



# **Greater Cambridge Health Impact Assessment Supplementary Planning Document**

**Statement of Consultation – adoption stage**

**March 2025**

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## 1. Introduction

- 1.1 The Town and Country Planning (Local Planning) (England) Regulations 2012 requires a local planning authority to consult the public and stakeholders before adopting a Supplementary Planning Document (SPD). Regulation 12(a) requires a Statement to be prepared setting out who has been consulted while preparing the SPD; a summary of the main issues raised; and how these issues have been addressed in the final SPD. Regulation 12(b) requires that Statement to also be published as part of the formal consultation on the SPD.
- 1.2 This statement is a record of consultation undertaken prior to the adoption of the Greater Cambridge Health Impact Assessment SPD.

## **2. Background**

- 2.1 The Greater Cambridge Health Impact Assessment SPD has been prepared to assist with the implementation of policies within the adopted Local Plans covering the Greater Cambridge area, namely the South Cambridgeshire Local Plan (September 2018) and the Cambridge Local Plan (October 2018). The document expands and provides guidance on the application of policies specifically relating to Health Impact Assessments. This SPD supersedes the [South Cambridgeshire District Council – Health Impact Assessment SPD \(2011\)](#).
- 2.2 The SPD is structured in five chapters and four appendices.

## **3. Preparation of the draft Supplementary Planning Document**

- 3.1 In preparing the draft SPD, informal consultation was carried out with input from a range of officers from within the Greater Cambridge Shared Planning Service and other officers from Community Development, Environmental and Public Health Teams at Cambridge City Council and South Cambridgeshire District Council.
- 3.2 Once drafted, chapters of the SPD were reviewed by relevant technical officers within the service, with suggested amendments incorporated into the draft document.

## **4. Public consultation on the draft Supplementary Planning Document**

- 4.1 The draft SPD was approved for public consultation on Monday 4 November 2024 at Cambridge City Council Planning and Transport Scrutiny Committee and on Tuesday 5 November 2024 at South Cambridgeshire District Council Cabinet meeting.
- 4.2 The consultation on the draft SPD took place for eight weeks from **9am on Thursday 28 November 2024 and 5pm on Friday 24 January 2025**. The

consultation approach reflected the requirements of national regulations and the [Greater Cambridge Statement of Community Involvement](#) (2024).

4.3 During the consultation period, the draft SPD and associated supported documents were available to view on the Greater Cambridge Shared Planning website at: <https://www.greatercambridgeplanning.org/emerging-plans-and-guidance/supplementary-planning-documents/> The associated supporting documents made available to view with the draft SPD were:

- Greater Cambridge Health Impact Assessment Supplementary Planning Document Equality Impact Assessment
- Greater Cambridge Health Impact Assessment Supplementary Planning Document Sustainability Appraisal and Strategic Environmental Assessment Screening Report
- Greater Cambridge Health Impact Assessment Supplementary Planning Document Habitat Regulations Assessment Screening Report
- Greater Cambridge Health Impact Assessment Supplementary Planning Document Consultation Statement.

4.4 A range of specific and general consultation bodies and other relevant stakeholders were directly notified via email of the consultation arrangements for the draft SPD. A list of the organisations notified is attached at Appendix A. In summary the organisations and bodies contacted included, but were not limited to (as set out in the Statement of Community Involvement):

- Local Parish Councils
- Local Members
- Specific Consultation Bodies
- Cambridgeshire County Council
- Greater Cambridge Partnership
- Adjacent Local Authorities
- Cambridgeshire and Peterborough Combined Authority
- Delivery partners, including infrastructure and transport providers
- Community organisations
- General Consultation Bodies, including groups which represent the interests of different diversity groups.

4.5 In addition to statutory consultees and organisations, individuals who have expressed a wish to be kept informed of Planning Policy consultations via the Greater Cambridge Planning Service Consultation database were invited to comment on the consultation via email, or by post where no email address was available.

4.6 To engage more widely with the local community, businesses and stakeholders in the Greater Cambridge area, a range of methods of notification used were:

- The draft SPD and associated supporting documents were available to view on the Greater Cambridge Shared Planning [website](#).
- Posts on social media platforms including [Facebook](#), [X](#) and [LinkedIn](#).
- A public notice was published in the Cambridge Independent newspaper and on the [Public Notice Portal website](#) on 27 November 2024.
- An [article](#) was published in the Cambridge City Council's magazine for residents 'Cambridge Matters' in the Winter 2024 edition.

4.7 GCSP held in-person and online consultation events during the consultation period. The [online webinar](#) about all three of the draft SPDs that were being consulted on during the consultation period was held on Tuesday 10 December 2024 and the recording can be viewed on YouTube.

4.8 Our in-person drop-in event for all three of the draft SPDs was held on Thursday 12 December 2024 from 10am to 2pm at the Clay Farm Centre (Hobson Square, Trumpington, Cambridge CB2 9FN).

## 5. Consultation Methodology

5.1 The consultation on the draft SPD took place for eight weeks from **9am on Thursday 28 November 2024 and 5pm on Friday 24 January 2025**.

5.2 The draft SPD and associated supporting documents were available to view on the Greater Cambridge Shared Planning [website](#) and comments could be submitted online, by email or by post. Respondents could also request a form to complete.

5.3 The draft SPD and supporting documents were also made available to view at the following locations:

- Cambridge City Council's Customer Service Centre (Mandela House, 4 Regent Street, Cambridge, CB2 1BY) between 9am and 5.15pm Wednesday to Friday
- Cambridge Central Library (7 Lion Yard Cambridge CB2 3QD) during normal opening hours
- South Cambridgeshire District Council Reception: South Cambridgeshire Hall, Cambourne Business Park, Cambourne, Cambridge, CB23 6EA ([by appointment only](#)).

5.4 Comments on the draft SPD could be submitted as part of the consultation by:

- Online on our [consultation system hub](#)
- By email at [localplan@greatercambridgeplanning.org](mailto:localplan@greatercambridgeplanning.org)

- By post: Planning Policy, Cambridge City Council, PO Box 700, Cambridge, CB1 0JH
- Or by requesting a form to complete and return to us by email or post.

5.5 A contact email address, telephone number and address for the Planning Policy Team were included on all publicity materials allowing those experiencing difficulties accessing the documents online to seek assistance. Officers were able to facilitate alternative methods for viewing the documents and for comments to be submitted including via email or post.

5.6 Alternative formats of the consultation documents were made available upon request (such as braille, translations into other languages and large print).

5.7 Respondents were able to request to be notified of the adoption of the SPD.

## 6. Representations received

6.1 During the consultation, a total of 32 representations were received from 17 separate individuals or organisations who responded to the consultation.

6.2 Of the representations received, 7 were in support, 0 were objections, and 25 were comments on the SPD. The number of comments received for each chapter of the SPD are set out in Table 1 below:

6.3 All of the representations are available to be read in full on our online consultation system at: [Greater Cambridge Shared Planning - Draft Greater Cambridge Health Impact Assessment Supplementary Planning Document](#).

Chapter	Number of representations received
Chapter 1: Introduction	8
Chapter 2: Links Between Spatial Planning and Health	3
Chapter 3: What is a Health Impact Assessment?	4
Chapter 4: When is a Health Impact Assessment Required?	7
Chapter 5: Stages of a Health Impact Assessment	2
Appendix 1: Glossary of Terms	0
Appendix 2: Relevant Documents and Further Reading	0
Appendix 3: Greater Cambridge Shared Planning HIA Checklist	4

Appendix 4: Local Authority Review Matrix for HIA Reports	0
Equality Impact Assessment (EqIA): Draft Greater Cambridge HIA SPD	0
Sustainability Appraisal Screening Report: Draft Greater Cambridge HIA SPD	1
Habitats Regulation Assessment Screening Report: Draft Greater Cambridge HIA SPD	1
Consultation Statement: Draft Greater Cambridge HIA SPD	2

6.4 The representations received to the consultation were considered after the consultation ended. These are set out in the following section under each chapter heading of the SPD along with the Councils assessment of the issues, and where necessary what proposed modifications to the SPD are required. A tracked changes version of the SPD is attached at Appendix B that shows the proposed modifications.

## 7. Summary of main issues raised during consultation and how they have been addressed

### Chapter 1: Introduction

Total representations received for this Chapter: 8.

#### Representation 200177 (Cambridge Past, Present and Future)

##### Main issues raised in representation

The requirements for healthy developments should be set out in the policies in the next Local Plan. The SPD needs to stress that this is not a tick box exercise but aims to delivery high quality development. The SPD needs to set out how conflicts between themes are resolved.

##### Councils' assessment

Comment duly noted. The Councils acknowledge the need for healthy communities to be a central aspect for policymaking in any forthcoming Local Plan.

The importance of HIAs in assessing the health impacts assessing the health impacts of development are made clear throughout Chapters 2 and 3. These chapters emphasise the need for HIAs to be considered early in a development's design process and through discussion with the Local Planning Authority to be successful. Chapter 2 has been updated to reflect the heightened consideration of health in the NPPF (December 2024).

Resolution of conflict between different development needs will need to be resolved through a considered assessment of the planning balance. This would need to be determined on a case-by-case basis, with planning applications demonstrating why the proposed direction for development is the most optimal when considering all

relevant development opportunities and constraints – this point has been highlighted within the document (e.g. Paragraph 5.34 of the SPD).

**Proposed modifications**

Make changes to Chapter 2 to reflect the heightened consideration of health provided in the NPPF (December 2024).

**Representation 200187 (Highways England)**

**Main issues raised in representation**

National Highways' wishes to continue the positive engagement with the authorities, as a statutory consultee, as part of the Local Plan preparations and on planning applications, where appropriate.

**Councils' assessment**

Comment duly noted. The Councils will continue to engage positively with National Highways on the matters of Local Plan preparation and during the consideration of planning applications within Greater Cambridge.

**Proposed modifications**

No proposed modification.

**Representation 200255 (Natural England)**

**Main issues raised in representation**

Whilst we welcome this opportunity to give our views, the topic of the Supplementary Planning Document does not appear to relate to our interests to any significant extent. We therefore do not wish to comment.

**Councils' assessment**

Comment duly noted.

**Proposed modifications**

No proposed modification.

**Representation 200258 (Historic England)**

**Main issues raised in representation**

Historic England welcomes the preparation of an SPD on Health Impact Assessments.

**Councils' assessment**

Support for the preparation of an SPD on Health Impact Assessments is duly noted.

**Proposed modifications**

No proposed modification.

**Representation 200345 (Vistry)**

**Main issues raised in representation**

Overall, Vistry are supportive of the overarching framework and aims of the Greater Cambridge Draft HIA SPD in terms of pursuing sustainable development that supports positive health and wellbeing outcomes in the area.

**Councils' assessment**

Support for the overarching framework and aims of the SPD is duly noted.

**Proposed modifications**

No proposed modification.

**Representation 200374 (Fowlmere Parish Council)****Main issues raised in representation**

To note the consultation, and to thank Officers for their work on the long, yet comprehensive document.

**Councils' assessment**

Comment duly noted.

**Proposed modifications**

No proposed modification.

**Representation 200375 (University of Cambridge)****Main issues raised in representation**

The objectives of the SPD are supported. However, it is important for decision makers to acknowledge that the planning process (and land use in general) is only one part of the way that people can achieve the "highest level of health and wellbeing". There are genetic factors, personal choice factors and factors related to service provision that are well outside of the control of the planning process.

While parts of the introductory chapters do acknowledge these other factors, and the checklist itself is focused on these matters, it is important for decision makers to see clearer guidance on the remit of HIAs (and limitations to them) in the introductory chapters.

**Councils' assessment**

Comment duly noted. It is recognised that HIAs are one assessment mechanism in a suite of local strategies and initiatives designed to sustain high-quality public health. Factors of health beyond the control of the planning system are not within the scope of this SPD and the Councils consider that this has been set out clearly enough in Chapters 2.0 and 3.0 of the SPD.

The SPD is designed to provide guidance on the wider determinants of health that can be accounted for as part of development. This has been guided by Chapter 8 of the NPPF and various local policies throughout the Local Plans (as set out in Chapter 2 and Appendix 3 of the SPD).

**Proposed modifications**

No proposed modification.

**Representation 200585 (Central Bedfordshire Council)****Main issues raised in representation**

We do not have any specific comments to make in relation to the Draft Health Impact Assessment SPD. Please accept this letter as our formal response.

**Councils' assessment**

Comment duly noted.

### **Proposed modifications**

No proposed modification.

## **Chapter 2: Links Between Spatial Planning and Health**

Total representations received for this Chapter: 3.

### **Representation 200185 (Historic England)**

#### **Main issues raised in representation**

There is currently no reference to the role of the historic environment and heritage in improving health and wellbeing. Our website highlights some of the research and evidence around this topic, and considers the relationship between heritage and physical health, mental health and wellbeing. Therefore, we recommend that some text is added to the SPD to highlight the potential for positive impacts of heritage in relation to health and wellbeing and to build this into the framework for Health Impact Assessments.

#### **Councils' assessment**

Comment duly noted. The Councils recognise the role that the historic environment can play in facilitating positive health and well-being outcomes, particularly where the heritage assets function as places of cultural significance or provide other amenity benefits. Therefore, it is agreed that reference should be made to the document provided and for the historic environment to be mentioned as a topic that may be relevant to HIAs under Chapter 3.0 of the SPD.

#### **Proposed modifications**

Include "access to cultural facilities and the historic environment (e.g. Historic Places and Healthy Lifestyles)" as a bullet point under Paragraph 3.11 of the SPD.

Reference to Historic England's [Historic Places and Healthy Lifestyles](#) to be included within Appendix 2 of the SPD.

### **Representation 200207 (Dr Stephen Davies)**

#### **Main issues raised in representation**

The conceptual model adopted is inconsistent with national guidance because it marginalises the critical issue of health and social care infrastructure. Figure 1 focuses only on the social and environmental determinants of health and does not acknowledge the need for health and social care infrastructure. Reference should be made to Paragraph 101 of the NPPF (December 2024).

#### **Councils' assessment**

Comment duly noted. The conceptual model included at Figure 1 is intended to show the wider linkages between health and wellbeing and the built and natural environments. The Councils consider that this conceptual model provides a useful context to help applicants understand the various ways that development can affect health and wellbeing, and, given its wide recognition in literature on health and the built environment, that it does not conflict with national planning policy requirements.

The draft HIA SPD was produced at a time when the December 2023 version of the NPPF was the most up-to-date version of the NPPF published by the Government. The December 2024 version of the NPPF made amendments to national planning

policy in relation to health and development; the SPD will be updated to reflect the NPPF (December 2024).

Access to local health and social care facilities has been recognised as a topic relevant to HIAs (e.g. within Chapter 3 when discussing topics relevant to HIAs), whilst the impact of a development on a range of different infrastructure, including healthcare facilities, is included as a consideration for HIAs within the HIA Checklist (Section 6a of Appendix 3). It is also noted that the infrastructure policies contained within the Local Plans and the planning obligations processes provide mechanisms for securing contributions to address the needs generated by development. The Councils will continue to engage with the Cambridgeshire and Peterborough Integrated Care System to understand infrastructure needs and costs so that they can inform these processes. Nevertheless, it is agreed that the need to assess the capacity of healthcare services could be strengthened within the SPD.

### **Proposed modifications**

Amendments to National Planning Policy Framework part of Chapter 2 of the HIA SPD to reflect new NPPF (December 2024) requirements in relation to health.

Amend Paragraph 3.13 (now Paragraph 3.11) of the SPD to state, 'Healthy Centres and Community Facilities (e.g. access to and the capacity of health and social care services)'.

Amend Paragraph 5.19 of the SPD to state, 'e.g. existing amenities, the capacity of existing health and social care facilities [...]'.

### **Representation 200537 (Cambridgeshire County Council)**

#### **Main issues raised in representation**

We welcome the recognition of public open space and green infrastructure designed to improve public health within the Health Impact Assessment.

#### **Councils' assessment**

Comment duly noted.

#### **Proposed modifications**

No proposed modification.

## **Chapter 3: What is a Health Impact Assessment?**

Total representations received for this Chapter: 4.

### **Representation 200200 (Sport England)**

#### **Main issues raised in representation**

Sport England are supportive of the production of a Health Impact Assessment SPD to help improve the health of the residents of Greater Cambridge.

Sport England welcomes reference being made to Sport England's Active Design Guidance and the inclusion of a link to our guidance on our website.

**Councils' assessment**

Sport England's support for HIA SPD and reference to the Active Design Guidance is duly noted.

**Proposed modifications**

No proposed modification.

**Representation 200538 (Cambridgeshire County Council)****Main issues raised in representation**

The County Council agrees with the inclusion of 'Impacts of climate change on health' in section 3.13 of the Health Impact Statement.

Paragraph 3.13 lists matters that could be covered in a HIA. Most would not be relevant to mineral or waste sites where there are few employees and visitors (deliveries etc) and not publicly accessible, a very different situation to a housing, retail or leisure development.

**Councils' assessment**

Comments duly noted.

**Proposed modifications**

No proposed modification.

**Representation 200567 (Carter Jonas on behalf of various named clients)****Main issues raised in representation**

It seems excessive that HIAs can only be prepared by those who are suitably qualified, if that is what is intended. Experience and knowledge are equally valid, and this firm prepared the previous HIA without anyone on the team involved having a formal IEMA qualification. The key is whether the HIA follows the required guidance rather than to focus unduly on the identity of who prepares it. The document will either be fit for purpose or it will not.

