Land North East of Harpenden between Lower Luton Road, Bower Heath Lane and Common Lane

Health Impact Assessment

Stantec

Prepared for:
Crest Nicholson

Prepared by:
Stantec UK Limited

February 2026

Project/File:
33313542900

Stantec UK Limited

Revision	Description	Author	Date	Quality Check	Date	Independent Review	Date
V1	DRAFT	JK	July 25	KM	July 25	PW	July 25
V1	FINAL	JK	Aug 25	KM	Aug 25	PW	Aug 25
V2	UPDATE	JK	Nov 25	KM	Nov 25	PW	Nov 25
V2.1	UPDATE	JK	Dec 25	KM	Dec 25	PW	Dec 25
V2.2	UPDATE	JK	Feb 26	KM	Feb 26	PW	Feb 26

The conclusions in the Report titled Land North East of Harpenden between Lower Luton Road, Bower Heath Lane and Common Lane: Health Impact Assessment are Stantec's professional opinion, as of the time of the Report, and concerning the scope described in the Report. The opinions in the document are based on conditions and information existing at the time the scope of work was conducted and do not take into account any subsequent changes. The Report relates solely to the specific project for which Stantec was retained and the stated purpose for which the Report was prepared. The Report is not to be used or relied on for any variation or extension of the project, or for any other project or purpose, and any unauthorized use or reliance is at the recipient's own risk.

Stantec has assumed all information received from Crest Nicholson (the "Client") and third parties in the preparation of the Report to be correct. While Stantec has exercised a customary level of judgment or due diligence in the use of such information, Stantec assumes no responsibility for the consequences of any error or omission contained therein.

This Report is intended solely for use by the Client in accordance with Stantec's contract with the Client. While the Report may be provided by the Client to applicable authorities having jurisdiction and to other third parties in connection with the project, Stantec disclaims any legal duty based upon warranty, reliance or any other theory to any third party, and will not be liable to such third party for any damages or losses of any kind that may result.

Prepared by	J. Keenan	Signature
	Jenny Keenan	Printed Name
Reviewed by	K. Morrison	Signature
	Kathleen Morrison	Printed Name
Approved by	P. Wales	Signature
	Prudence Wales	Printed Name

Table of Contents

List of Tables

List of Figures

List of Appendices

Executive Summary

The importance of healthy communities is a theme running through national, regional and local planning policy. This Health Impact Assessment (HIA) has been prepared on behalf of Crest Nicholson to determine the potential health impacts of an outline planning application submitted for a mixed use development of up to 500 residential dwellings, children's home, elderly extra care facility, local centre, sports pitches, and associated building, primary school with early years provision, public open space, community growing space, vehicular access from Lower Luton Road, pedestrian and cycle access, landscaping and related infrastructure. The Site is located within the administrative boundary of St Albans City and District Council.

The HIA has reviewed the potential health effects of the Proposed Development and provides recommendations to seek to maximise health gains and remove or mitigate potential adverse impacts on health. The assessment has used guidance which sets out key themes under which health impacts should be assessed. As the Proposed Development is in outline, some determinants have been assessed as having an uncertain effect at this stage; however, mitigation has been recommended for detailed design stage. Throughout the HIA, the Development is considered to have an overall positive or neutral effect in relation to the key health themes. A negative effect was assessed for impact on health and social care services; secondary education; and post -16 education. However, mitigation measures have been recommended.

1 Introduction

1.1 Background

1.1.1 This Health Impact Assessment (HIA) has been prepared by Stantec UK on behalf of Crest Nicholson ('the Applicant'), in support of an outline planning application submitted for a mixed use development (the 'Proposed Development') on Land North East of Harpenden between Lower Luton Road, Bower Heath Lane and Common Lane (the 'Site').

1.1.2 The Site is located within the administrative boundaries of St Alban's District Council (SADC) and Hertfordshire County Council (HCC). The requirement for a HIA has been identified within Policy HW5: Health Impact Assessments of the emerging SADC Draft Local Plan 2041[1] and within HCC's Health Impact Assessment Position Statement (adopted October 2019)[2] which recommends the use of HIA for residential developments of more than 100 residential units. The Proposed Development exceeds this threshold.

1.1.3 This HIA seeks to identify the potential beneficial and adverse effects of the Proposed Development on the wider determinants of human health and demonstrate how the Proposed Development will enhance beneficial effects through its design and delivery, in a manner proportionate to the size and characteristics of the Proposed Development.

1.2 Report Structure

1.2.1 The HIA is structured as follows:

- **Section 2**: Proposed Development and Site Context – description of the site and development.
- **Section 3**: HIA Approach and Methodology – outline of assessment methodology.
- **Section 4**: Policy Context – summary of relevant planning policy.
- **Section 5**: Local Health Characteristics – description of baseline health conditions.
- **Section 6**: Health Impact Assessment – assessment of health impacts in relation to the Proposed Development.
- **Section 7**: Summary and Conclusions – overview of the assessment recommendations and concluding remarks.

1.3 Other Documents

1.3.1 Other reports and statements have been prepared to support the planning application, which relate to impacts on the wider determinant of health, including technical assessments on air quality, contamination, and transport. This report cross-references those documents as they provide greater detail on the assessment of impacts, clarification on the Proposed Development and proposed mitigation. Documents referred to include:

[1] SADC (2024) Reg 19 Local Plan Part A.pdf

[2] HCC (2019) Health Impact Assessment Position Statement

- Planning Statement (including Affordable Housing Statement) (Stantec, 2025): explains and justifies the Proposed Development in relation to planning policy and other material considerations.

- Air Quality Impact Assessment (Create Consulting, 2025): considers air quality impacts associated with both the construction and operation of the Proposed Development.

- Biodiversity Net Gain Assessment (Aspect Ecology, 2025): determines the level of Biodiversity Net Gain (BNG) that can be achieved under the Proposed Development.

- Design and Access Statement (IDP, 2025): provides an explanation of how a Proposed Development design responds to the site and setting, and demonstrate that it can be adequately accessed by prospective users;

- Flood Risk Assessment and Drainage Strategy (JPP, 2025): assesses risk of flooding on Site and sets out a strategy for surface water management;

- Acoustic Assessment (Create Consulting, 2025): contained within the planning application, this assessment sets out the existing sound climate, assesses the suitability of the Site for residential development with respect to noise;

- Transport Assessment (SLR, 2025): reviews the accessibility of the site, considers the development proposals in line with national and local planning policy documents, and forecasts the potential trip generation of the Proposed Development.

- School Travel Plan (SLR, 2025): Relates only to the school element of the Proposed Development. The aim is to put in place the management tools that are necessary to enable teachers, administration staff, parents, and schoolchildren to make informed decisions about their travel to the school.

- Residential Travel Plan (SLR, 2025): Relates only to the residential element of the Proposed Development. It sets out the specific aims and measures for the proposed residential development.

- Energy Statement (AES, 2025): outlines the predicted CO_2 reductions to be delivered at the residential units. It demonstrates that by following a fabric first approach and with the implementation of low carbon heating systems via renewable technology, the development will reduce carbon emissions significantly in excess of current regulatory and local policy standards.

- Statement of Community Involvement (Chelgate Local, 2025): details the activities undertaken within the community and summarises the feedback received.

- Environmental Statement Chapter 7: Population and Human Health (Stantec, 2025): this chapter assessed the likely population and human health effects of the Proposed Development.

2 Proposed Development and Site Context

2.1 The Proposed Development

2.1.1 The development proposals are as follows:

2.1.2 "Outline Application for demolition of existing buildings and structures and construction of a mixed-use development comprising residential dwellings (including affordable housing), children's home, elderly extra care facility, local centre (flexible retail/ health/ community use), sports pitches and associated building, green infrastructure and landscaping works (to include public open space and community growing space); primary school with early years provision, vehicular and active travel infrastructure (including pedestrian and cycle access) and diversion of Bower Heath Lane; drainage works; and related infrastructure. All matters reserved save for access from Lower Luton Road."

2.2 The Site and Surrounding Area

2.2.1 The Site (**Appendix B**: Site Location Plan) is located immediately north east of the settlement of Harpenden and comprises of pasture fields with further fields, hedgerows and woodlands to the north, east and west. The Site encompasses approximately 32.9370 hectares (ha) of land. An unnamed track bisects the northern and southern areas of the Site. It runs along the middle of the Site from the west to east. The track links up B652 Bower Heath Road and Common Lane.

2.2.2 The Site is bordered to the north by the B652 Bower Heath Road; the west by the B653 Lower Luton Road; to the south by the residential dwellings and gardens located on Noke Shot, Saxon Close, Dane Close, and Turners Close; and to the east by Common Lane. An equestrian facility is located in the north-westernmost corner of the Site; and three Public Rights of Way (PRoW) cross the Site, footpath 'Harpenden 034' runs from Bower Heath Road to Turners Close, footpath 'Harpenden 061' runs from Common Lane to Whitings Close and footpath 'Harpenden043' / 'Wheathampstead 061' runs east west from Common Lane.

2.2.3 The closest residential property lies within Noke Shot, immediately south of the Site. Porters Hill Park lies immediately south of the Site which also encompasses Porters Hill Playground and Porters Hill Park Allotments.

2.2.4 The surrounding area to the north and east of the Site is predominantly characterised by agricultural fields; residential properties; farms and associated buildings; hedgerows; and the local road network. There are various residential properties located along the B652 Bower Heath Lane and within Sauncey Wood. Additionally, there are two farms located to the north east of the Site: Hornbeam Wood Farm (approximately 100m from the Site) and Four Oaks Farm (approximately 320m from the Site). Hornbeam Wood Hedgehog Sanctuary & Rescue facility is located approximately 100m north east.

2.2.5 The surrounding area to the south and west of the site is predominantly characterised by the hamlet of Bower Heath to the immediate south; an equestrian centre; Porters Hill Park; hedgerows; nearby residential properties; a local park; and the local road network.

3 HIA Scope and Methodology

3.1 Introduction

3.1.1 This chapter sets out the methodological approach of this HIA, including the requirement for an HIA, assessment scope and how health is defined for the purposes of the HIA.

3.1.2 The HCC Position Statement on Health Impact Assessments recommends the use of the Wales Health Impact Assessment Support Unit (WHIASU) screening, scoping and evaluation guidance. It is also stated within it that the organisation leading the HIA process should determine the most appropriate assessment toolkit. In light of this, the Healthy Urban Development Unit (HUDU) Rapid Health Impact Assessment Matrix has been applied as this was deemed more appropriate for the Proposed Development. This is explained further in **Section 3.6**.

3.2 Requirement for HIA and Guidance Considerations

3.2.1 The objectives of HIA are as follows:

- To identify the potential positive and negative health impacts associated with the construction and operation of the development;
- To identify opportunities for improving health and promoting health equality; and
- To identify opportunities to mitigate negative impacts on health and reduce health inequalities.

3.2.2 The requirement for an HIA has been identified within the SADC emerging Draft Local Plan 2041 under Policy HW5: Health Impact Assessment which states: *"A Health Impact Assessment must be submitted for the following types of applications: (a) Residential proposals of 100 dwellings or more (however this threshold may be reduced depending on the nature and scale of the development)"*.

3.2.3 Additionally, the Proposed Development meets a local policy requirement within the HCC Health Impact Assessment Position Statement (adopted October 2019) as this recommends the use of HIA on residential developments of over 100 residential units, which the Proposed Development exceeds.

3.2.4 The following guidance has been utilised in this assessment:

- **HUDU 2019 Rapid HIA Matrix** - A tool developed by the NHS London HUDU to quickly evaluate the potential health impacts of development plans and proposals. It aims to ensure that health considerations are integrated into planning decisions, promoting positive health outcomes and mitigating negative impacts (see **Section 6**).
- **WHIASU Quality Assurance Framework** - A critical appraisal tool designed to ensure high standards in HIAs conducted in Wales. This was developed by the WHIASU, this framework aims to maintain the integrity and effectiveness of HIA practices by providing clear guidelines and criteria for quality reviews.
- **HCC vulnerable people checklist** - A tool designed to ensure that the needs of vulnerable populations are considered in Health Impact Assessments (HIAs). Developed by the HCC, this checklist aims to identify and address potential health inequalities and

risks that may affect vulnerable groups during the planning and implementation of projects.

3.3 Defining Health and Health Determinants

3.3.1 The established definition of health from the World Health Organisation (WHO) is that "*Health is a state of complete physical, social and mental wellbeing and not simply the absence of disease or infirmity*."[3] This assessment uses the WHO definition of health, recognising that a broader understanding of health and wellbeing, as well as illness and disease (mortality and morbidity), is useful.

3.3.2 This definition of health reflects the understanding that an individual's inherited traits interact with lifestyle, community, environmental, social, and economic factors as well as a much wider range of issues to determine their health outcomes, as shown in **Figure 3.1**. Some impacts may be direct, obvious, or intentional and others indirect, difficult to identify and unintentional. The purpose of the HIA is to anticipate and mitigate for these effects.

Figure 3.1 The Health Map - wider determinants of health and wellbeing (Barton and Grant, 2006 - adapted from Dahlgren and Whitehead, 1991).

The HUDU Rapid Health Impact Assessment Tool

3.3.3 A prospective, rapid HIA has been deemed to be appropriate and proportionate to the scale and nature of the Proposed Development in line with the requirement set out above.

3.3.4 The latest version of the HUDU Rapid HIA Tool was updated in October 2019[4]. The rapid assessment tool is designed to assess the likely health impacts of development plans and

[3] World Health Organisation (1946, entered 1948) Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York.

[4] NHS London Healthy Urban Development Unit (2019) HUDU Rapid HIA Tool October 2019.

proposals. The tool, set out in **Chapter 6**, identifies 11 topics of wider health determinants. These are:

- Housing design and affordability;
- Access to health and social 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 inclusive design;
- Minimising the use of resources; and
- Climate change.

3.3.5 The Rapid HIA Tool provides criteria that the Proposed Development has been assessed against to identify the impact it will have on health and wellbeing. For each theme, an assessment has been completed to establish the baseline of the existing situation, an evidence base around health impacts associated with a health priority, and identification of likely effects (adverse and beneficial). Recommendations for mitigation and monitoring have also been made. The assessment is found in **Chapter 6** of this report.

3.4 Assessment Scope

3.4.1 A prospective, rapid HIA has been deemed appropriate and proportionate to the scale and nature of the Proposed Development in line with the requirement set out above.

3.4.2 The topics included in the HUDU Rapid HIA Matrix, the stage of the planning application, and the nature of the Site has been used to determine the scope of health determinants considered in the baseline and assessment. **Table 3.1** shows topics that have been scoped in and out, with justification:

Table 3.1: HUDU topics scoped for baseline and assessment.

Determinant of Health	Scoped In/Out	Justification
Housing design and affordability	In	Based on scheme proposals: up to 500 residential dwellings are proposed.
Access to health and social care services and other social infrastructure	In	Based on scheme proposals: children's home, elderly extra care and primary school are proposed.
Access to open space and nature	In	Based on scheme proposals: public open space and allotments are proposed.

Air quality, noise and neighbourhood amenity	In	Based on scheme proposals: potential for impact on this determinant.
Accessibility and active travel	In	Based on scheme proposals: vehicular and pedestrian access are included within the proposal.
Crime reduction and community safety	In	Based on scheme proposals: potential for impact on this determinant.
Access to healthy food	In	Based on scheme proposals: potential for impact on this determinant.
Access to work and training	In	Based on scheme proposals: potential for employment during construction and operation.
Social cohesion and inclusive design	In	Based on scheme proposals: up to 500 dwellings are proposed.
Minimising the use of resources	In	Based on scheme proposals: up to 500 dwellings are proposed and potential for impact on this determinant.
Climate Change	In	Based on scheme proposals: up to 500 dwellings are proposed and potential for impact on this determinant.

3.5 Baseline Assessment Methodology

Study Area

3.5.1 Health impacts arise from many different determinants of health and distribution of effects varies by determinant. Furthermore, data is not always available at the same scale, all of which necessitates a range of study areas to be considered in HIA for baseline data collection and analysis.

3.5.2 A Local Study Area (LSA) has been determined to assess the general population and health baseline for the Proposed Development. The LSA is comprised of three middle super-output areas (MSOAs) that encompasses the Proposed Development Site and the surrounding area. The LSA is presented in **Appendix C** and includes the following MSOAs:

- E02004924: St Albans 001;
- E02004925: St Albans 002; and
- E02004927: St Albans 004.

3.5.3 District (St Albans City), regional (East England) and national (England) level data are used as comparators to contextualise LSA data.

3.5.4 Where relevant to specific determinants other study areas within the baseline assessment include:

- **Local Study Area:** As defined in paragraph 3.5.2.
- **Healthcare Study Area:** The healthcare study area is defined by all GP provision in the LSA including the number of Full-Time-Equivalent (FTE) GPs (excluding locums and

trainee GPs) at each practice as of 31 May 2025. To determine whether existing GP provision is under or over-capacity, GP to patient ratios for the selected practices have been compared to the HUDU standard of 1 GP for every 1,800 people.

- **Deprivation Study Area:** The deprivation study area is defined by 2 Lower Super Output Areas (LSOAs): St Albans 002C and 004C.

Data Sources

3.5.5 The following data sources have been used to inform the baseline conditions and have been fully referenced throughout the report:

- Office for National Statistics (ONS) / NOMIS;
- Office for Health Improvement and Disparities (OHID);
- Public Health England (PHE);
- NHS Digital 2025;
- Indices of Multiple Deprivation (IMD), 2019;
- Hertfordshire and West Essex District Profile 2024; and
- Department of Health & Social Care: Fingertips – Public health profiles.

3.6 Assumptions and Limitations

3.6.1 The following assumptions and limitations are relevant to this HIA:

- Limited data availability as not all of the baseline data presented was available at the LSA level.
- It is difficult to predict with certainty the long-term health effects of the Proposed Development, especially for specific groups and therefore this assessment is primarily based on professional judgement, alongside best practice guidance.
- It is noted in **Section 3.7** that no specific community engagement has been undertaken regarding this HIA. Feedback has been incorporated from the wider engagement undertaken has part of developing this submission.
- It is noted in the baseline and assessment that the assessment of GP capacity has been undertaken with publicly available data at the time of writing. Further engagement may be needed with the local ICB to refine approach to any Section 106 (S106) or on-site healthcare provision needed.

3.7 Consultation

3.7.1 Consultation was undertaken with Public Health Officers at HCC in order to agree the assessment approach and allow for any queries to be raised. The consultation email and letter and response are included in **Appendix D.**

3.7.2 The below outlines how this HIA has responded to the comments received from HCC Public Health Officers:

- While HCC advised on the use of the WHIASU methodology to undertake the HIA assessment. However, it was noted that the HUDU Methodology would also be acceptable if Appendix B Health and Wellbeing Determinants Checklist[5] was integrated into the report to ensure that the wider determinants of health are fully considered. Appendix B has been considered throughout the HIA and can be seen within the assessment section of this report.

- Further to this it is noted that the HCC HIA position statement also recommends that the assessment methodology is to be determined by the lead organisation undertaking the HIA process. As such, based on our professional judgement we have opted to use the NHS London HUDU rapid HIA tool as this provides a proportionate and specific approach to the scale and nature of the Proposed Development being assessed. The HUDU methodology reflects a similar approach and principles for undertaking a HIA as the WHIASU method and provides a detailed, urban design-focused assessment of the wider determinants of health, and as such this has become a well-established tool for proposals of this nature.

- To complement the above assessment approach and align with HCC recommendations, we have also drawn on considerations included in the HCC and WHIASU HIA guidance to inform our assessment of vulnerable groups and quality assurance. The WHIASU Quality Assurance Review Framework (**Appendix E**) has been used to inform the development of this report. We expect that HCC will use this framework to assess the HIA.

- It was recognised in HCC's response that a full HIA (defined within the response as requiring elements such as a steering group, multiple engagement events and a literature review) may not be possible given the constraints of the timeline for this planning application. It was suggested that a Rapid HIA, as undertaken, would be acceptable if the following considerations were integrated: construction and operational impacts; the impact magnitude (number of people impacted and duration of impact/exposure) and; identify population groups that might be impacted (positive and negative). These have been considered within the assessment.

- It is noted that in the Rapid HUDU assessment tool magnitude is not a consideration within the assessment. To align with HCC Public Health Officers proposals this has been considered in alignment with Institute of Environmental Management and Assessment (IEMA) guidance[6].

Table 3.2: Health magnitude methodology criteria

Category / Level	Indicative criteria
High	High exposure or scale; long-term duration; continuous frequency; severity predominantly related to mortality or changes in morbidity (physical or mental health) for very severe illness/ injury outcomes; majority of population affected; permanent change; substantial service quality implications.
Medium	Low exposure or medium scale; medium-term duration; frequent events; severity predominantly related to moderate changes in morbidity or major change in quality-of-life; large minority of population affected; gradual reversal; small service quality implications.

[5] HCC (n.d.) appendix-b-health-and-wellbeing-determinants-checklist.pdf

[6] IEMA (2022) Determining Significance for Human Health in Environmental Impact Assessment.

Low	Very low exposure or small scale; short-term duration; occasional events; severity predominantly related to minor change in morbidity or moderate change in quality-of-life; small minority of population affected; rapid reversal; slight service quality implications
Negligible	Negligible exposure or scale; very short-term duration; one-off frequency; severity predominantly relates to a minor change in quality-of-life; very few people affected; immediate reversal once activity complete; no service quality implication.

3.7.3 The Statement of Community Involvement (SCI) has also been reviewed for assessment purposes. The SCI details the activities undertaken within the community and summarises the feedback received. This engagement has been the primary vehicle for community input into the scheme with no separate engagement undertaken as part of this HIA. This included a project website, a telephone helpline, dedicated email address, a consultation letter sent to the 150 closest residences, a leaflet sent to over 1700 addresses and a public exhibition on 13th November 2024 at All Saints Church Hall, Harpenden.

4 Policy Context

4.1 Introduction

4.1.1 The Proposed Development is situated within the administrative boundaries of SADC and HCC. Policies relevant to these administrative areas and national policies are set out below.

4.2 National Legislation and Policy

Health and Social Care Act

4.2.1 The Health and Social Care Act (2012)[7] introduced a duty upon local authorities to "*take such steps as it considers appropriate for improving the health of the people in its area*". This can include requiring a Health Impact Assessment (HIA) for policies, plans and projects. Some sections of this Act have been superseded by the Health and Social Care Act 2023.

