Birmingham Local Plan

Background paper: Health and Planning

June 2024

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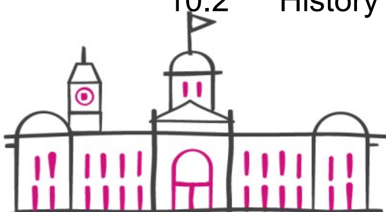

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1. Introduction

1.1. This background paper is set out in two parts. These two parts are related but focus on different aspects of health and wellbeing. The first part sets out what Health Impact Assessments are, how these are anchored in national planning policy, how they have been considered in other local authorities, the need for them in making planning decisions in the city and how they could be applied. When applying them to a local context this will also factor in what the current health planning policy covers and how this can be improved upon, considering more recent priorities which have emerged since the last plan was developed.

1.2. The second part deals with Liveable Neighbourhoods the idea behind it and how local authorities have translated this idea to a framework which can be applied to their areas, including how BCC are piloting this idea in an area of the city. The paper will conclude with how this can be applied in policy which applies to the whole city.

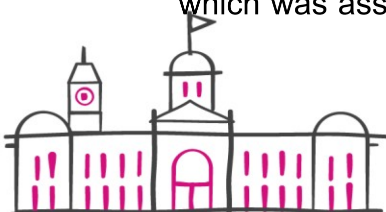
2. Background

2.1. Birmingham City Council are currently in the process of preparing their Local Plan. A key theme throughout the Local Plan is the topic of health. In order to underpin this in the planning decisions that the Council makes it is important to consider how the planning system can be utilised to ensure that residents of Birmingham live in a neighbourhood in which they are able to walk, wheel or cycle to local shops and amenities, can breathe in clean air, can socialise easily with neighbours, friends and family, have places to undertake sports and other activities and have nature on their doorstep.

2.2. However, we know that these things are not accessible for every resident of Birmingham and stark health inequalities exist across the city. As such, the more affluent areas have better access to these key determinants to good health, to amenities, walking routes and green and open spaces, and in turn live healthier and longer, meaning that less affluent residents live shorter lives and in poorer health, just for being born in a specific area of the city. This is otherwise known as the 'social gradient in health'. For example, there is a twelve-year difference between life expectancy for males in Heartlands (71.8 years) compared to Sutton Four Oaks (83.8), whilst in Nechells, the rate of death from coronary heart disease is 2.5 times higher than the rate in Sutton Roughley. (Birmingham Joint Health and Wellbeing Strategy 2022-2030).

2.3. The experiences of living through the COVID-19 pandemic means that these health inequalities have been put into starker focus as we were restricted to our local areas and forced to make the most of what was readily available. The Liveable Neighbourhood model which had been growing in popularity since before the pandemic offers a way in which we can keep healthy by walking and cycling more to fulfil our daily needs, as well as reallocating space to green spaces that improve our physical and mental health.

2.4. This idea, ultimately, has its roots in the foundations of our planning system, which was associated with improving public health, specifically the response to



the overcrowded conditions that many people lived in during the industrial revolution in light of rapid urban expansion. Ebeneezer Howard and the Garden City movement proposed planning cities and towns based on providing open spaces, good quality living conditions and walkable neighbourhoods, in turn supporting local retail and leisure. It is important that health remains one of planning's central aims in tandem with other key priorities to reduce carbon and to restore nature to the city.

2.5. Whilst health is the focus through which these elements are viewed, it is important to consider the link between healthy living and adapting and mitigating the threats of climate change. Prioritising more space for walking and cycling means there are fewer cars on the road, which improves air quality and people's health and reduces carbon in the atmosphere. This shows that these two challenges of health inequalities and tackling climate change are inextricably linked. The council declared a climate emergency in June 2019 and health in planning is vital to the recognising the urgency of the climate emergency.

3. Health Policy Context

3.1. Health in planning is primarily dealt with in the 'Promoting healthy and safe communities' section in paragraphs 92 and 103 of the National Planning Policy Framework.

3.2. Paragraph 92 sets out aims with regard to achieving positive health outcomes in planning policies and decisions:

a) By promoting social interaction, through mixed-use developments, street layouts and active street frontages among other ways
b) By being safe and accessible, through *'attractive, well-designed, clear and legible pedestrian and cycle route and high-quality public space'*
c) By enabling and supporting healthy lifestyles, through the *'provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling'*

3.3. Paragraph 93 sets out the requirements to positively plan for the health and community needs of growing and changing populations by:

a) Planning positively for provision and use of shared spaces and community facilities to contribute to the sustainability of communities
b) Considering local strategies to improve health, social and cultural well-being for all sections of the community
c) Safeguarding against unnecessary loss of valued facilities and services
d) Facilitating development and modernisation of established shops, facilities and services
e) Integrating location of housing, economic uses and community facilities and services

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3.4. Paragraphs 98 to 103 deal with the need to protect and enhance existing and future open spaces, considering mental and physical health and the need to be close to nature, by assessing the need of open space in the local authority area.

3.5. Planning Practice Guidance recognises the two-pronged approach to planning for good health: both in terms of creating environments which encourage healthy lifestyles and planning for health and community provision for residents in terms of primary, secondary and tertiary care. This ensures a preventative approach to holistic health care by reducing the need for people to need more interventionalist health services further down the line.

3.6. The guidance provides more details on how planning can involve public health professionals in planning for health:

- by consulting on the Director of Public Health in planning decisions,
- drawing on learnings from Health and Wellbeing Strategy, underpinned by a Joint Strategic Needs Assessment
- considering Integrate Care Systems, which focus on the needs of whole areas rather than individual organisations – aligning this with place-based planning processes which can look at the health facilities of an area

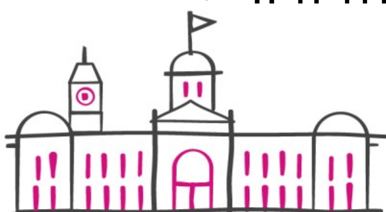
3.7. The PPG also focusses on what makes a healthy place including how it encourages social interaction through National Design Guides, as well as what constitutes a healthier food environment, including looking into evidence to curb the proliferation of unhealthy fast-food takeaways.

3.8. Health impact assessments are pointed to as *“a useful tool to use where there are expected to be significant impacts.”*

3.9. Health is dealt in the BDP through the Birmingham Development Plan (BDP) Policy TP37. The supporting text recognises the negative impact on health of poor housing, poor access to green space and walking and cycling opportunities, fear of crime, homelessness, overcrowding, poor employment opportunities, access to affordable housing and a mixture of suitable tenures. The negative impact on widening health inequalities of the lack of these health determinants is also recognised.

3.10. The policy references relevant other policies which contribute to good health and wellbeing for example:

- **TP9 Provision of open space and playing fields**
- **TP11 Sports facilities**
- **TP21 Local centres**
- **TP27 Sustainable neighbourhoods**
- **TP30 The type, size and density of new housing**
- **TP31 Affordable Housing**
- **TP39 Walking**
- **TP40 Cycling**
- **TP41-44 Decarbonising Transport System.**



3.11. As well as these policies there is the commitment to seek to improve air quality and reduce noise within the city, promoting health care facilities especially within centres, addressing climate change issues and promoting safe residential environments and addressing the fear of crime. These are accompanied by supporting the development and improvement of existing health care infrastructure

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3.13. Health and wellbeing strategy 2022 is a policy document aiming to reduce health inequalities in the city from now to 2030. This is a statutory document which is overseen through the Birmingham Health and Wellbeing Board. The Board works “as a partnership across the city at citizen, community, local and regional levels”.

3.14. The strategy incorporates the three life course themes as per the JSNA (Getting the Best Start in Life; Living, Working and Learning Well; Ageing Well and Dying Well), dealing with five core themes: Health and Affordable Food; Mental Wellness and Balance; Active at Every Age and Ability; Contributing to a Green and Sustainable Future and Protect and Detect.

3.15. The emerging Our Future City Plan framework supports the health agenda by setting out aspirations to increase the density of city centre and surrounding area, supporting homes and jobs, community and cultural activities and re-allocating areas including the road space for green space. Whilst it is not a statutory document like the Local Plan it guides investment opportunities and will inform the development of the Local Plan.