**Councils' assessment**

Comment duly noted. HIAs are professional documents that can involve a range of complex data inputs. The IEMA guidance outlines the level of qualification and experience a person should have as a method of determining their suitability to undertake HIAs – the guidance does not require persons involved in the production of HIAs to have both a formal qualification and be a member of a professional body.

Nevertheless, guidance on suitably qualified individuals has been amended at Paragraph 3.9 of the SPD to ensure persons with suitable experience in coordinating/authoring HIAs are not unduly excluded.

**Proposed modifications**

Amend guidance on who should conduct HIAs (Paragraph 3.9) to state:

'HIAs are professional documents that often require input from a range of experts on human health, environmental health, and planning and development, as well as stakeholder groups. Therefore, HIAs should be conducted and coordinated by suitably qualified and experienced people. As a guide, The Institute of Environmental Management and Assessment (IEMA) have prepared best-practice guidance on suitably qualified and experienced people in relation to HIAs in their document,

Competent Expert for Health Impact Assessment including Health in Environmental Assessments (2024).' The qualifications and experience of HIA topic leaders and coordinators should be documented within the final HIA report.

### **Representation 200583 (Vistry)**

#### **Main issues raised in representation**

We are supportive of the three HIA objectives as defined in the SPD (para 3.5). We also agree with the SPD's stance on proportionality in HIAs, as highlighted by paras 3.7 and 3.8.

Topics relevant to a HIA (para 3.12) are acknowledged, and it is agreed that the topics to be covered by any HIA will be determined on a case-by-case basis.

#### **Councils' assessment**

Comment duly noted.

#### **Proposed modifications**

No proposed modification.

## **Chapter 4: When is a Health Impact Assessment Required?**

Total representations received for this Chapter: 7.

### **Representation 200178 (Cambridge Past, Present and Future)**

#### **Main issues raised in representation**

We are concerned that the HIA is yet another document needed to support a planning application. The SPD could make reference to the pragmatic use of HIAs so as not to add extra bureaucracy to the submission and consideration of a planning application. It could be, for instance that impact on health forms part of the Design and Access Statement.

#### **Councils' assessment**

Comment duly noted. HIAs are a nationally recognised form of assessment that can help to shape developments in ways that reflect the health and wellbeing needs of local communities. HIAs are already a policy requirement for major developments across South Cambridgeshire and Cambridge City, and they play an active part in helping to satisfy Cambridgeshire's joint strategic health needs. The HIA SPD is designed to provide additional guidance on how to comply with existing policy requirements (as set out in Chapter 4 of the SPD).

Paragraph 5.41 sets out the submission requirements and recognises that, for smaller schemes, an HIA could form part of other documents such as a Sustainability Statement. If the HIA has been integrated into another document, the SPD states that this should be explicitly stated as part of a planning application to ensure the HIA can be readily located. However, it is agreed that the wording of Paragraph 5.41 could be altered to include Design and Access Statements and Planning Statements as suitable places for certain types of HIA to be presented.

#### **Proposed modifications**

Amendments to the wording of Paragraph 5.41 to include reference to Design and Access Statements and Planning Statements.

## **Representation 200265 (Tor & Co on behalf of Hill Residential Ltd)**

### **Main issues raised in representation**

It is noted that the implications of HIA and environmental impact assessment are included in the SPD. Hill specifically welcomes the approach set out in paragraph 4.10, specifically, the opportunity to undertake pre-application consultation to determine if health can be incorporated as part of the Environmental Statement or if an independent HIA would be required, as it reduces the need for duplicated information.

### **Councils' assessment**

Comment duly noted.

### **Proposed modifications**

No proposed modification.

## **Representation 200346 (Vistry)**

### **Main issues raised in representation**

The HIA SPD's definitions of the following various forms of HIA that would be expected to support the planning applications for schemes of various scales (paras 4.1 – 4.3) is noted. However, it is understood that the scope and depth of stakeholder engagement would be a key point of difference between HIAs of varying scales of schemes (and would, for example, account for a notable point of difference between the 'Full/Comprehensive' HIA prepared for a 100 home development compared to a 2,000 home scheme.

If this assumption is correct, then this is welcomed, and we would recommend that greater prominence is given to such distinction within the main text of the SPD (e.g. Chapter 4: 'When is a HIA Required?').

Regarding proportionality, this includes providing further information on the thresholds at which certain assessments should be conducted, and further guidance on how HIA processes could differ based on various scales and impacts of schemes.

### **Councils' assessment**

Comment duly noted. The thresholds for requirement for the different type of HIA accord with extant policy requirements.

It is agreed that developments of larger scales and higher complexity would likely require a more thorough HIA and that determining the type of HIA will depend on the site-specific development context of each planning case. Pre-application engagement is the best forum to determine the appropriate type of HIA to be used, but amendments have been made to Chapter 4 to reflect that variations in scale may lead to a variation in the breadth of a Full/Comprehensive HIA.

### **Proposed modifications**

Swap the position of Paragraph 4.2 and Paragraph 4.3.

Introduce the following wording as paragraph 4.4:

'The Councils acknowledge that HIAs of the same type may vary in scope depending on the nature of the development proposals being considered (e.g. a Full HIA for 2,000 dwellings will likely require more complex analysis and more extensive

stakeholder engagement than a Full HIA for 100 dwellings). Therefore, to ensure the HIA approach is proportionate to the nature of the proposed development, it is strongly advised that pre-application discussions are held with the Councils in line with the guidance provided in Chapter 5 of this SPD.'

### **Representation 200376 (University of Cambridge)**

#### **Main issues raised in representation**

The HIA should not need to replicate anything that is controlled by building regulations or assessed in detail as part of the EIA.

There is no reference to the distinction between outline and detailed planning applications – where the nature and scope of an HIA needs to be quite different.

We would ask for additional clarity on the thresholds included in the SPD. For development of over 100 homes a Rapid HIA should be sufficient, including a steering group with the LPA who will have very good knowledge of local issues already. We do not think a Full HIA it is realistic for development of this scale.

#### **Councils' assessment**

Comment duly noted. The factors to be assessed as part of HIAs in Greater Cambridge are also relevant to various local planning policy objectives.

The HIA SPD sets out how project teams should approach HIAs in the event of EIA development in Chapter 4 (see Paragraphs 4.9 – 4.10 of the Consultation Draft or 4.11 and 4.12 of the updated document).

It is acknowledged that further clarification could be added in Chapter 4 about the differing requirements for outline planning applications and reserved matters submissions. Additional clarification has been provided at Paragraph 4.10 of reserved HIA SPD.

The thresholds adopted within the HIA SPD for the different types of HIA have been established by extant policy requirements in Greater Cambridge.

#### **Proposed modifications**

Introduce the following wording as paragraph 4.10:

##### **'Outline and Reserved Matters Submissions**

For applications that seek approval under separate outline planning and reserved matters submissions, an HIA may need to be undertaken at both stages, with the HIA reflecting the content of the respective stage of the planning process. For example, an HIA undertaken at outline stage would likely assess health in relation to the overarching principles of the development, the prospective quantum of development, and the planning uses being considered. Meanwhile, an HIA undertaken at the reserved matters stages may need to assess the outstanding matters of the proposal left to the reserved matters stage (e.g. site access and layout, the internal layout of homes and buildings etc.) or confirm that the development's detailed design and layout complies with the HIA submitted and approved at the outline stage.'

## **Representation 200333 (NHS Property Services)**

### **Main issues raised in representation**

Health provision is an integral component of sustainable development – access to essential healthcare services promotes good health outcomes and supports the overall social and economic wellbeing of an area.

We support the approach of the draft Health Impact Assessment SPD but suggest amendments – refer to the Planning Obligations SPD and engagement with the Integrated Care Board (ICB) - to ensure the SPD reflects adopted health commissioning standards and that an accurate assessment of health infrastructure can be conducted.

### **Councils' assessment**

Comment duly noted. The HIA SPD is a guidance document intended to direct health assessments of development, as opposed to guidance on planning obligations (which has been provided elsewhere). Reviewing the capacity of healthcare facilities has been accounted for within the checklist (Section 6a of Appendix 3). During decision-making, the Councils will make decisions in consultation with local health consultees to ensure that health infrastructure maintains momentum with local growth.

Notwithstanding the above, appropriate planning obligations would need to be reviewed on a case-by-case basis during the application stages of development. Therefore, the Councils are of the view that further amendments do not need to be made to the HIA SPD in this case, but the Councils will continue to positively engage with the Cambridgeshire and Peterborough Integrated Care System to ensure that health and social care systems will be appropriate to the level of local growth.

### **Proposed modifications**

No proposed modification.

## **Representation 200539 (Cambridgeshire County Council)**

### **Main issues raised in representation**

Paragraph 4.5 refers to "Development proposals that include potentially hazardous uses or installations" which would include some waste management facilities – for example Energy from Waste facilities.

The County Council supports the level of discretion included in Paragraph 4.7. Where relevant we require noise, AQ, odour, vibration & dust assessments and have asked waste developers to draw from these to inform a focused HIA.

### **Councils' assessment**

Comment duly noted.

### **Proposed modifications**

No proposed modification.

## **Representation 200568 (Carter Jonas on behalf of various named clients)**

### **Main issues raised in representation**

It would be appropriate for the Councils, in the SPD, to identify those locations that 'have a higher proportion of protected characteristic groups'. The SPD is currently

unclear on that point. Also, what is meant by 'areas with limited infrastructure or facilities'? This needs to be clarified as it is too imprecise and will not be readily understood by all.

#### **Councils' assessment**

Comment duly noted. As noted under the Appraisal: Data Gathering part of Chapter 5 (paragraphs 5.17 – 5.21), it is the responsibility of those producing the HIA to establish the community and population contexts (the Local Profile) of a given site using available data.

Resources and data have been provided at Appendix 2.0 of the SPD to help applicants establish local profiles for development. Therefore, the Councils do not consider further amendments to the SPD are necessary in this case.

#### **Proposed modifications**

No proposed modification.

## **Chapter 5: When is a Health Impact Assessment Required?**

Total representations received for this Chapter: 2.

### **Representation 200347 (Vistry)**

#### **Main issues raised in representation**

We would affirm that positive engagement in the HIA consultation process on the behalf of the relevant LPA officers is required to ensure that the HIA process is conducted efficiently. We would therefore request for LPA commitment to engage positively with applicants upon being consulted on HIA matters, and for officers to be informed about HIA requirements and processes so as to provide effective and efficient advice.

#### **Councils' assessment**

Comment duly noted. As highlighted throughout Chapter 5 (and Figure 3 of the SPD), planning and health officers will be available to discuss the requirements for HIAs as part of pre-application discussions. The Councils will also continue to work with applicants, during the development of the scheme and accompanying HIA to help guide the HIA process. This will be proportional to the size and complexity of the application or HIA.

#### **Proposed modifications**

No proposed modification.

### **Representation 200569 (Carter Jonas on behalf of various named clients)**

#### **Main issues raised in representation**

It is incumbent on the Local Authorities to ensure that there is adequate existing provision for existing and future residents. It has to be recognised that an individual site or development cannot address wider health impacts that are already 'at large' in the immediate or wider population so interventions need to be appropriate, proportional and viable. Any enhanced provision must meet the tests in Regulation 122 and planning obligations should only be sought where they meet the legal tests.

### **Councils' assessment**

Both national and local planning policy strongly encourages new development to make a range of provisions for both existing and future communities, including health and community infrastructure (see Paragraph 98 of the NPPF). Planning policies also require applications for new development to assess the impact on existing infrastructure capacity. The HIA process functions as a vehicle to understanding what contributions or placemaking considerations could be brought forward to prevent development from having a deleterious impact on local health and wellbeing.

### **Proposed modifications**

No proposed modification.

## **Appendix 1: Glossary of Terms**

Total representations received for this Chapter: 0.

## **Appendix 2: Relevant Documents and Further Reading**

Total representations received for this Chapter: 0.

## **Appendix 3: Greater Cambridge Shared Planning HIA Checklist**

Total representations received for this Chapter: 4.

### **Representation 200176 (Cambridge Past, Present and Future)**

#### **Main issues raised in representation**

Compatible land uses: we have seen poor examples where green spaces have been located next to main roads such as at Eddington where the open space is next to the M11 and at Darwin Green where it is next to the A14. Reference should be made as whether there is disturbance from roads.

#### **Councils' assessment**

Comment duly noted. As highlighted by Paragraph 5.34 of the SPD, balances will need to be struck between conflicting development needs and priorities. The impact of a particular project's design and masterplanning would need to be assessed on a case-by-case basis.

Nevertheless, additional questions have been included under 4a (Access to Open Space) and 4b (Outdoor Play and Recreation) to ensure that HIAs consider how outdoor spaces interact with neighbouring land uses.

Reference to Paragraph 124 of the NPPF has also been made in Chapter 2 of the SPD, which highlights that compatible land uses should be delivered through development.

#### **Proposed modifications**

Include reference to Paragraph 124 of the NPPF in Chapter 2 (Paragraph 2.11 of the SPD).

Include the additional question in relation to environmental conditions under 4a (Access to Open Space) of the Checklist at Appendix 3.

Include additional question regarding environmental conditions under 4b (Outdoor Play and Recreation) of the Checklist at Appendix 3.

### **Representation 200186 (Cambridgeshire and Peterborough Combined Authority)**

#### **Main issues raised in representation**

On active travel (Theme 3: Active Travel and Inclusive Mobility), Cambridgeshire and Peterborough CA recommend the inclusion of wheeling in active travel - please see Cambridgeshire and Peterborough Local Transport and Connectivity Plan for active travel.

On the provision of safe transport routes between destinations (references to Policy TI/2 (a)), Cambridgeshire and Peterborough CA recommend the inclusion of Vision Zero - please see Cambridgeshire and Peterborough Local Transport and Connectivity Plan.

#### **Councils' assessment**

Comment duly noted. Cambridgeshire and Peterborough Combined Authority's Local Transport and Connectivity Plan will be referenced in Appendix 2 of the SPD.

Amendments will also be made to Theme 3 of the Checklist to make reference to wheeling as a form of active travel.

#### **Proposed modifications**

Include reference and hyperlink to Cambridgeshire and Peterborough Combined Authority's Local Transport and Connectivity Plan 2023 to be added to Appendix 2.

Sub-theme 3a of the Checklist changed to Promoting Active Travel.

References to wheeling included in sub-theme 3a and 3b.

Sub-theme 3b changed reference to "pedestrian and cycle" to "active travel".

### **Representation 200266 (Tor & Co on behalf of Hill Residential Ltd)**

#### **Main issues raised in representation**

The inclusion of an HIA Checklist in Appendix 3 and the clear preference for applicants to utilise it as necessary is also helpful.

#### **Councils' assessment**

Comments regarding the HIA Checklist are duly noted.

#### **Proposed modifications**

No proposed modification.

### **Representation 200377 (University of Cambridge)**

#### **Main issues raised in representation**

The HIA Checklist includes many requirements that exist as planning policies whether or not an HIA is required, and we would encourage a consideration as to whether these matters need to be addressed in an HIA.

### **Councils' assessment**

Comment duly noted. The Checklist tries to capture the wider determinants of health that can be controlled or influenced by the planning system. Where matters can be addressed through external reports, the text before the Checklist provides further detail on how to reference external reports; these assessments would need to be referred to but not duplicated as part of the HIA. This instruction before the checklist has been modified to provide applicants and HIA coordinators with additional clarity.

### **Proposed modifications**

Amend Checklist Instructions (Appendix 3) to provide applicants with additional clarity as to how the Checklist should be used.

If the issue has been assessed and mitigation measures have been proposed as part of another technical report (e.g. noise pollution has been considered as part of a Noise Impact Assessment), this should be referred to under "Evidence/Data Sources" – a duplication of these technical assessments will not be required as part of the HIA, but the final HIA report should reference where an external report has identified an issue and appropriate mitigation to said issue.

## **Appendix 4: Local Authority Review Matrix for HIA Reports**

Total representations received for this Chapter: 0.

### **Equality Impact Assessment (EqIA): Draft Greater Cambridge HIA SPD**

Total representations received for this Chapter: 0.

### **Sustainability Appraisal Screening Report: Draft Greater Cambridge HIA SPD**

Total representations received for this Chapter: 1.

#### **Representation 200257 (Natural England)**

##### **Main issues raised in representation**

We have reviewed the SA/SEA Screening Reports provided. Natural England agree with the conclusions and that further assessment stages should not be required.

##### **Councils' assessment**

Comment duly noted.

##### **Proposed modifications**

No proposed modification.

### **Habitats Regulation Assessment Screening Report: Draft Health Impact Assessment SPD**

Total representations received for this Chapter: 1.

### **Representation 200256 (Natural England)**

#### **Main issues raised in representation**

We have reviewed the HRA Screening Reports provided. Natural England agree with the conclusions and that further assessment stages should not be required.

#### **Councils' assessment**

Comment duly noted.

#### **Proposed modifications**

No proposed modification.

### **Consultation Statement: Draft Health Impact Assessment SPD**

Total representations received for this Chapter: 2.

### **Representation 200253 (Linton Parish Council)**

#### **Main issues raised in representation**

It was not possible for the Councillors to read all three documents in the limited period and present considered comments. Linton Parish Council propose that there should be individual consultations for each supplementary planning document to enable sufficient time to review the information and submit comments.

#### **Councils' assessment**

Comment duly noted. This feedback has been reviewed by the Planning Policy Team, and we are taking these comments on board for future consultations to ensure all parties feel they can meaningfully engage and contribute their views effectively.

#### **Proposed modifications**

No proposed modification to the HIA SPD.

