



# **Local Plan Update**

## **Leeds Local Plan**

Development Plan Document

# **Pre-Submission Changes - Placemaking Background Paper**

October 2023

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# Achieving complete, compact and connected Places

## Why is the policy needed?

In considering minimising carbon emissions from new development in Leeds, this topic area has explored the policies that guide sustainable patterns of development in Leeds by engaging with concepts such as the 20 minute neighbourhood which promotes people's health, happiness and well-being by "living locally" (complete, compact and connected).

Strategic placemaking or the spatial pattern of growth/ location of development considers issues including resource efficiency in land-use, accessibility to strategic infrastructure; reusing land; having safe and accessible, walkable neighbourhoods and routes of travel by sustainable transport, improving local services and job opportunities and access to safe public spaces, green spaces; providing mixed-use development that creates opportunities for regeneration, flexible and creative use of buildings and a range of properties and affordability to create mixed communities that support social cohesion and community inclusion. These living locally 20-minute principles seeks also to support reducing emissions and minimising flood risk.

It has long been considered that the most sustainable urban form is one of concentration of uses, particularly around centres so that people can be closer to work and other services and make use of public transport. Place making at the strategic level is about creating places that support people to live, work and enjoy the environment (incorporating both urban and natural aspects). Done well, place making minimises the environmental footprint of development; it brings environmental, economic and social elements of planning together and allows communities to flourish. For place-making this means guiding new development to locations that offer the best opportunity for active travel (by foot or cycle) and by public transport so that travel by car is greatly reduced. Seeking the "best opportunity" expresses the desire to optimise carbon reduction through control of the location of new development, use of appropriate density, efficient use of land and the creation of cohesive neighbourhoods.

The *Connecting Leeds Transport Strategy*<sup>1</sup> provides the framework for transport investment in Leeds. It sets a vision for Leeds to be a city where you don't need a car, and where everyone has an affordable and accessible zero carbon choice in how they travel. It establishes six 'big moves' that will help achieve this ambition, and the target of reducing CO2 emissions from transport by up to 43% by 2030.

Therefore, the proposed policy is seeking to focus residential windfall development in sustainable locations that avoid reliance on the private car and helping to create a compact, accessible and connected city.

## What is the policy seeking to achieve?

Policy SP1A ('Achieving complete, compact and connected places'), (and the wholesale deletion of Policy H2), sets out what a complete, compact and connected is, based on the principles of 20 minute neighbourhood and it seeks to provide guidance for windfall development and establish strategic principles for helping to assess where new growth

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<sup>1</sup> <https://www.leeds.gov.uk/parking-roads-and-travel/connecting-leeds-and-transforming-travel/transport-policy>

should be located, focusing on locations that offer the best opportunity for active travel, for use of public transport and for minimal use of private motor vehicles, aiming to help in minimising carbon emissions. Locating windfall development in locations that are guided by the principles of “living locally” can capitalise upon existing local community assets enhancing sustainable high quality (linked to the new placemaking Design policies) and resilient places.

20 Minute Neighbourhoods is a concept used to plan for towns and cities where people can access their essential daily needs within a walkable distance from their home and communities are supported to thrive. This includes access to shopping, recreation and leisure activities, schools and local services such as GP practices. People work more from home, in local hubs or in local businesses and access to work and services beyond their neighbourhood is focused on using public transport connections.

How important is the 20 minutes aspect? 800m, or approximately half a mile, is generally considered a standard walkable distance from services as it typically takes approximately 10 minutes to walk. A 20-minute walking trip (i.e. 1600m total) has been found as the longest distance the majority of people are willing to walk to meet their daily needs<sup>2</sup>. More recent research undertaken by Sustrans in May 2022<sup>3</sup> reaffirms the maximum time people are willing to walk to meet their daily needs locally is 20 minutes, representing an 800-metre walk to a destination and back again. Or 10 minutes’ walk out and 10 minutes back to home. However, the context of different needs in our communities as well as varying neighbourhoods means we need to consider places individually. The roles of cities, town centres, urban suburbs and rural areas will be different. This means the focus should be on integrating the key features to allow people to “live locally” rather than fixating on the 20 minutes/800m walking distance.