Care Act

4.2.2 The Care Act (2014)[8] introduced a duty upon local authorities to provide or arrange services that prevent people from developing care and support needs or delay the progression of conditions such that people would need ongoing care and support. Local authorities should provide or arrange services that would help reduce needs and provide people with the means to recover.

National Planning Policy Framework (NPPF)

4.2.3 The NPPF[9], revised in February 2025, identifies the key principles in relation to health that local planning authorities should consider. In particular, Chapter 8 'Promoting healthy and safe communities' states that decisions should aim to achieve the following key features to a healthy and safe community:

a. *"Promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;*

b. *Are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of attractive, well-designed, clear, and legible pedestrian and cycle routes, and high-quality public space, which encourage the active and continual use of public areas; and*

c. *Enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example 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."*

National Planning Practice Guidance

[7] UK Government (2012) Health and Social Care Act 2012.
[8] UK Government (2014) Care Act 2014.
[9] National Planning Policy Framework - GOV.UK.

4.2.4 The national Planning Practice Guidance (PPG, live document) supports the NPPF health and wellbeing objectives. It states that health, wellbeing, and health infrastructure should be considered in plan making and decision making, recognising the causal relationship between health and wellbeing and the built and natural environment.

NHS 10 Year Plan

4.2.5 The NHS 10-Year Plan, titled *"Fit for the Future" (July 2025)*, sets out a vision to address critical challenges facing the health service in England. Triggered by widespread concerns over access, staffing, and health outcomes, the plan aims to reimagine care delivery while preserving the NHS's founding principles. Key priorities include:

- Improving access to GPs and community services.
- Reducing waiting times and tackling health inequalities.
- Empowering patients with greater choice and control.
- Shifting focus from treatment to prevention and early intervention.
- Harnessing technology and data to modernise services.
- Supporting the workforce through reform and innovation.

4.2.6 The plan emphasises collaboration across sectors and aims to build a more resilient, equitable, and patient-centred health system. It is recognised that this Plan and other recent Government announcements, as well as upcoming contract changes regarding General Practitioners may have an uncertain impact on primary healthcare delivery. Therefore, it is important to note that further engagement with local healthcare providers is recommended.

4.3 Local Planning Policy and Guidance

The District Local Plan Review 1994[10]

4.3.1 The current adopted Local Plan is The District Local Plan Review 1994, which is being replaced by a new Local Plan. Local Plans "expired" after 27 September 2007 unless "saved", in whole or in part. In 2007, a Direction was made saving specified policies of the District Local Plan Review 1994, i.e. they are still part of the development plan for St Albans.

4.3.2 The policies listed in the List of Saved Policies are therefore the remaining operational policies within the District Local Plan Review 1994. Any policies not on the list have expired and are no longer part of the development plan. The Saved Policies of relevance to this HIA include:

- Policy 105: Community Care
- Policy 106: Education Facilities
- Policy 143: New Areas of Public Open Space

St Albans City and District Council Draft Local Plan 2041[11]

[10] SADC (2020) District Local Plan Review 1994 Saved and Deleted Policies Version [July 2020].pdf
[11] SADC (2024) Reg 19 Local Plan Part A.pdf

4.3.3 As the current Local Plan dates back to 1994, one of the oldest in the country and needs to be replaced. SADC is developing a new Local Plan. The document is like a blueprint for future development so that inevitable change can be managed carefully and thoughtfully. It is anticipated that the new Local Plan will be adopted in March 2026. The Draft Local Plan 2041 (Regulation 19 Publication (September 2024)) contains the following policies of relevance to the Proposed Development and HIA:

- HOU1 – Housing Mix
- HOU2 – Affordable Housing
- HOU3 – Specialist Housing
- HOU4 – Accessible and Adaptable Housing
- EMP5 – Employment Skills
- COM1 – Education
- COM3 – Community, Leisure and Sports Facilities
- TRA1 – Transport Considerations for New Development
- NEB12 – Green Space Standards and New Green Space Provision
- DES2 – Public Space
- Strategic Policy SP13 – Health and Wellbeing

The Hertfordshire Health and Wellbeing Strategy 2022-2026[12]

4.3.4 This strategy sets out the vision and strategic priorities for improving health and wellbeing and reducing health inequalities in the County. The vision is: *"Working in partnership and with our communities to improve their health, wellbeing and their quality of life to reduce health inequalities and help people live longer and healthier lives".* This strategy outlines three key overarching ambitions: Strong Communities, Healthy and Fulfilling Lives, and Effective, Joined Up Health and Care Services. The strategy also outlines six themed strategic outcomes that they are collectively aspiring to in Hertfordshire:

- Every child has the best start in life;
- Good nutrition, healthy weight and physical activity;
- Good emotional and mental wellbeing throughout life;
- Reduction in smoking and substance misuse;
- A healthy standard of living for all; and
- Healthy and sustainable places and communities.

[12] HCC (2022) https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/hertfordshire-health-and-wellbeing-strategy-2022-2026.pdf

Sustainable Hertfordshire Strategy 2022 (Revised March 2023)[13]

4.3.5 This strategy was originally prepared in response to the county council's declaration of a climate emergency and was updated in 2023 to reflect changes at an international, national and local level. The strategy outlines the desire to create well-designed, healthy and safe towns and villages which enable thriving natural and human communities where people want to live, learn and work.

The Hertfordshire Public Health Strategy 2022-2027[14]

4.3.6 This strategy describes how HCC's Public Health Services contributes to achieving HCC's vision – to create a cleaner, greener and healthier Hertfordshire. The vision of the strategy is *"everyone in our country is born as healthy as possible, and lives a full, healthy and happy life"*.

Hertfordshire Joint Strategic Needs Assessment[15]

4.3.7 Hertfordshire's Joint Strategic Needs Assessment (JSNA) looks at the specific health and wellbeing needs of the local population and points out areas of inequality. It helps public bodies decide what type of local services to commission.

[13] HCC (2023) Sustainable Hertfordshire Strategy 2022 (March 2023 revision)

[14] HCC (2022) https://www.hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/public-health-strategy-2022-2027.pdf

[15] Hertfordshire JSNA (2025) Hertfordshire Joint Strategic Needs Assessment

5 Local Health Characteristics

5.1 Introduction

5.1.1 This section outlines the population and health characteristics of the communities around the Proposed Development site, relevant to the assessment topics. The purpose is to gain an understanding of the overall health of the population, identify sensitivities that could be affected by the Proposed Development, identify receptors within the local area that may be affected by the Proposed Development, and in particular any vulnerable groups that may be inequitably affected by the development.

5.2 Population

Population Overview

5.2.1 As of the Census 2021, the total resident population in the Local Study Area (LSA) is 22,318 persons, and for St Albans it is 148,173 persons.[16]

5.2.2 Within the LSA, 24.4% of the population are 15 years and under, which is higher than the district (21.6%) and national (18.6%) averages. Within the LSA 58.6% of the resident population are 16-64 years, which is lower than the district and national averages (61.1% and 63.0%, respectively). Within the LSA, 17.1% are 65 years and over, which is similar to the district percentage (17.2%), but lower than the national average (18.4%). The median age for St Albans district in the 2021 Census was 41 years.

5.2.3 Population projections which are under-pinned by assuming a continuation of past demographic trends and which do not take account of any planned housing delivery, suggest that the total population of the SADC area will increase by +5% between the current baseline (2022) and 2035 (the anticipated year of completion for the Proposed Development). This is projected to be a lower rate of growth than expected for the East of England region (+8%) and England (+9%). Projections for the LSA are not published.[17]

Ethnicity

5.2.4 The majority of the population in the LSA identify as White (88.9%), which is higher than in St Albans (83.6%) and England (81.0%). Within this category, most people in the LSA identify as 'White English, Welsh, Scottish, Northern Irish or British' (91.3%), followed by 'Other White' (6.8%) and 'Irish' (1.8%). The second most populous ethnic group are those identifying as Asian (4.4%), which is less than in St Albans (8.2%) and England (9.6%). The Black population makes up 1.9% of the LSA, which is smaller than St Albans (2.1%) and England (4.2%). Those of Mixed or Multiple ethnic groups make up 3.8% of the LSA population, which is lower than in St Albans (4.3%) and England (3.0%).[18]

Disability

5.2.1 In the LSA, 12.2% of the population are disabled under the Equality Act, this is lower than the district (12.9%), regional (16.6%) and national (17.3%) averages. Of those who are disabled within the LSA, 4.1% have their day-to-day activities limited a lot and 8.1% have their day-to-day activities limited a little. These figures are lower than the district (4.7% day-to-day

[16] Derived from: NOMIS (2022), Census 2021. TS007 – Age by single year.

[17] Derived from: NOMIS (2022), Population projections – local authority based by single year of age.

[18] Derived from: NOMIS (2022), Census 2021. TS021 – Ethnic Group.

activities limited a lot; 8.3% have their day-to-day activities limited a little), regional (6.6% day-to-day activities limited a lot; 10.0% have their day-to-day activities limited a little) and national (7.3% day-to-day activities limited a lot; 10.0% have their day-to-day activities limited a little) averages.[19]

Religion

5.2.2 The leading religions for those in the LSA are Christianity (51.8%), and 'no religion' (37.5%), which are both similar to St Albans (47.4%; 37.1%) and national levels (46.3%; 36.7%). The LSA features a smaller Muslim percentage (1.7%) compared to St Albans (4.7%) and national (6.7%) averages. There is a marginally higher Jewish percentage in the LSA (0.7%) than the national average (0.5%). However, this percentage is smaller than the St Albans average (1.5%).

Deprivation and Economic Conditions

5.2.3 Overall, deprivation in the LSA is significantly better than in England for reasons including the follow[20]:

- Income deprivation (4.9%) is significantly better than in England (12.9%).
- Child poverty, and income deprivation affecting children is significantly better in the LSA (5.9%) than in England (17.1%).
- 4.3% of those in the LSA live in overcrowded houses, which is significantly lower than in England (8.7%).
- Deaths from all causes considered preventable, under 75 years (Standardises Mortality Ratio) is significantly better in the LSA (53.9) than the national average (100.0).

5.2.4 The Indices of Deprivation (IoD) 2019 is published by the Ministry of Housing, Communities and Local Government (MHCLG) and provides a relative measure of deprivation for areas in England. In addition, the IoD provides a more refined picture of deprivation across England, presenting deprivation levels at Lower Super Output Area (LSOA) level. The Index of Multiple Deprivation (IMD) component of the IoD is the official measure of relative deprivation in England and is based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the IMD.

5.2.5 **Table 5.1** shows the level of deprivation in the study area (LSOAs St Albans 002C and St Albans 004C). The overall deprivation scores for the study area:

- St Albans 002C is 5, indicating the LSOA falls within the 50% least deprived neighbourhoods in the country.
- St Albans 004C is 9, indicating the LSOA falls within the 10% least deprived neighbourhoods in the country.

[19] Derived from: NOMIS (2022), Census 2021. TS038 – Disability.

[20] All judgments of significance with respect to this determinant are provided by the OHID (2021) database cited.

Table 5.1: Indices of Multiple Deprivation for LSOA of the Proposed Development

	English Indices of Deprivation (IMD)	Income	Employment	Education, skills and training	Health and disability	Crime	Barriers to housing and services	Living environment
St Albans 002C	5	5	4	5	7	5	3	9
St Albans 004C	10	10	10	10	10	8	1	7

1	2	3	4	5	6	7	8	9	10

← More deprived Less deprived→

Source: English indices of deprivation 2019[21],[22].

5.2.6 As shown in **Table 5.1**, the LSOAs experience differing levels of deprivation with an overall higher level of deprivation experienced in St Albans 002 when compared to St Albans 004C. The Deprivation Study Area performs worse within the 'Barriers to Housing and Services' domain. This is particularly evident in St Albans 004C which ranks in the most deprived decile.

5.3 Health Overview

Life expectancy

5.3.1 Average life expectancy at birth in St Albans is 82.0 years for males, which is higher than the national (80.0) average. For females, average life expectancy at birth in St Albans is 85.3 years, which is higher than the national average (83.6 years).[23]

Self-Assessed General Health

5.3.2 The LSA population assessed their general health to be similar to the St Albans average, and better than the national average. 88.8% rated their health as either 'good' or 'very good' (St Albans: 87.8%; England: 82.2%), while only 2.7% rated their health as 'bad' or 'very bad' (3.0%; 5.2%).[24]

Physical Health Conditions

5.3.3 As shown in **Table 5.2**, the LSA features an overall good level of health, with statistically similar or lower indicators than the regional and national averages.

[21] UK Government (2019) English indices of deprivation 2019 - GOV.UK

[22] UK Government (2019) Indices of Deprivation 2015 and 2019

[23] Office for Health Improvement and Disparities (OHID) 2021. Local Health Profiles. Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care

[24] Derived from: NOMIS (2022), Census 2021. TS037 – General health.

Table 5.2: Physical Health Conditions

Indicator	Year	St Albans	East of England	England
Hip fractures in people aged 65 and over (per 100,000 population aged 65 and over)	2023/24	508	530	547
Under 75 mortality rate: all causes	2023	272.7	310.9	341.6
Under 75 mortality rate from all cardiovascular diseases (per 100,000 population aged under 75)	2023	50.5	68.6	77.4
Under 75 mortality rate from cancer (per 100,000 population aged under 75)	2023	108.3	113.4	120.8

Key	
	Better than the England average
	Similar to the England average
	Worse than the England average
	Not Compared

Source: Office for Health Improvement and Disparities (OHID).[25]

Mental Health and Behaviour Risk Factors

5.3.4 As shown in **Table 5.3**, the LSA performs better or similar with respect to mental health and behavioural risk factors compared to its comparators. For example, it has a higher rate of physically active adults and a lower rate of overweight and obese adults, obesity in children and smoking prevalence.

Table 5.3: Mental Health and Behavioural Risk Factors

Indicator	Year	Three Rivers	East of England	England
Mental Health				
Emergency hospital admission rate for intentional self-harm (per 100,000 population)	2023/24	103.4	108.1	117.0
Suicide rate (per 100,000 population aged 10 and over)	2021-23	8.9	9.5	10.7

[25] Department of Health & Social Care (2025) Local Authority Health Profiles. Available at: https://fingertips.phe.org.uk/profile/health-profiles

Estimated dementia diagnosis rate (65+ years) (%)	2024	64.7%	76.7%	78.0%
Lifestyle				
Percentage of physically active adults	2022/23	77.9%	67.7%	67.1%
Percentage of overweight or obese adults	2022/23	56.7%	64.8%	64.0%
Percentage of obesity in Year 6 children	2023/24	11.3%	20.0%	22.1%
Smoking prevalence in adults (%)	2023	3.0%	11.5%	11.6%
Hospital admission rate for alcohol-related conditions (per 100,000 population)	2021/22-23/24	481	484	504

Key	
	Better than the England average
	Similar to the England average
	Worse than the England average
	Not Compared

Source: OHID.

5.4 Wider Determinants of Health

Physical Activity

5.4.1 Overall, there is a higher level of physical activity in St Albans when compared against the regional and national averages. In St Albans, 76.8% of adults meet the recommended 150 minutes of physical activity a week, which is higher than the regional (63.2%) and national averages (63.4%). In St Albans, 13.9% of adults were reported as inactive (less than 30 minutes of physical activity a week), which is lower than the regional (25.3%) and national averages (25.7%).[26]

Transport & Travel

5.4.2 The Transport Assessment (SLR, 2025) demonstrated the following in relation to the Site:

- The Site is situated in an accessible location with a range of sustainable transport opportunities including access to public transport and the active travel network within the immediate vicinity;
- The Site is in close proximity to a range of existing and consented facilities including shops, cafes and schools;
- An analysis of personal injury accident data records has identified that the local highway network is not subject to poor safety record; and

[26] Sport England (2023) Active Lives | Results

- Safe and suitable access to the Site can be achieved via a priority junction with Lower Luton Road.

Active Travel

5.4.3 The level of active travel in St Albans is generally higher than the level of active travel across the rest of the region, and England. The latest active travel data for the district (2022-2023) shows that 47.3% of the population participated in active travel within a 28-day period, which is higher than the rest of the region (61.8%) and England (62.2%). More people participate in walking (68.9% of the respondents) than cycling (22.8% of the respondents), and walking is mainly done for leisure (53.1% of respondents). Of the 22.8% of the respondents who cycle, 13.5% cycle for leisure and 10.0% cycle for travel. In recent years there has been a trend of greater active travel, likely because of the COVID-19 pandemic which has encouraged people to walk and cycle more.[27]

Healthcare Access

5.4.4 **Table 5.4** provides details of all GP provision in the LSA including the number of registered patients and the number of Full-Time-Equivalent (FTE) GPs (excluding locums and trainee GPs) at each practice as of 31 May 2025. This is the latest data available at the time of writing[28]. These are all within the Harpenden Health Primary Care Network (PCN). PCN's are groups of GP practices that service a 30,000-50,000 catchment population. The Proposed Development is therefore likely to fall within this PCN at the time of writing. There are three GP practices located within the LSA, one of which (Village Surgery) has a linked GP facility located outside of the LSA in Wheathampstead.

5.4.5 To determine whether existing GP provision is under or over-capacity, GP to patient ratios for the selected practices have been compared to the HUDU standard of 1 GP for every 1,800 people.

Table 5.4: GP surgeries (May 2025)

Name	Walking distance (km)	GP (FTE)	Registered Patients	Ratio (Patients to 1 GP)	Over / Under Capacity (by no. of patients)	Accepting new patients?
GP surgeries accepting patients and includes Site in catchment area						
Elms Medical Practice	1.3km	10.6	17,238	1 FTE GP per 1,626 patients	1,842	Yes
Davenport House Surgery	1.7km	4.7	12,647	1 FTE GP per 2,691 patients	-4,187	Yes
Village Surgery	1.9km	9.1	15,597	1 FTE per 1,714 patients	783	Yes
Marford Road Surgery	3.7km					

[27] Sport England (2023) Active Lives | Results

[28] NHS Digital (2023).

Source: NHS, Public Health England and Onthegomap[29], [30],[31].

5.4.6 **Table 5.4** illustrates that two of the GP practices are operating with capacity when benchmarked against the HUDU standard with collective capacity to accommodate a further 2,625 patient registrations before the HUDU standard is reached. This includes 1,842 places within the Elms Medical Practice which is the closest GP facility to the Site.

5.4.7 It is important to note regarding this assessment that this is a rapid desk-top assessment based on publicly available data. Therefore, it is a crude assessment of likely capacity and demand. It is recommended that further engagement is sought with the ICB to establish healthcare needs arising from the development in order to ensure that demand can be absorbed sustainably.

5.4.8 **Table 5.5** lists other health facilities within the active travel standards, with the exception of hospitals.

Table 5.5: Health facilities near the Proposed Development

Type	Name	Walking distance (km)	Accepting NHS patients?
Dentist	Bowers Way Dental Surgery	1.9km	No recent update.
Dentist	Mbrace Orthodontics	2.0km	Only taking new NHS patients for specialist dental care by referral.
Dentist	Harpenden Orthodontics	2.1km	Only taking new NHS patients for specialist dental care by referral.
Dentist	Bramwell Dental Practice	2.4km	When availability allows, this dentist accepts new NHS patients.
Pharmacy	Springfield Pharmacy	2.2km	N/A
Pharmacy	Boots	2.2km	N/A
Hospital	Harpenden Memorial Hospital	1.9km	N/A
Hospital	Spire Harpenden Hospital	2.6km	N/A

Source: NHS, Public Health England and Onthegomap

Education

5.4.9 Chapter 7: Population and Human Health of the Environmental Statement (ES) outlines the baseline conditions for early years, primary and secondary education provision. It includes data on public numbers at each school and the availability of unfilled places.

Access to Healthy Food

5.4.10 There are several food stores located within a 5km catchment, the closest being a Co-Op and a Tesco Express, both of which are located approximately 0.4km walking distance from the Site. Additional supermarkets are located along Luton Road (a Waitrose, an M&S, a

[29] Find a GP - NHS
[30] How far did I run? - Create running maps with On The Go Map
[31] Microsoft Power BI

Sainsburys and Zen Health Foods). There are various allotments located within Harpenden, the closest currently, according to Harpenden Town Council[32] is located at Porters Hill Park.

5.4.11 In 2022/23, 37.6% of adults in St Albans met the '5-a-day'[33] fruit and vegetable consumption recommendations, which is higher than the regional (33.4%) and national (31.0%) averages.**Error! Bookmark not defined.**

Green Infrastructure, Open Space and Play Space

5.4.12 The emerging SADC Draft Local Plan 2041 Policy NEB12 provides Green Space Standards and New Green Space Provision, as shown in **Table 5.6**.

Table 5.6: Quantity Standards

Type of green space	Quantity standard (sqm per person)
Amenity Green Space	15.3
Natural / Semi Natural	34.6
Parks & Gardens	7.1
Allotments, Community Gardens & Orchards	4.5
Children's Play Areas	0.6
Outdoor Sports Facilities	To accord with Sports England Playing Pitch Calculator
Total Open Space	**62.1**

Source: SADC (2024).[34]

Economic Activity

Access to work and training

5.4.13 There are 16,887 usual residents in the LSA aged 16 or over, 62.5% of whom are economically active (excluding full-time students) and 60.5% of whom are in employment. Both these rates are higher than the regional (59.8%, 57.3%) and national levels (58.6%, 55.7%). Additionally, 2.0% of the economically active population in the LSA is unemployed, which is lower than the regional (2.5%) and national levels (2.9%).[35]

5.4.14 Within the LSA 36.1% of the usual residents aged 16 or over are economically inactive, which is lower than regional (38.2%) and national (39.1%) levels. Of this total, 22.2% are retired, 5.2% are students, 5.1% are taking after home or family, and 2.5% are long-term sick or disabled.

Industrial Profile

5.4.15 As of 2023, 76,000 total jobs were being supported in St Albans, which features a marginally lower jobs density (0.84) than the region (0.89) and England (0.87).[36]

[32] Harpenden Town Council (n.d.) Allotments

[33] National Health Service (NHS) (2023). 5 a Day: What Counts? Available at: 5 A Day: what counts? - NHS (www.nhs.uk)

[34] SADC (2024) Draft Local Plan 2041. Available at: LPCD 02.01 - Reg 19 Local Plan Part A (2024).pdf

[35] Office for National Statistics (2021). Census 2021: Nomis - 2021 Census Area Profile - Three Rivers Local Authority, East Region and England Country

[36] Office for National Statistics (2023). Jobs Density 2021.