### **Representation 200556 (Bassingbourn-cum-Kneesworth Parish Council)**

#### **Main issues raised in representation**

As the documents totalled several hundred pages, councillors are unable to read all the documents and therefore the Parish Council are unable to comment on the consultation. They are concerned that silence is taken for support, they cannot say whether they support it or not. It may have helped if the information was more specific to their area. The Parish Council intend to object to future consultations if they do not come in a format that is easily to digest and understand.

#### **Councils' assessment**

Comment duly noted. This feedback has been reviewed by the Planning Policy Team, and we are taking these comments on board for future consultations to ensure all parties feel they can meaningfully engage and contribute their views effectively.

#### **Proposed modifications**

No proposed modification to the HIA SPD.

## Summary of additional proposed minor modifications

### Paragraph / Chapter

Appendix 2 – page 43.

### Proposed modifications

Include reference to the Health Equalities Group's [Healthy Food Environments: A Toolkit for Planners, Developers and Communities](#).

### Paragraph / Chapter

Appendix 3, Table 2f (Accessible homes – page 56), Appendix 3, Table 3e (Inclusive Mobility – page 62)

### Proposed modifications

Change “people with disabilities” to “disabled people”.

### Paragraph / Chapter

Appendix 3, Table 4b (Outdoor Play and Recreation – page 64).

### Proposed modifications

Include reference to disabled children in the question about provision of outdoor play space for children and young people.

### Paragraph / Chapter

Appendix 3 – Change format of Checklist.

### Proposed modifications

Amend Checklist to an alternative format that can be more readily followed and completed by applicants and project teams. Alter Checklist to a “print only” version and highlight that the Checklist will be reviewed by officers to ensure it functions consistently in line with planning best practice.

## **Appendix A: List of organisations consulted**

The following organisations were directly notified of the draft Health Impact Assessment SPD via email, or by post where no email address was available. Individuals are not listed. It should be noted that other individuals and organisations were also contacted that do not appear on this list.

All Parish Councils and Residents Associations  
Adjacent Local Authorities  
Abellio Greater Anglia  
Accent Nene Housing Society Limited  
Addenbrooke's Equalities Officer  
Advisory Council for the Education of Romany and other Travellers (ACERT)  
Age UK Cambridgeshire & Peterborough  
Airport Operators Association  
Amusement Catering Equipment Society (ACES)  
Anglia Ruskin University  
Anglian Water  
Bedfordshire and River Ivel Internal Drainage Board  
Bedfordshire Pilgrims Housing Association  
British Gas  
British Horse Society

BT Group Plc  
Building Research Establishment  
Cam Health  
Cambridge and County Developments (formerly Cambridge Housing Society)  
Cambridge Area Bus Users  
Cambridge Campaign for Better Transport  
Cambridge and District Citizens Advice Bureau  
Cambridge Council for Voluntary Service  
Cambridge Crown Court  
Cambridge Cycling Campaign (CamCycle)  
Cambridge Dial a Ride  
Cambridge Ethnic Community Forum  
Cambridge Fire and Rescue Service  
Cambridge Friends of the Earth  
Cambridge Online  
Cambridge Group of the Ramblers  
Cambridge Inter-Faith Group  
Cambridge Past, Present & Future  
Cambridge Peterborough & South Lincolnshire (CPSL) Mind  
Cambridge Rape Crisis Centre  
Cambridge Regional College  
Cambridge University Hospital NHS Foundation Trust  
Cambridge Water  
Cambridge Women's Aid  
Cambridge Women's Resource Centre  
Cambridgeshire & Peterborough NHS Foundation Trust  
Cambridgeshire ACRE  
Cambridgeshire and Peterborough Association of Local Councils  
Cambridgeshire and Peterborough Campaign to Protect Rural England  
Cambridgeshire and Peterborough Clinical Commissioning Group  
Cambridgeshire and Peterborough Combined Authority  
Cambridgeshire Chamber of Commerce  
Cambridgeshire Community Foundation  
Cambridgeshire Constabulary  
Cambridgeshire County Council  
Cambridgeshire Ecumenical Council  
Cambridgeshire Fire and Rescue Service  
Cambridgeshire Football Association  
Cambridgeshire Health and Wellbeing Board  
Care Network Cambridgeshire  
Centre 33  
Church Commissioners for England  
Civil Aviation Authority (CAA)  
Confederation of British Industry -East of England  
Conservators of the River Cam  
Country Land & Business Association  
CPSL Mind  
Cornerstone Telecommunications Infrastructure LTD (CTIL)  
Defence Infrastructure Organisation  
Department of Environment, Food and Rural Affairs  
Disability Cambridgeshire  
East West Rail

Eastern Region Rowing Council  
Ely Diocesan Board  
Ely Group of Internal Drainage Boards  
Encompass Network  
Environment Agency  
Equality and Human Rights Commission  
ESP Utilities Group  
Fields in Trust  
Flagship Homes  
Forestry Commission  
Friends, Families and Travellers Community Base  
Friends of the Cam  
Friends of Cherry Hinton Brook  
Friends of Stourbridge Common  
Greater Cambridge Partnership  
Harlaxton Energy Networks Ltd.  
Hastoe Housing Association Ltd.  
Hazardous Installations Inspectorate  
Healthwatch Cambridgeshire  
Highways England  
Historic England  
Home Builders Federation (HBF)  
Homes England  
Hundred Houses Society Limited  
Huntingdonshire Association for Community Transport (HACT)  
Iceni Projects  
Indigo Networks  
Institute of Directors -Eastern Branch  
Lead Local Flood Authority (LLFA)  
Logistics UK (formerly Freight Transport Association)  
Marine Management Organisation  
MBNL (EE & Three)  
Mobile Operators Association  
National Grid Plc  
National House Building Council  
National Housing Federation  
National Travellers Action Group  
Natural Cambridgeshire  
Natural England  
Network Rail  
NHS England  
Openreach  
Ormiston Children's and Family Trust  
Over and Willingham Internal Drainage Board  
Planning Inspectorate  
Road Haulage Association  
Royal Mail  
Royal Society for the Protection of Birds (RSPB)  
Sanctuary Housing Association  
Shelter  
South Cambridgeshire Youth Council  
Sport England

SSE  
Stagecoach East  
Sustrans (East of England)  
Swavesey Internal Drainage Board  
The Association of Circus Proprietors  
The Coal Authority  
The Crown Estate  
The Kite Trust  
The Lawn Tennis Association  
The Magog Trust  
The National Trust  
The Papworth Trust  
The Showman's Guild of Great Britain  
The Theatres Trust  
The Traveller Movement  
The Wildlife Trust  
Transport for London  
Travel for Work Partnership  
The Traveller Movement  
UK Power Networks  
University of Cambridge  
Utility Assets  
Virgin Media  
Woodland Trust

## **Appendix B: Tracked changes version of the SPD**





# Greater Cambridge Health Impact Assessment Supplementary Planning Document

Adopted March 2025~~Draft for consultation – Winter 2024~~

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## Foreword

Where we live, work, and socialise can have a significant impact on our physical and mental health. Creating developments that provide the highest level of health and wellbeing for all people is fundamental to good placemaking across Greater Cambridge.

The guidance in this Supplementary Planning Document will assist applicants in meeting the policies of the Cambridge City and South Cambridgeshire Local Plans that are focused on promoting healthy and inclusive communities. It provides clear guidance on the process of carrying out a Health Impact Assessment, and how assessing health impacts at an early stage of the planning process can benefit our local communities.

We look forward to applicants and developers applying this guidance to development across Greater Cambridge, helping us to deliver places that promote a high quality of life, and make all members of our community feel safe and included.



**Councillor Katie Thornburrow**

Executive Councillor for Planning Policy, Cambridge City Council



**Councillor Dr. Tumi Hawkins**

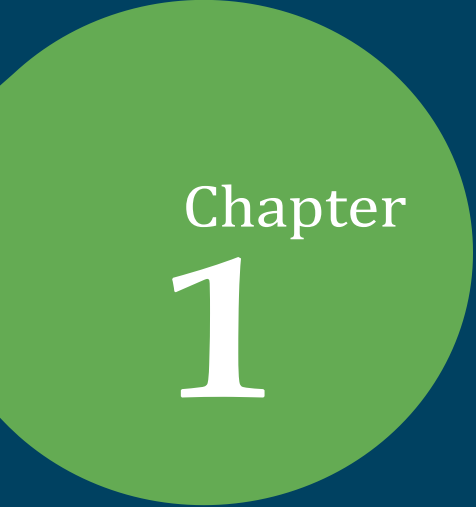
Lead Cabinet Member for Planning, Cambridgeshire District Council

## Executive Summary

The planning and design of our built and natural environments can have a major influence on human health and wellbeing. The National Planning Policy Framework (NPPF) 2024~~3~~ recognises the importance of delivering places that promote social interaction, are accessible for all members of society, are safe, and actively facilitate healthy lifestyles. Policies in the South Cambridgeshire Local Plan (2018) and Cambridge Local Plan (2018) set out the need to assess a development's impact on health and wellbeing. This Supplementary Planning Document (SPD) aims to provide further detail on how the health and wellbeing impacts of development can be assessed by using Health Impact Assessments (HIAs).

HIAs are a method of assessing the prospective positive and negative health impacts of development on different population groups. They function as a guiding framework for the design and delivery of a development project, identifying how negative health impacts can be mitigated or prevented, how health benefits can be maximised, and how health impacts can be monitored in the long-term.

For HIAs to be successful, they must be considered early in a development's design process and should be discussed with the Local Planning Authority at the pre-application stages of a project to determine the scope of the assessment. This SPD is designed to provide detailed guidance on when HIAs need to be considered as part of a planning application, the different types of HIA, and the general steps involved in the HIA process. The SPD also provides applicants with checklists and tools that can be used to help frame site-specific HIAs and pre-application discussions with the Greater Cambridge Shared Planning ~~Service's officers~~.

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# Chapter 1

## Introduction

## 1.0 Introduction

### Purpose of the Supplementary Planning Document

- 1.1 The planning and design of the built environment has a major influence on human health and wellbeing. Creating thriving and inclusive places that integrate all members of a community is key to securing a high quality of life and promoting positive health. Health Impact Assessments (HIAs) are critical for the achievement of these development goals as they provide a means of assessing the prospective health impacts of development and a framework through which the health impacts of a development can be monitored.
- 1.2 This Supplementary Planning Document (SPD) is designed to support the application of planning policies contained within both the Cambridge Local Plan (2018) and the South Cambridgeshire Local Plan (2018), which aim to deliver placemaking that promotes healthy and inclusive living. This SPD clarifies the varying types of HIA that can be used to assess development projects, when a formal HIA is required, and the process of carrying out a HIA for new development in the Greater Cambridge area (the combined area of South Cambridgeshire District Council and Cambridge City Council).
- 1.3 This SPD is a material consideration in the decision-making process for planning applications. ~~Section~~ Chapter 4 of the SPD is clear on the thresholds for when an HIA is required and that the work involved should be proportionate to the size of the development. All developers are encouraged to contact the Local Planning Authority (LPA) at an early stage to discuss and agree the scope of work required.

### How the Supplementary Planning Document has been Prepared

~~1.4~~—This SPD has been prepared by Greater Cambridge Shared Planning.

#### 1.4

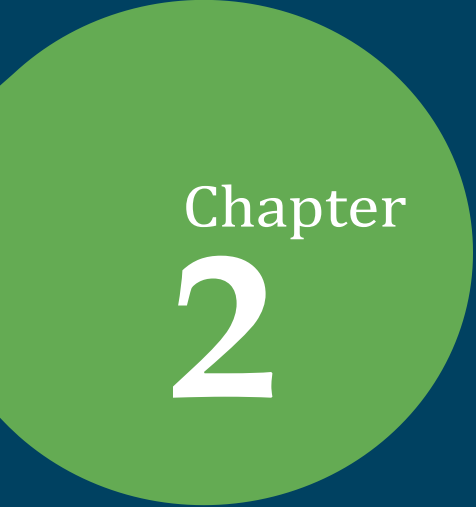
~~1.5~~—The SPD was consulted on from November 2024 to January 2025 to seek feedback from statutory bodies, key stakeholders and members of the public. Representations were considered and amendments have been incorporated into this adopted version of the HIA SPD. This document is the Consultation Version of the SPD and the Councils welcome comments on this draft document. The consultation runs from Thursday 28 November 2024 to Friday 24 January 2025.

## 1.5

### Structure of the Document

1.6 The remaining ~~sections-chapters~~ of this SPD are structured as follows:

- ~~Section-Chapter~~ 2 details the links between planning and health, and the adopted planning policies that this SPD is designed to supplement.
- ~~Chapter Section~~ 3 provides an overview of HIAs, and details the different types of HIA, the topics that could be relevant to HIAs, and who should coordinate and author HIAs.
- ~~Chapter Section~~ 4 provides applicants with guidance on the different circumstances where an HIA may be needed in the context of planning decision making in the Greater Cambridge area.
- ~~Chapter Section~~ 5 provides applicants with guidance on the HIA process, including how to define the scope of an HIA, how a final HIA report should be presented, and how the LPA should be engaged throughout the HIA process.

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# Chapter 2

## Links Between Spatial Planning and Health

## 2.0 Links Between Spatial Planning and Health

- 2.1 Health is defined by The World Health Organisation as a 'state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. Building on this, The World Health Organisation has stated that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race religion, political belief, economic or social condition'. See the glossary of health-related terms in Appendix 1.
- 2.2 Health and wellbeing are not purely determined by individual behaviours or genetic factors. Wider economic, environmental and social factors can also shape peoples' lives. Policy discourse has often referred to these factors as the "wider determinants of health". These wider determinants of health were mapped by Barton and Grant (2006) in their "[A Health Map for the Local Human Habitat](#)"; their commonly cited Health Map has been reproduced in Figure 1.

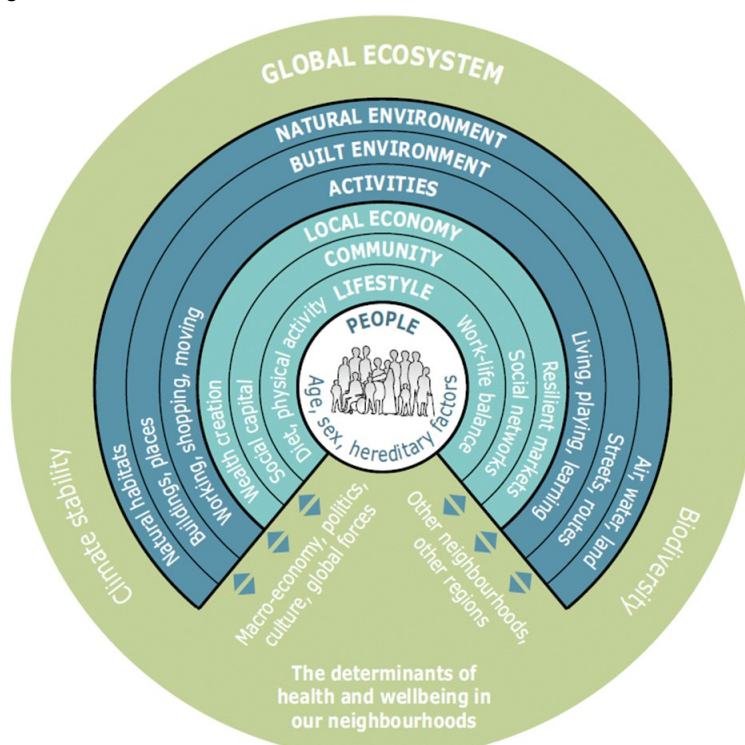


Figure 1: The Health Map – a useful depiction of the wider determinants of health adapted from Whitehead and Dahlgren's social determinants of health model (Source: Barton & Grant, 2006).

- 2.3 The Health Map helps to explain the various ways that the planning and design of the built environment can significantly influence human health and wellbeing. The Health Map also helps to explain how poor development can result in health and wellbeing differences between different populations, magnifying the level of health inequalities within a community or society.
- 2.4 Global initiatives, including the United Nations' [Sustainable Development Goals](#), have actively identified the linkages between good health and wellbeing and well-conceived built development. Therefore, delivering places that integrate all members of a community and mitigate against negative health impacts wherever possible are critical objectives of sustainable development. Reflecting this objective, the appraisal and management of health impacts are material considerations in planning decision making.
- 2.5 This SPD has been prepared in the context of the [National Planning Policy Framework \(2023\)](#) and of the adopted [Cambridge Local Plan \(2018\)](#) and the [South Cambridgeshire Local Plan \(2018\)](#). The SPD provides supplementary guidance to help clarify the requirements of health assessment requirements in the Greater Cambridge area and should be read in conjunction with the adopted policies in the Local Plans (2018) and other relevant material considerations set out in this chapter.

#### **National Planning Policy Framework (2024~~3~~)**

- 2.6 The [National Planning Policy Framework](#) (NPPF) (2024~~3~~) sets out a series of national planning policies that form part of the Development Plan for all local planning authorities in England.
- 2.7 Chapter 8 of the NPPF focuses on 'Promoting Healthy and Safe Communities'. Paragraph 96 of the NPPF states, '[planning] policies and decisions should aim to achieve healthy, inclusive and safe places which~~policies and decisions should aim to achieve healthy, inclusive and safe places and beautiful buildings which:~~
  - 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~~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 well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas~~  
~~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 beautiful, 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 lives, through both promoting good health and preventing ill-health, especially where this would address identified local health and well-being needs and reduce health inequalities between the most and least deprived communities – 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~~  
~~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.'~~

2.8 Paragraph ~~97-98~~ of the NPPF also identifies how planning policies and decisions should help to 'support the delivery of local strategies to improve health, social and cultural well-being' in their respective local communities. This can be achieved by '[planning] positively for the provision and use of shared spaces, community facilities [...] and other local services' (Paragraph 98a) and '[guarding] against the unnecessary loss of valued facilities and services' (Paragraph 98c). ~~provide the recreational spaces, cultural facilities and services that support the social wellbeing of communities.~~ The NPPF lists facilities such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship as contributors to local health and wellbeing.

