's town and local centres.

(vii) Access to work and training

Being in employment is one of the biggest factors in reducing inequalities in health, and is associated with many positive mental health benefits. The following policies were all assessed as having a positive impact on work and training:

[7] London Borough of Havering (2016). Obesity Needs Assessment. http://www.haveringdata.net/resource/view?resourceID=JSNAObesityMain

- Policy 22: Skills and Training support proposals that provide employment and skills opportunities
- Policy 17: Education - Support for the provision of childcare facilities that are accessible by public transport, walking and cycling
- Policy 19: Business Growth
- Policy 13: Town Centre Uses
- Policy 21: Affordable workplace

(viii) Social cohesion and lifetime neighbourhoods

Social cohesion can be described as 'the willingness of members of a society to co-operate with each other in order to survive and prosper'. In modern society, what this means is that the members of society can live and work together, respecting others view, differences, property and life. From a planning perspective, social cohesion will be supported by a community that provides the social infrastructure to enable people of different races, faith and cultural groups to pursue the activities that are meaningful to them. For example, this may relate to policies for the building of centres for the celebration of different faiths. It also relates to creation of neighbourhoods which promote a diverse mix of people, of different ages and backgrounds, and which provide the facilities required by those different age groups throughout their lives. In order to create a 'Lifetime neighbourhood', it requires residents to be at the very heart of the process, empowering them to identify priorities and take action, with support from statutory, voluntary, public and private sector agencies to realise their vision[8].

Having a close social network to support a person, whether it is a family member, friend or faith group, is also an important determinant of health. Loneliness and social isolation are major factors in depression and common mental illness. Havering has a relatively high number of lone parents (7,224) as well as percentage of people over the age of 65 who live in one-person households (32%).

The Local Plan was assessed as having a positive impact on social cohesion, through alignment with the London Plan and the "Provision of Lifetime Neighbourhoods" as well as through the following policies:

- Policy 26: Urban Design
- Policy 7: Residential Design and Amenity
- Policy 15: Town Centre Uses
- Policy 16: Social Infrastructure
- Policy 15: Culture and creativity
- Policy 18: Open Space, Sports and Recreation

The assessment did identify that the positive impact could be further enhanced through:

- developers conducting health impact assessments on major development proposals to take into account the changing needs of a broad demographic who will be the residents of that development. The HIA also identified that consideration should be given to inequalities, by taking into account the views of more vulnerable groups such as people with learning disabilities, elderly or housebound residents, those with English as a second language
- increasing the connectivity between existing and new communities, such as extending cycle lanes, and ensuring access to green/open space in new developments. This has been reflected in the Policy 26: Urban Design

[8] Department for Communities and Local Government (2011). *Lifetime Neighbourhoods*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6248/2044122.pdf

(ix) Minimising the use of resources

Energy efficiency is particularly important where people on low incomes may be experiencing fuel poverty. Havering has two significant areas of deprivation which fall into the top 10% of the most deprived neighbourhoods in the UK, as well as a high percentage of older, retired people on limited incomes. Around a third of children live in poverty in Havering, after accounting for housing costs. The Local Plan therefore seeks to optimise the energy efficiency of buildings and supports low carbon and renewable energy developments in principle via 'Policy 39: Low carbon design, decentralised energy and renewable energy'.

Over 50% of the borough is within the Green Belt, policies relating to the preservation and use of Green Belt land and green infrastructure is of importance. The health impact of this was addressed positively in the Local Plan through Policy 3: Housing Supply, which considers the use of previously developed land. In addition, through the application of the London Plan the use of available land is optimised.

Sustainable design and construction techniques, and use of recycling, including building materials, were both assessed to have a potentially positive health impact through the following policies:

- Policy 36: Low Carbon Design and Renewable Energy
- Policy 35: On-site waste management
- Policy 39: Secondary Aggregates

(x) Climate change

Effective use of renewable energy sources will be a major contributing factor in the ongoing work to address climate change. Implementation of strategies to reduce the energy use of buildings, such as provision of appropriate ventilation, shading and landscaping can all contribute to ensuring public spaces respond to temperature variation throughout the year, as well as provide additional greening for the promotion of positive mental health and wellbeing. The positive health benefits of preserving and enhancing biodiversity were highlighted in the HIA as a powerful justification for their inclusion in the Local Plan.