5.4.16 **Table 5.7** provides an overview of employment status by industry.[37] Professional, scientific and technical activities is the leading industry in the LSA, accounting for 14.6% of employment, which is much higher than the regional (6.8%) and national (6.7%) averages. The next leading industries in the LSA are wholesale and retail trade (11.6%) and human health and social work activities (10.7%).

Table 5.7: Employment Status by Industry

Industry	LSA	East Region	England
Agriculture, forestry & fishing (A)	0.3%	1.0%	0.8%
Mining and quarrying (B)	0.1%	0.1%	0.2%
Manufacturing (C)	4.6%	7.0%	7.3%
Electricity, gas, steam and air conditioning supply (D)	0.5%	0.5%	0.6%
Water supply; Sewerage, Waste management and Remediation activities (E)	0.3%	0.7%	0.7%
Construction (F)	6.4%	10.0%	8.7%
Wholesale and retail trade; repair of motor vehicles and motorcycles (G)	11.6%	15.0%	15.0%
Transport & storage (H)	2.7%	5.3%	5.0%
Accommodation & food service activities (I)	2.9%	4.3%	4.9%
Information & communication (J)	8.3%	4.6%	4.7%
Financial & insurance activities (K)	8.2%	4.4%	3.8%
Real estate activities (L)	2.0%	1.6%	1.6%
Professional, scientific & technical activities (M)	14.6%	6.8%	6.7%
Administrative & support service activities (N)	5.1%	5.4%	5.3%
Public administration & defence; compulsory social security (O)	4.0%	5.3%	5.8%
Education (P)	12.2%	9.8%	9.9%
Human health and social work activities (Q)	10.7%	13.7%	14.6%
Other (R,S,T, and U)	5.4%	4.5%	4.6%
Total	**100%**	**100%**	**100%**

Source: ONS.[38]

Community Safety and Crime Reduction

[37] Office for National Statistics (2022). *Business Register and Employment Survey 2020.* Available at: https://www.nomisweb.co.uk/default.asp

[38] Derived from: NOMIS (2022), Census 2021. TS060 – Industry.

5.4.17 The Site falls within the Harpenden and Rural Police Force area. Data from the police force show that over the last 12 months, there were 2,500 crimes in the area, with the majority of these being violence and sexual offences (25.6%), followed by anti-social behaviour (22.6%). Hotspot mapping for February 2025 (the most recent month recorded for crime statistics) show that 1 crime (Other theft) took place along Common Lane, to the south east of the Site.[39]

Housing

5.4.18 The majority of housing in the LSA consists of detached (35.7%) and semi-detached (31.7%) housing, both of which are higher than the district (26.3%; 30.2%) and national (22.9%; 31.5%) levels. There is a greater level of household ownership in the LSA compared to the district and England, more than three-quarters of the LSA own their property (76.1% of households compared to 70.9% in the district and 61.3% in England). Social rented is the next most common form of tenure, with 12.6% of households living in socially rented homes (compared to 12.2% in the district and 17.1% in England).[40, 41] Most dwellings in the LSA have four bedrooms or more (43.5% of households).[42]

5.4.19 In the year ending September 2024, the median house price in St Albans was £624,500, and the median annual residence-based earnings were £53,829. The ratio of median house price to earnings was 12.73, higher than that of England (8.28) which shows that, on average, it is less affordable to purchase a house in St Albans, and less affordable compared to the rest of England.[43]

5.4.20 **Table 5.1** shows the level of deprivation in the study area (LSOA St Albans 002C and St Albans 004C). The overall deprivation score for both LSOAs differs as St Albans 004C scores 9 (10% least deprived neighbourhoods), whereas St Albans 002C scores 5 (50% least deprived neighbourhoods). However, both LSOAs score low for the domain barriers to housing and services (St Albans 002C – 3 and St Albans 004C – 1). This indicates high levels of deprivation related to housing within the study area.

5.5 Health Profile Summary

5.5.1 The baseline conditions relevant to the Proposed Development can be summarised as follows:

- **Population:** Within the LSA, the total resident population is 22,318 persons. There is a higher proportion of young people (aged 15 and under), a lower working age population (16-64 years) and a similar proportion of older people (aged 65+), compared to district and national averages.
- **Deprivation:** The Site falls within two LSOAs: St Albans 002C, which falls within the 50% least deprived neighbourhoods in the country, and St Albans 004C, which falls within the 10% least deprived neighbourhoods in the country. Overall, the two LSOAs vary in relation to deprivation.
- **Health Profile:** St Albans features an overall good level of health, with higher life expectancies for males and females, higher levels of physically active actives, lower all-

[39] Harpenden and Rural | Police.uk
[40] Census Maps (2022) - Census 2021 data interactive, ONS. Housing
[41] Derived from: NOMIS (2022), Census 2021. TS054 - Tenure.
[42] Derived from: NOMIS (2022), Census 2021. TS050 – Number of bedrooms.
[43] ONS (2023). House price to residence-based earnings ratio

cause mortality rate and estimated dementia diagnosis rate when compared to the regional and national averages.

- **Transport and Travel:** The Site is situated in an accessible location with a range of sustainable transport opportunities. The level of active travel in St Albans is generally higher than the level of active travel across the rest of the region, and England.
- **Education and Healthcare Capacity:** There are three GP surgeries accepting patients and includes the Site in their catchment area. Additionally, there are various education facilities within walking and cycling standards (2km walking, 5km cycling) of the Site.
- **Housing:** The majority of housing in the LSA consists of detached and semi-detached housing. There is greater level of household ownership in the LSA, when compared to the district and England.
- **Economic Profile:** There is a greater percentage of residents in the LSA who are economically active, when compared to the regional and national levels. Professional, scientific and technical activities is the leading industry in the LSA, which is much higher than the regional and national averages.

5.6 Assessment Receptors and Vulnerable Groups

5.6.1 The WHIASU Population Groups Checklist[44] (**Appendix F**) has been used to identify receptors and vulnerable groups. The following receptor and vulnerable population groups have been identified as the most likely to experience impacts as a result of the Development:

- Children and young people;
- Children in residential care;
- Early years (including pregnancy and first year of life);
- Older people;
- People on low income;
- Homeless people;
- People with long term health conditions;
- People with mental health conditions;
- People with physical, sensory or learning disabilities / difficulties; and
- People living in areas which exhibit poor economic and / or health indicators.

[44] WHIASU (2020) WHIASU_Population_Groups_Checklist.pdf

6 Health Impact Assessment

6.1 Introduction

6.1.1 The tables below set out the potential health and wellbeing impacts associated with the Proposed Development during its construction and operational phases using the HUDU 'Rapid Health Impact Assessment Tool' (2019).[45]

6.2 Housing Design and Affordability

6.2.1 Access to decent and adequate housing is critically important for health and wellbeing, especially for the very young and very old. Environmental factors, overcrowding and sanitation in buildings as well as unhealthy urban spaces have been widely recognised as causing illness. Post-construction management also has impact on community welfare, cohesion and mental wellbeing. The affordability of housing, especially for those with lower-incomes or facing economic hardship is important for health and wellbeing. Affordable housing is linked to improved health equity by ensuring that everyone has a fair chance to achieve optimal health. Additionally, affordable housing contributes to overall community wellbeing by reducing homelessness and improving access to essential services.

6.2.2 The way housing is managed after construction also plays a key role in supporting community wellbeing, social cohesion, and mental health. Affordability is a crucial factor, especially for individuals and families on lower incomes or experiencing financial hardship. Providing genuinely affordable housing helps to promote health equity by giving everyone a fair opportunity to lead a healthy life. Moreover, it supports wider community wellbeing by reducing homelessness and improving access to essential services.

6.2.3 These principles, outlined in the HUDU HIA Matrix, ensure inclusivity, resilience, and enhanced quality of life for all residents. By prioritising high standards of housing design and the integration of affordable housing, developments can foster vibrant and cohesive communities, reduce health disparities, and support healthier lifestyles for current and future generations.

6.2.4 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Living and Environmental Conditions affecting health – housing quality and tenure; indoor environment.

[45] NHS London Healthy Urban Development Unit (2017) HUDU Planning for Health: Healthy Urban Planning Checklist. Available at: HUDU Rapid HIA Tool October 2019

Table 6.1: Housing Design and Affordability

Housing Design and Affordability								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
1	Does the proposal seek to meet all 16 design criteria of the Lifetime Homes Standard or meet Building Regulation requirement M4(2)?	Yes	The Building Regulations 2010 (HM Government, 2010) Requirement M4(2) sets out that new development will make *'reasonable provisions for most people to access the dwelling and will incorporate features that make it potentially suitable for a wide range of occupants, including older people, those with reduced mobility and some wheelchair users'.* The Proposed Development will deliver up to 500 homes. It is anticipated that 100% of homes will be designed to comply with Building Regulation M4(2) (accessible and adaptable dwellings), except where this is not possible for viability or other reasons such as built form, topography and flooding. This aligns with Policy HOU4 – Accessible and Adaptable Housing, of the Draft Local Plan.	Positive	Operation	Low	• Older people. • People with physical, sensory or learning disabilities / difficulties.	None.
2	Does the proposal address the housing needs of older people, i.e., extra care housing, sheltered housing, lifetime homes and wheelchair accessible homes?	Yes	As stated above, the Proposed Development will deliver up to 500 homes. It is anticipated that 100% of homes will be designed to comply with Building Regulation M4(2) (accessible and adaptable dwellings), except where this is not possible as discussed in Q1. Additionally, it is anticipated that the Proposed Development will provide 5% of market dwellings which comply with Building Regulation M4(3)(a) and 10% of affordable dwellings which comply with M4(3)(b). This also aligns with Policy HOU4 of the Draft Local Plan. The Proposed Development includes a 60-80 extra care facility (Class C2) for elderly residents with ancillary facilities. The extra care facility will address the housing needs of older people by promoting independence while also offering care and support. Additionally, the Proposed Development will provide one children's home, likely to be a four bed property. Following discussions with the HCC, this was incorporated into the Proposed Development to meet local need. As stated in the Transport Assessment, car parking will be provided at a level determined based on consideration of the adopted parking standards that are in place at the time when relevant reserved matters applications are made. However, Policy	Positive	Operation	High	• Older people. • Children in residential care. • People with physical, sensory or learning disabilities / difficulties.	None.

Housing Design and Affordability								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			50 on Parking for Disabled People provides the requirements for provision of disabled parking within new developments. For residential developments, it recommends 1 disabled space for every dwelling built to mobility standards.					
3	Does the proposal include homes that can be adapted to support independent living for older and disabled people?	Yes	As mentioned above in Q1, the Proposed Development will include homes that can be adapted to support independent living for older and disabled people. The Proposed Development will deliver up to 500 homes, it is anticipated that 100% of homes will be designed to comply with Building Regulation M4(2) (accessible and adaptable dwellings). Additionally, 5% of market dwellings will comply with Part M4(3)(a) and 10% of affordable dwellings will comply with Part M4(3)(b). of In addition to this, the Proposed Development will include a 60-80 extra care facility, as discussed in Q2. An extra care facility supports independent living by blending the autonomy of private accommodation with access to on-site care and support services.	Positive	Operation	Low	• Older people. • People with physical, sensory or learning disabilities / difficulties.	None.
4	Does the proposal promote good design through layout and orientation, meeting internal space standards?	Yes	The Proposed Development will provide a range of new family homes offering a range of housing types and tenures which will ensure a mixed, balanced and vibrant community is delivered to support local housing needs including homes for older people. The Proposed Development will meet the Residential Amenity Standards of Policy DES5 of the Draft Local Plan.	Positive	Operation	Low	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor economic and/or health indicators.	None.
5	Does the proposal include a range of housing types and sizes, including affordable housing responding to local housing needs?	Yes	At least 40% of homes are anticipated to be affordable within the Proposed Development, which will be offered for intermediate or affordable rent. A range of tenures are also proposed including shared ownership, rent and ownership. Dwellings will range from 1 bed apartments to 5 bed houses and private gardens will be present. The exact mix will be determined at detailed Reserved Matters stage.	Positive	Operation	Low	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor	None.

Housing Design and Affordability								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
							economic and/or health indicators.	
6	Does the proposal contain homes that are highly energy efficient (e.g., a high SAP rating)?	Yes	The Energy Strategy for the Proposed Development aims to align both policy at the local level and expectations for future national regulations to deliver a sustainable development suitable for future use, name the Future Homes Standard[46]. This will be achieved through following the energy hierarchy approach to lower energy design, with consideration given to building design, passive solar design and energy efficient site-layouts as a first principle. The Proposed Development will be designed to meet national standards with respect to Building Regulations Part L 2021 requirements as a minimum and deliver additional carbon and energy reductions in line with local policy. Therefore, the Proposed Development will meet Part L 2013 regulations by meeting Part L 2021 regulations.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor economic and/or health indicators.	None.

[46] A set of new building regulations in England, set to be introduced in 2025, that aims to ensure new homes are highly energy-efficiency and produce significantly lower carbon emissions.

6.3 Access to Health and Social Care Services and Other Social Infrastructure

6.3.1 Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered. Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion.

6.3.2 As outlined in the HUDU HIA Matrix, developments that prioritise access to health and social care services and other social infrastructure contribute to healthier, more cohesive communities. By encouraging proactive self-care and supporting lifelong learning and workforce development, planners can contribute to improved health outcomes and enhanced quality of life for all residents.

6.3.3 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Access and quality of services – medical and health services; education and training; public amenities. As well as Social and Community Influences on Health – community resilience.

Table 6.2: Access to Health and Social Care Services and Other Social Infrastructure

Access to Health and Social Care Services and Other Social Infrastructure								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
7	Does the proposal retain or re-provide existing social infrastructure?	Yes	There is currently no existing social infrastructure on Site. The Proposed Development will include the following provisions with respect to this determinant: - 60-80 bed Extra Care Facility for elderly residents; - One children's home (likely to be a four bed property with sleeping space for care staff); - 2 Form Entry Primary School, including a Nursery offer; - A Local Centre that provides a flexible range of uses including retail, café, healthcare and community uses; and - Generous open space (>50% of the site), including formal sports pitches and play areas. The above provision provides various health and wellbeing benefits to future residents as well as the existing community. For example, it is proposed that a mixture of age groups will occupy the Proposed Development, from young families to older people which will promote social cohesion. There will be opportunities for	Positive	Operation	High	• Children and young people. • Early years. • Older people. • Homeless people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties. • People living in areas which exhibit poor economic and / or health indicators.	None.

Access to Health and Social Care Services and Other Social Infrastructure								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			play and physical activity through the provision of new public open space, including formal sports pitches and play areas.					
8	Does the proposal assess the impact on health and social care services and have local NHS organisations been contacted regarding existing and planned healthcare capacity?	Yes	As outlined in **Table 5.4**, there are three GP surgeries accepting patients which include the Site in their catchment area: Elms Medical Practice (1.3km), Davenport House Surgery (1.6km) and Village Surgery (1.9km). Two of the GP practices are operating with capacity when benchmarked against the HUDU standard with collective capacity to accommodate a further 2,625 patient registrations before the HUDU benchmark is surpassed. This includes 1,842 places within the Elms Medical Practice which is the closest GP facility to the Site. Although there may be a proportion of patients in the housing market area that are already registered locally, an increase in the local population will put pressure on existing GP practices. Additionally, the extra care facility and the children's home will both require more primary care, further increasing pressure. It is acknowledged that the HUDU benchmark is a simplistic measure, and further engagement will be required with the Integrated Care Board (ICB) to determine if there is sufficient clinical floorspace available within the listed facilities to accommodate the population increase. Due to the desktop nature of this assessment, and the use of publicly available data to support the Population and Human Health assessment within the Environmental Statement that a non-significant impact is identified on healthcare provision at a population level. However it is noted here that it that mitigation may be required in the form of a S106 contribution to enable local health care provision to absorb the impact of the future development. The level of this contribution should be determined via further engagement with the NHS ICB. There are also a variety of health facilities within walking distance of the Site, including: Bowers Way Dental Surgery (1.9km), Harpenden Memorial Hospital (1.9km) and Mbrace Orthodontics (2.0km).	Negative	Operation	Low	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties. • People living in areas which exhibit poor economic and / or health indicators.	Further engagement will be required with the ICB to determine if there is sufficient clinical floorspace available within the listed facilities to accommodate the population increase. It is also likely that mitigation may be required in the form of a S106 contribution. The level of this contribution should be determined via further engagement with the NHS ICB.
9	Does the proposal include the provision, or replacement of a	Yes	The Proposed Development's local centre has the potential to incorporate a new medical facility should the Integrated Care Board (ICB) deem a new facility is required locally. The need for	Uncertain	Operation	Uncertain	• Children and young people. • Early years.	

<table>
<tr><th colspan="8">Access to Health and Social Care Services and Other Social Infrastructure</th></tr>
<tr><th>Q</th><th>Criteria</th><th>Yes / No / N/A</th><th>Comment</th><th>Impact</th><th>Phase</th><th>Impact Magnitude</th><th>Impacted Groups</th><th>Mitigation Proposed</th></tr>
<tr><td></td><td>healthcare facility and does the facility meet NHS requirements?</td><td></td><td>this should be considered in conjunction with the S106 contributions referenced above.</td><td></td><td></td><td></td><td>• Older people.
• People with long term health conditions.
• People with mental health conditions.
• People with physical, sensory or learning disabilities / difficulties.
• People living in areas which exhibit poor economic and / or health indicators.</td><td></td></tr>
<tr><td>10</td><td>Does the proposal assess the capacity, location and accessibility of other social infrastructure, e.g., primary, secondary and post 19 education needs and community facilities?</td><td>Yes</td><td>The Proposed Development will introduce a 2 Form Entry (2FE) Primary School, including a Nursery offer. Furthermore, there is also the potential within the flexible uses of the neighbourhood centre to deliver a standalone nursery / creche if demand necessitates.

As stated within the Chapter 7 of the ES (Population and Human Health), the pupil yield from the Proposed Development is shown in Table 7.25 and below:

<table><tr><th>Education Phase</th><th>Number of Children</th></tr><tr><td>Early Years</td><td>130</td></tr><tr><td>Primary School</td><td>108</td></tr><tr><td>Secondary (11 to 15 years)</td><td>49</td></tr><tr><td>Post-16</td><td>16</td></tr></table>
The Population and Human Health ES Chapter has assessed that there will be no significant effects in relation to education:
- Early Years (negligible effect – not significant)
- Primary education (minor beneficial effect – not significant)
- Secondary education (minor adverse effect – not significant)

It is recommended that contributions towards secondary education should be secured within a S106 planning obligation to provide mitigation with respect to this determinant.</td><td>Early Years
Neutral

Primary School
Positive

Secondary
Negative

Post-16
Negative</td><td>Operation</td><td>Early Years
Negligible

Primary School
Low

Secondary
Low

Post-16
Low</td><td>• Children and young people.
• Early years.</td><td>It is recommended that contributions towards secondary education should be secured within a S106 planning obligation to provide mitigation with respect to this determinant.</td></tr>
<tr><td>11</td><td>Does the proposal explore opportunities for shared community use</td><td>Yes</td><td>The Proposed Development will include a local centre that will provide a flexible range of uses including retail, café, healthcare and community uses. Additionally, the Proposed Development will</td><td>Positive</td><td>Operation</td><td>Medium</td><td>• Children and young people.
• Early years.</td><td>None.</td></tr>
</table>

Access to Health and Social Care Services and Other Social Infrastructure								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
	and co-location of services?		provide more than 50% of the Site as open space, including formal sports pitches and play areas. This can positively impact community resilience providing places for interaction and fostering a community identity.				• Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties. • People living in areas which exhibit poor economic and / or health indicators.	

6.4 Access to Open Space and Nature

6.4.1 Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health. Open/green spaces provide venues for social interaction which can foster community ties and social support. Additionally, the provision of parks and open spaces can offer the space for recreational activities that can enhance social wellbeing.

6.4.2 The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children and young people are missing out on regular exercise, and an increasing number of children and young people are being diagnosed as obese. Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation.

6.4.3 Aligned with the HUDU HIA Matrix, developments that prioritise access to open space and nature ensures inclusivity for all users while supporting active lifestyles and recreation. Integrating these spaces within developments can promote healthier living environments and enhance the overall quality of life for residents.

6.4.4 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Living and environmental conditions affecting health – access, availability and quality of green and blue space, natural space; quality and safety of play areas; urban and natural environment and neighbourhood design.

Table 6.3: Access to Open Space and Nature

Access to Health and Social Care Services and Other Social Infrastructure								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
12	Does the proposal retain and enhance existing open and natural spaces?	Yes	The Proposed Development will provide a variety of accessible public open spaces, public growing space and recreation areas to meet the needs of the local community whilst encouraging social activity. In relation to natural spaces, existing tree belts and hedgerows will be retained and additional trees, hedges and grasslands will be planted. The Proposed Development will achieve a 10% net gain in habitat units. The BNG Assessment submitted as part of this application, concluded that a total of 65.87 habitat units and	Positive	Operation	Medium	• Children and young people. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	None.

<table>
<tr><th colspan="8">Access to Health and Social Care Services and Other Social Infrastructure</th></tr>
<tr><th>Q</th><th>Criteria</th><th>Yes / No / N/A</th><th>Comment</th><th>Impact</th><th>Phase</th><th>Impact Magnitude</th><th>Impacted Groups</th><th>Mitigation Proposed</th></tr>
<tr><td></td><td></td><td></td><td>3.88 off-site hedgerow units would be required, to either be incorporated into the detailed design of the scheme or by utilising offsite units.</td><td></td><td></td><td></td><td>• People living in areas which exhibit poor economic and / or health indicators.</td><td></td></tr>
<tr><td>13</td><td>In areas of deficiency, does the proposal provide new open or natural space, or improve access to existing spaces?</td><td>Yes</td><td>The Proposed Development will provide the following in relation to this determinant:

Table 5.6 of this HIA provides the open space quantity standards from Policy NEB12 of the emerging SADC Draft Local Plan 2041. The table below presents the Proposed Development’s compliance with Policy NEB12 regarding open space provision:

<table><tr><th>Type of Greenspace</th><th>Proposed Development (Sqm)</th><th>Provision Compliance (+ / -)</th></tr><tr><td>Amenity Green Space</td><td>20,952</td><td>+ 2,592</td></tr><tr><td>Natural/Semi Natural</td><td>83,488</td><td>+ 41,968</td></tr><tr><td>Parks & Gardens</td><td>10,229</td><td>+ 1,709</td></tr><tr><td>Allotments, Community Gardens & Orchards</td><td>5,480</td><td>+ 80</td></tr><tr><td>Children’s Play Areas</td><td>1,500</td><td>+ 780</td></tr><tr><td>Outdoor Sports Facilities</td><td>26,000</td><td>N/A</td></tr><tr><td>Total Open Space</td><td>121,049 Sqm***</td><td>+47,129 Sqm***</td></tr></table>***Total Open Space quantum does not include outdoor sports provision as this is calculated separately.