2.9 Balancing local growth aspirations with the local health and social needs is an important consideration for all local planning authorities. Paragraph 101 of the NPPF emphasises this in stating that, '[to] ensure faster delivery of other public service infrastructure such as health, blue light, library, adult education, university and criminal justice facilities, local planning authorities should also

work proactively and positively with promoters, delivery partners and statutory bodies to plan for required facilities and resolve key planning issues before applications are submitted. Significant weight should be placed on the importance of new, expanded or upgraded public service infrastructure when considering proposals for development.'

2.10 Paragraph 402-103 of the NPPF recognises that 'access to a network of high-quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities and can deliver wider benefits for nature and support efforts to address climate change'.

2.92.11 Paragraph 124 of the NPPF highlights the need for compatibility between land uses, stating that '[planning] policies and decisions should promote an effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions'.

2.102.12 This SPD upholds the aims of the NPPF by ensuring that health and wellbeing are considered as an integral part of new development in the Greater Cambridge area.

### **National Planning Practice Guidance**

2.142.13 National Planning Practice Guidance (PPG) includes guidance on '[Healthy and safe communities](#)'. It provides guidance on how local planning authorities should ensure that health and wellbeing, and health infrastructure are considered in planning decision-making, as well as recognising the role that new development can have on health.

2.122.14 The PPG provides information on the range of issues in respect of health and healthcare infrastructure that can be considered as part of the planning decision-making process. The PPG acknowledges that HIAs are a useful tool to use where there are expected to be significant health impacts.

2.132.15 As health and wellbeing can be influenced by a range of factors directly relevant to development, applicants are also advised to consult other [national PPG](#) published by the Government that may be relevant to the wider determinants of health and the scope of site-specific HIAs.

2.142.16 This SPD also aligns with national, procedural guidance on HIAs published by Public Health England in 2020, entitled [Health Impact Assessments in Spatial Planning](#).

## National Legislation

2.152.17 The [Localism Act](#) (2011) empowers community and voluntary groups to get involved and work innovatively to support new ideas. Stakeholder engagement is a critical part in the HIA process (see [Chapter Section 5.9](#)) and offers an additional opportunity for community involvement in the planning process.

2.162.18 The [Health and Social Care Act](#) (2012) requires local authorities to use all mechanisms at their disposal to improve health and wellbeing in their local area. Guidance published by Public Health England – entitled [Health Impact Assessment in Spatial Planning](#) – highlights that local authorities should view HIAs as a means to optimising the health outcomes of development and a tool to secure long-term health management when coupled with planning controls.

## South Cambridgeshire Local Plan (2018)

2.172.19 Mitigating negative health impacts and using HIAs to assess development proposals are explicitly referenced within The South Cambridgeshire Local Plan (2018). More specifically, Policy SC/2: Health Impact Assessment states that:

‘New development will have a positive impact on the health and wellbeing of new and existing residents. Planning applications for developments of 20 or more dwellings or 1,000m<sup>2</sup> or more floorspace will be accompanied by a Health Impact Assessment to demonstrate this.

- a. For developments of 100 or more dwellings or 5,000m<sup>2</sup> or more floorspace, a full Health Impact Assessment will be required;
- b. For developments between 20 to 100 dwellings or 1,000 to 5,000m<sup>2</sup> or more floorspace the Health Impact Assessment will take the form of an extended screening or rapid Health Impact Assessment.’

2.182.20 The supporting text for Policy SC/2 highlights that additional guidance and clarification will be provided within an SPD; this SPD has been produced to clarify the requirements of Policy SC/2 and how this policy may be applied during the planning decision-making process.

## Cambridge Local Plan (2018)

2.192.21 Delivering inclusive places and managing the health impacts that a development could have on existing and future communities are key aspects of

planning policies contained within the Cambridge Local Plan (2018). Through Strategic Objective 15, the Cambridge Local Plan (2018) strives to 'promote a safe and healthy environment, minimising the impacts of development and ensuring quality of life and place.'

2.202.22 Policy 28 of the Cambridge Local Plan sets out the requirement to produce a Sustainability Statement as part of planning applications for major development. The supporting text for Policy 28 states that Sustainability Statements should include an assessment of 'health and well-being, including provision of open space' within their scope.

2.242.23 Other policy requirements that are directly relevant to the wider determinants of health include:

- The protection of new and existing communities from flood risks (Policy 32).
- The prevention of adverse health impacts arising from ground and ground-water contamination (Policy 33).
- The control of light pollution to prevent creating poor sleep environments (Policy 34).
- The protection of human health and quality of life from noise pollution and vibration (Policy 35).
- The prevention of adverse health impacts stemming from poor air quality, odour and dust (Policy 36).
- The adaptation of developments containing hazardous installations to ensure that health risks to site users and surrounding communities are minimised (Policy 38).
- The provision of adaptable or specialist housing that meets the needs of population groups with special care needs (Policy 47).
- The creation of well-designed places that promote public safety and reduce the threat or perceived threat of crime (Policy 56).
- The protection and delivery of open spaces that facilitate active lifestyles and inclusive forms of recreation (Policy 67 and 68).

- The provision and protection of adequate services and facilities (e.g. healthcare facilities, community centres, and sports and leisure facilities) that can sustain high standards of mental and physical health (Policy 73 and 75).
- The advocacy for development that prioritises ~~development~~ access via active transport modes to promote active lifestyles and limit the magnitude of congestion, poor air quality and road traffic accidents (Policy 80).

2-222.24 HIA's are an effective means of ensuring that these planning requirements can be achieved and concisely demonstrated to the LPA and the general public.

2-232.25 Considering the requirements of the NPPF and the Cambridge Local Plan's objective of protecting human health from various development factors, it is appropriate to apply this SPD to development in Cambridge.

#### Other Relevant Planning Documents

2-242.26 The [Greater Cambridge Sustainable Design and Construction SPD](#) (2020) provides further guidance on how to implement policies in the Cambridge and South Cambridgeshire Local Plans. The SPD sets out how to integrate the principles of sustainable development into the design and construction of new development and provides applicants with guidance on how to produce Sustainability Statements. The health and wellbeing section of the SPD outlines that many policies in the Cambridge and South Cambridgeshire Local Plans seek to ensure that new developments enhance the health and wellbeing of those who live and work in the Greater Cambridge Area. It provides further guidance on how the external environment and internal spaces of homes should be designed and constructed to improve health and wellbeing.

2-252.27 There is an existing [Health Impact Assessment SPD \(2011\)](#) for South Cambridgeshire that relates to policies in a previous version of the Local Plan. The HIA SPD (2011) still represents a material consideration in the decision-making process for planning applications; South Cambridgeshire District Council's HIA SPD (2011) will be replaced by the Greater Cambridge Health Impact Assessment SPD, once adopted.

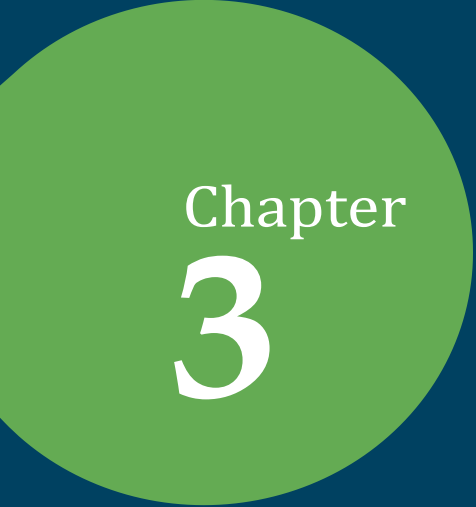
2-262.28 Other [Supplementary Planning Documents](#) have been produced individually or collaboratively by the Councils, and these should be read alongside the Greater Cambridge Health Impact Assessment SPD to ensure cross compliance and integration.

## Other Relevant Documents

2.272.29 The [Healthy Places Joint Strategic Needs Assessment](#) (2024) provides a local evidence base from which to support and create health and wellbeing in our communities. It should be used to aid decision making in the design of new communities as it draws evidence from a wide range of published studies, local, regional and national policy guidance, and case studies of good practice and lessons learned.

2.282.30 The [Cambridgeshire and Peterborough Health & Wellbeing Integrated Care Strategy](#) (2022) outlines the shared ambitions of the NHS, local authorities and health and care organisations across Cambridgeshire to improve the health and wellbeing of our local communities and should be a key document for consideration when planning new communities.

2.292.31 South Cambridgeshire District Council and Cambridge City Council have published documents which are directly related to health and wellbeing. A list of these documents can be found in Appendix 2, and these can be used to help develop and inform site-specific HIAs.

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## Chapter 3

# What is a Health Impact Assessment?

### 3.0 What is a Health Impact Assessment?

- 3.1 Health Impact Assessment (HIAs) are a method of assessing the prospective positive and negative health impacts of development on different population groups. This is achieved through a quantitative and qualitative appraisal of a development's impacts on the wider determinants of health and wellbeing.
- 3.2 HIAs also function as a guiding framework for the design and delivery of a development project, identifying how negative health impacts can be mitigated or prevented, how health benefits can be maximised, and how health impacts can be monitored in the long-term.
- 3.3 HIAs are beneficial because they can shape developments to reflect the health and wellbeing needs of the local population, as well as provide information on how to manage local health impacts. By predicting the negative impacts of development and highlighting health improvement opportunities, HIAs can help to maintain or improve local health and wellbeing standards in tandem with the provision of development that meets other local needs.
- 3.4 Where required, an HIA should be undertaken as early as possible in the planning process to ensure that a development's design, layout and composition can be made to reflect relevant health priorities.

#### Objectives of a Health Impact Assessment

- 3.5 HIAs provide a means to promote opportunities for people to live healthier lifestyles and make healthier choices, which, in turn, helps to reduce demand on health services. In broad terms, HIAs have three objectives:
  - **Objective 1:** Identify the potential positive and negative health and well-being impacts of the proposed development on planned new communities and existing communities in the vicinity of the development.
  - **Objective 2:** Highlight any differences in health impacts on sub-population groups, particularly those with protected characteristics such as the BAME communities, LGBTQIA+ communities and disabled people.
  - **Objective 3:** Make recommendations to mitigate against any potential negative health impacts and maximise potential positive health impacts, highlighting where possible the groups most affected by development.
- 3.6 Each HIA will have a unique contextual scope and may have unique objectives that are specific to a local area or population group. Any bespoke HIA aims and

objectives can be established during the Scoping stage of the HIA procedure (see [Chapter Section 5.0](#) for additional details).

### The Different Types of Health Impact Assessment

3.7 HIAs should be proportionate to the development proposal being considered. HIAs typically take one of the following forms:

- **Extended Screening or Desktop HIAs** – Encompasses a desk-based assessment of a development's prospective health impacts, drawing data from a literature review and analysis of relevant quantitative data. Where the desk-based review reveals that a development could affect a particular protected group, it will be expected that a small number of participants from the protected group are engaged to assess the proposal or plan.
- **Rapid HIAs** – Requires a small steering group and often uses the approach of a participatory stakeholder workshop. This typically involves a brief investigation of health impacts, including a short literature review of quantitative and qualitative research, and the gathering of knowledge and further evidence from a number of local stakeholders.
- **Comprehensive or Full HIAs** – An in-depth analysis of health impacts featuring an extensive literature review and the collection of both quantitative and qualitative data for analysis. This will include the comprehensive involvement of stakeholders in focus groups, panels or public consultations, and interviews.

3.8 Selecting the appropriate type of HIA for a particular project will depend on the nature and scale of the proposal and the timescales involved. The most appropriate type of HIA for a development project should be discussed with the LPA after the Screening stage of the HIA process to prevent complications during later stages of the HIA process (see [Chapter Section 5.0](#) for further details).

### Who Should Conduct a Health Impact Assessment?

3.9 HIAs are professional documents that often require input from a range of experts on human health, environmental health, and planning and development, as well as stakeholder groups. Therefore, HIAs ~~need to~~should be conducted and coordinated by suitably qualified and experienced and competent persons/people. The relevant expertise, qualifications and experience of HIA topic leaders and coordinators should be documented within the final HIA report. The Institute of Environmental Management and

Assessment (IEMA) have prepared best- practice guidance on suitably qualified and experienced people in relation to HIAs in their document, [Competent Expert for Health Impact Assessment including Health in Environmental Assessments \(2024\)](#).

~~3.10 The Institute of Environmental Management and Assessment (IEMA) produced their guidance note on [Competent Expert for Health Impact Assessment including Health in Environmental Assessments in 2024](#), providing best practice guidance on the qualification and experience of experts that should be involved in the production of HIAs.~~

~~3.11 The LPA will expect HIAs submitted as part of a planning application to follow this IEMA guidance (or any subsequent guidance or standards that supersede this current guidance) on competent professionals. **The qualifications and experience of HIA topic leaders and coordinators should be documented within the final HIA report to demonstrate adherence to best practice guidance.** Failure to follow the IEMA guidance (or any subsequent guidance or standards that supersede this current guidance) without reason could result in delays during the decision-making process for a planning application.~~

### Topics Relevant to a Health Impact Assessment

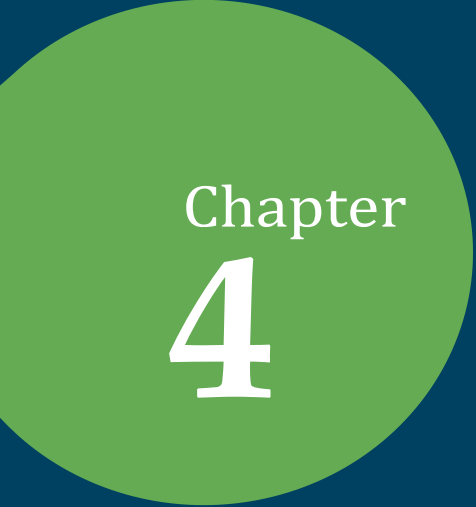
~~3.123.10~~ The topics covered by any HIA will be determined on a case-by-case basis. For development projects, this will involve discussions between the developer, the LPA and the relevant Public Health or Environment Health Officers.

~~3.123.11~~ Matters impacting on both physical and mental health that could appropriately be covered in the scope of an HIA are listed below:

- Safety for women and children.
- Community needs, barriers and identified areas of concern.
- Health and wellbeing inequalities.
- The degree of local accessibility and active travel (e.g. the quality of cycling, walking and wheeling infrastructure).
- Active Design (e.g. Sports England's [The 10 Principles of Active Design](#)).
- Housing design and affordability.

- Healthy Centres and Community Facilities (e.g. access to and the capacity of health and social care services ~~and other social infrastructure~~).
- The quality of local green and blue Infrastructure.
- Crime reduction and community safety.
- Access to healthy and affordable food.
- Access to cultural facilities and -the historic environment (e.g. Historic Places and Healthy Lifestyles).
- Access to work and training for all.
- The level of social cohesion and inclusive design (e.g. consideration of external inclusivity guidance, such as the Cambridgeshire and Peterborough All Age Autism Strategy).
- Impacts of climate change on health (e.g. extreme heat or cold and extreme weather events).
- Healthy Homes that are appropriately warm, ventilated (single-aspect dwellings should be avoided as effective passive ventilation can be difficult or impossible to achieve), resource efficient, accessible, safe and secure, have good levels of natural light, have access to private external space, provide adequate space to prepare healthy meals, support productive working/studying from home, and provide an environment in which occupants can relax. Reference should be made to the National Model Design Code: Part 2 Guidance Notes which has a section on Homes and Buildings including health and wellbeing.

3.143.12 Please note, this list is not exhaustive, and other matters may be relevant to specific localities or development types.

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# Chapter 4

## When is a Health Impact Assessment required?

## 4.0 When is a Health Impact Assessment required?

4.1 HIAs are an effective method of ensuring that new developments have a positive impact on the health and wellbeing of new and existing communities. It is recognised that HIAs are most effective for large scale developments when developing new neighbourhoods and, therefore, across the Greater Cambridge Area, a Full HIA is required as part of planning applications for developments of 100 or more dwellings, or 5,000m<sup>2</sup> or more floorspace.

4.2 The Councils recognise that the health and wellbeing impacts of development can be greater in smaller settlements, particularly where access to infrastructure, community and healthcare facilities, and public transport services can often be limited. Therefore, in South Cambridgeshire, an HIA will be required, either in the form of an extended screening or rapid Health Impact Assessment, to be submitted as part of planning applications for developments between 20 to 100 dwellings or 1,000m<sup>2</sup> to 5,000m<sup>2</sup>. This would not be the case for smaller development within the urban area of Cambridge and the lower threshold is not applied to the City.

4.3 For consistency in decision making, “floorspace” is recognised as gross internal floor area of all types of developments, including commercial, residential and mixed-use developments.

4.4 The above policy thresholds align with extant policy requirements and are in line with the requirements of the NPPF to ‘achieve healthy, inclusive and safe places’, in particular paragraph 96 of the NPPF. HIAs are promoted by Public Health England as a method of ensuring that positive health outcomes can be delivered through development.