3.16. Supported by the OFCP framework, the East Birmingham Inclusive Growth Strategy looks to deliver sustainable job, housing and transport growth to one of the city’s most deprived areas.

3.17. Other documents and approaches that support a greener, more inclusive growth strategy:

- Birmingham’s Levelling Up Strategy
- Transport Plan
- R20 action plan
- Localism agenda

3.18. The Birmingham Transport Plan (BTP) was published in October 2021 and its purpose is to outline *“how the city’s transport system needs to be transformed to meet the challenges of the next decade”.* The four principles in the plan are reallocating road space, transforming the city centre, prioritising active travel in local neighbourhoods and managing demand through parking measures.

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3.19. For example, the plan proposes a road strategy allocated the city into seven segments (the city core and six peripheral segments bound by the A4540 Ring Road). These segments can be accessed from the A4540 Ring Road, whereas it is only possible to go between segments by public transport and active travel routes. This is modelled on a similar traffic circulation scheme that the Belgian city of Ghent which split the city into six zones through a combination of hard infrastructure and signage. As a result of this, the amount of people who cycled rose by 60% between 2016 and 2018.

3.20. Different options are also explored in terms of closing the central section of the A38 Queensway, including re-routing traffic to an upgraded A4540 Ring Road.

3.21. The Delivery Plan for the BTP was launched at the recent Transport Summit (April 2023). As this continues to be developed, this will feed into the Liveable Neighbourhood work.

3.22. As part of the Our Future City Plan's to increase the number of green spaces in the city, a separate Our Future City Nature Plan was published in February 2022. Due to many of the green spaces in the city being established in the Victorian era, the plan's central mission is to create green spaces for the current era, with a renewed focus on biodiversity, tackling climate change and responding to greater awareness of mental health and wellness.

3.23. The focus initially on this project is focussing on six wards with an acute deficiency of green spaces, namely Balsall Heath West, Bordesley and Highgate, Nechells, Gravelly Hill, Pype Hayes and Castle Vales.

3.24. Also, a new standard of assessing the quality of green spaces the Birmingham Fair Parks Standard will be applied to all parks.

4. Health Impact Assessments

4.1. What are they?

4.1.1 A Health Impact Assessment (HIA) as defined by the World Health Organisation is a "practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged people". This puts a strong focus on reducing health inequalities.

4.1.2 When applied to the planning system, there is a strong focus on placing people at the heart of the process, being *"an objective assessment tool for addressing the barriers and enablers for creating healthy places"* which can *"help identify a set of evidence-based practical recommendations to promote and protect the health of local communities".* Only by understanding the health needs of the residents in each area, are we to know what is required to improve it.

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4.1.3 Health Impact Assessments (HIA) can be a way, alongside other planning policies, to help to ensure that planning decisions make residents healthier. Measuring the health impact of development and introducing planning policy to help avoid or mitigate negative impacts can contribute to the creation of healthier environments and lifestyles. Examples of policy requirements include:

- to demand more active travel routes and to provide links to public transport corridors, enabling residents to take more exercise and to make our air cleaner by having fewer cars on the road
- to make healthier food choices more accessible, by providing more growing opportunities, harnessing stronger communities through a range of health and community spaces, and limiting the proliferation of unhealthy fast-food restaurants
- to fill any deficiencies in open and green space in the area, by providing open space on-site or to improve linkages to nearby open spaces and contribute to improving these
- to ensure residents do not suffer from poor quality homes, ensuring they are well insulated, are protected from noise, odour and dust, avoid damp and have access to private amenity space
- to enable community and health services to come together under one roof, integrating mental and physical health services.

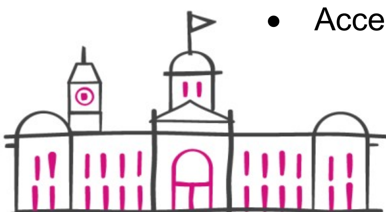
4.1.4 The planning system can play an integral role in reducing heath inequalities. It is estimated that socio-economic and physical environments determine 60% of health outcomes which lay outside of the health and social care system. It is also integral that collaboration with public health, as well as in other areas, is thorough to properly understand the link between the built environment and residents' health.

4.1.5 Public and environmental health teams, route to zero, transport, ecology and other colleagues in the council, charitable organisations and private developers will all be instrumental in developing and helping to implement HIAs. Some of these aspects are already required by delivery mechanisms, through environmental and NHS service planning as well as through biodiversity net gain requirements due to be implemented in November 2023, among others. HIA allow key requirements to be framed by the improving residents' heath and can be measured according to key health metrics.

4.2 How are they done?

4.1.1 According to the NHS London Healthy Development Unit, whose guide sets out how HIAs can be applied, there are 'eleven topics or broad determinants' which a HIA is assessed against. These are:

- Housing design and quality
- Access to health care services and other social infrastructure
- Access to open space and nature
- Air quality, noise and neighbourhood amenity
- Accessibility and active travel



- Crime reduction and community safety
- Access to healthy food
- Access to work and training
- Social cohesion and lifetime neighbourhoods
- Minimising the use of resources
- Climate change

4.1.2 The Wales Health Impact Assessment tool categorises it into the following six topics:

- Managing Growth
- Resilient Built Environment
- Housing Provision
- Prosperous Community
- Natural Environment
- Site Allocations

4.1.3 This would involve establishing a set of principles bespoke to the Birmingham context which the applicant can show they have met by providing evidence of this. It may be relevant to take information from other assessments which also have health implications. In this case, it may be considered appropriate to contain HIA considerations within an EIA screening. For example, home insulation is not only something applicable to environmental assessments but also for health as cold homes have negative impacts on health.

4.1.4 The checklist and overall approach would be informed by Birmingham City Council's latest Joint Strategic Needs Assessment which is produced by public health teams in the council and sets out the priorities to improve residents' health in the city. This is set out as a suite of documents which are categorised by the stages of life and local priorities.

4.1.5 The type of HIA can be categorised into two ways: defined by the point at which the assessment is being taken relative to the development

- **Prospective HIA** – at the start of the development of a project proposal, or plan
- **Concurrent HIA** – runs alongside the implementation of a project or policy
- **Retrospective HIA** – can be used as an evaluation tool, as well as for unexpected events to learn lessons for possible eventualities in the future

4.1.6 Also, the scale of the assessment is relative to the development proposal:

- **Comprehensive HIAs**: these are more suited to more complicated proposals and are more resource intensive, requiring consultation through public and stakeholder engagement, literature reviews and

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data collection to ascertain the impact the development would have on the health of residents
  - **Rapid HIAs**: this type of assessment requires a briefer assessment of health impacts but still requires a literature review both of qualitative and quantitative evidence – often including a steering group and involving a stakeholder workshop
  - **Desktop HIAs**: this type of assessment requires fewer resources as it relies on existing knowledge and evidence and involves a small number of participants

***[Adapted from Health Impact Assessment in spatial planning** Health Impact Assessment in spatial planning (publishing.service.gov.uk)]*

4.1.7 In terms of HIA for plan-making this can be done as a part of SA/SEA or as a standalone Comprehensive or Rapid assessment. Neighbourhood groups would be responsible for these for a neighbourhood plan, and a desktop assessment would be appropriate for an SPD.

4.1.8 For a development project, NSIPs, Major and EIA planning applications could contain a HIA within an EIA (in alignment with changes to EIA considerations to include population and human health revised May 2017) or as a standalone comprehensive. A rapid assessment would be necessary for planning applications determined by a local trigger and a desktop assessment for planning applications with health impacts below a locally set trigger.