Overall, the Proposed Development will provide a higher quantity of open space than required by Policy NEB12.

The Proposed Development aims to promote active travel and provide new links to promote connectivity into the development. Alongside this, the Proposed Development aims</td><td>Positive</td><td>Operation</td><td>Medium</td><td>• Children and young people.
• Older people.
• People with long term health conditions.
• People with mental health conditions.
• People with physical, sensory or learning disabilities / difficulties.
• People living in areas which exhibit poor economic and / or health indicators.</td><td>None.</td></tr>
</table>

Access to Health and Social Care Services and Other Social Infrastructure								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			to incorporate green routes and enhance connections to the Green Belt. The southern boundary of the Site is located against Porters Hill Park, a community playground with a sports pitch connected to Porters Hill Park Allotments. This means that the future residents and visitors will be able to access these spaces alongside those proposed within the Proposed Development.					
14	Does the proposal provide a range of play spaces for children and young people?	Yes	A complementary arrangement of play spaces and play opportunities will be distributed across the Site, to meet local open space and play standards. This will include formal equipped areas for play as well as more informal 'landscaped' areas based on 'natural play' principles. A variety of play and recreation opportunities will be provided through a range of facilities and environments. The play strategy takes account of Fields in Trust (FiT) recommended benchmark standards and sets out a balanced list of play provision. The proposed play facilities offer a range of new play spaces within the Site, located within recommended walking distances. Further informal and natural play opportunities will be identified and detailed within Development Parcels as part of future Reserved Matters Applications (RMAs). The Site is within and covered by the recommended FiT walking distance (1000m) from Porters Hill park, which features a combined Neighbourhood Equipped Area for Play (NEAP) / Locally Equipped Area for Play (LEAP) and Multi Use Games Area (MUGA).	Positive	Operation	Medium	• Children and young people.	None.
15	Does the proposal provide links between open and natural spaces and the public realm?	Yes	The design of the Proposed Development has incorporated well-designed development principles. The Proposed Development will create buffer zones of native vegetation to mitigate any potential impacts from the Proposed Development and to provide pedestrians with a natural and scenic route for movement throughout the Site.	Positive	Operation	Low	• Children and young people. • Older people. • People with long term health conditions. • People with mental health conditions.	None.

Access to Health and Social Care Services and Other Social Infrastructure								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			The Proposed Development will introduce dedicated pedestrian links within the Site to facilitate seamless access between the Proposed Development and the surrounding areas, specifically connecting to Common Lane and Bower Heath Lane. This new route will improve walkability, and enhance connectivity for residents and visitors.				• People with physical, sensory or learning disabilities / difficulties. • People living in areas which exhibit poor economic and / or health indicators.	
16	Are the open and natural spaces welcoming and safe and accessible for all?	Yes	As stated in the DAS, Secured by Design principles have been incorporated throughout the masterplan development stages, including: - Natural surveillance through opportunities for informal observation and elimination of hidden non-overlooked areas of public space. When the public realm is overlooked by properties, it increases surveillance and makes it a focal point. Dwellings are plotted with habitable rooms to ground floor on all elevations that front on to public realm. They shall address corners by incorporating windows or front doors to side elevations. Public footpaths shall be well lit and views shall not be impeded by dense planting. Additionally, facilities and open spaces will be accessible to all users, for example, active travel routes. Overall, these factors will make open and natural spaces welcoming and safe and accessible for all.	Positive	Operation	Negligible	• Children and young people. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties. • People living in areas which exhibit poor economic and / or health indicators.	None.
17	Does the proposal set out how new open space will be managed and maintained?	Yes	It is not yet known how the new open space will be managed and maintained. However, the DAS states that the Proposed Development will look to deliver an appropriate and considered approach that is rooted in selection of appropriate species and processes to maximise the chances of establishment and minimise the intensity of management. It is recommended that a Landscape Management and Maintenance Plan is secured via a planning condition.	Uncertain	Operation	Uncertain	• Children and young people. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties. • People living in areas which exhibit poor	It is recommended that a Landscape Management and Maintenance Plan is secured via a planning condition.

Access to Health and Social Care Services and Other Social Infrastructure								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
							economic and / or health indicators.	

6.5 Air Quality, Noise and Neighbourhood Amenity

6.5.1 The quality of the local environment can have a significant impact on physical and mental health. Pollution caused by construction, traffic and commercial activity can result in poor air quality, noise nuisance and vibration. Poor air quality is linked to incidence of chronic lung disease and heart conditions and asthma levels of among children and young people and the elderly. Noise pollution can have a detrimental impact on health resulting in sleep disturbance, cardiovascular and psycho-physiological effects.

6.5.2 Aligned with the HUDU HIA Matrix, developments that incorporate good design to enhance air quality and lessen noise impacts, can enhance the liveability and attractiveness of a place, contributing to a higher level of health and wellbeing of residents.

6.5.3 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Living and environmental conditions affecting health – air quality; noise.

Table 6.4: Air Quality, Noise and Neighbourhood Amenity

Air Quality, Noise and Neighbourhood Amenity								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
18	Does the proposal minimise construction impacts such as dust, noise, vibration and odours?	Yes	**Noise and Vibration** An Acoustic Assessment has been undertaken to support the planning application. The potential effects of vibration have not been considered within the assessment, as it is anticipated that major vibratory works, if any, will not take place within a distance that is likely to cause nuisance or damage to nearby residents. Following mitigation, it has been assessed that the sound level at all locations has been reduced so that the noise sensitive receptors experience acceptable sound levels. Once site layouts have been confirmed and construction RAMs have been produced, a detailed assessment should be undertaken to confirm the impact of noise and vibration on the nearby areas. **Air Quality** An Air Quality Assessment has also been undertaken. The undertaking of construction activities such as excavation, ground works, cutting, construction and storage of materials has the potential to result in fugitive dust emissions. Vehicles movements both on-site and on	Neutral	Construction	Low	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with physical, sensory or learning disabilities / difficulties.	**Noise and Vibration** A detailed noise and vibration assessment should be undertaken once the construction method statement is available. If piling is to be used, a full piling noise and vibration assessment should be undertaken. It is crucial that 'Best Practicable Means' are adopted to keep annoyances to a minimum and a clear line of communication between the developer and nearby occupants is essential to keep relations amicable. Additional mitigation measures recommended include (see the Acoustic Assessment for the full list): - Switching off plant when not in use;

Air Quality, Noise and Neighbourhood Amenity								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			the local road network also have the potential to result in the re-suspension of dust from haul road and highway surfaces. However, the potential impact in relation to human health has been assessed as 'low' in relation to all these construction activities. The construction assessment concludes with a list of mitigation measures. A Construction Environment Management Plan will be provided at detailed planning stage.					- Noise emission limits for equipment used on site; - Situate plant away from any party walls or ceilings and floors where practicable; and - Quiet working methods. **Air Quality** The IAQM guidance provides a number of potential mitigation measures to reduce impacts during the construction phase, including (see the Air Quality Assessment for the full list): - Develop and implement a stakeholder communications plan; - Undertake daily on-site and off-site inspection; - Develop and implement a Dust Management Plan; and - Avoid site runoff of water or mud.
19	Does the proposal minimise air pollution caused by traffic and energy facilities?	Yes	The Air Quality Assessment states that vehicle movements generated during the operation of the Proposed Development will give rise to NO_2, PM_{10} and $PM_{2.5}$ emissions which will have potential impacts to worsen air quality within the area. However, the modelled results show that the predicted annual mean NO_2, PM_{10} and $PM_{2.5}$ concentrations across the Proposed Development boundary and at all human receptor locations are below the relevant AQOs for the proposed operational year (2036). Additionally, the Proposed Development will have a negligible impact at all receptor locations. Potential best practice mitigation options to further reduce operational effects are provided.	Neutral	Operation	Negligible	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with physical, sensory or learning disabilities / difficulties.	Potential best practice mitigation options to further reduce operational effects are listed below, suggested by the Institute of Air Quality Management (IAQM): - At least 1 Electric Vehicle "fast charge" point per 10 dwellings – This shall be based on the best technology available at the time of planning approval; - Travel Plan (where required) including mechanisms for discouraging high emission vehicle use and encouraging the uptake of low emission fuels and technologies; - A Welcome Pack available to all residents online and as a booklet, containing information and

Air Quality, Noise and Neighbourhood Amenity								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
								incentives to encourage the use of sustainable transport modes; and - Car club provision within the Development or support given to local car club/Electric vehicle car clubs.
20	Does the proposal minimise noise pollution caused by traffic and commercial uses?	Yes	As stated in the Acoustic Assessment, the primary source of noise impacting the Site is considered to be from road traffic on the B635. The impact due to future growth of traffic is considered insignificant and no further mitigation measures are considered necessary.	Neutral	Operation	Negligible	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with physical, sensory or learning disabilities / difficulties.	None.

6.6 Accessibility and Active Travel

6.6.1 Accessibility and active travel play a crucial role in fostering healthier communities. Convenient access to a range of services and facilities minimises the need to travel and provides greater opportunities for social interaction. Buildings and spaces that are easily accessible and safe also encourage all groups, including older people and people with a disability, to use them. By prioritising walking, cycling, and public transport over private vehicle use, developments can reduce air pollution, encourage physical activity, and mitigate the risks of chronic illnesses like obesity and diabetes and improve mental health.

6.6.2 These principles, emphasised in the HUDU HIA Matrix, contribute to equitable access to services while promoting inclusivity. By embedding accessibility and active travel into planning, developments can improve physical and mental health outcomes while creating vibrant, adaptable spaces that align with climate and sustainability goals. This approach forms a foundation for healthier lifestyles and long-term community wellbeing.

6.6.3 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Living and environmental conditions affecting health – attractiveness of areas; community safety; health and safety. As well as Lifestyles – physical activities.

Table 6.5: Accessibility and Active Travel

Accessibility and Active Travel								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
21	Does the proposal address the ten Healthy Streets indicators?	Yes	The Proposed Development addresses the Healthy Streets[47] indicators in the following ways: **Pedestrians from all walks of life:** The Proposed Development will follow the movement hierarchy, as set out within the Transport Assessment, which places walking as the priority. Through the Proposed Development, pedestrian movement will be more direct and therefore perceived as convenient for travel within the Site. **Clean air:** As detailed in the Air Quality Assessment, the Proposed Development will have a negligible impact on all human receptor locations.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning	None.

[47] Transport for London (2017). Guide to the Healthy Streets Indicators.

Accessibility and Active Travel								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			Easy to cross: The Site access will be delivered alongside a signal-controlled pedestrian crossing to the west of the site access. This crossing has a dual benefit in that it will allow safe crossing of Lower Luton Road whilst also further reducing speeds on Lower Luton Road, which was an issue identified through pre-application discussions with HCC and at the public consultation event. **People feel safe:** As stated above, the signal-controlled pedestrian crossing will reduce speeds and allow for safe crossing of pedestrians which will make people feel safe. **Things to see and do:** The Proposed Development will include a local centre, sports pitches, public open space and allotments which will provide residents and the local community with areas to use. **Places to stop and rest:** The Proposed Development will include street furniture which will provide residents and visitors to sit and rest. **People feel relaxed:** The Proposed Development will include a local centre, sports pitches, public open space and allotments which will provide residents and the local community with areas to relax. **People choose to walk and cycle:** The Proposed Development facilitates walking and cycling as detailed in Q22 and Q23 below. A Residential Travel Plan and a School Travel Plan have also been submitted separately for the Proposed Development to encourage residents to use sustainable modes of transport. **Shade and shelter:** A variety of green infrastructure will be present within the Proposed Development and can reduce overheating through providing a shading and cooling effect. Trees provide shade giving relief from heat and vegetation undergoes evapotranspiration which helps to cool surrounding air. **Not too noisy:** The Acoustic Assessment concludes that with mitigation measures, detailed in Q18, the sound levels should				disabilities / difficulties.	

Accessibility and Active Travel								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			reduce to a level where there should be no adverse impact to the existing, or proposed dwellings.					
22	Does the proposal prioritise and encourage walking, for example through the use of shared spaces?	Yes	A Residential Travel Plan and a School Travel Plan have been submitted as part of this planning application. The Site will contain pedestrian links throughout which will improve the connectivity and permeability of the Site to residents and the surrounding community, such as the proposed connections to the Batford estate. In terms of layout and design within the site, a network of high-quality pedestrian routes will offer direct, safe, and convenient access around and through the site on foot. The Travel Plan Coordinator (TPC) and site management will ensure that pedestrian routes are appropriately maintained. Additionally, the on-site primary school and local centre will ensure that younger residents develop sustainable travel behaviour for daily travel. The TPC will encourage residents' participation in National Walking Month and Walk to School Month.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	None.
23	Does the proposal prioritise and encourage cycling, for example by providing secure cycle parking, showers and cycle lanes?	Yes	The Site will contain cycle links throughout which will improve the connectivity and permeability of the Site to residents and the surrounding community, such as the proposed connections to the Batford estate. In terms of layout and design within the site, a network of high-quality cycle routes will offer direct, safe, and convenient access around and through the site by cycling. Measures within the Travel Plans to encourage cycling include: - Cycle parking will be provided to each household in accordance with local standards to encourage residents to cycle to and from the site. - Plans of cycle routes in the area will be made available to all residents by display on communal noticeboards, online information, and summary information in the Welcome Pack. - The TPC and site management will ensure that cycle routes are appropriately maintained through the site. Off-	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	The developer will provide an incentive in the way of a discount on new cycles purchased by residents of the development. The discount will be redeemable after the purchase of the cycle rather than through voucher system.

Accessibility and Active Travel								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			site, the TPC will liaise with HCC if a particular need for a cycle route or additional provision is identified. - The TPC will encourage residents to sign up to cycle training such as the Bikeability proficiency scheme promoted by HCC. The developer will investigate the potential to offer cycle training vouchers to the new residents. This information will be relayed to occupants. - The TPC will encourage residents to find out whether their respective workplaces offer Cycle to Work incentives and take up the offer if it is available. Further the developer will investigate the potential for maintenance vouchers to be provided to new residents for their cycles. - Furthermore, the developer will provide an incentive in the way of a discount on new cycles purchased by residents of the development. The discount will be redeemable after the purchase of the cycle rather than through voucher system.					
24	Does the proposal connect public realm and internal routes to local and strategic cycle and walking networks?	Yes	To facilitate active travel and to enable residents and visitors to make direct journeys to the Site, a number of active travel connections are proposed as part of the Proposed Development. The proposed vehicle access will be provided with pedestrian and cycle provisions on either side of the carriageway, connecting to the existing network on Lower Luton Road, including a new signal-controlled crossing on Lower Luton Road. Additional non-vehicular access points will be provided to the neighbouring Batford estate. This includes connections at Turners Close (at the point of the existing PRoW), Dane Close, through Porters Hill Park and from Whitings Close (at the point of the existing PRoW). Additional leisure connections are provided to Common Lane and Bower Heath Lane. It is unlikely that connections to these rural lanes would be well used with the exception of leisure walking trips.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	None.
25	Does the proposal include traffic management and calming measures to help reduce and	Yes	The Transport Assessment concluded that an analysis of personal injury accident data records identified that the local highway network was not subject to a poor safety record. Nevertheless, it is important that measures are introduced as part of the Proposed Development to help reduce and minimise road injuries.	Positive	Operation	Low	• Children and young people. • Early years. • Older people.	It is recommended that the following mitigation measures are included at detailed design stage to help reduce and minimise road injuries:

Accessibility and Active Travel								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
	minimise road injuries?		As stated above in Q21, a signal-controlled pedestrian crossing is proposed to the west of the Site access. This crossing will enable safe crossing of Lower Luton Road and also reduce speeds on this road. This will help to reduce and minimise road injuries. Additional proposed highway mitigation measures that could ensure safety include: - Parallel crossing on Westfield Road giving priority to pedestrians and cyclists on the Luton-Harpenden Greenway; - Improved crossing facility on Common Lane to facilitate pedestrian connection to Katherine Warington School; and - Potential implementation of 20mph zone within Batford inclusive of network of raised tables.				• People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	- Parallel crossing on Westfield Road giving priority to pedestrians and cyclists on the Luton-Harpenden Greenway; - Improved crossing facility on Common Lane to facilitate pedestrian connection to Katherine Warington School; and - Potential implementation of 20mph zone within Batford inclusive of network of raised tables.
26	Is the proposal well connected to public transport, local services and facilities?	Yes	The Transport Assessment states that the Site is situated in an accessible location with a range of sustainable transport opportunities including access to public transport within the immediate vicinity. This includes two local bus stops which benefit from differing bus services. The nearest railway station to the Site is Harpenden railway station, located approximately 2.2km to the south of the Site. This is considered to be within an acceptable cycling distance and for many this would be within an acceptable walking distance. Additionally, the Site is in close proximity to a range of existing and consented facilities including shops, cafes and schools.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	None.
27	Does the proposal seek to reduce car use?	Yes	An objective of both Travel Plans includes encouraging the use of alternative modes of transport to single occupancy private car use. Both Travel Plans involve the development of a set of measures that will be implemented at the Site to encourage sustainable travel measures. Example measures from both Travel Plans are outlined in Q22 and Q23 which promote and facilitate walking and cycling.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people.	None.

Accessibility and Active Travel								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
							• People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	
28	Does the proposal allow people with mobility problems or a disability to access building and places?	Yes	As stated within the Residential Travel Plan, disabled access will be provided throughout the Proposed Development to ensure ease of access by the mobility impaired as well as people using pushchairs. Within the School Travel Plan, parking space will be provided for disabled people. As stated in Q2, car parking will be provided at a level determined based on consideration of the adopted parking standards that are in place at the time when relevant reserved matters applications are made. However, Policy 50 on Parking for Disabled People provides the requirements for provision of disabled parking within new developments. For residential developments, it recommends 1 disabled space for every dwelling built to mobility standards.	Positive	Operation	Low	• People with physical, sensory or learning disabilities / difficulties.	None.

6.7 Crime Reduction and Community Safety

6.7.1 Thoughtful planning and urban design that promotes natural surveillance and social interaction can help to reduce crime and the 'fear of crime', both of which impacts on the mental wellbeing of residents. As well as the immediate physical and psychological impact of being a victim of crime, people can also suffer indirect long-term health consequences including disability, victimisation and isolation because of fear. Community engagement in development proposals can lessen fears and concerns.

6.7.2 Aligned with the HUDU HIA Matrix, developments that place emphasis on crime reduction and community safety contribute to the health and wellbeing, particularly mental wellbeing of residents, and will enhance the overall quality of life for residents.

6.7.3 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Living and environmental conditions affecting health – community safety. Mental health and wellbeing – enabling participation in community and economic life. Social and community influences on health – citizen power and influence.

Table 6.6: Crime Reduction and Community Safety

Crime Reduction and Community Safety								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
29	Does the proposal incorporate elements to help design out crime?	Yes	A Crime Prevention Strategy is included within the DAS. It states that Secured by Design Principles have been incorporated throughout the masterplan development stages, which include: - Natural surveillance through opportunities for informal observation and elimination of hidden non-overlooked areas of public space. - Access control measures that create single and identifiable points of entry to the Site or buildings. - Activity support encourages occupation and use of open spaces and routes through the development by legitimate users increasing natural surveillance and deterring anti-social behaviour.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	None.
30	Does the proposal incorporate design techniques to help people feel secure	Yes	It has been demonstrated in the Transport Assessment that the accessibility of the Site to a variety of key amenities, facilities, and locations within Harpenden and the local area is considered	Positive	Operation	Low	• Children and young people. • Older people.	None.

Crime Reduction and Community Safety								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
	and avoid creating 'gated communities'?		good, with most within reasonable walking, wheeling, and cycling distances. Public realm and internal routes to local and strategic cycle and walking networks are outlined in Q22 and Q23 and further detailed in the Transport Assessment's Section. Additionally, there are a number of public open spaces allowing footfall within the Site.					
31	Does the proposal include attractive, multi-use public spaces and buildings?	Yes	The Proposed Development includes the provision of up to 500 residential dwellings, children's home, elderly extra care facility, local centre, sports pitches, and associated building, primary school with early years provision, public open space, community growing space, vehicular access from Lower Luton Road, pedestrian and cycle access, landscaping and related infrastructure. The DAS states that the Proposed Development will deliver high quality homes within a well-considered design that contributes to the immediate and wider context.	Positive	Operation	Low	• Children and young people. • Early years. • Older people. • People with long term health conditions. • People with mental health conditions. • People with physical, sensory or learning disabilities / difficulties.	None.
32	Has engagement and consultation been carried out with the local community and voluntary sector?	Yes	The Applicant has conducted a robust engagement programme which included meetings and continuous contact with the local community. Key elements of the engagement programme: - Project website which provided details of the proposals, allowed residents to ask questions, register for updates and complete the survey questionnaire to give their comments and feedback on proposals; - A telephone helpline and dedicated email address; - A letter was sent to the 150 closest residences to the site, informing them of the upcoming consultation and inviting them to have a one-to-one briefing regarding the Site; - A leaflet was distributed by Royal Mail to over 1700 addresses introducing the proposals, inviting them to the public exhibition and making them aware of the development website;	Positive	Pre-Submission	Low	• Children and young people. • Older people.	None.

<table>
<tr><th colspan="8">Crime Reduction and Community Safety</th></tr>
<tr><th>Q</th><th>Criteria</th><th>Yes / No / N/A</th><th>Comment</th><th>Impact</th><th>Phase</th><th>Impact Magnitude</th><th>Impacted Groups</th><th>Mitigation Proposed</th></tr>
<tr><td></td><td></td><td></td><td>- A public exhibition was held on 13th November 2024 at All Saints Church Hall, Harpenden; and
- The consultation remained live online until early December 2024.