4.5 The Councils acknowledge that HIAs of the same type may vary in scope depending on the nature of the development proposals being considered (e.g. a Full HIA for 2,000 dwellings will likely require more complex analysis and more extensive stakeholder engagement than a Full HIA for 100 dwellings). Therefore, to ensure the HIA approach is proportionate to the nature of the proposed development, it is strongly advised that pre-application discussions are held with the Councils in line with the guidance provided in Chapter 5 of this SPD.

4.2—

4.3—

~~4.4 The above policy thresholds align with extant policy requirements and are in line with the requirements of the NPPF to ‘achieve healthy, inclusive and safe places’, in particular paragraph 96 of the NPPF. HIAs are promoted by Public Health England as a method of ensuring that positive health outcomes can be delivered through development.~~

~~4.54.6~~ In alignment with adopted national policy that promotes healthy and inclusive placemaking, HIAs may also need to be submitted for development proposals in Greater Cambridge with potentially significant health and wellbeing impacts, even if the above thresholds are not exceeded. Examples of applicable development include:

- Development proposals that include potentially hazardous uses or installations; or
- Developments in areas with limited infrastructure or facilities; or
- Developments in areas that have a higher proportion of protected characteristic groups.

~~4.64.7~~ Please note, the above list is not exhaustive, and applicants are strongly advised to engage in pre-application discussions with the LPA to help determine the need and/or scope of an HIA for a particular development proposal.

~~4.74.8~~ Only in exceptional circumstances where a developer can demonstrate that these HIA approaches would not be proportionate to a particular development context (even where the stated development thresholds are surpassed), **and** this is accepted by the LPA, will an alternative approach to policy requirements be considered acceptable.

~~4.9~~ The need for an HIA should be considered during the Screening stage of the HIA process – this includes deciding whether a development project is unlikely to benefit from further HIA work. ~~Chapter Section 5.0~~ of this SPD provides guidance on the general stages of the HIA process, including deciding the appropriate type of HIA for the project after the need for an HIA has been determined.

#### Outline and Reserved Matters Submissions

~~4.10 For applications that seek approval under separate outline planning and reserved matters submissions, an HIA may need to be undertaken at both stages, with the HIA reflecting the content of the respective stage of the~~

planning process. For example, an HIA undertaken at outline stage would likely assess health in relation to the overarching principles of the development, the prospective quantum of development, and the planning uses being considered. Meanwhile, an HIA undertaken at the reserved matters stages may need to assess the outstanding matters of the proposal left to the reserved matters stage (e.g. site access and layout, the internal layout of homes and buildings etc.) or confirm that the development's detailed design and layout complies with the HIA submitted and approved at the outline stage amount delivered as part of the development.

~~4.8 The production of an HIA for the reserved matters stage of development may be formally secured by planning conditions included within the decision notice for the outline stage, as may other elements of the proposal in relation to health impacts.~~

## Environmental Impact Assessments

~~4.94.11~~ Environmental Impact Assessments (EIAs) are a statutory requirement for certain types or sizes of developments if they are determined to result in significant effects following an EIA screening exercise. Amendments to [The Town and Country Planning \(Environmental Impact Assessment\) Regulations 2017](#) have resulted in a development's "risks to human health" to be a possible aspect of an EIA's scope.

~~4.104.12~~ For projects that require an EIA, applicants are advised to engage in pre-application discussions with the LPA to determine whether health could be included as a chapter of the Environmental Statement or whether an independent HIA report would be needed as part of a planning application.

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# Chapter 5

## Stages of a Health Impact Assessment

## 5.0 Stages of a Health Impact Assessment

5.1 The procedural steps involved have been well established by various leading health institutions, including the World Health Organization (WHO). The HIA process to be followed for developments in Greater Cambridge is set out in the flow diagram below (see Figure 2); a written overview of each stage of the HIA procedure has also been provided as part of this SPD to assist applicants.

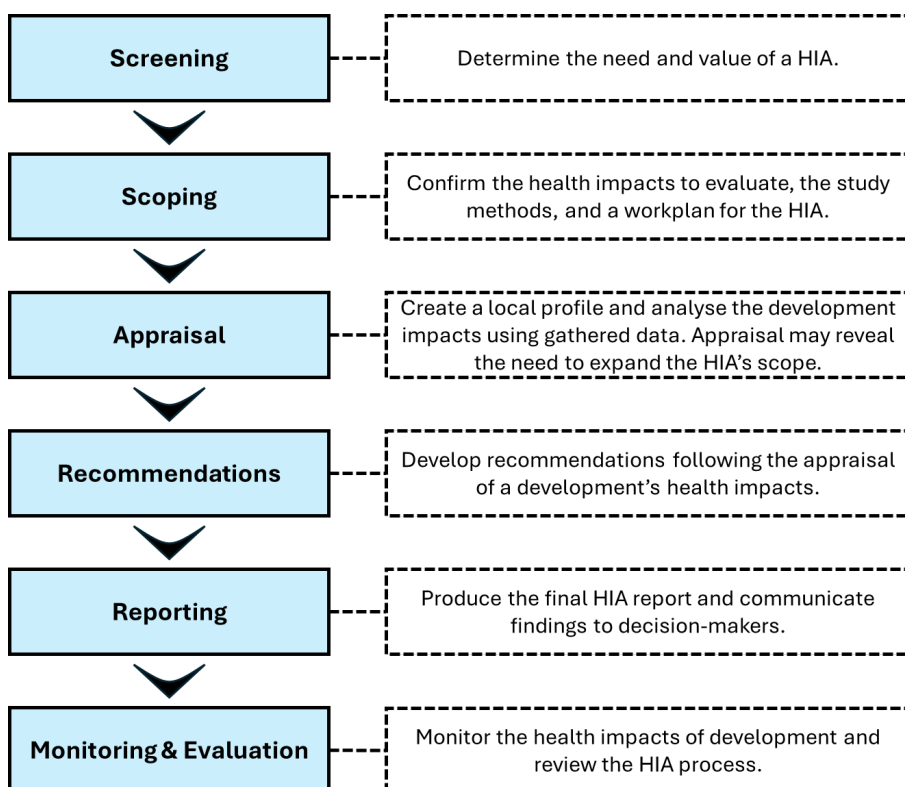


Figure 2: The general stages of the HIA process (Source: Adapted from Public Health England's (2020) [Health Impact Assessment in Spatial Planning](#)).

5.2 All types of HIA should follow the broad steps described in this [Section-chapter](#) of the SPD, albeit the level of the detail and input needed at each stage of the HIA procedure will vary depending on the type of HIA being carried out and the context of each development project. A flowchart of the HIA process to be followed in the Greater Cambridge area has been provided in Figure 3.

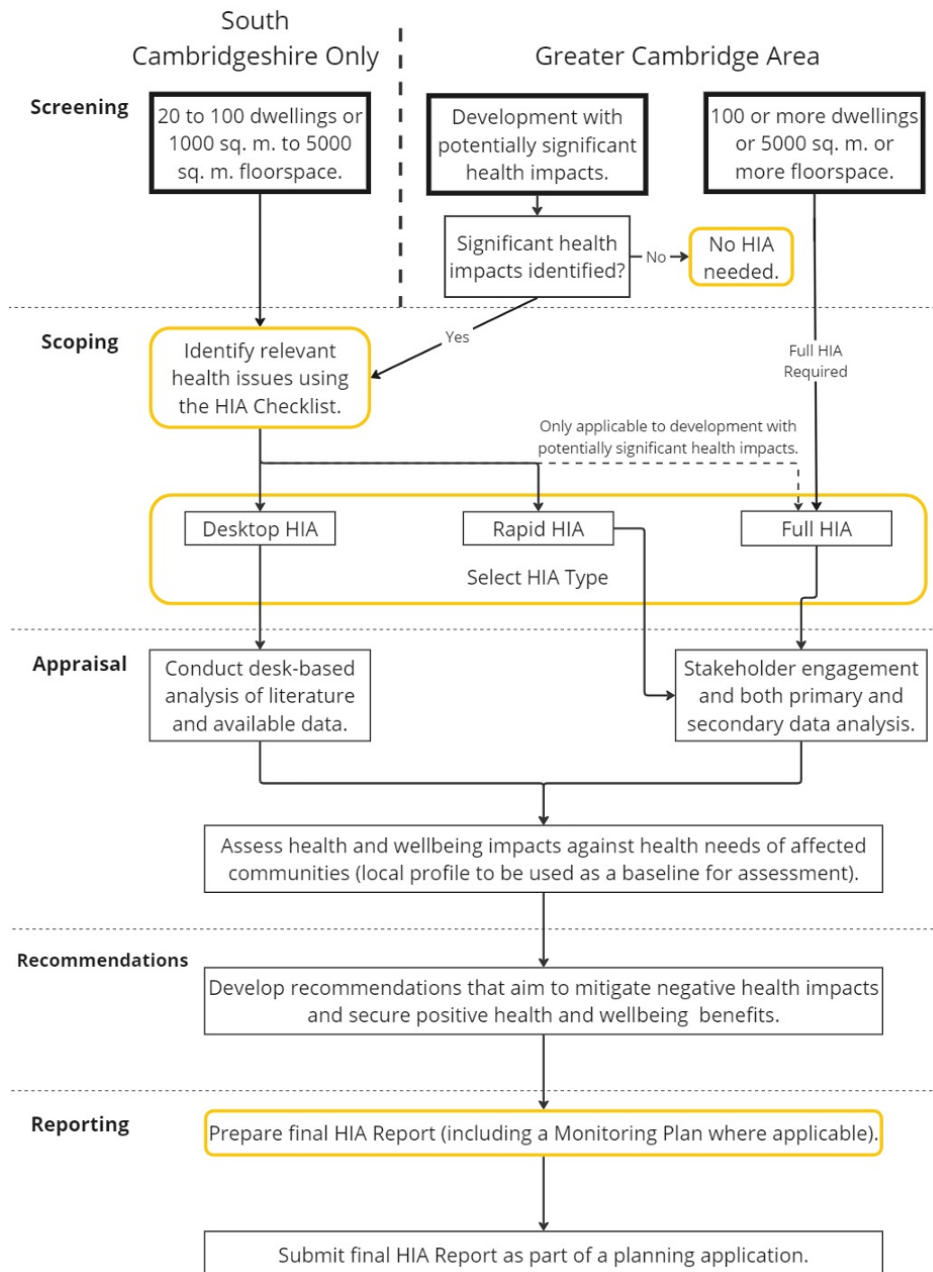


Figure 3: A flowchart of the general HIA process to the point of submitting a planning application. Boxes outlined in orange indicate areas of the HIA process where applicants are advised to engage in pre-application discussions with the LPA.

- 5.3 A copy of the Greater Cambridge Shared Planning HIA Checklist (herein referred to as “**the HIA Checklist**”) has been provided at Appendix 3 of this SPD. The HIA Checklist has been adapted from a similar HIA checklist produced by the London Healthy Urban Development Unit (HUDU) and provides a comprehensive checklist of factors related to the wider determinants of health that may need to be considered as part of an HIA. The HIA Checklist has been designed to help applicants through the scoping and the appraisal processes, but applicants are recommended to use the HIA Checklist as a reference document throughout the HIA process.

### Screening

- 5.4 The Screening stage determines whether later stages of the HIA procedure need to be undertaken to ensure that a development helps to meet local health and equity priorities. As an initial step, applicants should refer to [Chapter Section 4.0](#) of this SPD to determine whether an HIA is needed in accordance with defined development thresholds.
- 5.5 [Chapter Section 4.0](#) also identifies that smaller scale development that do not exceed the stated thresholds can have a significant impact on health and wellbeing factors. Applicants are encouraged to use the HIA Checklist to screen whether there are any potentially significant health or wellbeing risks that may need to be addressed as part of the planning process. Applicants are also actively encouraged to engage with the LPA at the early stages of the planning process to jointly agree the HIA requirements before the potential health impacts of a development are assessed. Any screening decision(s) should be documented as this will help the LPA understand the rationale behind conclusions made during the Screening stage.
- 5.6 The HIA Screening stage should also filter out development proposals that are unlikely to benefit from further HIA work. Examples of development that may not require further HIA work beyond the Screening stage include:
- A proposal that has little potential impact on health and equity issues, and there are documented public health benefits that could be secured via suitably worded conditions or planning obligations; or
  - Proposals that are likely to result in health impacts, but the health impact mitigation evidence is already well documented and evidence-based mitigation strategies can be secured via suitably worded conditions or planning obligations without the need for further assessment.

- 5.7 In cases where it is considered that further assessment work beyond the Screening stage would not be required, clear justification should be provided in writing to the LPA, and written agreement should be secured from the LPA, to confirm that later stages of the HIA procedure would not need to be undertaken for that particular development.

### Scoping

- 5.8 The Scoping stage should be advanced in the event that the Screening stage identifies the need for an assessment of a development's health and wellbeing impacts.
- 5.9 The Scoping stage centres around the confirmation of the type of HIA to be carried out, and the data gathering, data analysis, and reporting methods to be used during the subsequent stages of the HIA procedure. Areas for consideration should include timescales, geographical boundaries, resource allocation, stakeholder selection, recruitment and engagement, and data gathering techniques.
- 5.10 The scope of an HIA should be proportionate to the scale of the development, the prospective impacts it could have on existing and future communities, and the type of HIA being prepared to assess the impacts of the development. Nevertheless, when carrying out both the Scoping stage, it is important to ensure that:
- all potential health impacts are included, not just those that arise from physical hazards; and
  - the relevant stakeholders who should be involved in engagement are identified – stakeholders should include a balance of professional, business and community interests; and
  - it considers the health benefits to be maximised, as well as the health risks to be minimised.
- 5.11 It may be necessary to consider phasing the scope of the HIA as predicted health impacts may change over time for different populations. Applicants are also advised to ensure that the scope of an HIA is designed to be adaptable and the process is approached with a degree of flexibility as aspects of an HIA may change as a development proposal evolves.
- 5.12 Applicants are strongly encouraged to use the HIA Checklist provided in Appendix 3 of this SPD to frame the scope of their HIA(s).

- 5.13 Applicants are also strongly encouraged to engage in pre-application discussions with the LPA at an early stage to identify any potential methodological issues, secure feedback on the scope of the HIA, and discuss the scope of the final HIA report that will need to be submitted as part of a planning application for the development. Providing completed copies of the Checklist alongside development plans during pre-application discussions regarding HIA scoping is actively encouraged by the LPA.
- 5.14 Applicants are strongly encouraged to agree the scope of a HIA with the LPA before progressing to the next stage of the HIA procedure.

#### **Appraisal: Data gathering**

- 5.15 Data should be compiled from a range of sources to inform the construction of a local profile and the analysis to be presented within the final HIA report. The extent of primary and secondary data needed may vary depending on the type of HIA that needs to be undertaken. The evidence can be both qualitative and quantitative, and it can be taken from existing sources of evidence or new data. It is important to consider that the existing evidence base for various health determinants can be incomplete or may not be readily accessible. This may mean that data analysis needs to rely on a series of well-conceived assumptions. Where significant gaps in data arise or analysis needs to rely on assumptions, these should be documented within the final HIA report to assist the decision-making process.
- 5.16 Data gathering techniques to be employed as part of the HIA should be confirmed as part of the Scoping stage of the HIA procedure. All HIAs will need to measure health impacts against a local profile, and most HIAs will need to engage with stakeholders (Desktop HIAs may not require stakeholder engagement). It is recommended that the scope of data compilation is confirmed with relevant officers from the LPA prior to the commencement of the Appraisal stage. Additional guidance on possible data gathering techniques is also provided below.
- 5.17 **Establishing a Local Profile:** A “local profile” or a “health profile” identifies a locality’s population groups – including protected groups or those with characteristics protected by the Equality Act 2010 – and locally important health and wellbeing factors. Effectively, a local profile functions as a baseline for assessing the potential health impacts of a development. Applicants are strongly encouraged to engage with the LPA to confirm the accuracy and appropriateness of the local profile before progressing with stakeholder engagement or any further data analysis – this will likely help to streamline study timeframes and resource allocation.

5.18 Production of a local profile will also help to identify relevant population groups that might be affected by the proposed development and the background information that might be needed to streamline other aspects of the data gathering process. The extent of the local profile relevant to a particular HIA may vary depending on the type of HIA that needs to be conducted, as well as the scale and type of development proposal being considered (e.g. HIAs for a commercial development will likely need to consider the type of employees that will work on the site when it is operational).

5.19 Generally, the local profile should contain available data on:

- The demographic makeup of the local population, paying particular attention to any protected groups that have been identified during the Screening and Scoping stages.
- The health status of the local population, paying particular attention to any protected groups that have been identified.
- An assessment of the local area and local infrastructure that can influence the determinants of health and wellbeing (e.g. existing amenities, [the capacity of existing health and social care](#) facilities, environmental challenges etc.).

5.20 As the HIA will need to consider the impacts on both the existing local population and any future population likely to use the development, the local profile should also consider any changes to population that could arise from the development (e.g. an increase in any particular type of group or significant change in demographics).

5.21 Appendix 2 includes links to sources of local demographic and health data that can be used in preparation of the local profile.

5.22 **Stakeholder Engagement:** Stakeholders can be involved in the HIA process in various ways, including questionnaires, workshops, and focus groups. Data from stakeholder participation is vital to the production of a robust HIA; the HIA Checklist can be used to help structure stakeholder participation.

5.23 Examples of stakeholders that could be involved in the HIA include:

- People with knowledge of the local area (e.g. local residents, local representatives or neighbourhood groups).

- Owners and operators of adjacent sites (e.g. local business owners).
- People with characteristics protected by the Equality Act 2010 most likely to experience health inequalities and likely to be affected by the development proposals.