Policy SP1A seeks to maximise densities and achieve mixed use development that targets access to public green space, a range of affordable house types, public transport, and active travel. Within the ‘RTPI Scotland Briefing Paper: 20 Minute Neighbourhoods - Implementing 20 minute neighbourhoods in planning policy and practice’, March 2021<sup>4</sup> the issue of density is considered and it is estimated an average density of at least 65 dwellings per hectare in new developments may be required, although it could be higher in some areas to support 20 minute neighbourhoods and provide the critical mass for services/facilities<sup>5</sup>. The policy seeks to provide the most effective use of land, with an emphasis on brownfield sites. Higher density provides the critical mass to support local services and amenities but also promotes opportunities for achieving mixed-use areas that can help reduce car usage. This aims to address improvements to affordability and availability of housing overall. High density does not mean high rise and can be provided by a mix of flats (5-6 storey) terraces (2-3 storey) as well as semi and detached houses. Higher density can create the demand for associated services and business, employment and public transport and an emphasis on active travel. It can also allow for greater aggregation of open space around more efficient use of land.

Delivering high density without ensuring provision of services and amenities within easy walking distance would have negative impacts on residents of those houses. It is important that services and infrastructure, including active travel infrastructure, are in place before residents move in. It is also important to consider the context of each individual development

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<sup>2</sup> Planning for Walking. CIHT (Chartered Institution of Highways & Transportation), Apr. 2015. [https://www.ciht.org.uk/media/4465/planning\\_for\\_walking\\_-\\_long\\_-\\_april\\_2015.pdf](https://www.ciht.org.uk/media/4465/planning_for_walking_-_long_-_april_2015.pdf)

<sup>3</sup> Walkable neighbourhoods: Building in the right places to reduce car dependency, May 2022 [Walkable neighbourhoods: how to reduce car dependency in new developments \(sustrans.org.uk\)](https://www.sustrans.org.uk/walkable-neighbourhoods-how-to-reduce-car-dependency-in-new-developments)

<sup>4</sup> [Plan The World We Need \(rtpi.org.uk\)](https://www.rtpi.org.uk/plan-the-world-we-need)

<sup>5</sup> Improvement Service (2020) Comparing the 20 Minute Neighbourhood and Traditional Scenarios in Edinburgh Local Development Plan: a Rapid Scoping Assessment. September. Available here: <https://bit.ly/2P1cqL9>

– the needs of city centre developments will differ from those nearer the outskirts of the city or in rural areas.

Higher density neighbourhoods could support more frequent public transport services, car clubs and bike share schemes and so are much less likely to be car dependant. These are all particularly important for people on low incomes. Critical mass could support shared workspaces, which may become important if fewer people want to commute to centrally located offices. Higher densities could also support more specialist services for people with particular needs. Traditional low-density developments are more likely to encourage car ownership and use. Distances and homogeneity of land use mix are likely to discourage active travel and low-density developments are less able to sustain frequent public transport services. Increased reliance on cars reduces physical activity and also has wider impacts on people living nearby and on commuting routes. Higher volumes of traffic increase air pollution, noise and potentially injuries.

### **Is the policy justified by the evidence?**

The concept of 20-minute neighbourhoods has been gaining momentum over several years and is already being implemented in places such as Melbourne, Australia and Paris.

*“Interest in the idea has grown as the COVID-19 pandemic lockdowns put a spotlight on the importance of the liveability of neighbourhoods, with people spending more time locally, working at home if possible, using public green space, cycling and walking instead of using cars and connecting with neighbours”. TCPA, 2021*

The Town and Country Planning Association (TCPA) published a guide to the 20-minute neighbourhood: creating healthier, active, prosperous communities - an introduction for council planners in England, March 2021. The Guide reflects on lessons learnt from places abroad that have already implemented 20-minute neighbourhoods. The guidance draws upon relevant national policies and strategies including NPPF, 2021; ‘Healthy and safe communities’ Planning Practice Guidance, Nov. 2019<sup>6</sup>; Manual for Streets<sup>7</sup> (1&2, 2007 & 2010); Tackling Obesity: Empowering Adults and Children to Live Healthier Lives Jul. 2020<sup>8</sup> and Green Paper - Advancing Our Health: Prevention in the 2020s, Jul. 2019<sup>9</sup>; Clean Air Strategy, 2019<sup>10</sup>; Public England’s Spatial Planning for Health an evidence resource, 2017<sup>11</sup>

In April 2022 Leeds City Council appointed Mott MacDonald’s to undertake spatial analysis mapping to produce a heat map of walkable neighbourhood areas. Their report is provided under the evidence section on the Local Plan Update webpages. A summary is set out in the paragraphs below.