The following issues have been raised to date, at the time of writing:
<table>
<tr><th>Issue raised</th><th>Applicant's response</th></tr>
<tr><td>The homes will not fit in with Harpenden on a visual level.</td><td>The site is being designed not to be a uniform development, but to have character and design elements that are sympathetic to the character of Harpenden. Key design features of the Harpenden townscape will be incorporated into the design of the development.</td></tr>
<tr><td>Local services – namely schools and GP surgeries – will be unable to handle a new development with more residents using existing services.</td><td>Crest Nicholson will make financial contributions in line with council policy towards new local infrastructure. This will include a new primary school, medical centre and community centre as part of the allocation.</td></tr>
<tr><td>This development will take away valuable greenspace from Harpenden.</td><td>This site will achieve a 10% net gain in biodiversity, with the retention of hedgerows and trees, and the creation of new green walking links within the development.</td></tr>
<tr><td>Harpenden does not need new homes.</td><td>The country has a severe housing crisis of all types. Harpenden has an acute need for more housing provision and housebuilding has failed to keep up with targets in recent years.</td></tr>
</table></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

Crime Reduction and Community Safety									
Q	**Criteria**	**Yes / No / N/A**	**Comment**		**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			The road infrastructure cannot handle a new development. Lower Luton Road already experiences significant congestion without the pressure from a new housing development	A full, comprehensive traffic evaluation/ assessment will be carried out as part of the application, which will identify what mitigations or modifications need to be made.					
			Flooding is an issue in Harpenden and will be exacerbated by the building of a new development	The Site lies in Flood Zone 1, the lowest ranking of flood probability.					

6.8 Access to Healthy Food

6.8.1 Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar. Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.

6.8.2 Aligned with the HUDU HIA Matrix, developments that prioritise access to healthy food will support healthier lifestyles and may help to reduce the prevalence of various diseases including heart disease and obesity. This approach forms a foundation for healthier lifestyles and long-term community wellbeing.

6.8.3 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Lifestyles – diet/nutrition. Macro-Economic, Environmental and Sustainability Factors – cost of living i.e. food.

Table 6.7: Access to Healthy Food

Access to Healthy Food								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
33	Does the proposal facilitate the supply of local food, for example allotments, community farms and farmers' markets?	Yes	The Proposed Development will include an area for allotment, orchard and growing. Additionally, there are various allotments located within Harpenden, with the closest located at Porters Hill Park. These areas will facilitate the supply of local food.	Positive	Operation	Low	• People on low income. • People with long term health conditions.	None.
34	Is there a range of retail uses, including food stores and smaller affordable shops for social enterprises?	Yes	The Proposed Development includes a Local Centre that will provide a flexible range of Class E uses, including retail and a café. Although it is unknown at this stage who will occupy these premises, the inclusion of these uses provides an opportunity for smaller affordable shops for social enterprises.	Uncertain	Operation	Low	• People on low income. • People with long term health conditions.	None.
35	Does the proposal avoid contributing towards an over-concentration of hot food takeaways in the local area?	Yes	Although the Proposed Development includes a potential flexible range of uses, including for a potential café, it does not include provision of hot food takeaways which are classified as sui generis use class[48], or other commercial spaces that would risk	Neutral	Operation	Low	• People on low income. • People with long term health conditions.	None.

[48] Public Health (2021) Addendum: Hot food takeaways use in the new Use Class Order - GOV.UK

Access to Healthy Food								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			contributing to an over-concentration of hot food takeaways in the local area.					

6.10 Access to Work and Training

6.10.1 Employment and income are key determinants of health and wellbeing. Unemployment generally leads to poverty, illness and a reduction in personal and social esteem. Works aids recovery from physical and mental illnesses. Access to training opportunities can lead to higher levels of job security and stable employment reduces stress and anxiety, contributing to better mental health.

6.10.2 Aligned with the HUDU HIA Matrix, developments that prioritise access to work and training opportunities contribute to healthier, more cohesive communities. By supporting lifelong learning and workforce development, planners can help create environments where residents thrive socially, economically and personally.

6.10.3 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Economic conditions affecting health – unemployment; type of employment.

Table 6.8: Access to Work and Training

Access to Work and Training								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
36	Does the proposal provide access to local employment and training opportunities including temporary construction and permanent 'end-use' jobs?	Yes	**Construction** The construction phase of the Proposed Development will generate jobs across all construction disciplines. The Population and Human Health ES Chapter has calculated that the Proposed Development will support an average of 132 FTE direct jobs, over an 8-year construction period. In addition to those jobs created as a direct effect of the construction and management of the Proposed Development, further indirect employment will be supported during the construction phase as a result of the spin-off and multiplier effects in the supply-chain. **Operation** The Population and Human Health ES Chapter has estimated that the Proposed Development could support in the region of between 62 to 67 FTE jobs with the operation of the Local Centre and Primary School.	**Construction** Positive **Operation** Neutral	Construction & Operation	**Construction** High **Operation** Negligible	• People on low income. • Homeless people.	None.
37	Does the proposal provide childcare facilities?	Yes	The Proposed Development will include a 2 Form Entry Primary School which will also include a Nursery. The Nursery will provide childcare facilities.	Positive	Operation	Low	• Children and young people.	None.

Access to Work and Training								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
							• Early years. • People on low income.	
38	Does the proposal include managed and affordable workspace for local businesses?	Yes	It is anticipated that the Proposed Development's Local Centre could support between 22 and 27 FTE jobs, depending on which uses are delivered. The indicative retail / restaurant / professional services provide an opportunity for the proposal to include managed and affordable workspace for local businesses, although this is uncertain at this stage.	Uncertain	Operation	Uncertain	• People on low income.	None.
39	Does the proposal include opportunities for work for local people via local procurement arrangements?	Yes	Of the 132 direct FTE jobs supported during the construction of the Proposed Development, 48 of these are estimated to provide employment for residents of the SADC area, along with a further 19 indirect FTE jobs. Therefore, the net employment effect to the SADC area over the construction phase is 67 FTE jobs. These are not expected to be new jobs, rather safeguarded jobs. For the contractors involved, this is likely one of several projects that they will be involved in during the course of a year or number of years. Construction activity will take place temporarily and then move on to other projects, which might be local, elsewhere in the region or further afield. The Population and Human Health ES Chapter has assessed this as a major beneficial effect on employment in the SADC area during the construction phase (significant in EIA terms).	Positive	Construction	High	• People on low income. • Homeless people.	None.

6.11 Social Cohesion and Inclusive Design

6.11.1 Friendship and supportive networks in a community can help to reduce depression and levels of chronic illness as well as speed recovery after illness and improve wellbeing. Fragmentation of social structures can lead to communities demarcated by socio-economic status, age and/or ethnicity, which can lead to isolation, insecurity and a lack of cohesion.

6.11.2 Voluntary and community groups, properly supported, can help to build up networks for people who are isolated and disconnected, and to provide meaningful interaction to improve mental wellbeing. Planning proposals should be developed in consultation with differentiated community groups (such as children, young people, residents, families, businesses, faith groups, community organisations). They should be involved in the planning of the project from the beginning and throughout the life cycle of the project.

6.11.3 These principles, emphasised in the HUDU HIA Matrix, contribute to social cohesion and inclusive design. By embedding these principles into planning, developments can enhance inclusivity amongst all residents and promote the feeling of connectiveness. This approach forms a foundation for healthier lifestyles and long-term community wellbeing.

6.11.4 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Living and environmental conditions affecting health – health and safety; access, availability and quality of green and blue infrastructure; urban/rural built and natural environment and neighbourhood design. Social and Community Influences on Health – neighbourliness; social isolation.

Table 6.9: Social Cohesion and Inclusive Design

Social Cohesion and Inclusive Design								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
40	Does the proposal consider health inequalities by addressing local needs through community engagement?	Yes	As previously stated in Q32, the Applicant has conducted a robust engagement programme which included meetings and continuous contact with the local community. The following issues in relation to health inequalities have been raised by the local community: - Local services (namely schools and GP surgeries) will be unable to handle a new development with more residents using existing services o Response: The Applicant will make financial contributions in line with council policy towards new local infrastructure. This will	Positive	Pre-submission	Low	• Children in residential care. • Older people. • People living in areas which exhibit poor economic and / or health indicators.	None.

Social Cohesion and Inclusive Design								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			include a new primary school, medical centre and community centre as part of the allocation. - This development will take away valuable greenspace from Harpenden. o Response: This site will achieve a 10% net gain in biodiversity, with the retention of hedgerows and trees, and the creation of new green walking links within the development. - Harpenden does not needs new homes. o Harpenden has an acute need for more housing provision and housebuilding has failed to keep up with targets in recent years. In addition to the above, as discussed in Q2, the Proposed Development will provide one children's home, likely to be a four bed property. Following discussions with the HCC, this was incorporated into the Proposed Development to meet local need.					
41	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?	Yes	The Proposed Development will be designed to connect to the surrounding area including facilities and amenities in Harpenden. Accessing facilities and amenities within a short distance of dwellings reduces the need to travel and also means more travel options are available as active travel modes are more attractive to use over shorter distances. A dedicated active travel route runs through the Site, offering strategic connections to existing pedestrian and cycle networks, and linking the new development to the wider community. In addition, a series of secondary pedestrian routes are proposed to enhance permeability and tie into smaller, existing pathways within the surrounding area. Additionally, the Proposed Development will include a Local Centre that will provide a flexible range of uses including retail, café, healthcare and community uses. It will also provide more than 50% of the Site as open space, including formal sports pitches and play areas.	Positive	Operation	Low	• Children and young people. • Early years. • Older people.	None.

Social Cohesion and Inclusive Design								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			These features will also encourage social interaction between residents and visitors.					
42	Does the proposal include a mix of uses and a range of community facilities?	Yes	As stated above in Q41, the Proposed Development will include a Local Centre that will provide opportunity for a flexible range of uses including retail, café, healthcare and other community uses. Additionally, the range of open space, including formal sports pitches and play areas, are also provided within the proposal.	Positive	Operation	Low	• Children and young people. • Early years. • Older people.	None.
43	Does the proposal provide opportunities for the voluntary and community sectors?	Yes	Whilst there are no specific opportunities in place for the voluntary and community sectors, the Proposed Development will provide potential opportunities for these sectors through the expected uses on Site.	Positive	Operation	Low	• People on low income. • Homeless people.	It is recommended that the Proposed Development provides specific opportunities for the voluntary and community sectors in relation to construction and operational employment.
44	Does the proposal take into account issues and principles of inclusive and age friendly design?	Yes	As discussed in Q2, the Proposed Development will deliver up to 500 homes. It is anticipated that 100% of homes will be designed to comply with Building Regulation M4(2) (accessible and adaptable dwellings). Additionally, the Proposed Development will provide 5% of market dwellings to comply with Part M4(3)(a) and 10% of affordable dwellings to comply with Part M4(3)(b). By integrating these Building Regulations, the Proposed Development will achieve an inclusive and age-friendly design. The Proposed Development includes a 60-80 extra care facility (Class C2) for elderly residents with ancillary facilities. The extra care facility will ensure that the needs of older people are also met by whilst promoting independence. Additionally, the Proposed Development will provide one children's home, likely to be a four bed property. Following discussions with the HCC, this was incorporated into the Proposed Development to meet local need.	Positive	Operation	Low	• Children and Young people. • Older people.	None.

Social Cohesion and Inclusive Design								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
			The Proposed Development also will provide formal sports pitches and play areas. These spaces will ensure that children and young people have areas to play where they feel safe and secure.					

6.12 Minimising the Use of Resources

6.12.1 Reducing or minimising waste including disposal, processes for construction as well as encouraging recycling at all levels can improve human health directly and indirectly by minimising environmental impact, such as air pollution.

6.12.2 These principles, outlined in the HUDU HIA Matrix, ensure an enhanced quality of life for all residents. Lower resource consumption can lead to fewer emissions which can improve local air and water quality. Cleaner environmental promote healthier communities by reducing respiratory and cardiovascular diseases. Reducing the use of resources can also help mitigate climate change which can decrease the frequency and severity of extreme weather events that can cause injuries and health issues.

6.12.3 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Macro-economic, environmental and sustainability factors – climate change. Living and Environmental Conditions Affecting Health – waste.

Table 6.10: Minimising the Use of Resources

Minimising the Use of Resources								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
45	Does the proposal make best use of existing land?	Yes	The Site forms part of a wider allocation in the emerging SADC Local Plan: Policy LG1 Broad Locations and Policy B2 North East Harpenden. It represents the largest component part of this draft allocation, comprising 66% of the draft allocated site area. As detailed in Q5, the Proposed Development has been assessed as having a positive impact as at least 40% of homes provided will be affordable with a range of house types including apartments and houses and a mixture of house tenures including renting and shared ownership. This will have a positive impact on the existing community.	Positive	Operation	Medium	• People on low income. • Homeless people. • People living in areas which exhibit poor economic and / or health indicators.	None.
46	Does the proposal encourage recycling, including building materials?	Yes	The Energy Statement states that within the Proposed Development, choices will be made in order to reduce consumption and primary resources and using materials with fewer negative impacts on the environment, including but not limited to the following:	Positive	Construction & Operation	Medium	• Children and young people. • Early years. • Older people. • Homeless people.	None.

			- Use fewer resources and less energy through designing buildings more efficiently. - Specify and select materials and products that strike a responsible balance between social, economic, and environmental factors. - Incorporate recycled content, use resource-efficient products, and give due consideration to end-of-life uses. - Influence, specify and source increasing amounts of materials which can be reused and consider future deconstruction and recovery. The Proposed Development will additionally be designed to monitor and manage construction site waste effectively and appropriately. Target benchmarks for resource efficiency will be set in accordance with best practice – e.g., $5m^3$ of waste per $100m^2$ / tonnes waste per m^2. Wherever possible, materials will be diverted from landfill through re-use on site, reclamation for re-use, returned to the supplier where a 'take-back' scheme is in place or recovered and recycled using an approved waste management contractor. A target to divert 85% by weight / volume of non-hazardous construction waste will be applied.				• People living in areas which exhibit poor economic and/or health indicators.	
47	Does the proposal incorporate sustainable design and construction techniques?	Yes	In addition to targets discussed in Q46, the Proposed Development will be designed to meet national standards with respect to Building Regulations Part L 2021 requirements as a minimum and deliver additional carbon and energy reductions in line with local policy. Therefore, the Proposed Development will meet Part L 2013 regulations by meeting Part L 2021 regulations.	Positive	Construction & Operation	Medium	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor economic and/or health indicators.	None.

6.13 Climate Change

6.13.1 There is a clear link between climate change and health. Climate change exacerbates health inequalities in several ways, disproportionately affecting vulnerable populations, for example, pre-existing health conditions are often more prevalent in disadvantaged communities which makes them more susceptible to the adverse effects of climate change. Local areas should prioritise policies and interventions that 'reduce both health inequalities and mitigate climate change' because of the likelihood that people with the poorest health would be hit hardest by the impacts of climate change. Climate change is potentially a significant threat to public health and may widen inequalities in health.

6.13.2 Planning is at the forefront of both trying to reduce carbon emissions and to adapt urban environments to cope with higher temperatures, more uncertain rainfall, and more extreme weather events and their impacts such as flooding. Poorly designed homes can lead to fuel poverty in winter and overheating in summer contributing to excess winter and summer deaths. Developments that take advantage of sunlight, tree planting and accessible green/brown roofs also have the potential to contribute towards the mental wellbeing of residents.

6.13.3 As outlined in the HUDU HIA Matrix, sustainable practices not only support biodiversity and resource efficiency, but also improve living conditions. By prioritising climate change mitigation, developments can address health disparities, enhance resilience to environmental challenges, and create healthier, more equitable spaces for current and future generations.

6.13.4 This theme responds to the following considerations within the WHIASU Health and Wellbeing Determinants checklist (Appendix B): Macro-economic, environmental and sustainability factors – biodiversity; climate change. Living and Environmental Conditions Affecting Health – waste.

Table 6.11: Climate Change

Climate Change								
Q	**Criteria**	**Yes / No / N/A**	**Comment**	**Impact**	**Phase**	**Impact Magnitude**	**Impacted Groups**	**Mitigation Proposed**
48	Does the proposal incorporate renewable energy?	Yes	Within the Energy Statement, a range of low carbon and renewable energy systems have been assessed for their potential to deliver suitable emissions savings. It is proposed that all buildings within the Proposed Development will supply heat through air source heat pump (ASHP) systems. The specific model of ASHP will be decided at a later RIBA stage. Solar Photovoltaic (PV) is also considered a feasible option for future incorporation into the design if required in order to meet the desired energy performance certificate (EPC) of B.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor	The incorporation of renewable energy will be considered at the detailed design stage.

			Consideration of this technology will be handled at the reserved matters space in line with the design SAP assessments, or to meet the requirements of the forthcoming Future Homes Standard.				economic and/or health indicators.	
49	Does the proposal ensure that building and public spaces are designed to respond to winter and summer temperatures, for example ventilation, shading and landscaping?	Yes	The Proposed Development will include a variety of green infrastructure that can reduce overheating through providing a shading and cooling effect. Trees provide shade giving relief from heat and vegetation undergoes evapotranspiration which helps to cool surrounding air.	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor economic and/or health indicators.	
50	Does the proposal maintain or enhance biodiversity?	Yes	The Proposed Development aims to retain natural features and maximise the potential for enhanced ecology. The Proposed Development will achieve a 10% net gain in habitat units. The BNG Assessment submitted as part of this application, concluded that a total of 65.87 habitat units and 3.88 off-site hedgerow units would be required, to either be incorporated into the detailed design of the scheme or by utilising offsite units.	Positive	Operation	Low	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor economic and/or health indicators.	None.
51	Does the proposal incorporate sustainable urban drainage techniques?	Yes	Intense rainfall, often of short duration, which is unable to soak into the ground or enter drainage systems can run quickly off the land and result in local flooding. Increased run-off from developed areas consisting of impermeable surface can increase overland flows. According to online mapping, the majority of the Site is located within Flood Zone 1 and at a low probability of fluvial flood risk. The south-west corner of the Site is located within Flood Zone 2 (medium probability). The SuDS Assessment within the Flood Risk Assessment and Drainage Strategy (FRADS) found the following techniques potentially suitable: - Rain Water Harvesting (suitability: maybe) - Green Roofs (suitability: maybe) - Infiltration (suitability: yes) - Bioretention Systems (suitability: yes) - Trees (suitability: yes)	Positive	Operation	Medium	• Children and young people. • Early years. • Older people. • Homeless people. • People living in areas which exhibit poor economic and/or health indicators.	None.

			- Pervious Pavements (suitability: yes) - Detention Basin (suitability: yes) The FRADS concludes that the range of Sustainable Urban Drainage (SuDS) features are considered to provide sufficient water treatment for the Proposed Development.					

7 Summary and Conclusions

7.1 Summary

7.1.1 This HIA has reviewed the Proposed Development to identify potential health impacts, demonstrate how health considerations have been incorporated into the proposals, and to identify opportunities for securing measures that could bring health and wellbeing enhancements in the future delivery of development.

7.1.2 The method and scope of the HIA has been tailored to be proportionate to the scale and nature of the Proposed Development. The assessment makes use of the matrix of the HUDU tool to identify health impacts. The completed matrix also cross references other documents submitted with the planning application that are relevant to the HIA, and that contain greater detail on technical assessment and/or proposed mitigation.

7.1.3 The baseline conditions relevant to the Proposed Development can be summarised as follows:

- **Population:** Within the LSA, the total resident population is 22,318 persons. There is a higher proportion of young people (aged 15 and under), a lower working age population (16-64 years) and a similar proportion of older people (aged 65+), compared to district and national averages.
- **Deprivation:** The Site falls within two LSOAs: St Albans 002C, which falls within the 50% least deprived neighbourhoods in the country, and St Albans 004C, which falls within the 10% least deprived neighbourhoods in the country. Overall, the two LSOAs vary in relation to deprivation.
- **Health Profile:** St Albans features an overall good level of health, with higher life expectancies for males and females, higher levels of physically active actives, lower all-cause mortality rate and estimated dementia diagnosis rate when compared to the regional and national averages.
- **Transport and Travel:** The Site is situated in an accessible location with a range of sustainable transport opportunities. The level of active travel in St Albans is generally higher than the level of active travel across the rest of the region, and England.
- **Education and Healthcare Capacity:** There are three GP surgeries accepting patients and includes the Site in their catchment area. Additionally, there are various education facilities within walking and cycling standards (2km walking, 5km cycling) of the Site.
- **Housing:** The majority of housing in the LSA consists of detached and semi-detached housing. There is greater level of household ownership in the LSA, when compared to the district and England.
- **Economic Profile:** There is a greater percentage of residents in the LSA who are economically active, when compared to the regional and national levels. Professional, scientific and technical activities is the leading industry in the LSA, which is much higher than the regional and national averages.

7.1.4 As shown in **Section 6**, the Proposed Development is considered to have an overall positive or neutral effect in relation to the wider determinants of health, with the majority of effects being assessed as positive. An uncertain effect was assessed for the provision of a healthcare facility; the management and maintenance of new open space; the provision of retail uses; and the provision of managed and affordable workspaces. A negative effect was assessed for impact on health and social care services; secondary education; and post-16 education.