5.24 The stakeholders engaged as part of the HIA should form a cross section of both the existing and planned local population, and should be able to provide specific information on:

- The opportunities that development can offer that may mitigate health issues.
- Whether mitigation measures and design ideas are likely to be feasible in the local area.
- The local value that is attached to a particular health impact or a particular local improvement.

5.25 It is key that the protected groups identified are provided with every opportunity to input and feedback on the design of the development to help mitigate any health inequalities.

#### **Appraisal: Data Analysis**

5.26 The data analysis stage uses gathered data to consider potential positive and negative impacts of the proposed development against each of the wider determinants of health, as categorised by the HIA Checklist provided in Appendix 3.

5.27 The health impacts of a development often arise in indirect ways or can happen at different stages of a causal pathway; a good appraisal will identify the nexus of impacts that can stem from a development. A Health Impact Map (similar to the [Global Risks Map](#) developed by the World Economic Forum) can help to identify the complex relationships between development and health. For example, a lack of accessible community facilities within a development can limit the ability for people to develop social connections, represent a detriment to mental wellbeing by failing to provide a space for recreation, and exacerbate health inequalities between disabled and non-disabled people.

5.28 Wherever applicable, the appraisal matrix should make clear the differential impacts on the groups of people identified in the population profile, particularly

people with characteristics protected by the [Equality Act 2010](#). Each impact needs to be scored as either positive or negative for each population group. The Appraisal should also identify the significance of each health and wellbeing impact by examining:

- How many people will be affected by that impact;
- Which groups may be more or less impacted;
- The causal pathways for an identified impact on health and wellbeing;
- The duration of impact;
- What priority to give to each impact when compared to other impacts or other development factors.

5.29 To assist in the impact prioritisation and, subsequently, the development of recommendations, each identified health and wellbeing impact should be categorised as per the significance categories and parameters presented by Public Health England in their [Health Impact Assessment in Spatial Planning](#):

- **Significant Impact (major adverse impact or major benefit):** Categorisation based on the following: high exposure or scale of impact; long-term duration; continuous frequency; severity predominantly related to mortality; majority of population affected; permanent change to day-to-day life; and substantial service quality implications. For identified harms, prevention measures will be required and should be prioritised. Identified benefits should be incorporated as part of the development, where feasible.
- **Potentially Significant Impact (moderate adverse impact or moderate benefit):** Categorisation based on the following: low exposure or medium scale of impact; medium-term duration; frequent events; severity predominantly related to moderate changes in morbidity; large minority of population affected; gradual reversal; and small service quality implications. Prevention or mitigation measures will be required to address identified harms. Identified benefits should be incorporated as part of the development, where feasible.
- **Slight Impact (slight adverse impact or slight benefit):** Categorisation based on the following: very low exposure or small scale of impact; short-term duration; occasional events; severity predominantly related to minor change in morbidity; small minority of population affected; rapid reversal;

and slight service quality implications. Design intervention may be required but should be balanced against development constraints and the need to mitigate more significant impacts.

- **Not Significant (neutral impact):** Categorisation based on the following: 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; and no service quality implication. No further action required.

5.30 Once the significance of each impact has been appraised using the data and a determination has been made as to which health impacts need to be addressed as a priority during further design stages, a series of recommendations should be developed.

### Developing Recommendations

- 5.31 After gathering data and analysing prospective health impact trends arising from the development proposals, a series of recommendations should be made, particularly where intervention is necessary to prevent a development from harming an existing population or future site users. The LPA will expect the final HIA report to contain a list of recommendations made following data collection and analysis (see the Reporting sub-section for further guidance).
- 5.32 Recommendations should aim to avoid, minimise or mitigate any potentially harmful impacts arising from the development proposal, while maximising the health gains or benefits that can be delivered through a development.
- 5.33 Recommendations may need to be prioritised based on the significance of a potential health and wellbeing impact (i.e. recommendations to address the most serious health and equity impacts identified by the HIA should have a higher priority within the list of recommendations). Recommendation prioritisation is particularly important if the resources available to implement proposals are limited or there are competing development priorities (e.g. economic, employment, or historic environment considerations).
- 5.34 Sometimes health improvement recommendations may influence the function or feasibility of other aspects of a development. For example, recommendations for vehicle-free zones may affect the viability of commercial properties. A balance will need to be struck between conflicting development considerations and any resultant design decisions will need to be appropriately justified. A good HIA should take account of the various constraints and factors that can influence a development proposal to ensure that recommendations are

contextually appropriate and have the greatest chance of being valued and acted upon by a developer.

5.35 Applicants must ensure that each recommendation made as part of the HIA is worked through to an acceptable conclusion. The decision and reasoning to act upon or not act upon each recommendation will need to be formally documented within the final HIA report.

5.36 Further dialogue with the LPA may be needed to confirm the recommendations of the HIA and the suitability of any response to the HIA's recommendations prior to the submission of a planning application. Additional guidance can be secured as part of pre-application engagement ~~with officers at the Councils~~LPA.

## Reporting

5.37 Presenting the results of the HIA clearly to communities and decision makers is an important step in the procedure.

5.38 The final HIA report should provide the following elements in a clear and accessible way:

- A description of the proposed development.
- A summary of the professional experience and qualification of the HIA author(s).
- A description of the HIA's objectives and geographic scope.
- A description of the health and equity priorities identified at the beginning of HIA process.
- The qualitative and quantitative data used and how this data was sourced, including the views expressed by stakeholders that participated in the HIA.
- The overall findings and any recommendations made to improve the health impacts of the development proposal.
- An "Implementation Plan" or similar section detailing how recommended health improvements or mitigation strategies will be implemented as part of the development.

- Where considered appropriate by the LPA, a Monitoring Plan that details the relevant health improvements and health determinants that will be monitored after the completion of the development (or a particular stage of development), and the parties responsible for the monitoring activity.

5.39 To help applicants and HIA authors frame the relevant sections of their final HIA report, a copy of the Assessment Matrix used by Public Health and Environmental Health Officers at South Cambridgeshire District Council and Cambridge City Council is provided in Appendix 4.

5.40 The final HIA report should be submitted as part of a planning application for the respective development. For the purposes of EIA development, an HIA can comprise a chapter or chapters within the final Environmental Statement, although a standalone HIA may be needed if additional health impacts need to be considered beyond the significant health impacts reviewed as part of an EIA.

5.41 For planning applications that do not require an EIA, ~~Officers-the Councils~~ would prefer the final HIA report to be presented as a standalone document for ease of reference. ~~However, for less comprehensive types of HIA (i.e. Desktop HIAs), the Councils may accept HIAs that are included as part of a Sustainability Statement, a Design and Access Statement, or a Planning Statement, provided all the necessary detail expected of the HIA report is included within the consolidated document. However, Officers will accept HIAs that are included as part of a Sustainability Statement, particularly the less comprehensive types of HIA (i.e. Desktop HIAs), provided all the necessary detail expected of the HIA report is included within the consolidated Sustainability Statement.~~ Where HIAs have been integrated as part of another document, the location of the HIA should be explicitly stated to the LPA within a Covering Letter or the Planning Application Forms for the development.

5.42 Failure to provide the LPA with the HIA report could result in delays to the decision-making process or refusal of the planning application.

### Monitoring and Evaluation

5.43 Upon completion of development (or a particular phase of development highlighted by the HIA report), the Monitoring and Evaluation stage begins. At this stage, the health impacts of development should be recorded and analysed to enhance the existing evidence base and better inform later development projects.

5.44 **HIA Monitoring** provides an opportunity to assess how effectively each of the HIA recommendations were implemented as part of the development, and

whether a particular design choice or rationale contributed to positive effects on public health and wellbeing.

5.45 Any monitoring should be meaningful and defined by a Monitoring Plan that outlines the health determinants and development-specific variables to be monitored. Monitoring should also contribute to the ongoing implementation and management of assets or infrastructure designed to improve public health (e.g. the management or maintenance of public open space and green infrastructure). Where HIA monitoring reveals no improvement or a worsening in public health, the HIA may need to be ~~reviewed~~reviewed, and further action may need to be considered.

5.46 For developments with significant public health considerations, planning obligations (e.g. planning conditions or Section 106 Agreements made in accordance with the Town and Country Planning Act 1990) may be used to ensure that landowners or site operators are required to act in accordance with an agreed HIA Monitoring Plan or monitoring recommendations made within the final HIA report.

5.47 **HIA Evaluation** is concerned with evaluating the process of undertaking and producing the HIA, as opposed to the development-specific outcomes and effects of the HIA. Questions to consider during HIA evaluation could include:

- How was the HIA undertaken? (Including details of time, place, geographic area and population group affected by the proposal, what the proposal sought to achieve, and the methods used during the HIA).
- Were the aims and objectives of the HIA met?
- What resources (e.g. financial, human, time) were used, and what was the associated opportunity cost?
- How were the decision makers involved and engaged in the process, what were their expectations and were these expectations fulfilled with the resources available?
- How and when were the recommendations accepted and implemented by the decision makers (e.g. the masterplanning group) and what factors contributed to these development choices?
- If recommendations were not acted upon, what was the reason for this, and would this justification be a factor for other development in the local area?

- Did the HIA process impact other areas of the project's management and coordination? (e.g. did it improve partnership working or raise the profile of local health needs?)

5.48 Process evaluation can provide lessons about why and how the HIA worked; in some cases (e.g. where monitoring and implementation occurs over an extended period of time after the implementation or commencement of use of the development), process evaluation requirements may also need to be included within the Monitoring Plan if deemed necessary by the LPA.

## Appendix 1: Glossary of terms

**Determinants of Health:** The contextual factors of people's lives that can influence their health and wellbeing, including:

### Physical Environmental Determinants

- Physical living environment – safe water and clean air, safe houses, communities and roads all contribute to good health.
- Employment and working conditions – people in employment are often healthier, particularly those who have more control over their working conditions.
- Access to health services – access and use of services that prevent and treat disease influences health.

### Social and Cultural Determinants

- Social support networks – greater support from families, friends and communities is linked to better health.
- Culture – customs and traditions, and the beliefs of the family and community all affect health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Income and social status – higher income and social status are linked to better health. Oftentimes, the greater the gap between the richest and poorest people, the greater the differences in health.

### Individual Determinants

- Genetics – inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses.
- Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- Gender – men and women suffer from different types of diseases at different ages.

For further clarity on the wider determinants of health, please refer to the World Health Organization's webpage on the [Determinants of Health](#) or Public Health England's detailed overview of the [Wider Determinants of Health](#).

- **Health** is defined by [The World Health Organisation](#) as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity'. Building on this, The World Health Organisation has stated that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition'.
- **Health impact** is defined by [The World Health Organisation](#) as something that 'can be positive or negative. A positive health impact is an effect which contributes to good health or to improving health. For example, having a sense of control over one's life and having choices is known to have a beneficial effect on mental health and wellbeing, making people feel "healthier". A negative health impact has the opposite effect, causing or contributing to ill health. For example, working or living in unhygienic or unsafe conditions or spending a lot of time in an area with poor air quality is likely to have an adverse effect on physical health status.'
- **Health inequalities** have been defined by [NHS England](#) as the 'unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.
- **Protected Characteristics:** Identity characteristics that are protected by the Equality Act 2010 – discrimination against a person's protected characteristics or their association with people that have protected characteristics can lead to criminal prosecution. Characteristics that are protected by the Equality Act 2010 include:
  - Age
  - Disability
  - Gender reassignment
  - Marriage or civil partnership (in employment only)
  - Pregnancy and maternity
  - Race
  - Religion or belief
  - Sex
  - Sexual orientation.

Further guidance on protected characteristics has been published on by the Government ([Discrimination: Your Rights](#)).

- **Protected Groups:** Sections of a population that are more susceptible to experiencing harm, discrimination, or disadvantage due to a range of factors, including their social, economic and physical circumstances. Protected groups have limited access to resources or opportunities or may require support to ensure equal participation in society. Protected groups include:
  - Children and young people
  - Older people
  - Disabled people
  - Women and girls
  - People from minoritised ethnic and racial groups
  - LGBTQIA+ people
  - Refugees and asylum seekers.

Additional guidance on protected groups has been published by various organisations. Links to available data and further reading have been provided in Appendix 2.

## Appendix 2: Relevant Documents and Further Reading

### International

United Nations Sustainable Development Goals, The 17 Sustainable Development Goals. [Online]. Available at: <https://sdgs.un.org/goals>

World Health Organisation, 2018. WHO Housing and Health Guidelines, s.l.: World Health Organisation.

Available at: [WHO Housing and health guidelines](#)

### National

NHS England, 2018. Putting Health Into Place, London: NHS England

Available at: <https://www.england.nhs.uk/publication/putting-health-into-place/>

Office for National Statistics, Health in England. [Online]

Available at: <https://www.ons.gov.uk/search?q=health>

Public Health England. Fingertips | Public Health Profiles. [Online]

Available at: <https://fingertips.phe.org.uk/>

Public Health England, 2020. Health Impact Assessment in Spatial Planning: A Guide for Local Authority Public Health and Planning Teams, London: Public Health England. Available at: [Health Impact Assessment in spatial planning - GOV.UK \(www.gov.uk\)](#)

### Cambridgeshire

Cambridgeshire County Council, 2017. Joint Strategic Needs Assessment.

Available at: [Cambridgeshire and Peterborough Joint Strategic Needs Assessment 2023](#)

Cambridgeshire County Council, 2023. Cambridgeshire's Active Travel Design Guide. Available at: [Cambridgeshire County Council Active Travel Design Guide 2023](#)

Cambridgeshire & Peterborough Combined Authority & Cambridgeshire County Council, 2023. Active Travel Strategy.

Available at: [Cambridgeshire's Active Travel Strategy Adopted March 2023](#)

[Cambridgeshire & Peterborough Combined Authority & Cambridgeshire County Council, 2023. Local Transport and Connectivity Plan.](#)  
Available at: [Local Transport and Connectivity Plan 2023](#)

Cambridgeshire & Peterborough Integrated Care System, Health & Wellbeing Integrated Care Strategy. [Online]  
Available at: <https://www.cpics.org.uk/health-wellbeing-integrated-care-strategy>

### **Greater Cambridge**

Greater Cambridge Shared Planning Service. Homes for Our Future: Greater Cambridge Housing Strategy 2024 – 2029.  
Available at: [Greater Cambridge Housing Strategy 2024 to 2029](#)

### **South Cambridgeshire**

South Cambridgeshire District Council, 2024. State of the District Report.  
Available at: [State of the District Report South Cambridgeshire 2024](#)

South Cambridgeshire District Council, 2020. Zero Carbon Strategy.  
Available at: [South Cambridgeshire Zero Carbon Strategy](#)

South Cambridgeshire District Council, Health & Wellbeing Strategy Refresh 2024 – 2028. Available at: [South Cambridgeshire Health & Wellbeing Strategy 2024-2028](#)

South Cambridgeshire District Council, Our Business Plan.  
Available at: [South Cambridgeshire Business Plan](#)

### **Cambridge**

Cambridge City Council, 2020. Anti-Poverty Strategy 2020-2023.  
Available at: [Cambridge City Council, Anti-Poverty Strategy](#)

Cambridge City Council, 2021. Single Equality Scheme 2021 to 2024.  
Available at: [Cambridge City Council Single Equality Scheme 2021 to 2024](#)

Cambridge City Council, 2022. Corporate Plan 2022-27: Our Priorities for Cambridge. [Online] Available at: <https://www.cambridge.gov.uk/corporate-plan-2022-27-our-priorities-for-cambridge>

Cambridge City Council, 2023. State of the City 2023.

Available at: [State of the City \(Cambridge\) 2023](#)

Cambridge City Council, 2024. Community Wealth Building: Strategy and Approach.  
Available at: [Community Wealth Building: Strategy and Approach](#)

## Planning and the built environment

~~Health Equalities Group, Healthy Food Environments: A Toolkit for Planners, Developers and Communities, 2022. Local Government Association (LGA), Public Health England (PHE) and The Town and Country Planning Association (TCPA), 2016. Building the Foundations – Tackling Obesity Through Planning and Development. Available at: [Building the foundations – tackling obesity through planning and development](#)~~

Field Code Changed

~~Historic England, 2023. Historic Places and Healthy Lifestyles.~~

~~Local Government Association (LGA), Public Health England (PHE) and The Town and Country Planning Association (TCPA), 2016. Building the Foundations – Tackling Obesity Through Planning and Development. Available at: [Building the foundations – tackling obesity through planning and development](#)~~

Field Code Changed

Ministry of Housing, Communities and Local Government, 2021. [National Model Design Code Part 2 Guidance Notes](#).

National Health Service (NHS), 2018. Putting Health into Place: [Introducing NHS England's Healthy New Towns Programme](#).

NHS, 2019. [Putting Health into Place](#).

PHE, 2013. [Obesity and the Environment: Regulating the Growth of Fast Food Outlets](#).

PHE, 2017. [Health and Environmental Impact Assessment: A Briefing for Public Health Teams in England](#)

PHE, 2017. [Spatial Planning for Health](#).

PHE and IHE, 2018. [Healthy High Streets: Good Place-Making in an Urban Setting](#).

PHE and Partners, 2020. [Healthy Weight Environments: Using the Planning System](#).

PHE and UWE, 2020. [Spatial Planning and Health: Getting Research into Practice](#).

TCPA, 2013. [Planning Healthier Places Report](#)

TCPA, 2014. [Planning Healthy Weight Environments Guide](#)

TCPA, 2018. [Securing Constructive Collaboration and Consensus for Planning Healthy Developments: A Report from the Developers and Wellbeing Project](#)

University of West England (UWE), 2017. [Healthy People Healthy Places Evidence Tool: Evidence and Practical Linkage for Design, Planning and Health](#)

### **Housing and homelessness**

Building Research Establishment (BRE), 2015. [Homes and Ageing in England](#).