Mott MacDonald has created an analytical approach looking at walkable access to a range of core amenities that are considered essential for sustainable and local neighbourhoods. Such amenities include local shops, early years education, doctors, green spaces, playgrounds, and public transport stops. They first mapped Leeds in 2020 and in pursuing the concept of 20 minute neighbourhoods through the Local Plan Review, Leeds City

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<sup>6</sup> <https://www.gov.uk/guidance/health-and-wellbeing>

<sup>7</sup> <https://www.gov.uk/government/publications/manual-for-streets>  
<https://www.gov.uk/government/publications/manual-for-streets-2>

<sup>8</sup> <https://www.gov.uk/government/publications/tackling-obesity-government-strategy> Advancing Our Health: Prevention in the 2020s Jul. 2019

<sup>9</sup> Advancing our health: prevention in the 2020s – consultation document - GOV.UK ([www.gov.uk](http://www.gov.uk))

<sup>10</sup> Clean Air Strategy 2019 - GOV.UK ([www.gov.uk](http://www.gov.uk))

<sup>11</sup> [Spatial Planning for Health: an evidence resource for planning and designing healthier places](https://publishing.service.gov.uk) ([publishing.service.gov.uk](https://publishing.service.gov.uk))

Council appointed Mott MacDonald to further explore their methodology and tailor the analysis to reflect the importance of different amenities and services, defining new services and specify weightings for more important (essential) services/facilities.

A standard selection of core amenities has been identified and this was verified through an online smart survey inviting feedback from community group networks on the importance and willingness to travel to the amenities under consideration. The smart survey sought opinion on what were essential or desirable services/ facilities. 730 complete responses were received. When the results were compared to officers' assumptions on weightings, the results demonstrated a close alignment of the relative importance of amenities, particularly those given the highest weighting of 5.

Mott MacDonald's apply an analytical approach using GIS mapping to plot the locations of each of the amenities identified and defines 10-minute walk isochrones from each location. This is based on a set of parameters outlining average walking speeds, networks and public rights of way. The district is then divided into regular hexagonal "cells" and the number of overlapping isochrones within each cell is counted. Weightings for each of the amenities are then applied and added together to provide a weighted "accessibility score" for each cell.

The outputs are presented in a hex-map. Based on the assigned weightings, the total achievable score for any hex on the map is 18. Hexes shaded darker red are those with higher overall accessibility scores, meaning that a greater range of services are accessible within a 20-minute return trip on foot. The scale graduates through orange and yellow shades for lower accessibility scores, through to dark blue for areas with the least number of accessible amenities

Based on the scale of 0 – 18 emerging from the accessibility analysis, simple classifications have also been defined based on dividing the scores into quarters, so that:

- Walkable neighbourhood (Score 13.5 – 18) (75-100%) – this is a neighbourhood with the majority of essential and desirable facilities within walking distance.
- Good accessibility (Score: 9 – 13.49) (50-75%) Many essential and desirable facilities within walking distance but some journeys require a longer trip.
- Limited accessibility (Score: 4.5 – 8.99) (25-50%) Some essential or desirable facilities within walking distance but most journeys will require a longer trip.
- Poor accessibility (Score: 0 – 4.49) (0-25%) Very limited number of essential and desirable facilities within walking distance

The four classifications are provided in both the explanatory text and the policy as an approach to enable LCC to "score" windfall applications. It also has monitoring capabilities for both SA scoring and monitoring indicators along the lines of number or % of properties within walkable neighbourhoods and/or good accessibility.

Further integration of the work is still taking place but initial analysis of the four classification areas has looked at whether there are any common services, or missing amenities that separate those neighbourhoods. For example, Primary Schools (weighting of 5) can be found in 95% of walkable neighbourhoods, 80% of good accessibility areas, 49% of limited accessibility areas and 17% of poor accessibility areas.