4.1.9 Typically, the stages of a HIA would follow these stages

1) Screening: determining whether a HIA is appropriate as set out by the thresholds and types of development proposals
2) Scoping: ascertaining the geographical area, potential users and relevant stakeholders and experts of the proposals
3) Assessing: making use of the HIA template to consider the impact on different population groups, the type and level of impact and how this can be translated into the lay-out of the masterplan
4) Reviewing the proposal: drawing conclusions on how to remove negative health impacts and maximise positive impacts
5) Submitting: these will be assessed by the LPA in consultation with the Directorate of Public Heath
6) Monitoring: the extent to which the HIA has influenced development will be evaluated by LPA

4.2 Who is involving in developing them and carrying them out?

4.2.1 Health organisations can contribute to the HIA process by:

- *helping to determine the type of HIA needed*

- *supporting the scoping stages to identify the likely significance of impacts and effects on population health, and health inequalities of implementing the plan or project*
- *signposting to public health data and supporting with their interpretation*
- *supporting with the collection of health information to monitor the progress of the plan or project implementation*

***[Adapted from Health Impact Assessment in spatial planning** Health Impact Assessment in spatial planning (publishing.service.gov.uk)]*

4.2.2 The role of the NHS is shifting towards Integrated Care Systems (ICS) and Primary Care Systems (PCS) which provides a platform for the NHS to collaborate with the council in planning and place making.

4.2.3 Developers would be expected to undertake a HIA on the proposals that are eligible. As outlined above, the scale of the development would determine what is required for the proposal in terms of consultation and both quantitative and qualitative evidence and data collection. A Council could support the applicant in accommodating consultation and working groups where required.

4.3 Who assesses them?

4.3.1 Primarily, it would be the Development Management and Planning Policy teams which would assess the applications with input from the Directorate of Public Health.

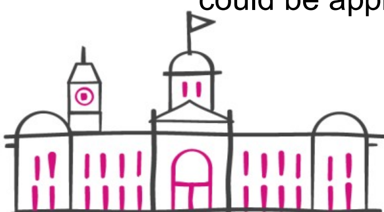
4.3.2 As outlined above, the Planning Policy Guidance on promoting healthy and safe communities sets out the need for planning applications that would have a significant impact on health and wellbeing of local population to be consulted on by the Director of Public Health. This also includes at pre-application stage.

4.3.3 A mechanism would be established to determine to what extent, how long and whom would be consulted, based on the prospective, concurrent and retrospective and comprehensive, rapid and desktop nature of the proposal.

5 Other Local Authorities' HIA and impact

5.1 Solihull Metropolitan Borough Council

A review of the Local Plan was initiated due to proposed development of the HS2 Interchange Station in Solihull. In the consultation responses, the Public Health Directorate supported a proposal to include HIA "in order to maximise positive development and minimise potential adverse impacts". As a result, a Health and Wellbeing Topic Paper was prepared to scope out how a HIA could be applicable in the borough.



5.1.1 Although a sizeable proportion of the authority is in green belt and rural in character, the more urban area of Solihull and over-spill areas from Birmingham such as Chelmsley Wood mean that there is variety in demographics of the population. This means that whilst health across the borough is good with above average Life Expectancy, this has remained static, and on average males in the most deprived 10% are expected to live 12.3 years less than those in the least deprived areas. In the female population this is 9.8 years difference.

5.1.2 The health and wellbeing topic paper looked at different aspects of health determinants and how the planning system can help to generate improvements in these areas:

- Health inequalities, including how a HIA could be applied
- Climate change and air quality, looking especially at overheating and poor air quality
- Physical activity, healthy eating and obesity, ensuring HIAs for fast-food planning applications, incorporating Active Design concepts, promoting healthy eating options in developments, recognising benefits of sport and physical activity
- Housing, placing importance of good design in developments and to respond to changing needs to ensure that people are living longer in their homes, as well as considering wider neighbourhoods including *'prioritising the role of streets as 'places''*
- Open spaces and green infrastructure, improving access to green and open spaces to improve health and wellbeing outcomes for residents
- Transport and access looking at transport and access, mode of transport and wider effects of transport and infrastructure.

5.1.3 These considerations have been reflected in the council's Local Plan which is currently in the processes of examination and the council's Health Supplementary Planning Document. Policy P18 Health and Wellbeing is contained within Appendix X.

5.2 Brentwood Borough Council

5.2.1 Brentwood's Local Development Plan was adopted in March 2022 and includes a policy on HIAs, Policy MG04. This is contained within Appendix 2. The council applied the six themes from the Wales Health Impact Planning tool, as outlined in point 4.2.2.

5.2.2 From this they developed a colour coding system key which assessed policies as shown in figure 1.

5.2.3 The report details the further findings and recommendations due to policy gaps which required additional work. These included assessing energy infrastructure, education facilities and aspects related to the Garden Village allocation.

5.2.4 More widely, there was an identified need to develop a separate HIA policy from a Strategic Health and Wellbeing Policy, recommendation to require all major developments to conduct a HIA and minor developments to voluntarily prepare a HIA.

5.2.5 In addition, it was recommended to use the HIA to assess whether a policy had a positive or negative impact on heath

Description	Symbol
Those policies that make a significant contribution to the overall health and wellbeing community	(++)
Those policies that make a positive contribution to the overall health and wellbeing of the community	(+)
Those policies which do not affect health and wellbeing – neither positive or negative	(N)
Those policies which have a minor negative impact on health and wellbeing which should be considered for review	(-)
Those policies which have significant negative impact on the health and wellbeing of the community and require review	(--)

Figure 1: Brentwood Coding System Use Health Impact Assessment February 2020 (brentwood.gov.uk)

5.3 South Worcestershire Councils

5.3.1 Wychavon, Malvern Hills and Worcester City District Councils have joined together to prepare the South Worcestershire Development Plan.. A Planning for Health in South Worcestershire SPD was adopted in September 2017 to interpret the SWDP through a public health lens to make clear the link between the built environment and planning. Included within this is guidance of how to carry out a HIA with a HIA Screening and template.

5.3.2 These are categorised into the following principles: sustainable development, urban form – design and the public realm; housing and employment; age-friendly environments for the elderly and those living with dementia; community facilities; green infrastructure and play spaces/recreation; air quality, noise, light and water management; active travel and encouraging healthier food choices.

5.3.3 Within these principles are more specific policy requirements which have a HIA template reference for ease of reference for the applicant. Each policy

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requirement has a link back to SWDP policy reference which shows the SW councils require the strategic policies from the SWDP to be implemented.

5.3.4 The guidance sets out the thresholds for councils to require a HIA. These are set out in Figure 2 below. It is noted that some of screenings in the second box may not be enforceable now due to changes to PD rights meaning that many changes of use are now covered under PDR:

An HIA should be undertaken for:

- Residential and mixed use sites of 25 dwellings or more (gross)
- Employment sites of 5 ha or more (Gross Internal Area)
- Retail developments of 500 square metres or more (Gross Internal Area)
- Other relevant proposals as requested by the local planning authority

Table 2 Criteria for undertaking HIA screening

HIA screening should be considered for proposals for or changes of use to:

- Restaurants & cafés
- Drinking establishments
- Hot food takeaways
- Betting shops and pay-day loan shops
- Leisure, residential and non-residential institutions
- Other relevant proposals as requested by the local planning authority

The screening process will identify whether the proposal requires an HIA.

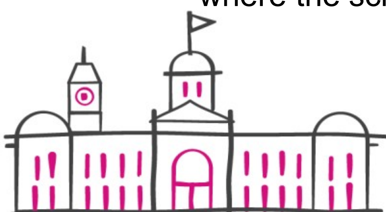
Figure 2 Criteria for a Health Impact Assessment for applications in the South Worcestershire council areas

6 HIA outcomes

6.1 Evaluation mechanism

6.1.1 To ascertain whether the HIA has had a positive impact on the health of residents around a given development is fundamental to the success of the policy.

6.1.2 Initially it is important that the developer can show that the HIA has informed the master planning, mix of uses and overall social value (through the employment and training opportunities, quality of consultation and engagement with the community) that the development can bring to the site and the wider neighbourhood. This can be ascertained through a concurrent HIA where the health benefits of the schemes are measured as the scheme is being developed. This would be most appropriate for a larger strategic development where the scheme is being delivered in several phases.