7.1.5 It is recommended that the following mitigation or enhancement actions should be considered:

Table 7.1: Recommended mitigation and enhancement actions

Wider Determinant of Health	Recommended Mitigation and Enhancement Action
Access to Health and Social Care Services and Other Social Infrastructure	Further engagement will be required with the ICB to determine if there is sufficient clinical floorspace available within the listed facilities to accommodate the population increase. It is also likely that mitigation may be required in the form of a S106 contribution. The level of this contribution should be determined via further engagement with the NHS ICB. It is recommended that contributions towards secondary education should be secured within a S106 planning obligation to provide mitigation with respect to this determinant.
Access to Open Space and Nature	It is recommended that a Landscape Management and Maintenance Plan is secured via a planning condition.
Air Quality, Noise and Neighbourhood Amenity	**Noise and Vibration** A detailed noise and vibration assessment should be undertaken once the construction method statement is available. If piling is to be used, a full piling noise and vibration assessment should be undertaken. It is crucial that 'Best Practicable Means' are adopted to keep annoyances to a minimum and a clear line of communication between the developer and nearby occupants is essential to keep relations amicable. Additional mitigation measures recommended include (see the Acoustic Assessment for the full list): - Switching off plant when not in use; - Noise emission limits for equipment used on site; - Situate plant away from any party walls or ceilings and floors where practicable; and - Quiet working methods. **Air Quality**

	The IAQM guidance provides a number of potential mitigation measures to reduce impacts during the construction phase, including (see the Air Quality Assessment for the full list): - Develop and implement a stakeholder communications plan; - Undertake daily on-site and off-site inspection; - Develop and implement a Dust Management Plan; and - Avoid site runoff of water or mud. Potential best practice mitigation options to further reduce operational effects are listed below, suggested by the Institute of Air Quality Management (IAQM): - At least 1 Electric Vehicle “fast charge” point per 10 dwellings – This shall be based on the best technology available at the time of planning approval; - Travel Plan (where required) including mechanisms for discouraging high emission vehicle use and encouraging the uptake of low emission fuels and technologies; - A Welcome Pack available to all residents online and as a booklet, containing information and incentives to encourage the use of sustainable transport modes; and - Car club provision within the Development or support given to local car club/Electric vehicle car clubs.
Accessibility and Active Travel	The developer will provide an incentive in the way of a discount on new cycles purchased by residents of the development. The discount will be redeemable after the purchase of the cycle rather than through voucher system. It is recommended that the following mitigation measures are included at detailed design stage to help reduce and minimise road injuries: - Parallel crossing on Westfield Road giving priority to pedestrians and cyclists on the Luton-Harpenden Greenway; - Improved crossing facility on Common Lane to facilitate pedestrian connection to Katherine Warington School; and - Potential implementation of 20mph zone within Batford inclusive of network of raised tables.
Social Cohesion and Inclusive Design	It is recommended that the Proposed Development provides specific opportunities for the voluntary and community sectors in relation to construction and operational employment.
Climate Change	The incorporation of renewable energy will be considered at the detailed design stage.

Appendix A Site Location Plan

all dimensions to be checked on site and architect notified of any discrepancies prior to commencement.
do not scale.

any and all elements relating to the fire safety of the building will require separate confirmation and approval by a fully accredited fire engineering consultant who has to be appointed by the Client.

notes:

Red Line Boundary

rev:	date:	comment(s):	name:	check:
A	10.02.2026	Revised to included access	TKB	TKB

IDP

ARCHITECTS.
URBAN DESIGNERS.
PROJECT MANAGERS.
LANDSCAPE ARCHITECTS.
WE ARE IDP.

status: PLANNING RIBA Stage: 1

client: Crest Nicholson

job: Lower Luton Road, Harpenden

title: Site Location Plan

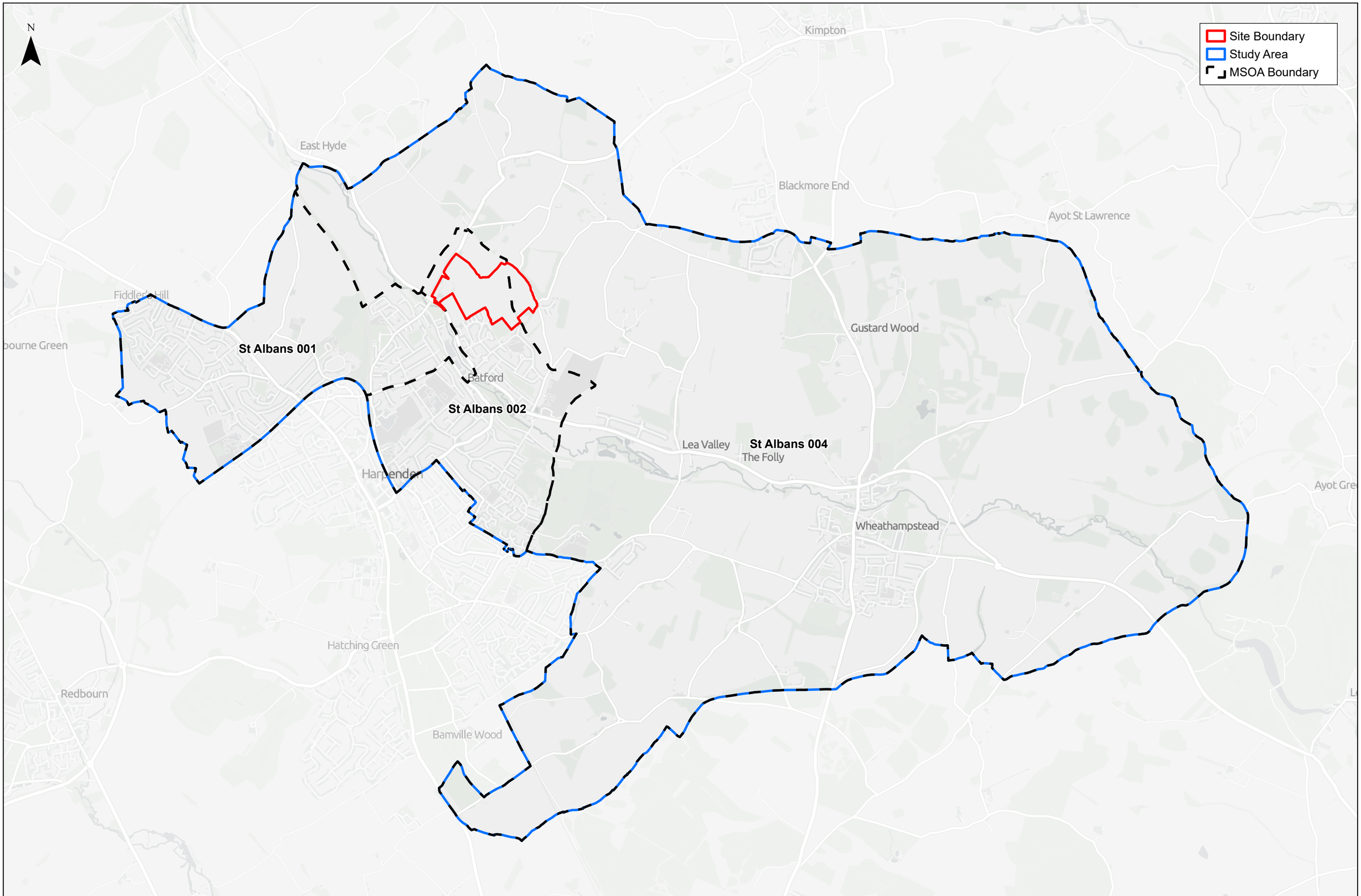
drawn: SM date: 11.07.2025

checked: TKB scale @ a0: 1:1250

job no: C6017 drg no: 001_01 Rev A

IDP GROUP 27 SPON STREET COVENTRY CV1 3BA
T: +44 (0)24 7652 7600 E:info@idpgroup.com
www.weareidp.com

Appendix B Local Study Area



Stantec

Client

Crest Nicholson

LAND NORTH EAST OF HARPENDEN

Local Study Area

0 1 2 km

1:30,000 @ A3	Date: 23/02/2026
Drawn: TB	Checked: KM
Figure: 01	Rev: A

Document Path: C:\33313542900\33313542900.aprx

Appendix C Public Health Consultation

From: [redacted] <[redacted]> **On Behalf Of** HealthyPlaces
Sent: 24 March 2025 14:47
To: [redacted]
Subject: RE: Health Impact Assessment - Public Health Consultation (Land North East of Harpenden)

> You don't often get email from healthyplaces@hertfordshire.gov.uk. Learn why this is important

Dear [redacted]

Thank you for consulting HCC Public Health at the scoping stage of the HIA for the proposed development at Land North East of Harpenden. We are pleased to see that you are looking to carry out a HIA for this application.

Health Impact Assessments are a recognised tool that can assist development applications demonstrate both the positives of the proposal as well as identifying any unintended consequences. Robust assessments of the health implications of development proposals consider how different populations will be positively and negatively impacted by the development; HIAs can draw out these inequalities in relation to the impact of a development on existing local communities and how the development may influence the health and wellbeing of its new residents. It is also important to consider the cumulative impact of neighbouring developments on new and existing communities which can be taken into account when undertaking an HIA.

In November 2019, Herts County Council adopted a HIA Position Statement including guidance on the quality assurance framework that will be used to assess HIAs that are submitted with planning applications. The HIA Position Statement and supporting appendices can be viewed from this weblink: Health Impact Assessment Position Statement
We recommend that you refer to the HIA Position Statement in your report and use the methodology set out in the guidance document.

There is also the option to complete a Hertfordshire HIA using the digital platform from PlaceChangers. This allows applicants access to specific insights into local demographics, including health, housing and open spaces. Access to the tool can be found on our webpage: The role of Public Health in planning | Hertfordshire County Council

In terms of methodology/approach for the HIA, HCC Public Health advise developers to use the Wales Health Impact Assessment Support Unit Methodology for the HIA instead of the HUDU checklist. We will be using the WHIASU Quality Assurance Framework to assess the quality of the HIA and provide feedback using this framework.

For guidance on what to include for the health and wellbeing determinants – we recommend using Appendix B: appendix-b-health-and-wellbeing-determinants-checklist.pdf

Regarding the type of HIA required for this scheme, we recommend that a full HIA should be provided if the proposal is subject to an Environmental Impact Assessment. If the application does not need to provide an EIA, we recommend a rapid HIA.

We are pleased to see that healthy food environment is included within the scope of your HIA. HCC Public Health have an online tool which shows all the hot food takeaway premises and primary and secondary schools in Hertfordshire. You can access this tool here: hcc-phei.shinyapps.io/healthy_food_environments/

Regarding your questions, I have provided a response below:

1. We recommend using Fingertips to create a local health profile for the area. This will help you understand the local health issues. Fingertips | Department of Health and Social Care

   We also have a District Profile for St Albans that you can refer to: https://www.hertshealthevidence.org/documents/epi-content/district-profiles/district-report-st-albans-e07000240-2022.pdf

   And we recommend referring to IMD to understand local deprivation issues - Index of Multiple Deprivation Dashboard
2. In regard to vulnerable groups, we recommend using Appendix A for this assessment: appendix-a-population-groups-checklist.pdf
3. We recommend using WHIASU methodology and a rapid HIA is suitable approach if an EIA is not required for this scheme. If an EIA is required, we recommend a full HIA.
4. In terms of other policies and guidance, HCC Public Health recommend:

   - Hertfordshire County Council - Hertfordshire Health and Wellbeing Planning Guidance
   - Hertfordshire County Council - Sustainable Hertfordshire Strategy 2022
   - Hertfordshire County Council – Air Quality Strategy
   - Hertfordshire Climate Change and Sustainability Partnership – Strategic Action Plan (2024 – 2030) Net Zero Carbon Across Hertfordshire

- Hertfordshire County Council – Active Travel Strategy
- Hertfordshire County Council – Accessibility Strategy
- Hertfordshire County Council – Local Transport Plan
- Hertfordshire County Council – Local Flood Risk Management Strategy
- Hertfordshire County Council – Hertfordshire Development Quality Charter

We also recommend:

- Sport England's Active Design Guidance
- Sport England's Planning for Sport Guidance
- NHS England 'Putting Health into Place, 10 Principles' Guidance
- Empowering Healthy Places
- Healthy Streets – Health Streets in new Developments
- Design-codes-for-health-and-wellbeing.pdf

5. I would refer to the emerging Local Plan in this HIA, as the current Plan dates back to 1994. The emerging Local Plan is progressing through the examination process, and it is likely to align more with the newest NPPF.

I hope this helps, please let me know if you require any further help. We have some examples of rapid HIAs and guidance documents/toolkits on our website that you can access here: Public Health and planning | Hertfordshire County Council

Kind regards
[redacted]

[redacted]
Health Places Officer -Planning | Heathy Places/ Wider Determinants | Health Inequalities | Public Health
Hertfordshire County Council
Farnham House, Stevenage SG1 2FQ
Postal point: SFAR232
E: [redacted]
Working Days: Monday – Friday

Hertfordshire

Update me

Our vision is to create a cleaner, greener and healthier Hertfordshire, guided by our RISE values

We improve Residents' lives	We work with Integrity	We act Sustainably	We champion Equality & fairness

From: [redacted]

Sent: Tuesday, March 18, 2025 3:01 PM
To: HealthyPlaces <healthyplaces@hertfordshire.gov.uk>
Subject: Health Impact Assessment - Public Health Consultation (Land North East of Harpenden)

You don't often get email from [redacted] Learn why this is important

Good afternoon,

I am currently preparing a Health Impact Assessment (HIA) for mixed-use residential project located at Land North East of Harpenden. We would like to request input and advice from the Hertfordshire Healthy Places Team into the HIA process.

Please see the attached consultation letter which provides a description of the proposed development, our approach to the HIA, and points for clarification.

I would be grateful if you could respond to this consultation request by **COP Thursday 3rd April.** Please do not hesitate to contact me if you have any questions or would like to set up a call to discuss.

Many thanks in advance for your assistance.

Kind regards,

[redacted]

[redacted]

[redacted]

Stantec
3rd Floor, Capital Square
58 Morrison Street
Edinburgh, EH3 8BP

Appendix D WHIASU Quality Assurance Review Framework

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

WHIASU
Wales Health Impact Assessment Support Unit
Uned Gymorth Asesu Effaith ar Iechyd Cymru

Quality Assurance Review Framework for Health Impact Assessment (HIA)

Liz Green, Lee Parry-Williams, Nerys Edmonds
With contribution from Steinthora Jonsdottir

Wales Health Impact Assessment Support Unit (WHIASU),
Public Health Wales (PHW) • Revised March 2020

Start

WHIASU
Wales Health Impact Assessment Support Unit
Uned Gymorth Asesu Effaith ar Iechyd Cymru

Contents

Contents

Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact Assessment: An Overview

Why do we need a Quality Assurance Review Framework for HIA?

Guidance on Using this HIA Quality Assurance Review Framework

The HIA Quality Assurance Review Framework and Explanatory Notes

Resources/Feedback

Acknowledgements

The authors would like to thank the following individuals who gave their time to review and provide feedback on the framework and helped to improve the final product:

- Sarah Andrews, Public Health Wales
- Kathryn Ashton, Public Health Wales
- Bronia Bendall, Natural Resources Wales
- Andrew Buroni, RPS Consultants
- Anthea Cooke, Health and Wellbeing Specialist
- Rachel Davies, City and County of Swansea
- Eva Elliot, Cardiff University
- Lara Griffiths, Denbighshire County Council
- Emma Horan, Denbighshire County Council
- Kristian James, Public Health Wales
- Delyth Jones, Public Health Wales
- Heather Ramasseur-Marsden, Public Health Wales
- Alastair Tomlinson, Cardiff Metropolitan University
- Susan Toner, Public Health Wales

About the Wales Health Impact Assessment Unit

The Wales Health Impact Assessment Support Unit (www.whiasu.wales.nhs.uk) is part of the Policy, Research and International Development Directorate of Public Health Wales. It was established in 2001 to improve health and address inequalities in Wales. The unit has provided a mechanism to harness the collective efforts and knowledge of all sectors, policy areas and communities in developing and advancing both "Health in All Policies" approaches and policy and practice underpinning health impact assessment (HIA) in Wales.

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

WHIASU
Wales Health Impact Assessment Support Unit
Uned Gymorth Asesu Effaith ar Iechyd Cymru

Executive Summary

In Wales, Health Impact Assessment (HIA) practice has been developing for over 15 years. Wales has become internationally respected in the field of HIA due to a focus on participatory methods, health inequalities, a holistic vision of health and wellbeing, cross sector engagement, support for community led HIAs, and an ability to inform policy at a local and national level[1].

This Quality Assurance Review Framework is a critical appraisal tool for HIA. It sets out to ensure that HIA practice in Wales continues to reflect the important values, standards and approaches that have underpinned the development of HIA practice in the country to date.

The Framework has been written to support and guide individuals and organisations to undertake a quality assurance review of a Health Impact Assessment and has been designed as a standalone document. It aims to provide guidance for both commissioners and reviewers of HIAs. It is set against the Welsh policy and practice context and supplements the Welsh HIA guidance 'HIA: A Practical Guide'[2].

The framework has been based on the extensive experience gained through the practice of HIA by the Wales Health Impact Assessment Support Unit (WHIASU), literature on effectiveness and quality in HIA, and engagement and review by a wide range of HIA practitioners, academics and policy officers who will utilise the framework as part of their work.

It aims to:

- Provide a common framework and understanding of what a high quality HIA looks like
- Raise the standard of HIAs carried out in Wales
- Ensure that the evidence used to inform decisions that affect health and wellbeing is robust and inclusive
- Aid a wide range of commissioners, practitioners and decision makers to form an opinion on any HIA and its output(s)

The HIA Quality Assurance Review Framework contains:

- Guidance on how to undertake a quality assurance review of a HIA using the framework
- A framework with criteria which need to be demonstrated in a high quality, credible and robust HIA.
- Explanatory notes
- Signposts to useful resources and support

On completion, it will give a clear picture and analysis of the contents of a HIA. The reviewers will be able to form an opinion on the completed HIA and its associated report, and the level of trust and confidence they can place in the content, findings and process. The reviewers will be able to give clear feedback to those who requested the review or directly to the author.

1 British Medical Association Wales. Response to Stage One of Public Health (Wales) Bill 2016.
2 Wales Health Impact Assessment Support Unit. **Health Impact Assessment: A Practical Guide**. (2012a)

Introduction

The publication of this Quality Assurance Review Framework is an important step forward in the journey of development for Health Impact Assessment nationally and internationally. It aims to strengthen the practice and use of HIA in Wales in order to maximise the benefits and minimise the risks to health and wellbeing of a wide range of cross sector policies, programmes, services and developments.

The Welsh Government (WG) has taken a long term policy interest and international lead in Health Impact Assessment (HIA) for well over a decade[3]. There has been a commitment to developing the use of HIA in policy and legislation to improve health and wellbeing and reduce inequalities. For example, the Wellbeing of the Future Generations (Wales) Act 2015[4] and the Public Health (Wales) Act 2017[5] share an ambition that Health Impact Assessment (HIA) and a 'Health in All Policies' approach are implemented more widely.

BOX 1: The Wellbeing of Future Generations (Wales) Act (2015)

"Wales faces a number of challenges now and in the future, such as climate change, poverty, health inequalities and jobs and growth. To tackle these we need to work together. To give current and future generations a good quality of life **we need to think about the long term impact of the decisions we make**".

Welsh Government (2015) The Wellbeing of Future Generations (Wales) Act: The Essentials

The Public Health (Wales) Act 2017[6] was passed by the Senedd and this will strengthen the role of HIAs in Wales by requiring Welsh Ministers to make regulations about the circumstances in which public bodies in Wales must carry out HIAs. Once the statutory regulations take effect (estimated to be in 2020/21) appraisal of the quality of HIAs completed in Wales will need to become more systematic in order to ensure that they have been undertaken to a high standard. This ambition needs to be supported by increasing the numbers of practitioners and policy makers from both health and other sectors who are skilled in conducting and quality assuring HIAs and who have access to high quality tools, training and guidance available to them.

3 Welsh Office. **Better Health, Better Wales.** 1998
4 Welsh Government. **Wellbeing of the Future Generations (Wales) Act**. 2015
5 Welsh Government. **Public Health (Wales) Act**. 2017
6 Welsh Government. **Public Health (Wales) Act**. 2017

Purpose

This document aims to set out a clear practical framework to support and guide people and organisations to review the quality of a Health Impact Assessment.

It is aimed at a wide audience which could include policy makers, commissioners, decision makers, private consultants, planning officers, public health and environmental health specialists.

It aims to:

- Provide a common framework and understanding of what a high quality HIA looks like
- Raise the standard of HIAs carried out in Wales so that they are carried out robustly
- Ensure that the evidence used to inform decisions that affect health and wellbeing is robust and inclusive
- Ensure that people have opportunities to participate in decisions that affect their health and wellbeing via high quality HIAs
- Support decision making in respect of policies, projects, plans, planning applications or the commissioning and reconfiguration of services
- Ensure that health, wellbeing and inequalities have been considered in a holistic, systematic and robust manner
- Support Welsh Government and other designated Public Bodies to meet any requirements of the Public Health Bill (2016) and the Well-being of the Future Generations (Wales) Act (2016)
- Support Wales-wide commissioners, policy makers and practitioners in meeting their responsibilities to a high standard when they are required to undertake or review HIAs by providing a framework to critically appraise them
- Provide resources to support international HIA practitioners and commissioners in their work

Methodology

This Quality Assurance Review Framework for HIA has been developed over a two year period which has allowed the framework and the thinking behind it to evolve in response to practice based learning, delivery of training in HIA, a growing focus on wellbeing and long term impacts in Welsh Government policy, and collaboration with practitioners and experts in the field.

The process of development has included:

- A brief literature review on quality and effectiveness in health impact assessment practice
- Engagement and discussions with HIA and other Impact Assessment practitioners, academics and representatives from a wide range of sectors i.e. environmental health and planning
- The development of a draft quality review framework based on HIA knowledge and practice
- Testing and reviewing of the draft framework by HIA practitioners, academics, and cross sector practitioners in three engagement workshops
- Internal Public Health Wales Quality Assurance and governance processes

WHIASU has engaged with a range of HIA practitioners and experts in the development of the framework. This is in order to ensure that the presented criteria represent professional consensus about the content of robust HIAs. WHIASU and the participants have drawn on experience of assessing and marking HIAs carried out during training and have also used learning from other Quality Assurance tools and processes[7] [8].

The framework is published as a working document that we expect to revise and update in the light of feedback and the evolving policy and research context. Initially, we propose to update the framework in 2020. A contact email is included at the end of this document for people to send in their feedback for areas of improvement.

7 Institute of Environmental Management and Assessment (IEMA). **Quality Mark Scheme**. IEMA, 2011
8 NHS Centre for Equality and Human Rights (CEHR). **Equality Impact Assessment Toolkit**. CEHR, 2012

Health Impact Assessment: An Overview

What is HIA?

Health Impact Assessment is a process that considers how the health and wellbeing of a population may be affected by a proposed action, be it a policy, programme, plan, project or a change to the organisation or delivery of a particular service.