The HIA identified the following policies that help to mitigate the effects of climate change and severe weather, such as flooding,

- Reflecting the London Plan policy Sustainable Urban Drainage techniques (SUDS)
- Local Plan policies:
    - Policy 29: Green Infrastructure
    - Policy 30: Nature Conservation
    - Policy 18: Open Space, Sports and Recreation
    - Policy 26: Urban Design
    - Policy 27, Landscaping
    - Policy 32: Flood Management

Appendix 4:

Theme: Housing quality and design	
1	Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4 (2)?
2	Does the proposal address the housing needs of older people, i.e. extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?
3	Does the proposal include homes that can be adapted to support independent living for older and disabled people?
4	Does the proposal promote good design through layout and orientation, meeting internal space standards?
5	Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?
6	Does the proposal contain homes that are highly energy efficient (e.g. a high SAP rating)?
Theme: Access to healthcare services and other social infrastructure	
7	Does the proposal retain or re-provide existing social infrastructure?
8	Does the proposal assess the demand for healthcare services and identify requirements and costs using the HUDU model?
9	Does the proposal provide for healthcare services either in the form of a financial contribution or in-kind? Does a health facility provided as part of the development match NHS requirements and plans?
10	Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g. schools, social care and community facilities?
11	Does the proposal explore opportunities for shared community use and co-location of services?
12	Does the proposal contribute to meeting primary, secondary and post 19 education needs? Also pre-school
Theme: Access to open space and nature	
13	Does the proposal retain and enhance existing open and natural spaces?
14	In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?
15	Does the proposal provide a range of play spaces for children and young people?

16	Does the proposal provide links between open and natural spaces and the public realm?
17	Are the open and natural spaces welcoming and safe and accessible for all?
18	Does the proposal set out how new open space will be managed and maintained?
Theme: Air quality, noise and neighbourhood amenity	
19	Does the proposal minimise construction impacts such as dust, noise, vibration and odours?
20	Does the proposal minimise air pollution caused by traffic and energy facilities?
21	Does the proposal minimise noise pollution caused by traffic and commercial uses?
Theme: Accessibility and Active Travel	
22	Does the proposal prioritise and encourage walking (such as through shared spaces?)
23	Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle lanes)?
24	Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?
25	Does the proposal include traffic management and calming measures to help reduce and minimise road injuries?
26	Is the proposal well connected to public transport, local services and facilities?
27	Does the proposal seek to reduce car use by reducing car parking provision, supported by the controlled parking zones, car clubs and travel plans measures?
28	Does the proposal allow people with mobility problems or a disability to access buildings and places?
Theme: Crime reduction and community safety	
29	Does the proposal incorporate elements to help design out crime?
30	Does the proposal incorporate design techniques to help people feel secure and avoid

	creating 'gated communities'?
31	Does the proposal include attractive, multi-use public spaces and buildings?
32	Has engagement and consultation been carried out with the local community?
Theme: Access to healthy food	
33	Does the proposal facilitate the supply of local food, i.e. allotments, community farms and farmers' markets?
34	Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?
35	Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?
Theme: Access to work and training	
36	Does the proposal provide access to local employment and training opportunities, including temporary construction and permanent 'end-use' jobs?
37	Does the proposal provide childcare facilities?
38	Does the proposal include managed and affordable workspace for local businesses?
39	Does the proposal include opportunities for work for local people via local procurement arrangements?
Theme: Social cohesion and lifetime neighbourhoods	
40	Does the proposal connect with existing communities, i.e. layout and movement which avoids physical barriers and severance and land uses and spaces which encourage social interaction?
41	Does the proposal include a mix of uses and a range of community facilities?
42	Does the proposal provide opportunities for the voluntary and community sectors?

43	Does the proposal address the principles of Lifetime Neighbourhoods?
44	Does the proposal make best use of existing land?
45	Does the proposal encourage recycling (including building materials)?
46	Does the proposal incorporate sustainable design and construction techniques?
Theme: Climate change	
47	Does the proposal incorporate renewable energy?
48	Does the proposal ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?
49	Does the proposal maintain or enhance biodiversity?
50	Does the proposal incorporate sustainable urban drainage techniques?