Analysing the change of these percentages for services and facilities across the classifications can help to identify where key amenities are commonly lacking from one classification to the next. The biggest differences between walkable neighbourhoods and good amenity accessible neighbourhoods were observed in a reduction in GP practices, pharmacies, libraries and nursery schools. The biggest differences between limited and poor accessibility neighbourhoods were in post boxes, parks, playgrounds and restaurants/fast food/takeaways. The analysis shows where amenity provision could be changed in order to provide more amenity accessible neighbourhoods; either by providing

better walking access to certain amenities, or by improving the provision of the missing amenities themselves and this can help in terms of determining part 3b of Policy SP1A.

The importance of having this as GIS maps and not as a static map means that the information can be interrogated and updated -recognising that the amenities mapped may change over time. It also has huge benefits and applications for other Council departments in the partnership work that is required to really make 20minute neighbourhoods a success.

### **How will the policy help deliver the Council's corporate strategy?**

Policy SP1A directly supports the zero carbon and inclusive growth pillars of the Leeds Best City Ambition<sup>12</sup>. The Best City Ambition recognises that as part of the zero carbon pillar there is a need to focus on "*Delivering a low-carbon and affordable transport network which encourages people to be physically active and reduces reliance on the private car, helping people to get around the city easily and safely*". Safe and easy walking and cycling, and access to public transport and shared mobility alternatives offer an important (and lower carbon) alternative to the private car. Similarly, in relation to the 'Inclusive Growth' pillar, it is acknowledged that "*place matters and positive identity, culture, heritage and pride in our communities are vital assets in a sustainable future for the City and its local centres*". In seeking to ensure that development is of the highest design quality, and that new development is focused on the principles of 20 minute neighbourhoods provides inclusive and a welcoming neighbourhoods across the City, the policy will help support this pillar.

The concept of locating development in sustainable locations is nothing new in Leeds and the accessibility standards set out the Core Strategy go a long way in setting out the criteria for sustainable development. The 20 minute neighbourhood concept is further explored in the recently published Leeds Local Transport Strategy which sets out the Council's ambition for Leeds to be a city where you don't need to own a car, where everyone has access to affordable zero carbon transport options.

The Health and Wellbeing Strategy sets out a vision that in 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life. It establishes that:

- Investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds – **access to health facilities, development in accessible locations**
- Ensuring children in all areas of the city have the best start in life and enjoy a healthy, happy and friendly childhood – **access to green space and green infrastructure and opportunities for physical activity and play, design of streets, cycle and walking routes, access to healthy food**
- Delivering a safe and welcoming city for people of all ages and from all communities in which residents feel more secure and have good friends – **easy access to green space and local services, provision for active travel, location of development, access to jobs, education and housing**
- Enabling every community in the city to have safe connected spaces, streets and paths to access a local park or green space, providing somewhere to be active and to play, helping to improve mental and physical health across all ages. – **access to green space and green infrastructure and opportunities for physical activity and play, design of streets, cycle and walking routes**

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<sup>12</sup> <https://www.leeds.gov.uk/plans-and-strategies/best-city-ambition>

- Addressing the challenges of housing quality and affordability, tackling fuel poverty and ***creating vibrant places where residents have close access to services and amenities***

## How is the policy consistent with the NPPF?

The purpose of the planning system (as expressed through the National Planning Policy Framework – NPPF) is to contribute to the achievement of sustainable development. The NPPF sets out three objectives that broadly contribute to the wider factors that influence sustainable and healthy places:

- a) An economic objective to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;
- b) a social objective – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities’ health, social and cultural well-being; and
- c) an environmental objective – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.

Furthermore, the NPPF specifically sets out that planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, safe and accessible spaces and promote healthy lifestyles. It also acknowledges that planning policies and decisions play a key role in the provision of social, recreational and cultural services that meet community needs and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community.

The NPPF makes a number of references to the role that the planning system has in relation to sustainable high quality places. Of particular relevance to this proposed policy, this includes:

- Improvements to pedestrian access / improved interchange with other modes: aligns with various elements of national policy, but particularly sections 8 and 9 (promoting healthy and safe communities and promoting sustainable transport) - paragraphs 92 re. achieving health, inclusive and safe spaces with clear and legible pedestrian routes, and 110 re. ensuring that opportunities to promote sustainable transport modes are taken up and safe and suitable access can be achieved for all users.
- Supporting the provision of living locally with safe and easy access to local services aligns with section 7 of the NPPF (Ensuring the vitality of town centres) particularly paragraph 86 re. support the role that town centres play at the heart of local communities, by taking a positive approach to their growth, management and adaptation as well as making effective and prudent use of land (section 11) and section 12 (achieving well-designed places) particularly paragraph 126 re. the creation of high quality, beautiful and sustainable buildings and places is fundamental to what the planning and development process should achieve. Good design is a key aspect of sustainable development, creates better places in which to live and work and helps make development acceptable to communities.