6.1.3 In the longer term, it will be important for the JSNA to embed learnings from the implementation of a HIA across the city. Metrics such as the percentage of active residents, the prevalence of cardiovascular diseases, obesity and overweight numbers over a longer time frame will be used to ascertain whether a HIA has been successful.

6.1.4 Wards, or streets, where there are a higher percentage of inactivity or people dying early due to prevalence of cardiovascular disease, cancer or other preventative causes of death, would be areas of particular focus where a significant HIA has been undertaken.

6.1.5 This provides a mechanism through which to engage with the community…

7 Justification for HIA

7.1 Why do we need HIAs

7.1.1 Whilst aspects of Health Impact Assessments are covered by other policy mechanisms, for example through open space, air quality and environmental standards, HIAs allow these things to be viewed through the health lens and to put into focus the link between good-quality built environment and people's health.

7.1.2 As mentioned above, it is an opportunity to engage with the wider community to deliver on things which matter to people.

7.2 Making it Birmingham-specific

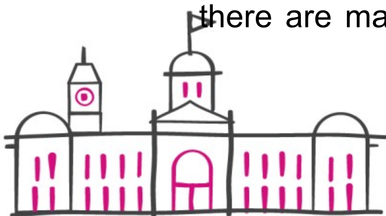
7.2.1 Birmingham's Joint Strategic Needs Assessment analyses the health of the population through four themes: Starting Well, Living Well, Ageing Well and Local Priorities.

7.2.2 The Children and Young People JSNA was published in 2019 and looks at the health of children and young people in the city, considering how different health determinants impact children and young people early in their lives.

7.2.3 Birmingham has a young age profile, being the youngest city in Europe, as well as having the largest proportion of children aged 0-5 years of any Local Authority in England. This looks at:

- Conception and Pregnancy
- Early Years 0-5 years
- School years
- University/Higher Education Population
- Young Adults aged 18-25
- Young People Facing Additional Challenges

7.2.4 Although many of these areas need mechanisms outside of planning to work, there are many things the planning system can enable to give children and



young people the best possible start possible. This could include limiting the number of fast-food takeaways around a buffer of a school or colleague, providing open space for children and young people of all ages including pitches, BMX courses, skateparks and places to socialise outdoors for girls and boys.

7.2.5 The Working Age Adults JSNA details health challenges surrounding the population who are in working age, specifically between the ages of 16 to 64 years, which makes up 64.6% of the population.

7.2.6 This looks at Lifestyle Behaviours, Disease Conditions, Wider Determinants of Health, Working Age Adults Facing Additional Challenges, Wider Determinants – Natural and Built Environment, Vulnerable Populations and Inequalities, End of Life Care, Deaths and Emergency.

7.2.7 The following categories for the Working Age JSNA have been used to show what planning and public health can do to improve health outcomes. Although the focus is working age adults, many of these are also applied to young people and children, and older adults.

Topic	What can planning do alongside public health?
Lifestyle Behaviours	Work alongside PH to plan for services which support people, ensuring that community and health facilities are flexible to deal with variety of different challenges Provide active travel routes and making it more difficult to drive places to increase the amount of people walking to daily activities
Disease Conditions	Looking to integrate health and community facilities so care is more geared toward a preventative approach, considering both mental and physical health

Wider Determinants of Health	
Economic inactivity rate	Stipulate in planning conditions that a certain percentage of construction staff employed are from local area and are being brought back into work through training avenues. Encourage affordable workspace, start-up/incubator facilities to support and expand SME businesses, who tend to be more innovative in their approach and bring more social value to the area
Crime deprivation	Include natural surveillance into schemes so that places are more animated and are therefore less attractive to carry out crimes. Favour bringing derelict buildings back into use which may have previously been areas of crime.
Gender pay gap	Look at how childcare facilities can support women going back to work, favouring flexible/co-working workspaces which can support families being close to where child care is
Homelessness	Co-ordinate approach with BCC's Empty Property Strategy and Housing Birmingham Strategy, as well as WMCA's Designing out Homelessness strategy
Working Age Adults Facing Additional Challenges	
Long term claimants of Jobseeker's Allowance	Provide flexible community and health spaces to cater for inclusion

Wider Determinants – Natural and Built Environment	
Excess winter deaths index (age 85+) Fuel poverty	Ensure that homes are well-insulated to combat heat loss, built with renewable energy generation including solar power and heat pumps to reduce energy costs
Fraction of mortality attributable to particulate air pollution	Ensure that homes are designed to shield away from pollutants, utilising green buffers, include walking and cycling routes to nearby amenities and public transport routes to encourage sustainable travel options
Rates of overcrowding	Align planning decisions with HENDA to ensure that the housing mix matches housing need, as well as suiting multi-generational family units more typical of ethnic minorities, coordinate with housing strategies
Vulnerable Populations and Inequalities	
LGBT+ in Birmingham	Protect and enhance institutions particularly in Gay Village which provide a safe space for LGBT population Provide flexible spaces which give space to LGBT communities, to receive support on increased health inequalities that LGBT community experience
Migrants and Refugees in Birmingham	Working with housing, GP services to ensure that services are planned for migrants and refugees. An estimated 25.5% of the city's population was born overseas, with highest group of immigrants being from the Middle East. *(Access to language learning is counted among wider health determinants in the Health and Wellbeing Strategy)*
End of Life Care	The percentage of the population needing palliative/supportive care (0.41%) is lower than both the England (0.47%) and West Midlands average (0.51%)
Deaths	The data looks at deaths from circulatory disease, causes considered preventable, deaths from all causes and deaths from all cancers all under 75 years. This highlights the need for areas of intervention in certain areas of the city to prevent deaths from occurring

7.2.8 The Older Adults JSNA looks at health data related to more elderly residents, focussing on Life expectancy, Rates of vaccinations, mental disorder and dementia rates, and various medical intervention statistics.

7.2.9 A key metric of health is how much of our lives we are living healthily in our homes. In terms of wider policy, design of housing policy should look at how more schemes are flexible to the various accessibility needs to ensure that people can live in their homes for longer.

7.2.10 Where appropriate, applicants could use more accessible tools to analyse the health needs of a certain area. The Strategic Health Asset Planning and Evaluation (SHAPE) tool shows the health needs of an area in relation to local facilities.

8 Thresholds and types of development requiring HIA

8.1 Scales and types of developments requiring HIAs

8.1.1 According to Bidwells Research, looking at authorities in the East of England, there was a variety of different scales and types of development above which a HIA would be required.

8.1.2 Nevertheless, number of dwellings is obviously a common denominator in measuring whether a HIA is needed. This normally applies to range from 10 to 500 homes

8.1.3 Not all authorities ask for a HIA for applications for commercial uses over a certain floorspace. In fact, according to Bidwells, only one in four authorities who have a HIA policy require HIA for commercial use. This is typically over a 1000m2 threshold. Care homes, retail and hot-food takeaways were also uses deemed appropriate for a HIA.

8.1.4 The research looks at locational criteria for HIA. For example, policies for the A1 and M1 corridors in Cambridgeshire, Essex and Hertfordshire. A similar requirement could be implemented in Birmingham for applications for retail, housing and commercial alongside the A38, A34, M6 and other busy highways.

9 Current Birmingham Policy context

9.1 How can current policy be improved?

9.1.1 Ensuring that health is referenced in its own right rather in the context of other areas of policy would better put health in the forefront of development proposals, informing the pre-application, master planning and planning condition negotiation stages.

9.1.2 In Brighton and Hove Council's CP18 Healthy City policy HIAs are at the heart of the health policy, with the first two points referencing the need to carry out a HIA.

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9.1.3 Inserting the phrase “maximising positive health impacts and minimising negative health impacts”, as in Brighton and Hove Council’s CP18, irrespective of the scale of development will also ensure that health is more of a consideration even for development proposals which do not require a HIA.

9.1.4 Since there has been some health care reorganisations since the publication of the BDP in 2017 it will be necessary to ensure that Integrated Care Systems and Primary Care Networks are mentioned in policy. This will ensure that the more integrated, person-centred approach which attempts to combine health and social care, compatible with an area-based planning approach, can be reflected in the updated Local Plan.