The Gothenburg Consensus[9] is widely accepted as the key definition of Health Impact Assessment (HIA):

Health impact assessment is:

"a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population".

Health impact assessment is aimed at:

- Preventing harm to health and wellbeing
- Maximizing benefits to health and wellbeing
- Reducing health inequalities

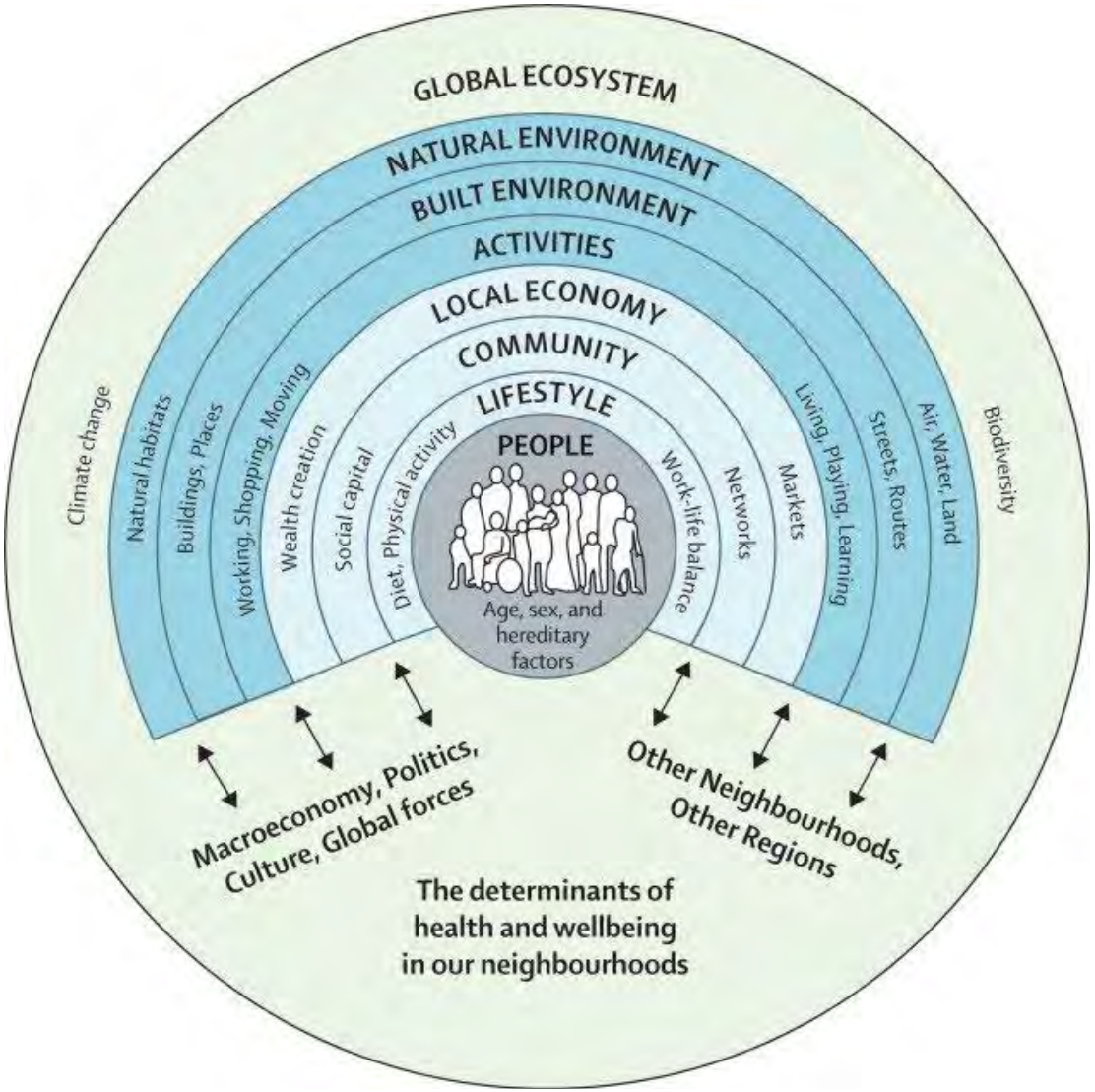
It does this by providing a robust assessment of impacts and seeking to maximize health gain and minimize possible unintended consequences of policy decisions which may lead to risks to health and wellbeing.

The wider determinants of health, such as the model developed by Barton and Grant (2006)[10] (see Figure 1 below) provide the broad assessment framework for HIA. In HIA the assessment is focused firstly on how the proposed project or policy might impact on the wider determinants of health. Secondly, HIA aims to tackle health inequalities and so focuses on the distribution of possible impacts in specific population(s). HIA assesses how the proposed project or policy might impact on different groups of people. Particular attention should be paid in an HIA to any groups that may experience health inequalities and inequities. HIA is based on a holistic view of health and wellbeing, so a HIA should consider physical, mental, social and community impacts.

WHIASU has published a **practical guide** to carrying out a HIA[11] which provides further information about the methodology used in HIA. The guide provides a reference point for the expectations for how a high quality HIA should be conducted and the approach to HIA in Wales.

9 European Centre for Health Policy. **Health impact assessment: main concepts and suggested approach**. Gothenburg consensus paper. Brussels: WHO European Centre for Health Policy. 1999
10 Barton, H. and Grant, M. A health map for the local human habitat. **The Journal for the Royal Society for the Promotion of Health**, 126 (6). pp. 252-253. 2006
11 Wales Health Impact Assessment Support Unit. Ibid. 2012a.

Figure 1: Barton and Grant (2006). The Health Map



Why do we need a Quality Assurance Review Framework for HIA?

In Wales, HIA practice has been developing for over 15 years supported by the establishment of a dedicated HIA Support Unit in 2004[12]. Wales has become internationally respected in the field of HIA due to a focus on participatory methods, health inequalities, a holistic vision of health, cross sector engagement, support for community led HIAs, and an ability to inform policy at a local and national level[13 14 15 16] through the use of pragmatic Rapid HIAs. This Quality Assurance Review Framework sets out to ensure that HIA practice in Wales continues to reflect the important values, standards and approaches that have underpinned the development of HIA practice to date.

According to the Oxford English Dictionary 'Quality' is defined as *'the standard of something as measured against other things of a similar kind; the degree of excellence of something' and 'general excellence and standard level'*[17]. 'Quality assurance' is defined as 'the maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production'[18].

It is essential for the credibility and effectiveness of HIA that it is applied in a consistent and robust way and to a satisfactory standard. This can be ensured through a number of methods:

- The provision of high quality training, advice and support
- Consistent adherence to best practice guidance e.g. 'Health Impact Assessment: A Practical Guide'[19]
- The use of quality assurance review tools for completed HIA reports
- Provision of evidence, resources, case studies, and e-learning[20]
- Opportunities to share and develop best practice at workshops and conferences
- Opportunities to evaluate the effectiveness of HIA

Without quality assurance, HIAs may not reach their potential to influence policy and decisions for better health and wellbeing. Resource restraints within public bodies may limit high quality HIAs and there is the possibility that HIA could become a 'tick box' procedural exercise rather than providing high quality evidence to inform better long term

12 Wales Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk (last accessed 20/3/2017)
13 Welsh Assembly Government . **Welsh Transport Appraisal Guidance** (WelTAG). 2008
14 Welsh Assembly Government . **Minerals Technical Advice Note** (MTAN) 2: Coal. 2009
15 Welsh Government . **Planning Policy Wales Edition 9**. Chapter 4: Planning for Sustainability. 2016
16 NHS Wales . **NHS Wales Infrastructure Investment Guidance**. March 2015
17 Oxford English Dictionary. https://www.google.co.uk/search?client=safari&channel=ipad_bm&site=&source=hp&ei=QizSWKL2NsWRaJTmt9AL&q=definition+of+quality&oq=definition+of+qua&gs_l=mobile-gws-hp.1.0.0l5.2793.8566.0.9675.18.18.0.6.6.0.246.2512.5j1 1j2.18.0....0...1.1.64.mobile-gws-hp..1.17.1523.3..41j46j0i131k1j0i46k1j0i70k1.PThX-3RQlRo#dobs=quality (last accessed 21/3/2017)
18 Oxford English Dictionary website. https://en.oxforddictionaries.com/definition/us/quality (last accessed 21/3/2017)
19 Wales Health Impact Assessment Support Unit . ibid. 2012a.
20 Wales Health Impact Assessment Support Unit website. www.whiasu.wales.nhs.uk (last accessed 20/3/2017)

and preventative decision making to improve health and wellbeing and reduce any inequalities in the population.

WHIASU regularly provides training, advice and support to practitioners across local government, health and wellbeing, planning and other sectors. The WHIASU, International Association of Impact Assessment, the World Health Organisation and other websites provide access to case studies, resources and evidence on HIA[21]. International and national best practice standards exist for conducting and reporting Health Impact Assessment[22 23 24]. These provide helpful guidance for those carrying out HIAs. However these standards do not provide guidance on reviewing both the processes and the final reports of HIAs to ensure that they are fit for purpose and comply with best practice.

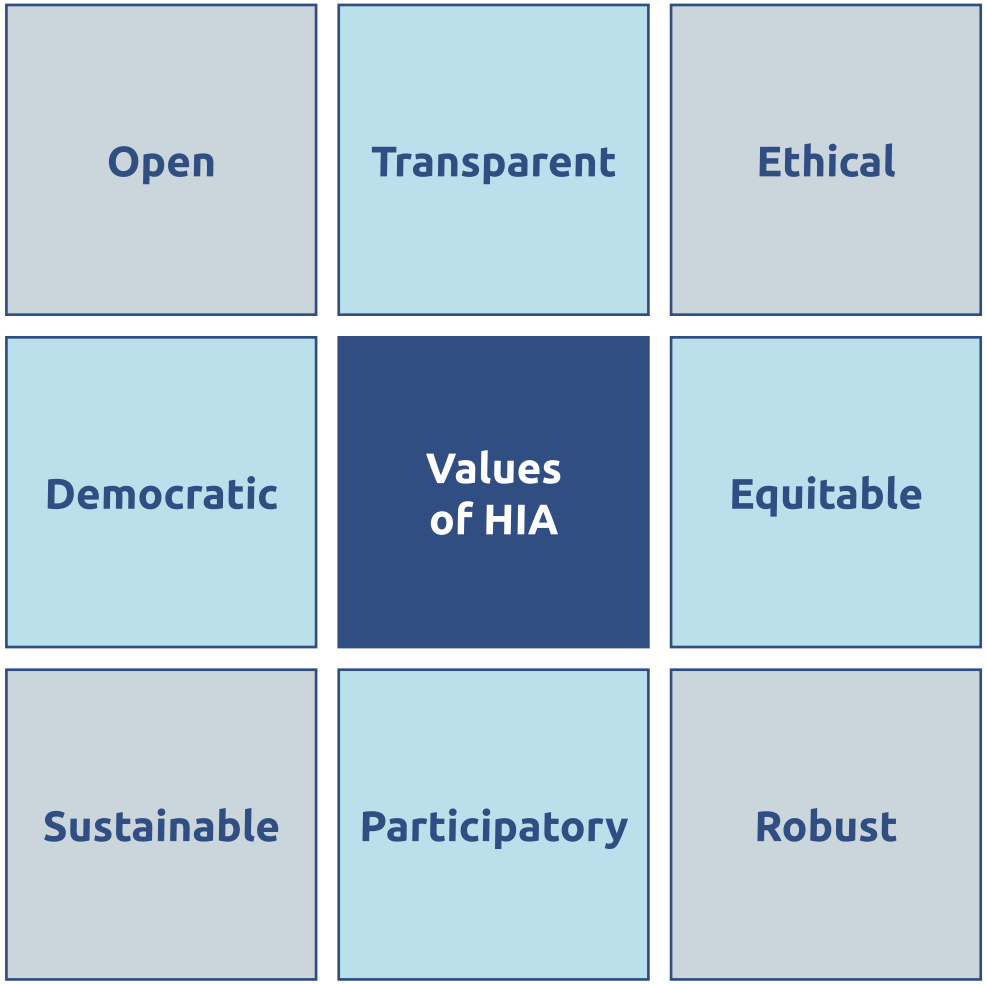
Whilst there are a number of tools available to critically appraise academic and clinical papers[25], very few tools exist to review the quality of IAs or HIAs[26 27]. Those that are available are either not specific to HIAs[28 29 30] or they are focused on a specific type of project (e.g. Ben Cave and associates have developed a review package for HIA reports regarding development projects only[31]). Therefore, there is a need for a comprehensive framework which enables the quality of an HIA to be rated and is suitable for a wider range of HIAs, including those assessing policies, projects, plans, services, developments and programmes.

A standardized form of quality assurance for HIAs will provide greater clarity regarding the criteria for conducting and completing an HIA in Wales. It will help ensure that the HIA is conducted in an interdisciplinary and inter-sectoral manner which takes into account the legal, policy, economic, social, environmental and cultural context of Wales.

HIAs are instigated and carried out in a number of ways. Organisations may carry out their own HIAs internally; engage a partner organisation to complete a HIA on their behalf, or they may commission an external agency. If agencies who are commissioned to carry out a HIA have a financial or other interest in the project that is the subject of the HIA then there may be a risk of bias which could result in an unbalanced process and reporting. The value framework that guides HIA practice (see Figure 2 below) means that data should be presented in a transparent, independent and balanced way. This review framework provides a methodology to assess a HIA critically and impartially and flag up any possible issues of bias in the assessment methods or reporting[32] .

21 See Section 10 for more details about these organisations and websites.
22 Bhatia R, Farhang L, Heller J, Lee M, Orenstein M, Richardson M and Wernham A. **Minimum Elements and Practice Standards for Health Impact Assessment**, Version 3. 2014
23 Harris, P., Harris-Roxas, B., Harris, E., & Kemp, L. **Health Impact Assessment: A Practical Guide**, Sydney, 2007: Centre for Health Equity Training, Research and Evaluation (CHETRE). Part of the UNSW Research Centre for Primary Health Care and Equity, UNSW. (last accessed 20/3/2017) http://www.globalgovernancewatch.org/docLib/20140206_Health_Impact_Assessment_A_Practical_Guide.pdf (last accessed 20/3/2017)
24 International Association of Impact Assessment (IAIA). **Health Impact Assessment; International best practice principles**. 2006. http://activelivingresearch.org/files/IAIA_HIABestPractice_0.pdf (last accessed 20.3.2017)
25 **http://www.casp-uk.net/checklists** (last accessed 21/3/2017)
26 WHIASU. **Assessing the Quality of a HIA report**. WHIASU, 2012b
27 Fredsgaard M.W. Cave B. Bond A. **A review package for Health Impact Assessment reports of development projects**. Leeds, 2009. **https://www.scambs.gov.uk/sites/default/files/documents/HIA%20Review%20Package%20-%20Ben%20Cave%20Assoc.pdf** (last accessed 20/3/2017)
28 Institute of Environmental Management and Assessment . **Environmental Impact Assessment Guide to: Delivering Quality Development.** 2015
29 Institute of Environmental Management and Assessment . **Quality Mark Scheme**. 2011
30 Institute of Environmental Management and Assessment .**Strategic Environmental Assessment (SEA) Environmental Report Review Criteria.** 2006
31 Fredsgaard M.W. Cave B. Bond A. Ibid . 2009
32 Krieger N. et al. Assessing health impact assessment: multidisciplinary and international perspectives. **J Epidemiol Community Health** 57:659–662. 2003. http://jech.bmj.com/content/57/9/659.full.pdf+html (last accessed 20/3/2017)

Figure 2: The values of HIA[33]



33 WHIASU . ibid. 2012a

Guidance on Using this HIA Quality Assurance Review Framework

When to use this framework?

There are a wide range of contexts in which this framework could be applied and we do not intend to be prescriptive about its use. However, here we give some examples from our practice experience on when the tool may be relevant:

- Community members seek an independent assessment of the findings and methods of a HIA
- Decision makers e.g. planning officers, want to be confident in the findings of a HIA related to a local development or policy and form an opinion on it
- Commissioners of an HIA wish to verify that the HIA they requested has met best practice criteria
- An HIA practitioner seeks a peer review of a HIA
- Educators require criteria on which to base conclusions about HIA assessments

Who should undertake a review?

We advise that a review of a HIA report should be carried out by at least two people independent of the HIA authors, both of whom have a good understanding of HIA methods and process, and an ability to critically appraise research reports. Reviewers do not need to be “experts” in HIA.

Once they have appraised the HIA individually, they should discuss their findings and come to an agreement on any opinion or feedback to be provided to the commissioner, decision maker, or organisation that require it.

The framework is aimed at a wide cross sector audience including policy makers, commissioners, decision makers, private consultants, planning officers, public health and environmental health specialists, local councillors and community representatives.

How to use the HIA Quality Assurance Review Framework

Key messages

The purpose of the review is to carry out a critical analysis of the HIA in the context that it was undertaken.

Each HIA will be unique to a specific context, proposal and decision making processes.

The criteria are to be used as a tool for the process of critical analysis, review and discussion rather than as a scoring system. However, the grading should make providing feedback easier.

The outcome of the review process should be that the reviewer(s) have a better understanding of the HIA, the quality of the both the HIA process and the report, and how much confidence they can place in the findings.

They can then form an opinion and give comprehensive and clear feedback

1. Before you start

Key to reviewing the quality of an HIA is getting a clear understanding of what the aims and objectives of the HIA were, why it was commissioned and what type of decision it was designed to influence. Different decision and project planning processes or evaluations will require different types of evidence. They may also carry varying expectations regarding public consultation and engagement. Some HIAs will require quantitative evidence on possible health outcomes e.g. air quality impacts of a new road or clinical health outcome indicators. In other cases qualitative evidence from community members (most likely to be affected by the proposal) or from other relevant and appropriate stakeholders, might be important. One of the strengths of HIA is the integration and value placed on different types of evidence and the mixed methodology approach.

Most HIAs will face some constraints on what evidence is practical to obtain within a certain timeframe or budget.

Your job as a reviewer is to make a judgement in four key areas:

1. That the HIA has been carried out in a way that follows recognised guidance
2. You are confident in both the quality of the HIA that was conducted and the report documenting the process and findings.
3. That the evidence gathered is sufficiently robust to justify the impacts identified and recommendations made, and is also appropriate for the nature, scale, scope, significance and severity of possible health and wellbeing impacts.
4. That the HIA was planned and carried out in a manner that met the needs of the decision making or project management process and is likely to make a difference.

Contents

Acknowledgements

Executive Summary

Introduction

Purpose

Methodology

Health Impact Assessment: An Overview

Why do we need a Quality Assurance Review Framework for HIA?

Guidance on Using this HIA Quality Assurance Review Framework

The HIA Quality Assurance Review Framework and Explanatory Notes

Resources/Feedback

2. How to approach your review

- The purpose of the review is to carry out a critical analysis of the HIA in the context that it was undertaken.
- The outcome of the review process should be that the reviewer(s) have a better understanding of the HIA and the quality of the both the HIA process and the report. This is in recognition that each HIA will be unique to a specific context, proposal and decision making processes. The reviewer(s) will be able to form an opinion on the completed HIA and the level of trust and confidence they can place in the content, findings and the process and any feedback which they provide.
- The criteria are to be used as a tool for this critical analysis rather than as a scoring system.
- The criteria should be applied proportionately to the scale, complexity and potential severity of the proposal and possible health impacts.
- There are accompanying explanatory notes for selected criterion that act as a companion and guide to clarify or give more detail.
- The framework is aimed at reviewing both the quality of the report and the process that the report describes.
- Once both reviewers have completed their individual assessment of the HIA, they should share their findings and come to a consensus on the outcome of the review.
- An agreed review summary can then be prepared for those requesting the review.

3. Grading Structure

Each criterion should be awarded a grade. Grades should not be averaged out across a section as this may hide important strengths or inadequacies.

G Good

S Requires **strengthening -** this could be at three levels:

1. **Clarification** needed
2. **Minor** revision needed
3. **Major** revision needed

I Inadequate

Comments should be made against each criterion, and a reason given for the grading.

4. What to do with the findings

Using the comments made against each criterion and the grading structure, the reviewers will be able to give clear, articulate feedback to those requesting the review, making clear where there are requests for clarification and/or revision and what the strengths and weaknesses of the HIA and report are.

The HIA Quality Assurance Review Framework and Explanatory Notes

The 'WHIASU HIA Quality Assurance Review Framework Criteria Matrix' section contains all the criteria and expected parameters which a robust HIA and any associated report will need to contain. It is accompanied by a set of 'Explanatory Notes' which provide extended information and guidance to support reviewers and practitioners to better understand some of the criteria defined in the actual Review Matrix document itself.

The Review Matrix is included as Appendix One and the Explanatory Notes are included as Appendix Two. This is to facilitate their use as standalone resources.