## **How are we going to measure the impact of the policy?**

There will be an online map (described above) to be updated annually linked with the Authority Monitoring Report (AMR) which will map Leeds. Individual windfall applications can be scored based on their walkability to essential and desirable facilities/services by area.

The mapping would be updated and can also be used in the assessment of SA site scoring for when we come to assessing future allocations.

Indicators around no. and % of properties within walkable neighbourhood and/or with good accessibility etc. could be defined.

## **How will it be implemented?**

The policy will be implemented through the Development Management process and used in the determination of planning applications affecting windfall development across Leeds.

This policy will have an important role in clearly setting out what the expectations of new development are and helps set the strategy for potential future review through LPU2.

## **Equality, diversity, cohesion and integration**

When developing detailed proposals for guiding development following the concept of living locally it is vital that connectivity and accessibility for all users is ensured. This is consistent with all other forms of development and transport planning. Existing policies and legislation will apply and ensure that the access requirements of some of those with protected characteristics – including those with disabilities or older persons – are addressed.

Getting around is a key aspect for all, (particularly for those of age, disability, pregnancy and maternity) – not only do communities need to be well-connected to each other via accessible public transport, active travel routes, and disabled parking, it also needs to be easy to travel within each neighbourhood, with good pavement infrastructure, appropriate lighting, and plenty of places to rest.

Diversity of housing needs to account for different family sizes and structures, accessibility including for wheelchairs, and adaptability, so people can live in the same home as they age (existing local plan policies cover this). Further investment may be needed to ensure that local town centres and neighbourhoods are great places to live, work and socialise in.

The importance of access for all to good quality greenspace is also high and it is important that there are different types of spaces available to cater to different people, including both wider open and smaller more intimate spaces. Spaces and routes planned well for children are often spaces and routes that work for all (as with housing policies, greenspace policies already exist and assessment is covered elsewhere).

Complete, compact and connected places have the potential to be transformational for everyone but to achieve this, people must be at the heart of planning, design, and delivery. Each neighbourhood is unique, and its design and implementation will have to be tailored to the specific needs of individual populations. Joined up working across the public, private and third sector is essential.

Therefore, a complete, compact and connected places approach focusing residential windfall development to locations that are well serviced and promotes easier access to

active travel and public transport is likely to have positive outcomes from an equality perspective.

However, there could be a tension between neighbourhoods or highly served areas that are closer to the idea of the 20-minute concept (where it would be easier to create a liveable and healthy neighbourhood, that incentivises active travel to services that are easily accessible) against those areas that have fewer services and are further from the 20-minute neighbourhood concept. The latter are often already disadvantaged and highly car dependent. Therefore, to tackle existing inequality, substantial interventions may need to be considered.

# Placemaking – Drive Thru’s Background Paper

## Why is the policy needed?

In considering minimising carbon emissions from new development in Leeds, this topic area has explored the opportunity to introduce a new policy that restricts new drive thru development, tightening the existing Leeds Core Strategy approach which places a preference for retail and commercial within and on the edge of town and local centres and also to help address air quality and emission levels by seeking to avoid reliance on the private car and create a compact, accessible and connected city.

The Leeds Transport Strategy, 2021<sup>13</sup> recognises that road transport is by far the largest source of air pollutants that are the most harmful to health – nitrogen dioxide (NO<sub>2</sub>) and particulate matter. Air pollution affects everyone but has a disproportionate impact on the most vulnerable in society: young people, older people and people with existing ill health. The annual cost to society of the health impacts of particulate air pollution alone in the UK is estimated to be around £16 billion. Polluted air is the biggest environmental risk to our health in the UK. It is estimated that up to 36,000 people die early every year as a result of long-term exposure to air pollution. (Source: Public Health England, 2019) In recent years, Leeds City Council has taken action to improve air quality across the city through initiatives to modernise fleets, especially with bus, taxi and private hire operators. These measures have been successful in bringing air quality in Leeds below the targets set by government.