9.1.5 Also, it would be beneficial, considering a more holistic health approach, that the co-location of health and community services would be encouraged where it would bring benefit to the community. By bringing heath and community uses under one roof, this would enable a more holistic approach to health and social care, contribute to fulfilling aspirations to enable people to live in their homes for longer.

9.2 Hot food takeaway policy (subject to change)

9.2.1 Some local authorities have a policy whereby hot food takeaway uses are prohibited a certain buffer away from a school. For example, in Sandwell’s Hot Food Takeaway SPD, hot food takeaway uses are prohibited within a 400m buffer of a secondary or further education facility. Such a distance is deemed appropriate as this is not enough time to go there and back within a lunch break.

9.2.2 Currently the adopted BDP requires that no more than 10% of TP21 Local Centre uses are hot food takeaway. Such a buffer policy would be difficult to implement since schools are most likely to be located within a Local Centre where a hot food takeaway use is appropriate. Additionally, it is not only hot food takeaways that sell unhealthy food, supermarkets and bakeries may also sell food which is unhealthy.

9.3 Issues and Options consultation

9.3.1 The Issues and Options consultation was the first stage of consultation for the emerging Birmingham Local Plan. This ran from the end of October 2022 to the beginning of December 2022 and consulted on a range of different topics including the application of Health Impact Assessments.

9.3.2 Responses to the question “What type and scale of development should Health Impact Assessments apply to?” touched upon the following areas (feedback in red):

- Whether a HIA was justified or whether this was better suited to a more robust health policy (proposed health policy ensures that proposed development which falls under the threshold/is not subject to HIA still brings positive health impacts)

- The number of dwellings contained within a development to trigger a HIA (All applications, Major applications, 10 dwellings, 5 dwellings) (more research would have to be done to ascertain this, other examples elsewhere in the report give an idea of this)
- Connection with 15-/20-minute neighbourhoods
- Whether structure and requirements of HIA should be determined a 'case by case' basis rather than acting as a blanket requirement (flexible/relevant criteria will ensure that the HIA can take different types of development into consideration)
- Appropriate for developments that trigger CIL payments, these payments should be used to accommodate unmet need (a mechanism of finding section 106/developer contribution money/CIL for mitigating and improving health will be developed)
- Need for HIA to tackle obesity (this is recognised through obligations for developments to show that they link to existing and can contribute to the creation of paths as well as sport and exercise facilities)
- Recognising that provision of older persons housing saves NHS and social care services money as residents can stay in their homes for longer (this is recognised in the report)

Liveable neighbourhoods

10 Liveable neighbourhoods

10.1 Concept

10.1.1 Liveable neighbourhoods, whereby daily amenities can be accessed within a short walking round-trip, provides a spatial framework that can be applied to different areas to promote healthy living and both environmental and community sustainability.

10.1.2 It is recognised that the planning system alone cannot deliver liveable neighbourhoods. Whereas ideas around density and mixed-used developments can to an extent be controlled by the planning system, frontline service provision, market conditions, shopping patterns and land-use constraints can fall outside the planning system's control. Therefore, an integrated place-based approach including collaboration with other stakeholders is integral in bringing the idea forward.

10.2 History of walkable/liveable neighbourhoods

10.2.1 Although it has attracted attention over the last few years due to the pandemic, the idea of walkable and liveable neighbourhoods has been around for a while.

10.2.2 Prior to the industrial revolution and the invention of the motorcar, people generally lived in compact, walkable neighbourhoods whereby their employment, leisure and retail needs were in close walking distance from their homes. However, over time, many factors have contributed to the centralisation of uses, whether that be with rapid industrialisation bringing jobs to the urban

areas or larger shopping centres taking trade away from established high streets, people have become detached from these daily needs needing cars or longer distance public transport to access these.

10.2.3 As a result of this, people are less likely to exercise, are fatigued from working further from where they live and may compromise on healthy eating choices impacting on overall quality of life and health and having an impact on personal relationships.

10.2.4 This idea of conceptualising this idea of areas from which services can be accessed was first established in the idea of Neighbourhood Unit developed by American planner and architect Clarence A. Perry in the early 1920s. This was defined as a small residential area that promoted more social interaction and community cohesion away from the hustle and bustle of rapidly industrialising New York. He placed an emphasis on good quality design of the streetscape to achieve this.

10.2.5 This was developed further in Death and Life of Great American Cities by Jane Jacobs who rallied against plans to build a highway into her neighbourhood of West Village. This promoted ideals of safety through her ‘eyes on the street’ idea and facilitating convivial streets through use of pavements and public spaces. The idea of activating spaces is integral in the efficient and safe use of space.

10.2.6 Carlos Moreno of Pantheon Sorbonne University in Paris is attributed to being the founder of the ’15-minute city’ who has worked closely with Paris’ mayor Anne Hidalgo in developing a framework for Paris. Hidalgo made the ‘ville du quart d’heure’ (quarter-hour city) a key part of her re-election campaign in 2020, using the arrondissements as the model within which residents can access daily activities to drive an “ecological transformation”. The concept has also been developed in Portland, USA (as the Complete Neighbourhoods) and Melbourne, Australia (Plan Melbourne). Melbourne decided to opt for a 20-minute neighbourhood to reflect local geography*.

11 Other Local Authorities work on liveable neighbourhoods

11.1 Ipswich

11.1.1 As part of their Ipswich Vision 2021-2025 Strategy, the council have developed a “connected waterfront centre” for Ipswich whereby different nodes of the town are 15-minute walk from each other.

11.1.2 This encourages more town centre living and which creates “a place that connects business, culture, sports, faith, arts, education, health, and community; all within a 15-minute triangle”. These points are the Christchurch Park in the north, the Waterfront in the south, the University of Suffolk in the east to Portman Road in the west.

11.2 **Leeds**

11.2.1 As part of Leeds Local Plan update, Mott MacDonald put together a **Technical Note** to explore which areas of the city were "20-minute neighbourhoods" (20MN) based on current walkability and which areas could be areas of future growth.

11.2.2 Figure 5 shows the different groupings of amenities which are typically included in the list of amenities. These are grouped into the following categories: High Frequency Transport, Local Centres, Open Space and Fitness, Culture and Social, Healthcare and Primary Education.

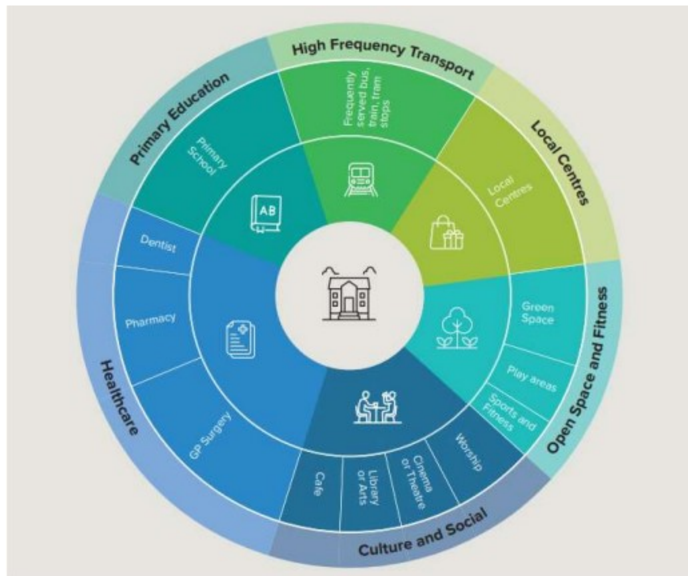


Figure 3 A diagram showing different amenities grouped into categories, Mott MacDonald

11.2.3 Upon further consultation additional amenities were identified to reflect updated priorities. Health and beauty, local venue, mass transit, petrol station with convenience store and takeaways uses were carried forward.

11.2.4 Permutations were also put in place such as people's willingness to travel to amenities, based on participant engagement, and the suitability of walking routes in proximity to motorways and on crossing points or bridges.