Resources

For further information and links to Health Impact Assessment resources and/or critical appraisal tools are listed below:

Wales Health Impact Assessment Support Unit. Provides advice, training. Guidance and resources for practitioners and policy makers in Wales. Available at: **www.whiasu.wales.nhs.uk**. This includes a short checklist 'Quality assessing a HIA Report' - **http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=522&id=196293**

The World Health Organisation (WHO). Provides access to case studies, tools, sources of evidence on the relationships between key determinants of health and other information on current developments. Available at: **http://www.who.int/hia/en/**

The International Association for Impact Assessment (IAIA). Provides support and a forum for discussion and ideas for individuals and organisations involved in different forms of impact assessment evidence on links between determinants of health. These sites provide information on both the links between determinants and policy areas and health as well as what is known about the impact of particular interventions on health. Available at: **http://www.iaia.org/**

The International Health Impact Assessment Consortium (IMPACT). Database of resources and access to the Merseyside Guidelines on HIA. Available at: **http://www.liv.ac.uk/ihia/**

HIA Gateway, Public Health England. Information, resources, case studies, sources of evidence and networks to support the use of HIA. Available at: **http://www.apho.org.uk/default.aspx?QN=P_HIA**

Fredsgaard MW, Cave B, Bond A. A review package for Health Impact Assessment reports of development projects. Leeds, 2009. Available at: **https://www.scambs.gov.uk/sites/default/files/documents/HIA%20Review%20Package%20-%20Ben%20Cave%20Assoc.pdf**

Mindell et al. **A Guide to Reviewing Evidence for use in Health Impact Assessment**, London Health Observatory, 2005. Available at: **http://discovery.ucl.ac.uk/122644/**

Critical Appraisal Skills Programme UK. CASP Checklists. 2013. Available at: **http://www.casp-uk.net/checklists**

Public Health Resource Unit. Ten questions to help you make sense of reviews. Critical Appraisal Skills Programme (CASP) 2006. England. Available at **www.phru.nhs.uk/Doc_Links/S.Reviews%20Appraisal%20Tool.pdf**

Public Health Resource Unit. Ten questions to help you make sense of qualitative research. Critical Appraisal Skills Programme (CASP) 2006. England. Available at **www.phru.nhs.uk/Doc_Links/Qualitative%20Appraisal%20Tool.pdf**

Institute of Environmental Management and Assessment. Strategic Environmental Assessment (SEA) Environmental Report Review Criteria. 2006. Available at: **www.iema.net**

Feedback

If you have any feedback about your use of it in practice or academia then we would be pleased to receive it.
You can contact WHIASU at **whiasu@wales.nhs.uk** and via the WHIASU website – **www.whiasu.wales.nhs.uk**

Appendix One
Review Criteria Matrix

Appendix One – Review Criteria Matrix

Criteria	Grading:	Comments
	G Good S Requires Strengthening I Inadequate	• What's missing? • Are there any weaknesses? • What's helpful? • What's completed well?
Section 1: Information about the project, policy, plan or proposal		
1.1 There is a clear description of the project or plan being assessed including: • Aims and objectives • Organisational relationships (e.g. who "owns" the project? are there any key partnerships?) • Where is the funding coming from for the project and the HIA • The context in which the project or plan 'sits' (e.g. geographic, population, the physical location) • Timeframes (see Explanatory Note) • Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts) (see Explanatory Note) • The national and/or local policy context See Explanatory Note	G ○ S ○ I ○	

Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?

2.1	**There is a clear explanation of the HIA methodology used including:** • Screening • Scoping - any geographical, population or other limits, and how and why these were agreed. • Assessment/appraisal • Recommendations and reporting See Explanatory Note	G ○ S ○ I ○	
2.2	**The HIA is planned and timed to inform the relevant decision making/project management processes**	G ○ S ○ I ○	

2.3	The aims and objectives for the HIA are clear and relevant. See Explanatory Note	G ○ S ○ I ○	
2.4	The HIA has been framed around a definition of health and wellbeing that is holistic (physical and mental) and includes the social (wider) determinants of health	G ○ S ○ I ○	
2.5	The assessment tools/frameworks/ checklists used are included in the report and they include physical, mental, and social health and wellbeing along with the wider determinants of health.	G ○ S ○ I ○	

2.6	The screening and scoping process identifies the people and vulnerable groups who may be impacted on by the proposal and how they will be engaged in the HIA process	G ○ S ○ I ○	
2.7	The report identifies all the stakeholder groups who are relevant to making an assessment of health impact for this project and how they were to be engaged in the HIA See Explanatory Note	G ○ S ○ I ○	
2.8	There is a clear explanation of the roles and responsibilities in the HIA and the organisations they represent. See Explanatory Note	G ○ S ○ I ○	

Section 3: Evidence: Is the evidence used to identify and assess impacts robust?

3.1	**The HIA report includes the key types of evidence required.** 1. Community /population health and socioeconomic data profile 2. Literature/evidence review 3. Stakeholder opinion and experience 4. Technical data (if relevant) i.e. air quality statistics or health outcome projections	G ○ S ○ I ○	
3.2	**Community /population health profile (quantitative and qualitative).** • This should provide sufficient information on the physical and mental health and wellbeing and social determinants of health for the affected populations and any vulnerable groups identified in order to assess possible impacts. • The profile should contain indicators of physical and mental health and wellbeing relevant to the project under assessment. • There should be a narrative which interprets the data collected in the context of the HIA. A list of tables and data is not sufficient. See Explanatory Note ▶	G ○ S ○ I ○	

3.3 Literature/evidence review. • The search strategy is clear • The methodology and sources used are relevant to the project and scale of the HIA. • The quality and depth of evidence is sufficient to inform the assessment of likely impacts • There is some critical assessment of the literature used See Explanatory Note	G ○ S ○ I ○	
3.4 Stakeholder knowledge and experience (qualitative). • The methods of engagement were appropriate and their effectiveness evaluated. • The range of stakeholders and how many people from different groups were engaged is recorded. See Explanatory Note	G ○ S ○ I ○	

3.5 Technical data The HIA uses robust data sources on air quality, noise, transport or from other key environmental, economical or technical disciplines where relevant to the proposal and possible impacts.	G ○ S ○ I ○	
3.6 Any limitations of the evidence collected are highlighted and a rationale provided. See Explanatory Note	G ○ S ○ I ○	

Section 4: Appraisal, Assessment and the identification of impacts

4.1	Any positive impacts or opportunities to maximise health and wellbeing outcomes are identified and how they were identified is presented clearly. See Explanatory Note	G ○ S ○ I ○	
4.2	Any negative impacts, gaps or unintended consequences are identified and how they were identified is presented clearly. See Explanatory Note	G ○ S ○ I ○	
4.3	There is a balanced approach to the understanding and reporting of impacts i.e. no under-reporting of negative impacts or overstating of positive impacts See Explanatory Note	G ○ S ○ I ○	

4.4	Possible cumulative impacts of related policies or projects in the vicinity are considered. See Explanatory Note	G ○ S ○ I ○	
4.5	All sources of evidence are triangulated and used to inform the assessment and identifications of impacts. See Explanatory Note	G ○ S ○ I ○	
4.6	It is made clear how each impact identified is supported by the evidence gathered. The strength and sources of evidence for each impact is clearly communicated. See Explanatory Note	G ○ S ○ I ○	

4.7	It is clear who will be impacted and any potential inequalities in the distribution of impacts are identified. See Explanatory Note	G ○ S ○ I ○	
4.8	The degree of likelihood and severity of specific impacts is distinguished See Explanatory Note	G ○ S ○ I ○	
4.9	Has the scope of the HIA been fulfilled? See Explanatory Note	G ○ S ○ I ○	
4.10	A summary of the appraisal/assessment is provided.	G ○ S ○ I ○	

Section 5: Recommendations, Conclusions and Monitoring

5.1	**There is a clear link between the evidence gathered, assessment and recommendations.**	G ○ S ○ I ○	
5.2	**There should be an explanation of how the findings will be used to inform the decision making processes within the project/ programme.**	G ○ S ○ I ○	
5.3	**Recommendations should:** • Be specific, measurable, appropriate, realistic and time bound • Be clearly linked to the impacts identified • Prevent or mitigate potential negative impacts or unintended consequences. • Maximise the benefits and opportunities of positive impacts. • Be clear on who is expected to take action	G ○ S ○ I ○	
5.4	**If recommendations are prioritised the rationale for this should be clearly stated**	G ○ S ○ I ○	

5.5	Best practice: a process is in place for monitoring the implementation of recommendations and indicators have been identified to monitor key health and wellbeing impacts	G ○ S ○ I ○	
5.6	Plans for dissemination of the report and communication of findings are specified.	G ○ S ○ I ○	
5.7	The intended audience for the report is clear and the language, information and tone of the report are suitable for this audience.	G ○ S ○ I ○	
5.8	The structure of the report is clear and there are relevant and logical sections. See Explanatory Note	G ○ S ○ I ○	
5.9	All appendices or additional documents containing data, evidence, records and details of methodology are signposted / cross referenced and easy to locate and access.	G ○ S ○ I ○	

5.10 **All sources are clearly and accurately referenced.**	G ○ S ○ I ○	
5.11 **Any technical terms used in the HIA are explained in the document or a glossary.**	G ○ S ○ I ○	
5.12 **Best practice: An executive summary or non technical summary is provided summarising the key messages , recommendations and the supporting evidence.** See Explanatory Note	G ○ S ○ I ○	
5.13 **Additional criteria for capital/ construction/development type projects:** • Is there a proposed plan for monitoring the implementation of the recommendations and a clear line of accountability for reporting ongoing outcomes? This could include: • Identifying indicators for the ongoing measurement of health and wellbeing impacts. i.e emissions and noise levels • A Health Management Plan	G ○ S ○ I ○	

Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and values of HIA?

6.1	**Equity** A focus on contributing to achieving equity and reducing inequalities is considered throughout the HIA See Explanatory Note	G ○ S ○ I ○	
6.2	**Transparent & open** The governance of the HIA is clear and appropriate to ensure that the HIA was carried out in an effective and balanced way. See Explanatory Note	G ○ S ○ I ○	
6.3	**Democratic** This emphasises the rights of people to participate in major decisions that affect their lives. The stakeholders engaged reflect the diversity of all those who are likely to be affected by the proposal, involved in the development of the proposal or involved in the implementation of the proposal. See Explanatory Note	G ○ S ○ I ○	

6.4 Sustainable The HIA set out to maximise health and wellbeing benefits/impacts and minimise unintended consequences by considering both short and long-term impacts See Explanatory Note	G ○ S ○ I ○	
6.5 Participatory The HIA used appropriate, effective and accessible methods of engagement for the stakeholders who were relevant for this assessment. See Explanatory Note	G ○ S ○ I ○	

Review Summary of the HIA:	
Reviewed by:	**Date assessed:**

Appendix Two – Explanatory Notes

Explanatory notes for selected criterion only.

Further guidance on HIA methodology can be obtained from:
Health Impact Assessment: A Practical Guide. Wales Health Impact Assessment Support Unit, 2012

Section 1: Information about the project, policy, plan or proposal

1.1 **Timeframes**: it should be clear at what stage the proposal/project is at (e.g. planning/delivery/evaluation/mid-point review). It should be clear if there are a range of phases of implementation which may have different health impacts e.g. construction and operational phases.

The following should be clear:

- the duration of any plan and implementation
- key project decision points and deadlines

Links or distance to other neighbouring projects if relevant (as there may be cumulative impacts):

This may include other development/construction projects that are in close geographical proximity to the project under assessment. It could also include other programmes that are linked because of policy changes, policy implementation or service redesign that may create cumulative impacts on the same population groups.

Back to Review Criteria Matrix

Section 2: Methodology: Is it an HIA? Has it followed a recognised HIA methodology?

2.1	Is there a reference to a HIA model or guidance? For example: See **WHIASU (2012) HIA: A Practical Guide** Not all HIAs will include a Screening as the HIA may be required by legislation or regulation, or it may be part of a programme requiring HIA. Screening should identify if the project or policy proposed is likely to have a significant impact (positive or negative) on health and health inequalities, and the possible scale and severity of that impact. Screening should not be carried out by one person. It should be clear that there were a range of perspectives and knowledge represented within the screening process. These might include the HIA proposer, service user/community member, member of staff, operational manager, other key stakeholders. Screening should identify if an HIA could help inform the decision making/project planning process Scoping: This should include a clear explanation of which determinants of health and wellbeing were the focus of the HIA including justification for any determinants that were scoped out.	Back to Review Criteria Matrix
2.3	Is it clear who decided that a HIA should be conducted and why? What does the HIA set out to achieve?	Back to Review Criteria Matrix
2.7	This could include: • People involved in planning and delivering the project • People who will be involved in the implementation • People affected by the project/proposal e.g. local residents, patients, service users, tenants • Partner or other local organisations • Views of people with local or relevant knowledge and insight • Community members and their representatives • Views of individual academics or professionals with knowledge in a specialist area • Organisations which provide advice on particular subjects (e.g. on transport research) • Relevant national organisations	Back to Review Criteria Matrix
2.8	It should be clear how the HIA was originated, what organisations led or commissioned the HIA and the roles and responsibilities assigned. The Terms of Reference and the membership of any steering group should be documented.	Back to Review Criteria Matrix

Section 3: Evidence: Is the evidence used to identify and assess impacts robust?

3.2 Community /population health profile could include:

- Routinely collected local statistics (e.g. on health, unemployment, crime and air quality)
- Surveys of local conditions
- Community profiles
- Local concerns and anxieties (where documented)
- Secondary analysis of existing local data
- Resident surveys or consultations
- Other local surveys/research

Back to Review Criteria Matrix

3.3 Literature/evidence review

Accessing a guide to reviewing evidence for HIA may be useful for assessing the quality of the literature/evidence review.
For example: **Mindell et al (2005) A Guide to Reviewing Evidence for use in Health Impact Assessment**, London Health Observatory

Some key questions to ask:

- Is the evidence used up to date, of a high quality and from trustworthy sources?
- Have the authors critically appraised the literature? For example, assessing the methods, sample sizes and populations studied.
- Do they cite more than one study identifying similar findings?
- Is the evidence base inconsistent or lacking?
- Have they used the 'precautionary principle'[1] where evidence of potential negative impact is found, but is limited in nature?

Sources for the literature/ evidence review could include:

- Research published in academic journals accessed through special literature searches in libraries or on the Internet
- Research conducted or commissioned by statutory, voluntary or private organisations
- Predictions from models
- Information about similar proposals implemented elsewhere and other grey literature (e.g. case studies)

Back to Review Criteria Matrix

1 The Precautionary Principle: "when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically" Wingspread Conference on the Precautionary Principle 1998 **http://sehn.org/wingspread-conference-on-the-precautionary-principle/**

3.4 Stakeholder knowledge and experience (qualitative).

Back to Review Criteria Matrix

A useful reference guide is Stakeholder Participation Working Group of the 2010 HIA of the Americas Workshop (2012) **Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments** -Version 1.0, Human Impact Partners, Habitat.

See 2.7 for examples of some of the stakeholders that could be involved for their views

What methods were used to sample, collect, record and analyse this qualitative data? They might include: surveys, workshop, focus groups and interviews.

Is there interview or workshop data from:

- Residents and professionals with local or relevant knowledge and insight?
- Community members and their representatives?
- Individual academics or professionals with knowledge in a specialist area?

Is there information/guidance provided by:

- Organisations which provide advice on particular subjects (e.g. on transport research)?
- Relevant national organisations?

Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt methods of engagement or to support hard to reach groups to engage?

Further information on the Principles of Participation can be accessed at Participation Cymru - **http://participation.cymru/en/principles/**

3.6 This should be proportionate to the objectives and scale for the HIA undertaken.

Back to Review Criteria Matrix

Section 4: Appraisal, Assessment and the identification of impacts

4.1	This could be in table or narrative form.	Back to Review Criteria Matrix
4.2	This could be in table or narrative form.	Back to Review Criteria Matrix
4.3	Are you confident that there is no **bias** in the reporting?	Back to Review Criteria Matrix
4.4	Is this project linked, staged or neighbouring any other developments that may impact on the same populations?	Back to Review Criteria Matrix
4.5	HIA aims to integrate and use different types of evidence. It should be clear how the evidence gathered is integrated to make the overall assessment.	Back to Review Criteria Matrix
4.6	Can you identify if an impact is supported by the community health profile, evidence review, stakeholders views or all three? This is often achieved by presenting a table with the key impacts identified alongside which type of evidence supports each finding: community health profile, evidence review, stakeholder's views or a combination of these.	Back to Review Criteria Matrix
4.7	Are particular groups or vulnerable groups impacted more than others and is this clearly described and explained?	Back to Review Criteria Matrix
4.8	Are key health impacts distinguished as minimal, moderate or severe? In HIAs with a strong focus on environmental impacts, and/or the health chapter of a Strategic Environmental Assessment or Environmental Impact Assessment these should be explicit. In HIAs with a participatory and qualitative focus, it may be possible to grade the likely importance or severity of impacts, though this may not be quantifiable.	Back to Review Criteria Matrix
4.9	For example: if the screening and scoping identified a number of potential vulnerable groups and/or determinants have they all been considered in the assessment?	Back to Review Criteria Matrix

Section 5: Conclusions, Recommendations and Monitoring

5.8	Is the report well organised? Can you easily find the key sections and data? Does it flow well?	Back to Review Criteria Matrix
5.12	Some HIAs will be part of a larger report and in this case an executive summary would not be expected.	Back to Review Criteria Matrix

Section 6: Principles and Governance: Has it been conducted in a way that meets the principles and ethics of HIA?

6.1 Equity

The population/community health profile includes indicators of wider determinants, health inequalities and vulnerable groups in the population.

An assessment is made of how the project/proposal may impact on groups that are vulnerable to health inequalities.

Back to Review Criteria Matrix

6.2 Transparent & open

Was there a steering group overseeing a guiding the HIA process? Who were the members and how were key decisions arrived at?

It is clear how the HIA was originated and funded.

You can identify which organisations led the HIA.

Any conflicts of interest or potential for bias are noted.

Any constraints or limitations in carrying out the HIA are noted in the report.

It is clear how key decisions about the HIA were made and a rationale is provided.

The HIA process included checking that the views of stakeholders have been accurately recorded and reflected in the HIA.

Stakeholders had the opportunity to comment on a final draft.

The full HIA report and appendices are publicly available and accessible to all stakeholders.

Conclusions and recommendations can be clearly linked to the impacts identified and the evidence sources.

Back to Review Criteria Matrix

6.3 Democratic

The focus is on whether the appropriate number and range of stakeholders has been involved (i.e. representative of groups likely to be affected by the proposal and well as those who have relevant local professional expertise).

Is it clear who has been involved in the HIA and whose views have been included as part of the assessment of impacts and identification of recommendations?

Can you identify any key stakeholders not represented? If yes you might want to seek clarification on if and how they were contacted.

Back to Review Criteria Matrix

6.4 Sustainable

Short, medium and long term impacts are addressed in the HIA where appropriate

Back to Review Criteria Matrix

6.5 Participatory

Participation focuses on the process of active engagement /involvement rather than passive consultation.

Were steps taken to ensure that participation in the HIA was accessible to all who wished to take part? Were any steps taken to adapt the methods of engagement or to support hard to reach groups to engage?

Is it clear what stakeholders were engaged and how many participated?

Back to Review Criteria Matrix

Appendix E WHIASU Appendix A Population Groups Checklist

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

WHIASU
Wales Health Impact Assessment Support Unit
Uned Gymorth Asesu Effaith ar Iechyd Cymru

Population Groups Checklist

This checklist is for use during a HIA Screening and Appraisal in order to identify the population groups who could be more impacted than others by a policy/project/proposal.

The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA Screening and Appraisal. In a HIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages. Please also note that terminology can change over time/ publication.

Sex/Gender related groups

- Female
- Male
- Transgender
- Other (please specify)

Age related groups *(could specify age range for special consideration)*

- Children and young people
- Early years (including pregnancy and first year of life)
- General adult population
- Older people

Groups at higher risk of discrimination or other social disadvantage

- Black and minority ethnic groups (please specify)
- Carers
- Ex-offenders
- Gypsies and Travellers
- Homeless
- Language/culture (please specify)
- Lesbian, gay and bisexual people
- Looked after children
- People seeking asylum
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties
- Refugee groups
- Religious groups (please specify)
- Lone parent families
- Veterans

Income related groups

- Economically inactive
- People on low income
- People who are unable to work due to ill health
- Unemployed/workless

Geographical groups and/or settings *(note – can be a combination of factors)*

- People in key settings: workplaces/schools/hospitals/ care homes/ prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in rural, isolated or over-populated areas
- People unable to access services and facilities

Wales Health Impact Assessment Support Unit
Uned Gymorth Asesu Effaith ar Iechyd Cymru
WHIASU

Health and Wellbeing Determinants Checklist

PHYSICAL, MENTAL, SOCIAL, ENVIRONMENTAL HEALTH AND WELLBEING

1. Behaviours affecting health

- Diet / Nutrition / Breastfeeding
- Physical activity
- Risk-taking activity i.e. addictive behaviour, gambling
- Social media use
- Use of alcohol, cigarettes, Electronic Nicotine Delivery Systems (i.e. e-cigarettes)
- Sexual activity
- Use of substances, non-prescribed medication, and abuse of prescription medication

2. Social and community influences on health

- Adverse childhood experiences i.e. physical, emotional or sexual abuse.
- Community cohesion, identity, local pride
- Community resilience
- Divisions in community
- Family relationships, organisation and roles
- Domestic violence
- Language
- Cultural and spiritual ethos
- Neighbourliness
- Other social exclusion i.e. homelessness, incarceration
- Parenting and infant attachment (strong early bond between infant and primary caregiver)
- Peer pressure
- Racism
- Sense of belonging
- Social isolation/loneliness
- Social capital, support and networks
- Third Sector and Volunteering
- Citizen power and influence

3. Mental Health and Wellbeing

Could there be potential impacts on:

- Emotional wellbeing, life satisfaction or resilience?
- A sense of control?
- Feeling worthwhile, valued or having a sense of purpose?
- Uncertainty or anxiety?
- Feeling safe and secure?
- Participation in community and economic life?

4. Living and environmental conditions affecting health

- Air Quality
- Attractiveness of area
- Community safety
- Access, availability and quality of green and blue natural spaces
- Housing quality and tenure
- Indoor environment
- Health and safety
- Light pollution
- Noise
- Quality and safety of play areas (formal and informal)
- Road safety
- Odours
- Urban/Rural built and natural environment and neighbourhood design
- Waste disposal, recycling
- Water quality i.e. sea water

5. Economic conditions affecting health

- Unemployment
- Poverty including food and fuel poverty
- Income
- Personal and household debt
- Type of employment i.e. permanent/temporary, full /part time
- Economic inactivity
- Working conditions i.e., bullying, health and safety, environment

6. Access and quality of services

- Careers advice
- Education and training
- Information technology, internet access, digital services
- Leisure services
- Medical and health services
- Welfare and legal advice
- Other caring services i.e. social care; Third Sector, youth services, child care
- Public amenities i.e. village halls, libraries, community hub
- Shops and commercial services
- Transport including parking, public transport, active travel

7. Macro-economic, environmental and sustainability factors

- Biodiversity
- Climate change i.e. flooding, heatwave
- Cost of living i.e. food, rent, transport and house prices
- Economic development including trade and trade agreements
- Gross Domestic Product
- Regeneration
- Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention)

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

With every community, we redefine what's possible.

Stantec is a global leader in sustainable architecture, engineering, and environmental consulting. The diverse perspectives of our partners and interested parties drive us to think beyond what's previously been done on critical issues like climate change, digital transformation, and future-proofing our cities and infrastructure. We innovate at the intersection of community, creativity, and client relationships to advance communities everywhere, so that together we can redefine what's possible.