Care & Repair England, 2015. [Disabled Facilities Grant Funding via Better Care Funds](#).

Care & Repair England, 2015. [Home Adaptations, Integration and the Care Act](#).

Care & Repair England, 2016. [Innovation in Home Adaptations – A Fresh Chance](#).

Homeless Link, 2015. [Homeless Health Needs Audit Tool](#).

Housing Association Charitable Trust (HACT), 2016. [UK Housing Data Standards](#).

Housing Learning and Improving Network (LIN), 2016. [Active Ageing and the Built Environment](#).

Housing Learning and Improving Network (LIN), 2016. [Dementia and Housing: An Assessment Tool for Local Commissioning](#).

Housing Learning and Improving Network (LIN), 2016. [End of Life Care: Helping People to be Cared for and Die at Home](#).

Housing Learning and Improving Network (LIN), 2018. [Pioneering Health and Housing Memorandum of Understanding](#).

NHS, 2019. [Helping People Living in Cold Homes](#).

Office for Health Improvement and Disparities, 2019. [Homes for Health](#).

PHE, 2015 [Preventing Homelessness to Improve Health and Wellbeing](#).

PHE, 2016. [Homes for Health](#).

PHE, 2016. [Older People and Alcohol Misuse: Helping People Stay in Their Homes](#).

PHE, 2018. [Improving Health and Care Through the Home: MoU](#).

PHE, 2017. [Improving Health Through the Home](#).

PHE, 2024. [Homelessness: Applying All Our Health](#).

PHE and the Institute of Health Equity (IHE), 2014. [Local Action and Health Inequalities: Fuel Poverty and Cold Home-Related Health Problems](#).

PHE and Sitra, 2015. [Public Health: Housing Workforce Holds the Key](#).

#### **Natural environment**

Natural England, 2020. [A Rapid Scoping Review of Health and Wellbeing Evidence for the Framework of Green Infrastructure Standards](#).

PHE, 2020. [Improving Access to Greenspace: A New Review for 2020](#).

#### **Active travel and transport**

PHE, 2013. [Obesity and the Environment Briefing: Increasing Physical Activity and Active Travel](#).

PHE, 2016. [Working Together to Promote Active Travel – A Briefing for Local Authorities](#).

PHE, 2018. [Cycling and Walking for Individual and Population Health Benefits](#).

## Appendix 3: Greater Cambridge Shared Planning HIA Checklist

### Checklist Instructions

**This version of HIA Checklist is for print purposes only. For a digital version of the HIA Checklist, please contact the Greater Cambridge Shared Planning service using [planning@greatercambridgeplanning.org](mailto:planning@greatercambridgeplanning.org).**

This HIA Checklist has been adapted from the London Healthy Urban Development Unit's (HUDU) checklist, ~~which that~~ is used by local authorities in London to assess the potential health impacts of a development. Its purpose is to help determine what aspects of health need to be considered within the scope of an HIA, the potential health impacts of a development, and how potential positive impacts can be maximised while potential negative impacts can be avoided or mitigated.

This HIA Checklist is divided into a series of themes. Under each theme, there are a number of related health and wellbeing considerations that are relevant to spatial planning. Each theme also contains a number of questions relating to the identified planning consideration. The Checklist will be regularly reviewed by officers to ensure it functions consistently in line with planning best practice. It may be the case that not all the issues and questions will be relevant to a specific development proposal, and the user should select and prioritise the issues accordingly. Some issues may be directly related to an individual development, others may be relevant at a neighbourhood level where the cumulative impact of development can contribute to a healthy neighbourhood.

The checklist aims to ensure a development proposal is as 'healthy' as possible, by achieving as many 'Yes' responses to the Checklist's questions ~~and avoiding 'No's'~~. A 'No' gives a warning that an aspect of a development may need to be reconsidered, or further assessment is needed. If the issue has been assessed and mitigation measures have been proposed as part of another technical report (e.g. noise pollution has been considered as part of a Noise Impact Assessment), this should be referred to under "Evidence/Data Sources" - a duplication of these technical assessments will not be required as part of the HIA, but the final HIA report should reference where an external report has identified an issue and appropriate mitigation to said issue.

## **Greater Cambridge Health Impact Assessment Checklist**

### **Development Project Overview**

<b>Name of proposed development</b>	
<b>Description of development</b>	
<b>Contact name and details</b>	
<b>Location of project</b>	
<b>Date HIA Checklist completed</b>	

### **Consideration of Protected Groups (see Appendix 1 of the Greater Cambridge HIA SPD for examples)**

**Please identify the protected groups that may be more negatively or positively impacted by your development proposal. Please document how these protected groups have been identified (e.g. ONS data, JSNA data).**

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### **Public Consultation or Stakeholder Engagement Proposals**

**Please describe the extent of stakeholder engagement or public consultation to be undertaken. What relevant local and/or protected groups will you engage with as part of the stakeholder engagement?**

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## Theme 1: Healthy Environments

### 1a. Flooding

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposed development incorporate sustainable drainage techniques (SuDS), including storing rainwater, use of permeable surfaces and green roofs?</p> <p>Is there a Flood Evacuation Plan and does this consider people with mobility or specific care needs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 31 sets out the requirements for integrated water management in new developments, including the provision of sustainable drainage systems (SuDS).</li> <li>Policy 32 on preventing flood risk from the development and to the development.</li> <li>Adopted <a href="#">Cambridgeshire Flood Water SPD</a> highlights that particular attention should be given to the communication and evacuation of vulnerable people within a flood Evacuation Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Policy CC/8 on the need to provide sustainable drainage systems (SuDS) that are appropriate, accounting for geological context.</li> <li>Policy CC/9 requires development to consider the flood risk and states that development will not be permitted if it increases flood risk elsewhere.</li> <li>Adopted <a href="#">Cambridgeshire Flood Water SPD</a> highlights that particular attention should be given to the communication and evacuation of vulnerable people within a flood Evacuation Plan.</li> </ul>

### 1b. Contaminated Land

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Has the proposed development been assessed for any potential contaminated land risks to construction workers or future site users?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
Policy 33 on the need to assess any possible risks to health arising from previous land uses or the presence of contaminants.	Policy SC/11 on the need to assess any possible risks to health arising from previous land uses or the presence of contaminants.

### 1c. Noise Impacts

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal minimise the impact of noise caused by traffic and commercial uses through insulation, site layout and landscaping?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
Policy 35 on the protection of human health and quality of life from noise and vibration.	Policy SC/10 on the protection of human health and quality of life from noise and vibration.

#### 1d. Air Quality

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal minimise air pollution caused by traffic and employment uses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 36 requires development not to result in significant contributions to polluting or malodorous emissions, or dust or smoke emissions to air.</li> <li>Cambridge contains a designated Air Quality Management Area (AQMA) where no adverse impacts on air quality are allowed.</li> </ul>	<ul style="list-style-type: none"> <li>Policy SC/12 prevents development from being permitted if development would incur an unacceptable impact on air quality.</li> <li>Policy TI/2 (3) on the need to demonstrate mitigation measures for air pollution from traffic.</li> </ul>

#### 1e. Overheating

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the design of buildings and spaces avoid internal and external overheating?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
Policy 28 on the need for Sustainability Statements to identify how development is adapted to climate change. Further detail on overheating is set out in the <a href="#">Greater Cambridge Sustainable Design and Construction SPD, including avoiding single-aspect dwellings.</a>	Policy CC/1 on the need for development to be adaptable to the impacts of climate change, including overheating. Further detail is set out in the <a href="#">Greater Cambridge Sustainable Design and Construction SPD, including avoiding single-aspect dwellings.</a>

## 1f. Waste Management

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposal include a suitable means for the storage and collection of waste?</p> <p>Does the proposal include means to separate recycling from general waste?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 28 on site waste management during construction.</li> <li>Supporting text for Policy 50 on waste storage for residential uses and separate recycling and waste facilities.</li> <li>Policy 57 (d) on the design standards for new buildings, which includes integration of refuse and waste storage.</li> <li>Cambridgeshire and Peterborough Minerals and Waste Core Strategy (2011) designates safeguarding areas for existing and future waste sites.</li> <li>Design guidance within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of local policies by providing further guidance on recycling and waste and facilitating a circular economy.</li> </ul>	<ul style="list-style-type: none"> <li>Policy HQ/1 (i) on accessible facilities for waste management and collection.</li> <li>Policy SC/4 on community facilities and the need for waste management for community uses.</li> <li>Cambridgeshire and Peterborough Minerals and Waste Core Strategy (2011) designates safeguarding areas for existing and future waste sites.</li> <li>Design guidance within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of local policies by providing further guidance on recycling and waste and facilitating a circular economy.</li> </ul>

### 1g. Safe Construction

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposal minimise construction impacts such as dust, noise, vibration and odours on sensitive land uses (e.g. residential areas, hospitals and schools)?</p> <p>Has a Construction Environment Management Plan or similar document been prepared for the development?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 28 on the need to prevent construction activity from causing harm to the environment and human health.</li> <li>Sustainable construction guidance within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the above policy requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Policy CC/6 on the need to control construction activity, construction traffic, and construction waste using Construction Environmental Management Plans or a similar document.</li> <li>Sustainable construction guidance within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the above policy requirements.</li> </ul>

## Theme 2: Healthy Housing

### 2a. Healthy Homes

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal meet policy requirements for daylight, sound insulation, and odour mitigation in residential development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	
Does the proposal meet policy requirements for residential privacy?				

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 34 on controlling light pollution and glare on sensitive receptors (e.g. residential uses).</li> <li>Policy 35 on minimising noise pollution and disturbances on sensitive receptors (e.g. residential uses).</li> <li>Policy 36 on controlling air quality and dust on sensitive receptors (e.g. residential uses).</li> </ul> <p>Sustainable design guidance within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</p>	<ul style="list-style-type: none"> <li>Policy HQ/1 (n) on the need to mitigate disturbances from overlooking, noise, vibration, odour, emissions and dust, and mitigate loss of daylight.</li> <li>Policy SC/9 on controlling the impacts of light pollution and glare on sensitive receptors (e.g. residential uses).</li> <li>Policy SC/10 on minimising noise pollution and vibration disturbances on sensitive receptors (e.g. residential uses).</li> </ul> <p>Sustainable design guidance within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</p>

## 2b. Healthy Homes (Internal Space Standards)

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal satisfy internal space standards for new homes, including sufficient storage space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
Residential space standards contained within Policy 50.	Residential space standards contained within Policy H/12.

## 2c. Healthy Homes (External Space Standards)

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal satisfy external space standards for new homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
Policy 50 on standards for external space (i.e. private amenity space).	Policy HQ/1, supplemented by the design guidance within Chapter 6 of the <a href="#">South Cambridgeshire District Design Guide SPD</a> .

## 2d. Relevant Housing Types and Sizes

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal include a range of housing types and sizes that respond to local housing needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	
Relevant Policy Standards (Cambridge Local Plan)		Relevant Policy Standards (South Cambridgeshire Local Plan)		
<ul style="list-style-type: none"> <li>Policy 45 on the need for development to provide a range of housing types to meet projected future household needs of the city.</li> <li>Additional overview of local housing requirements provided in the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a>.</li> </ul>		<ul style="list-style-type: none"> <li>Policy H/9 on the need for development to provide a range of housing types to meet projected future household needs of the district.</li> <li>Additional overview of local housing requirements provided in the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a>.</li> </ul>		

## 2e. Affordable Homes

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal provide affordable housing that meets identified local needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	
Policy Standards (Cambridge Local Plan)		Policy Standards (South Cambridgeshire Local Plan)		
<ul style="list-style-type: none"> <li>Policy 45 states 25% of developments of 11 – 15 dwellings should affordable dwellings, while developments of 15 or more dwellings should comprise at least 40% affordable units.</li> <li>Policy requirements supported by the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a>.</li> </ul>		<ul style="list-style-type: none"> <li>Policy H/10 requires that at least 40% of dwellings on proposals of 11 or more units, or over 1000m<sup>2</sup> floorspace, are required to be affordable, unless viability evidence supports a lower provision.</li> <li>Policy requirements supported by the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a>.</li> </ul>		

## 2f. Accessible Homes

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal provide accessible homes for older or disabled people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 45 on the need for development to provide a range of housing types to meet projected future household needs of the city.</li> <li>Policy 47 on specialist housing that is adapted to the care needs of <del>people with disabilities</del> <u>disabled people</u>.</li> <li>Policy 51 requires all new housing to be of a size and internal layout that satisfies Building Regulations requirement M4 (2). Policy 51 requires 5% of affordable housing components acceptably providing 20 or more self-contained affordable homes to meet Building Regulations requirement M4 (3).</li> <li>Policy requirements supported by the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy H/9 on the need for development to provide a range of housing types to meet projected future household needs of the district. This includes a requirement for 5% of homes in a development of 10 or more dwellings to be built to the accessible and adaptable dwellings M4(2) requirements of the Building Regulations (accessible and adaptable dwellings).</li> <li>Policy requirements supported by the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a>.</li> </ul>

## 2g. Homes for Gypsies and Travellers

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal make provisions for the Gypsy, Roma and Traveller (GRT) community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 49 on standards for permanent, transit and emergency stopping provision for the GRT community.</li> <li>Pitches for the GRT community are recognised by the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a> as a type of accommodation option that will be supported where this is demonstrated by needs-based evidence.</li> </ul>	<ul style="list-style-type: none"> <li>Policy H/9 on the need to deliver housing and accommodation options to support different groups in a community.</li> <li>Policy H/20 on standards for permanent, transit and emergency stopping provision for GRT sites.</li> <li>Policy H/21 requiring significant major development proposals to include provisions for GRT sites where a local need has been identified.</li> <li>Pitches for the GRT community are recognised by the <a href="#">Greater Cambridge Housing Strategy 2024 – 2029</a> as a type of accommodation option that will be supported where this is demonstrated by needs-based evidence.</li> </ul>

## Theme 3: Active Travel and Inclusive Mobility

### 3a. Promoting Walking and Cycling

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposed development promote accessibility via walking, <del>and</del> cycling and wheeling?</p> <p>Does the proposed development seek to reduce car use (e.g. by using Travel Plans)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	
Relevant Policy Standards (Cambridge Local Plan)		Relevant Policy Standards (South Cambridgeshire Local Plan)		
<ul style="list-style-type: none"> <li>Policy 80 on the prioritisation of walking, cycling and public transport, and making places accessible for all.</li> <li>Policy 81 (b) on the use of Travel Plans to help control traffic impacts of major developments.</li> <li>Policy 82 and Appendix L on parking management using the adopted parking management standards. Adopted standards include allowances for car-free development in connected centres or controlled parking zones.</li> <li>Guidance on sustainable movement within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</li> <li>Policy objectives are supported by <a href="#">Cambridgeshire's Active Travel Strategy (2023)</a>.</li> </ul>		<ul style="list-style-type: none"> <li>Policy TI/2 (1) on the need for development to be located and designed to reduce dependence on private cars and promote sustainable travel.</li> <li>Guidance on sustainable movement within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</li> <li>Policy objectives are supported by <a href="#">Cambridgeshire's Active Travel Strategy (2023)</a></li> </ul>		

### 3b. Connectivity

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Have measures been taken to connect the development to existing cycle <u>and walking and wheeling infrastructure networks</u>?</p> <p>Is the proposed development well connected to public transport networks, local services and local amenities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 74 on locating educational facilities in locations accessible on foot and bicycle.</li> <li>Policy 75 on locating healthcare facilities in locations accessible on foot and bicycle.</li> <li>Policy 80 (2) on creating convenient links between destinations along active travel routes.</li> <li>Guidance on sustainable movement within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</li> </ul>	<ul style="list-style-type: none"> <li>Policy E/13 (g) on the need to make employment sites accessible on foot and cycle.</li> <li>Policy TI/2 (2) on the need to provide walking and cycling infrastructure, and the need to connect proposed infrastructure to existing strategic networks, including public transport networks.</li> <li>Guidance on sustainable movement within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</li> </ul>

### 3c. Safe Travel

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal include traffic management and calming measures, and safe and well-lit <del>pedestrian and cycle</del> <u>active travel</u> crossings and routes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 56 (f) on the need to create clear and navigable public spaces that are safe and usable.</li> <li>Policy 65 (b) on the need for street furniture and signage to be designed in ways that do not impede pedestrian or vehicular movement.</li> <li>Policy 80 (3) on the prioritisation of safety across active travel networks and the need to improve unsafe active travel routes.</li> <li>Guidance on safe travel networks within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</li> <li>Policy objectives are supported by <a href="#">Cambridgeshire's Active Travel Strategy (2023)</a> and the <a href="#">Active Travel Toolkit (2024)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy TI/2 (a) on the provision of safe transport routes between destinations.</li> <li>Guidance on safe travel networks within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies.</li> <li>Policy objectives are supported by <a href="#">Cambridgeshire's Active Travel Strategy (2023)</a> and the <a href="#">Active Travel Toolkit (2024)</a>.</li> </ul>