11.2.5 Hexagonal zones were weighted depending on the availability of certain amenities. The maximum score was 18 with different score brackets being assigned a classification, as follows:

- Walkable neighbourhood (Score 13.5-18)
- Good accessibility (Score 9-13.49)
- Limited accessibility (Score 4.5 – 8.99)
- Poor accessibility (Score 0 – 4.49)

11.2.6 Population density classifications were also established to accompany these scores. These are:

- Rural (<15 people per hectare)
- Suburban (15 - 60 people per hectare)
- Urban (60 – 90 people per hectare)

- Dense Urban (>90 people per hectare)

11.2.7 Having these two metrics allows analysis to show a fuller picture of the number of services relative to the amount of people living in an area.

11.2.8 From this, it was shown that some of the 20-minute neighbourhoods can be found outside the city centre including areas such as Morley, Pudsey and Garforth. This emphasises the importance of local centres especially as a result of post-pandemic living, where there is not such a need to go into city centres due to home working.

11.2.9 Key policy recommendations include capitalising growth opportunities in areas of good amenity coverage, promoting and directing amenities toward areas where these are lacking and using accessibility mapping to determine windfall/future allocations.

11.2.10 Leeds is currently **reviewing their local plan** and has draft 20-minute neighbourhood policy – Policy SP1A – *Achieving 20 minute neighbourhoods in Leeds.* The Policy sets out criteria which constitutes components of 20-minute neighbourhoods for example relating to densities, services, safety and security, quality of public realm, housing, design, climate change mitigation and adaptation and green infrastructure. The full draft policy can be found in Appendix XXX.

11.3 Waltham Forest

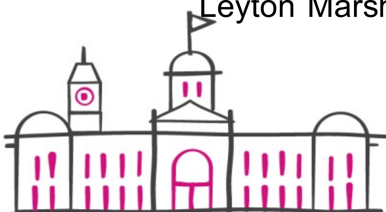
11.3.1 Waltham Forest's approach to liveable neighbourhoods does not so much focus on measurable distances to amenities but rather focuses on individual's experiences of their neighbourhoods. It represents a more integrated way of delivering amenities upon which people rely on to live healthily and safely.

11.3.2 To deliver this '15-Minute Area Frameworks' are proposed in their Corporate Framework. **Corporate Framework.** Examples of these are the Child Friendly District in Chingford Mount and a Cultural Quarter for Walthamstow. Such frameworks draw upon each neighbourhoods' heritage, assets and priorities.

11.3.3 An example of a 15-minute framework which was co-designed with the community is the area of Lea Bridge. This has enabled local benefits to be realised by identifying potential development and investment.

11.3.4 The **Lea Bridge Area Framework** was developed alongside the development of the two parts of the Draft Local Plan (Strategic Policies and Site Allocations), in addition with other council approaches, a baseline study of the area and public engagement events. The framework provides an in-depth analysis of how residents were consulted on and the suggestions that were put forward.

11.3.5 The area lies to the west of the borough alongside the boundary of the London Borough of Hackney. There are a number of nature assets to the west, southern and northern peripheries of the area, including some of Hackney Marsh and Leyton Marsh. The central area is predominated by industrial and residential



uses, with the main high street Lea Bridge Road traversing the area diagonally from South West to North East.

11.3.6 The guiding principles of the framework underpinning the 15-minute neighbourhood concept are:

1) A Resilient Network of Linked Green Spaces and Waterways
2) A Thriving Community with Great Facilities
3) A Vibrant Industry and Local High Street
4) An Active and Playful Neighbourhood
5) An Area of Unique History and Local Character
6) A Place with Connected Streets and Public Spaces

11.3.7 Based on public engagement, various interventions were grouped into the different above categories, numbered, lettered and colour coded to be represented spatially on the map of the area. A map was created for each different neighbourhood concept. These interventions included planning consents that had already been granted and potential avenues that could be explored with community stakeholders.

12 Tyseley and Hay Mills Pilot – Birmingham application

12.1 Context

12.1.1 Work is underway to develop Liveable Neighbourhoods for Birmingham using the East Birmingham area of Tyseley and Hay Mills as a pilot project prior to potential roll out to the rest of the city.

12.1.2 The emerging Our Future City Plan (OFCP) is a framework which sets out how Birmingham city centre and its surrounding inner-city areas can be better connected by allocating more space for walking and cycling and green spaces while delivering housing and employment growth.

12.2 Elements of Liveable Neighbourhoods

1. Good access to quality diverse and affordable & market housing

2. Good Access to quality public transport and opportunities for active travel

3. Good Access to quality local healthcare services and exercise facilities

4. Good Access to nature and a quality pleasant and welcoming green environment

5. Good Access to quality education services

6. Good Access to quality employment and training Opportunities

7. Good Access to quality services and facilities

8. Good Access to quality social and cultural infrastructure

9. Good Access to quality local Healthy affordable food

10. Good Access to quality Digital Services

11. Good Access to a quality safe and inclusive environment

12.2.1 Following consultation with officers across council directorates, different domains were determined that were vital to delivering an aspirational liveable neighbourhood. These combined the ideas of Housing, Health and Employment into a Liveable Neighbourhood, as per figure X. Across these 11 domains, around 115 datasets are being collected.

12.2.2 The next steps (Phases 1-2) will include developing an information profile for the ward of Tyseley and Hay Mills, commissioning baseline data studies and exploring funding opportunities. Phases 3-5 will include public engagement, a liveable neighbourhood Strategy and a 20-year liveable neighbourhood Delivery Plan and toolkit.

12.2.3 Alongside this work, there is work which will run concurrently to support this. This includes the emerging East Birmingham Green Infrastructure Masterplan, Urban Design Analysis, work by WSP to understand the skills needs of local strategic businesses, and a Local Housing Need Assessment.

12.2.4 Local engagement surveys are planned to be conducted over a period of 3 to 6 months.

As 99% of a neighbourhood are its streets it is essential that streets are places that people want to use in order to encourage access to local shopping centres by active travel modes. The Healthy Streets Design Check Tool [The Healthy Streets Design Check Tool] is supported as a key method of identifying 'problem streets' where invention is needed. With high level scoping of the need for a design check being first identified through the city-wide Healthy Streets Index which is currently being developed.

12.3 Policy recommendations

12.3.1 In anticipation of Liveable Neighbourhoods areas being developed across the the city in the future, a generic/passing reference would be made to the respective area in the emerging Local Plan.

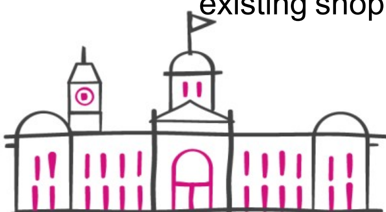
12.3.2 Any Liveable Neighbourhood policy approach would need to be in alignment with the approach taken in health policies and where they are of strategic significance Health Impact Assessment would be necessary. These could provide more detail in the active travel, service delivery, accessibility, and green infrastructure aspects of the HIA to support the delivery of liveable neighbourhood hubs where a liveable neighbourhood strategy and action plan is in place for the ward where the proposed development is located and has been supported by a robust business case.

12.3.3 Wording could be as such, in areas of policy or in overall strategic growth, to *"have regard to the liveable neighbourhood strategy for the ward (where in place) and how the development could support delivery of the strategy's action plan/ Liveable Neighbourhood Hubs and help fill deficiencies in services and facilities. Where a strategy is not in place the developer will be required to carry out a local resident engagement exercise in partnership with the Council to identify essential services and facilities which residents deem to be missing. In addition, all major developments should consider the need for a Healthy Streets Design Check to be carried out on streets connecting the development to its nearest local shopping centre, public open space, and public transport connection, on streets performing poorly in the Cities Healthy Streets Index. The developer should improve these streets in line with the findings of the Healthy Streets Design Check, but where this is not viable or not viable in its entirety they should provide designs to the Council up to RIBA Stage 2 of these streets with proposed improvements based on the findings of the Healthy Streets Design Check that the council can use as part of its transport delivery programme.*

12.3.4 *"*. Developer would have to show various routes to local centres and amenities on map and, where viable and deliverable, show how they are filling deficiencies identified in local healthy living zone/liveable neighbourhood area.