### 3d. Cycle Parking Infrastructure

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposed development provide an adequate level of cycle storage?</p> <p>Have measures been taken to ensure cycle storage is secure?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 50 on secure cycle parking requirements for residential development.</li> <li>Policy 57 (d) on the design standards for new buildings, including bicycle parking.</li> <li>Non-residential and residential cycle parking standards contained within Appendix L.</li> <li>Policy objectives are supported by <a href="#">Cambridgeshire's Active Travel Strategy (2023)</a> and the <a href="#">Active Travel Toolkit (2024)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy HQ/1 (i) on secure and accessible cycle storage.</li> <li>Policy TI/2 (2) (d) on the need for development to provide sufficient secure cycle parking.</li> <li>Cycle parking standards stated as part of Policy TI/3.</li> <li>Policy objectives are supported by <a href="#">Cambridgeshire's Active Travel Strategy (2023)</a> and the <a href="#">Active Travel Toolkit (2024)</a></li> </ul>

### 3e. Inclusive Mobility

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposed development provide suitable parking facilities and accessible infrastructure for people with impaired mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 56 (k) on the need to deliver an accessible public realm through inclusive design and layout.</li> <li>Policy 82 and Appendix L on standards for parking facilities for people with impaired mobility.</li> <li>Guidance on sustainable movement within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies</li> </ul>	<ul style="list-style-type: none"> <li>Policy TI/3 (2) on standards for vehicle parking for people with impaired mobility.</li> <li>Policy SC/4 on the need to provide facilities for specific needs, including <del>people with disabilities</del> <u>disabled people</u>.</li> <li>Guidance on sustainable movement within the <a href="#">Greater Cambridge Sustainable Design and Construction SPD</a> supplements the requirements of the above policies</li> </ul>

## Theme 4: Open Space and Recreation

### 4a. Access to Open Space

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposal retain or replace existing open space?</p> <p>Does the proposal provide new open or natural space, or improve access to existing spaces?</p> <p><u>Are the environmental conditions acceptable, such that users of the open space would not be exposed to serious health risks?</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 56 (i) includes open space and soft landscaping as key aspects of site designs and layouts.</li> <li>Policy 59 on the need to integrate existing and proposed landscape features into the public realm of new development.</li> <li>Policy 67 on the protection (and enhancement) of existing open space.</li> <li>Policy 68 on open space provision through new development.</li> <li>The above policy requirements are supported by the <a href="#">Open Space and Recreation Strategy (2011)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy HQ/1 (m) on the need for development to include landscaping and open spaces that integrate with development.</li> <li>Policy SC/7 provides standards for open space provision for new developments.</li> <li>Policy SC/8 on the protection of existing open spaces and mitigation requirements where open space would be lost.</li> <li>The above policy objectives are supported by the <a href="#">Open Space in New Developments SPD (2009)</a>.</li> </ul>

#### 4b. Outdoor Play and Recreation

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposal provide outdoor play spaces or recreational opportunities for children and young people, <u>including disabled children</u>?</p> <p>Are play spaces and/or recreational facilities accessible?</p> <p><u>Are the environmental conditions acceptable, such that users of the outdoor play and recreation space would not be exposed to serious health risks?</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 67 on the protection (and enhancement) of existing outdoor recreation spaces.</li> <li>Policy 68 on outdoor sport and recreation provision through new development.</li> <li>Policy 73 on the provision of new outdoor sports facilities in line with the <a href="#">Playing Pitch Strategy 2015 – 2031</a> for the Greater Cambridge area.</li> </ul>	<ul style="list-style-type: none"> <li>Policy SC/4 on development considerations for sports and recreation facilities.</li> <li>Policy SC/7 provides standards for outdoor sport and children play provision for new developments.</li> <li>Policy SC/8 on the protection of existing sports and recreation facilities and mitigation requirements where such facilities would be lost.</li> <li>Policy goals on outdoor recreation supported by the <a href="#">Playing Pitch Strategy 2015 – 2031</a> for the Greater Cambridge area.</li> </ul>

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#### 4c. Indoor Recreation and Sport Space

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposal provide indoor sports and recreational opportunities?</p> <p>Are indoor sports and recreational facilities accessible?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 73 on the provision of new indoor sports facilities in line with the <a href="#">Indoor Sports Facility Strategy 2015 – 2031</a> for the Greater Cambridge area.</li> <li>The above policy requirements are supported by the <a href="#">Open Space and Recreation Strategy (2011)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy SC/4 on development considerations for sports and recreation facilities.</li> <li>Policy SC/6 on development considerations for and protection of indoor community facilities (including indoor sports).</li> <li>Policy requirements produced in line with the <a href="#">Indoor Sports Facility Strategy 2015 – 2031</a> for the Greater Cambridge area.</li> </ul>

#### 4d. Safety and Crime Prevention

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Are the open, natural or recreational spaces provided as part of the development welcoming?</p> <p>Has the proposed development included a layout that promotes natural surveillance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 56 (d) and 56 (g) on the need for design to remove opportunities for crime and improve community safety (e.g. incorporating natural surveillance).</li> <li>The above policy requirements are supported by the <a href="#">Open Space and Recreation Strategy (2011)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy HQ/1 (1) (o) on the need for design to remove opportunities for crime and improve community safety (e.g. incorporating natural surveillance).</li> <li>Chapter 6 of the <a href="#">South Cambridgeshire District Design Guide SPD</a> supplements the community safety requirements of the above policy.</li> </ul>

#### 4e. Open and Recreational Space Management

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposal set out how new open space and play areas will be managed and maintained (e.g. a Landscaping Management Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 68 on the use of planning conditions or Section 106 agreements to secure a long-term management plan for open space and recreation provision.</li> <li>The above policy requirements are supported by the <a href="#">Open Space and Recreation Strategy (2011)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy SC/4 (10) on the long-term management and maintenance of nature facilities.</li> <li>Supporting text for Policy SC/7 on the management of public open spaces.</li> <li>The above policy requirements are supported by the <a href="#">Open Space in New Developments SPD (2009)</a>.</li> </ul>

## Theme 5: Access to Healthy Food

### 5a. Local Spaces for Growing Food

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposed development facilitate the supply of or is it close to opportunities for locally grown food (e.g. allotments, community orchards etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Allotments considered important areas of open space provision (Policy 67).</li> <li>Objectives on allotment provision also contained within the <a href="#">Open Space and Recreation Strategy (2011)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy SC/7 on standards for the provision of allotments as part of new developments.</li> <li>Policy SC/8 on the protection and enhancement of allotments and community orchards, and their replacement if local food production spaces are lost as part of development.</li> </ul>

## 5b. Retail Choices

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Is the proposal connected to or does it make provisions for a range of retail uses, including food stores and smaller independent and affordable shops?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Policy Standards (Cambridge Local Plan)	Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 5 on the need to sustainably connect communities to local centres.</li> <li>Policy 72 in support of new shops and the protection of retail spaces in district, local and neighbourhood centres.</li> </ul>	<ul style="list-style-type: none"> <li>Policy E/22 on delivering new retail development.</li> <li>Policy SC/4 on the need for housing developments to contribute to the provision of services and facilities and to assess the impact on existing local facilities, including local shops, restaurants, cafes and public houses.</li> </ul>

## Theme 6: Vibrant Communities

### 6a. Healthcare Facilities

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Has the impact on healthcare services been considered?</p> <p>Does the proposal include the provision or replacement of a healthcare facility and/or does it provide a financial contribution for this?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 75 supporting the development of new healthcare facilities, particularly in areas of growth.</li> <li>Policy 85 on the use of planning obligations to ensure development delivers or contributes to the delivery of healthcare facilities.</li> </ul>	<ul style="list-style-type: none"> <li>Local Plan policy objective to facilitate the creation and growth of healthcare clusters in the district.</li> <li>Policy SC/4 on the need for development to provide or contribute to the delivery of community facilities, including health facilities.</li> <li>Policy SC/5 on support for new healthcare facility provision.</li> </ul>

## 6b. Educational Facilities and Childcare Services

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposed development contribute to meeting primary, secondary and post-16 education needs?</p> <p>Does the proposed development provide childcare facilities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 44 on specialist education facilities and centres.</li> <li>Policy 74 on the support for providing educational facilities, particularly in areas of population growth. Policy states that Children's Services Authority are to be engaged for major development to ensure school capacity can support growth and/or outline how development can support new educational facilities.</li> <li>Policy 85 on the use of planning obligations to ensure development delivers or contributes to the delivery of educational facilities.</li> </ul>	<ul style="list-style-type: none"> <li>Policy SC/4 on the need for development to provide or contribute to the delivery of community facilities, including educational and childcare facilities.</li> <li>Policy TI/9 on the support for providing educational facilities, particularly in areas of population growth. Policy states that Children's Services Authority are to be engaged for major development to ensure school capacity can support growth and/or outline how development can support new educational facilities.</li> </ul>

## 6c. Social Facilities

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Are community facilities or spaces for indoor recreation provided as part of the proposal?</p> <p>Are community facilities designed to be accessible for all members of a community?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 14 on improvements to social infrastructure in designated Areas of Major Change and Opportunity Areas.</li> <li>Policy 40 on the consideration of shared social spaces in employment development.</li> <li>Policy 56 (f) and 56 (k) on design standards for an inclusive public realm that promotes social cohesion.</li> <li>Policy 68 on the use of open space to promote socialisation.</li> <li>Policy 85 on the use of planning obligations to ensure development delivers or contributes to the delivery of social spaces and social infrastructure.</li> <li>Open space infrastructure requirements are supported by the <a href="#">Open Space and Recreation Strategy (2011)</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Policy HQ/1 (m) on public spaces being designed to facilitate inclusive social interaction.</li> <li>Policy E/10 supporting shared social spaces in working environments.</li> <li>Policy SC/3 on the protection of village amenities and services that are important for local wellbeing.</li> <li>Policy SC/4 on the delivery of community facilities that allow for social interaction and collective recreation or enjoyment.</li> </ul>

## 6d. Cultural Facilities

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Does the proposed development make provisions for places of worship or different faith groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 73 on the protection cultural facilities and the standards for cultural facility provision as part of new developments.</li> <li>Policy 85 on the use of planning obligations to ensure development delivers or contributes to the delivery of cultural facilities (e.g. places of worship).</li> </ul>	<ul style="list-style-type: none"> <li>One of the Local Plan's primary objectives is the provision and protection of community facilities (Policy SC/2 (e)).</li> <li>Policy SC/5 on the provision of community facilities for different faith groups.</li> </ul>

## 6f. Employment Opportunities

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposed development provide access to employment opportunities for local people?</p> <p>Does the proposed development make appropriate arrangements for homeworking?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 1 on the presumption in favour of sustainable development, including economic sustainability and the provision of accessible, local jobs.</li> <li>Policy 40 on the expansion of employment uses and business spaces in locations that are accessible to local communities or populations.</li> </ul>	<ul style="list-style-type: none"> <li>Policy S/3 on the presumption in favour of sustainable development, including economic sustainability and the provision of accessible, local jobs.</li> <li>Policy E/12 on the promotion of new employment development in settlements.</li> <li>Policy E/13 on the promotion of new employment development on the edge of settlements, subject to meeting other policy requirements.</li> <li>Policy SC/4 on the delivery of shops that are accessible to communities.</li> <li>Policy H/18 on parameters for homeworking.</li> </ul>

## 6g. Compatible Land Uses

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
<p>Does the proposed development contain a mix of land uses?</p> <p>Have design measures been incorporated to ensure that commercial disturbances on sensitive uses (e.g. homes) will be mitigated?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 33, 34, 35, and 36 on the need to protect sensitive land uses (e.g. residential development, care homes, schools and hospitals) from pollutants that can stem from non-residential uses.</li> <li>Policy 41 (b) on the development of previously developed sites to consider whether proposed uses are compatible with surrounding land uses.</li> <li>Policy 56 (a) and (e) on the use of comprehensive site layouts to ensure limited conflicts between planning uses.</li> <li>Policy 73 on the need for local facilities to be compatible with surrounding context, including mitigating impacts on sensitive receptors.</li> </ul>	<ul style="list-style-type: none"> <li>Policy SC/9, SC/10, SC/11 and SC/12 on the need to protect sensitive land uses (e.g. residential development, care homes, schools and hospitals) from pollutants that can stem from non-residential uses.</li> <li>Policy SC/13 on the need to ensure that hazardous installations do not harm sensitive land uses.</li> <li>Policy HQ/1 (d) on the need for development to be compatible with its location in terms of scale, mass, siting, design and proportion to surrounding land uses.</li> <li>Policy HQ/1 (j) on the need for mixed use developments to harmonise, and for mixed use developments to be compatible with surrounding uses.</li> </ul>

## Theme 7: Digital Connectivity and Access to Telecommunications Infrastructure

### 7a. Broadband Infrastructure and Internet Connection

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Is there adequate broadband infrastructure, or, in cases where improvements are needed, does the proposal seek to deliver high-quality services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 42 on the need to connect new developments to digital infrastructure.</li> <li>Policy 85 states that planning permission will only be granted if applicants can demonstrate that there is sufficient infrastructure to support the needs of development users.</li> </ul>	<ul style="list-style-type: none"> <li>Policy TI/8 on the need for development to make suitable arrangements for infrastructure to meet the needs of both existing and future communities. Supporting text identifies telecommunications infrastructure as an area for developer consideration.</li> <li>Policy TI/10 on expectations for developers to contribute towards the provision of infrastructure suitable to enable the delivery of high-speed broadband services across the district.</li> </ul>

## 7b. Mobile Network Coverage

Key Questions	Relevance	Evidence/Data Sources	Potential Health Impacts	Recommended Enhancement or Mitigation Actions
Is there adequate mobile network coverage, or, in cases where improvements are needed, does the proposal seek to deliver high-quality services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not relevant		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Unknown	

Relevant Policy Standards (Cambridge Local Plan)	Relevant Policy Standards (South Cambridgeshire Local Plan)
<ul style="list-style-type: none"> <li>Policy 42 on the need to connect new developments to digital infrastructure.</li> <li>Policy 85 states that planning permission will only be granted if applicants can demonstrate that there is sufficient infrastructure to support the needs of development users.</li> </ul>	<ul style="list-style-type: none"> <li>Policy TI/8 on the need for development to make suitable arrangements for infrastructure to meet the needs of both existing and future communities. Supporting text identifies telecommunications infrastructure as an area for developer consideration.</li> <li>Policy TI/10 on expectations for developers to contribute towards the provision of infrastructure suitable to enable the delivery of high-speed broadband services across the district.</li> </ul>

## Appendix 4: Local Authority Review Matrix for HIA Reports

Below is an accessible version of the Review Matrix used by Public Health and Environmental Health Officers to assess HIAs submitted as part of planning applications in the Greater Cambridge area. Applicants do not need to complete a copy of this Matrix but may use it to help frame the final HIA Report.

### Criteria for each section should use the following grading

- A – Adequate
- F – Further detail needed
- I – Inadequate
- N/A – Not applicable

### Criteria for each section should consider the following comments

- What's missing?
- Are there any weaknesses/what needs strengthening?
- What's helpful or completed well?

### Section 1: Description of the proposed development

1.1 There is a clear description of the project being assessed. It includes the aims and objectives of the proposal. The report describes the physical characteristics of the existing site. The report describes characteristics of the proposed development. The report includes timescales and duration of any demolition, construction phases.

1.2 Policy context for the project has been researched (using both national and local sources), noting any relevant health and wellbeing policies/strategies.

### Section 2: Identification of population groups affected by the development

2.1 A process to identify groups of the population likely to be affected by the proposal has been undertaken, including groups with characteristics protected by the Equality Act 2010.

2.2 Evidence to support the inclusion of identified groups has been provided (qualitative and quantitative).

### **Section 3: Identification of geographical area and associated health priorities**

3.1 A process to identify the geographical scope of the assessment has been undertaken.

3.2 Health priorities for the affected geographical area have been identified for inclusion in the assessment. Any additional themes identified should also be included here.

### **Section 4: Assessment of health**

#### **4.1 Baseline (Local Profiling)**

4.1.1 The report provides a narrative which interprets the data collected in the context of the HIA.

4.1.2 The HIA uses robust data sources which could include other key environmental or technical specialists involved in the proposed development.

### **Section 5: Evidence**

5.1 The sources of evidence used are relevant to the project and scale of the HIA.

5.2 Evidence and data sources used are clearly referenced.

5.3 The quality and depth of evidence is sufficient to inform the assessment of likely impacts.

5.4 There is some critical assessment of the literature used.

5.5 Any limitations of the evidence collected are highlighted and a rationale is provided.

### **Section 6: Stakeholder engagement**

6.1 There is evidence of discussion with the appropriate Local Authority Officer to agree a proportionate approach to stakeholder engagement, and this approach has been followed.

6.2 The report identifies all stakeholder groups relevant to the health impact assessment for the proposed development, including groups whose health and wellbeing is likely to be directly affected by the proposal.

6.3 The methods of engagement were appropriate, and their effectiveness has been evaluated.

6.4 The evidence obtained has been used to influence the design of the proposal.

#### **Section 7: Health effects**

7.1 The impacts on health been identified (as outlined within the criteria of the Greater Cambridge Shared Planning HIA Checklist). In identifying health impacts, the HIA has also included those for vulnerable groups and/or people with characteristics protected by the Equality Act (2010).

7.2 Where necessary, proportionate mitigation has been proposed.

#### **Section 8: HIA conclusions and recommendations**

8.1 A conclusion is provided summarising the key outcomes with a list of recommendations.

8.2 The recommendations identify how assets that improve health will be maintained and who will maintain them (e.g. a Monitoring Plan has been provided).

#### **Conclusions of the HIA Assessor:**

(Provide commentary on the overall quality of the HIA identifying strengths and weaknesses).

# How to find out more

You can find out more about the Greater Cambridge Health Impact Assessment  
Supplementary Planning Document at:

 [www.greatercambridgeplanning.org](http://www.greatercambridgeplanning.org)