12.3.5 In terms of open space provision there is existing policy on the provision of open space relative to populations. The Liveable Neighbourhood work could supplement this by pinpointing certain areas for improvement through s106 contributions.

12.3.6 A re-thinking of the Local Centres policy would be required to see how areas where identified as Local Centres are a short walking trip for residents for whom they serve. A mapping exercise also needs to be carried out to identify gaps in 15 minute walking access to a key basket of essential services and facilities as defined by the Councils emerging Liveable Neighbourhood Index and the Tyseley Resident Engagement work. From this, it will be identified which existing shopping centres require interventions to improve their offer of services



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and facilities and to scope where more detailed work needs to be undertaken on establishing the need and business case for the future allocation of new shopping centres across the city to improve 15 minute accessibility to services and facilities. Areas where the main amenities and retail opportunities are concentrated on a main road may require more thinking since residents may live on one end of the road and less able to access services on the other end of the road, likewise with residents living further north and south of the main road. These may include Soho Road and Erdington.

12.3.7 Whilst it is important to strengthen existing local centres, it will be appropriate to give consent to mixed use developments outside allocated local centres where there is a local need identified/projected population growth due to allocated growth zone etc.

12.3.8 Site allocations or other development proposals could be informed by accessibility to criteria to shops, public transport, schools etc. Policy requirements for larger schemes could be proposed to provide social infrastructure where it cannot be adequately met by existing facilities.

12.4 Other Local Authorities' Policy Approach to fulfilling social infrastructure need

12.4.1 Lambeth's Local Plan, adopted in 2021, provides criteria in Policy S2: New or improved social infrastructure to provide new and, improve on, existing social infrastructure in the borough. This sets out how a community use can relate well to the rest of the area and scenarios where residential floorspace would be appropriate for nursery or childcare use.

12.4.2 Thresholds are also established from which point certain social infrastructure is required or when an impact assessment to judge if social infrastructure is needed. For a development of more than 500 residential units, suitable childcare provision would be required and for more than 25 residential units an impact assessment would be asked from the developer. This would be available to all residents, irrespective of tenure. Where this is not deliverable on site, a contribution for improving existing facilities in the area will be sought.

12.4.3 Bath and North East Somerset's adopted Core Strategy (adopted 2017) contains policy LCR3A Primary School Capacity which sets out the requirement for residential development to only be acceptable where there is a school within reasonable distance. The school in question must have sufficient spare capacity or could expand to accommodate the increase in pupils as a result of the new development.

12.5 Developer Expectations

12.5.1 Data developed as a part of this would be used to encourage certain uses to developers or landowners. For example, if there is a deficiency of a convenience store or community centre, then this data extracted from the local profile could be used by the developer to explore the deliverability of this.

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12.5.2 Such data would be useful in guiding pre-application discussions and provide developers with certainty on the types of development that would be more likely gaining consent.

12.5.3 Furthermore, this could also provide more certainty on S106/CIL and in viability assessments.

12.6 Wider Roles for other Stakeholders

12.6.1 As has been stated, the responsibility of delivering liveable neighbourhoods cannot fall squarely on the planning system. Health care service and education providers, transport planners, parks and open space officers, charities, developers, community groups and housing providers, including community led housing groups, will be important in delivering this objective

12.6.2 Methods of sharing data are vital for approaches to be integrated. For example, Open Data Brum and Smart City initiatives, will ensure that different groups are able to disseminate information more easily to be used on different workstreams.

12.6.3 Such an integrated approach will enable healthcare providers, GPs, social prescribers, community groups to access the same data to make co-ordinated decisions about places.

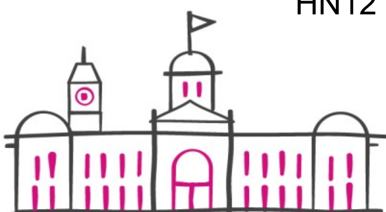
12.7 Proposed health in planning policy

12.7.1 Proposals will be supported where they minimise negative health outcomes, maximise positive health outcomes and in turn help to reduce health inequalities. To aid this and support net-zero aspirations, residential development proposals will show how they are within a 15-minute round walking trip of local services. Applications for commercial, retail, employment, cultural, and health and community uses will support liveable neighbourhoods by fulfilling identified need in the area. As part of developer contributions to enable liveable neighbourhoods, walking routes will be made accessible to residents' needs, incorporate growing and greening opportunities, and mitigate and adapt to climate change through carbon sequestration and off-setting.

12.7.2 Planning applications must fall in line with a more person-centred approach underpinned by Health and Wellbeing strategies. Such an approach will inform the pre-application, master planning, consultation and engagement, and planning condition stages of the application.

12.7.3 Planning decisions will be made to improve residents' health to include, where applicable:

1. Producing a HIA where the proposal meets the thresholds outlined in Policy HN12 (in the preferred options document)
2. Where the proposal does not meet the thresholds set out in the Policy HN12 proposals will still be expected to demonstrate that they:



a. are situated within a short walking trip of local services to support living: including shops, schools and education facilities, health and community centres, and where possible other food and entertainment outlets and are connected to these via healthy streets.
b. link […] to accessible active travel routes which coherently (Policy CY2) connect residential areas up with local centres (as well as locating other uses including community and health uses within existing local centres and to areas of new residential growth) (Policy HN12) to promote healthy living and strengthen local and emerging centres (Policy EC4)
c. create and enhance environments conducive to cycling and walking and improve road safety (Policy CY2)
d. provide open space and sports facilities (Policies CE13)
e. seek to improve air quality and reduce noise and overheating
f. deliver high quality housing (Policy HN1-10) to the most recent, highest building quality standards to retain warmth, combatting health problems associated with cold housing; avoid damp; benefit from natural light; have suitable outdoor amenity space and indoor space (Policies HN1)
g. are accessible and adaptable to peoples' needs to ensure people can live healthily in their homes for longer, improving quality of life
h. are inclusively designed (Policy TPXX) to ensure development is accessible to all
i. promote safe residential environments including addressing the fear of crime and anti-social behaviour
j. address the climate emergency (PoliciesCE1-18)

Proposals for the development of new and the improvement of existing health care infrastructure required to support Birmingham's growing population will be permitted provided they meet the requirements of other policies in the Local Plan. These will provide flexible space to provide for the health and community needs of the local population.

13 Conclusion and Next Steps

13.1 As has been shown in the two sections about Health Impact Assessment and Liveable Neighbourhoods, these topics incorporate many different components which contribute to safe, healthy and sustainable neighbourhoods.

13.2 Therefore, it is important to consider how best to deal with these issues and who best to involve in designing, implementing and monitoring any policy changes.

Topic	Organisations/Groups involved	Next Steps

Health Impact Assessments	Public Health Directorate, Health and Wellbeing Board, other Planning Area teams	Develop HIA mechanism prioritising aspects of Birmingham's JSNA 1) What's needed for a rapid, standalone and comprehensive assessment. Prioritise comprehensive for Local Plan assessment purposes (incorporating LN elements as per Figure X) 2) Develop metrics/examples of evidence which can be used by developer to show that developments minimise negative health impacts and maximise positive health impacts. These could be along the lines of the five main themes in the Health and Wellbeing Strategy. Or the 11 key principles of liveable neighbourhoods which look hollistcally at all this. Why not have those as a golden thread throughout 3) Define types and thresholds (may need new data or can base it on existing information from other local authorities) 4) Whether it would be appropriate to combine some of the assessments with an EIA, or as in London, Integrated Assessment

15MN/LN	Future/current LN working team	Finalise wording to ensure Liveable Neighbourhood principles are embedded into windfall, growth zone and site allocation policies and local centres policy 1) Consider impacts of overarching strategic Liveable Neighbourhood policy on different areas of policy e.g. TP21 Local Centres; TP7 Green infrastructure network; TP9 Open space, playing fields and allotments; TP11 Sports facilities, TP27 Sustainable neighbourhoods among others 2) Assist with development of different area LN profiles, strategies, delivery plans

Appendix 1 – Solihull

The examination of the review of the Solihull Local Plan has been paused in anticipation of the revised NPPF which was expected in the Spring. Therefore, the below policy is subject to change.

Solihull Local Plan Policy P18 Health and Wellbeing

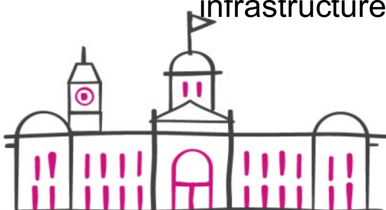
1. The Council will, with its partners, create an environment, which supports positive health outcomes and reduces inequality.
2. All new developments will be expected to promote, support and enhance physical and mental health and wellbeing. Healthy lifestyles will be enabled by:

   i. Facilitating opportunities for formal and informal physical activity, exercise opportunities, recreation and play through access to well- maintained open spaces, that take account of the different needs of the diverse population;

   ii. Delivering high quality, inclusive and attractive environments which minimise and mitigate against potential harm from risks, such as pollution and obesogenic environments, and promoting health and wellbeing, and & opportunities for social interaction;

   iii. Increasing opportunities for active travel, including walking, cycling and encouraging more sustainable travel choices.;

   iv. Improving the quality and access to the strategic and local green infrastructure network in the Borough and accessible open spaces, including



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playing pitches, particularly in areas where accessible green spaces and infrastructure is identified as lacking.;

v. Supporting safe and inclusive design, that discourages crime and anti-social behaviour, and encourages social cohesion.;

vi. Delivering new and improved health services and facilities in areas accessed by sustainable transport modes (facilities for primary medical care should be identified and planned for);
vii. Supporting initiatives which enable, or improve access to, healthy food. For example, provide opportunities for growing local produce and encouraging people to make healthy food choices;

viii. Encouraging initiatives to promote the energy efficiency of new and existing housing;

ix. Retaining, increasing and enhancing green infrastructure within developments including green spaces, planting, trees, open spaces and soft surfaces, in order to secure a variety of spaces for residents, visitors or employees to use and observe.

Hot Food Takeaways

3. Proposals for hot food takeaways, or premises which will provide an element of hot food takeaway alongside other supporting uses, should not lead to an over-concentration of such uses within any one individual locality, by overly dominating the street scene or having an adverse impact on the standard of amenity for existing and future occupants of land and buildings. It is also appropriate to control the number of outlets where there are concerns regarding levels of obesity.

4. Applications for hot food takeaways will be based on the following factors:

   i. Within the three main town centres, no more than 15% of the units will be in use as a hot food takeaway;
   ii. Within local centres and local parades, no more than 10% of the units will be in use as a hot food takeaway;
   iii. At all locations, no more than 2 hot food takeaways should be located adjacent each other.

5. Applications for hot food takeaways will not be granted within a 400m radius from an entrance to a primary or secondary school, youth centre, or similar location.

Health Impact Assessment (HIA)

6. All development proposals that may have a significant impact on health and wellbeing will be required to submit an assessment of the potential health impacts. The extent of the assessment undertaken will depend on the type, scale and location of the proposed development.

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7. HIA Screening should be completed for:

    i. Developments which include uses for education, health, leisure and/or community facilities;
    ii. Changes of use to Pubs and Drinking establishments, Hot food takeaways, C1 (Hotels), C2 (Residential Institutions), C2A (Secure Residential Institutions), betting offices/shops and pay day loan shops;
    iii. Proposals that may affect sensitive or vulnerable populations;
    iv. Other relevant proposals as requested by the local authority.

8. A Rapid Health Impact assessment (HIA) should be undertaken for:

    i. Major residential (C2 and C3) developments where the provision of dwelling houses is 50 or more;
    ii. The provision of a non-residential building, or buildings, where the floor space created by the development is 1,000 square metres or more;
    iii. Waste development and the winning and working of minerals, or the use of land for mineral working deposits;
    iv. Proposals for hot food takeaways (as defined by the Town and Country Planning (Use Classes) Order 1987 (as amended));
    v. Other relevant proposals as requested by the local authority.

9. A Full Health Impact Assessment should be undertaken for:
    i. Major residential (C2 and C3) developments where the provision of dwelling houses is 150 or more;
    ii. The provision of a non-residential building or buildings where the area of development exceeds 5 hectares;
    iii. Other relevant proposals as requested by the local authority.

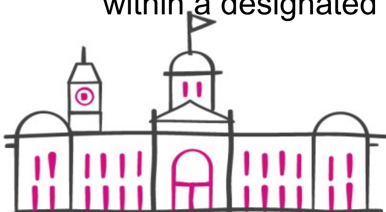
10. All HIAs and HIA Screening shall be undertaken in accordance with the Council's Health Supplementary Planning Document. The HIA and HIA Screening will be a material consideration in the determination of the planning application. Where significant negative impacts on health and wellbeing are identified, the Council will require applicants to mitigate for such impacts, in order to make the proposal acceptable, the Council may use planning conditions and/or developer contributions to achieve this, and also to ensure any significant positive identified impacts are realised.

Appendix 2 – Brentwood

Brentwood Local Plan 2016 – 2033 (adopted March 2022)

Policy MG04: Health Impact Assessments (HIAs)

A. To ensure new development is designed to promote good health, a Health Impact Assessment, will be required for residential proposals of 50 or more units (or less than 50 units at the discretion of the planning authority where the number of units could propose a significant impact on the community and infrastructure) and non-residential developments of 1,000m2 , or more, and hot food takeaways that are not within a designated town, district or local centre and are within 400 metres of a



school entrance. The Health Impact Assessment will be prepared in accordance with the advice and best practice as published by Public Health England and locally through the EPOA HIA Guidance Note, using the most up to date guidance. The purpose of the Health Impact Assessment is to identify opportunities of positive health impacts and potential negative impacts and how they might be mitigated.

B. Where significant impacts are identified, planning permission will be refused unless reasonable mitigation or planning controls can be secured.

Appendix 3 – Leeds

Policy SP1A - Achieving 20 minute neighbourhoods in Leeds

i) To improve liveability across the communities of Leeds the focus of new development should be to meet the principles of 20-minute neighbourhoods.

ii) A 20-minute neighbourhood in Leeds is one that:

i. Delivers development that maximises densities (unless there are overriding reasons concerning townscape, character, design and environmental impact) to support a critical mass for multiple local services/facilities and the viability of public transport, and

ii. Provides at least good accessibility* to a range of local services/facilities within a 10-minute walk [*as defined by paragraph X above]

iii. Is safe, secure, pleasant, and well connected for pedestrians and cyclists and optimises active transport; and

iv. Facilitates safe and easy access to quality public transport that connects people to jobs and services/facilities further away, and

v. Offers high-quality public realm and open greenspaces with emphasis on inclusion, local play and nature connectedness, and

vi. Provides services and destinations that support healthy local living, and

vii. Delivers a mix of housing types and range of affordable housing types to support a diverse population mix, allowing for more resilient, multi-generational communities that support our ageing population to age in place, and

vii. Encourages mixed uses and innovative and flexible design of buildings and spaces to provide multifunctional uses to facilitate thriving local economies and inclusion; important for sustaining a wider range and level of services and infrastructure as well as creating a sense of place with a recognisable centre and identity.

iii) Under the terms of this policy housing development (5 or more units) will be acceptable in principle on non-allocated land, providing that:

a. the site is located in those parts of the district that demonstrate the functionality of a 20 minute neighbourhood as defined above or

b. development can clearly address how deficiencies in accessibility to services/facilities will be met (and delivered), and

c. The number of dwellings does not exceed the capacity of transport, educational and health infrastructure, as existing or provided as a condition of development, and

d. Green Belt Policy is satisfied for sites in the Green Belt and

e. Areas of high flood risk to be avoided, and

f. Greenfield land should not be developed if it has intrinsic value for:

i. amenity space for recreation

ii. nature conservation

iii. makes a valuable contribution to the visual, historic and or spatial character of and area

iv. can contribute to the adaptation to climate change especially in inner urban parts of the City where the capacity to deal with climate change is low.

iv) All proposals will be required to accord with Policy T2 and accessibility standards.