The idea of “bans” on drive-thru’s has been under the microscope before with cities in America banning the building of drive thru’s (Minneapolis, California, Missouri, and New Jersey). Closer to home, Glasgow earlier this year announced they are proposing a similar introduction of restriction but not an outright ban<sup>14</sup>.

Evidence indicates that idling engines contribute to emissions and increased fuel consumption, with scientists suggesting idling for more than 10 seconds uses more fuel and produces more emissions than restarting your car’s engine. Drive-thru users stay in their vehicle and have the engine running instead of walking into the restaurant to place an order for food or beverage. Although the drive-thru’s are convenient, and they save time for customers, they may have negative impacts on air quality. Idling vehicles waiting in lines at drive-thru facilities waste petrol, harm air quality, and increase greenhouse gas emissions.

A report by the Royal College of Physicians “every breath we take: the lifelong impact of air pollution”<sup>15</sup> starkly sets out the dangerous impact air pollution is currently having on our nation’s health. Each year in the UK, around 40,000 deaths are attributable to exposure to outdoor air pollution which plays a role in many of the major health challenges of our day. It has been linked to cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia. The health problems resulting from exposure to air pollution have a high cost to people who suffer from illness and premature death, to our health services and to business. In the UK, these costs add up to more than £20 billion every year.

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<sup>13</sup> [Connecting Leeds Report Appendix 1A 111021.pdf](#)

<sup>14</sup> [Glasgow drive-thru plans more likely to be stopped in future as council approves new guidance - Glasgow Live](#)

<sup>15</sup> [Every breath we take: the lifelong impact of air pollution | RCP London](#)

## What is the policy seeking to achieve?

As set out in the Connecting Leeds Transport Strategy October 2021 this policy seeks to address the objectives set out against ‘tackling climate change’ and ‘improving health and well-being’ through ‘helping to reduce the need for travel by car’ and ‘reducing the negative effects of transport on our local communities by improving air quality and reducing CO<sub>2</sub> emissions’.

The RAC recently published an article<sup>16</sup> on Clean Air Day (16th June 2022) and includes links to “engine idling – why it’s so harmful and what’s being done’ and “11 ways in which to reduce your driving emissions”. The strongest message in this being that:

*“a car left at home is emitting nothing”.*

## Is the policy justified by the evidence?

Evidence indicates that idling engines contribute to emissions and increased fuel consumption, with scientists suggesting idling for more than 10 seconds uses more fuel and produces more emissions than restarting your car’s engine.

Research from Coventry University alongside BBC1 Inside Out<sup>17</sup> undertook an evaluation of outdoor air pollution in drive-thru locations in February 2020. The study used AQMesh combo monitors mounted onto the back of vans and parked near the drive-thru outlets of 10 locations (Birmingham, Milton Keynes, Erith, Taunton, Liverpool, Hartlepool, Nottinghamshire, Hull, Newport and Glasgow).

Pollution levels were constantly monitored for 2 weeks and recorded at intervals of 15 minutes. The study found levels of nitrogen dioxide and particulate matter peaking at many times the standard limit (40µg/m<sup>3</sup>)<sup>18</sup> with the drive thru at Erith having the highest percentage of exceedances over the standard limits at 61% and Taunton and Hull showing exceedances of 33% and 27%.

The total number of exceedances of the pollution were calculated against the standard pollution levels. The data was analysed to highlight the number of times when the pollution exceeded UK/EU standard levels. There were persistent levels above the standard limit that would likely result in typical health effects, both short and long-term, as a consequence of high concentrations of air pollutants. Whilst Leeds was not included in the study the likelihood is that similar patterns of exceedance at drive thru locations would be the result.

Although there are permissible standards set by the government no studies can assertively claim that there is an allowable level of air pollution as the impact on health can affect different groups of people differently. Vulnerable groups of people with underlying health effects can be impacted even at low levels of exposures.

The overall aim of the project was to measure the levels of pollutants to raise awareness among employees and users of drive thru’s of the dangers of the deleterious effects of pollution; to highlight that employers have the duty to protect the drive thru employees from

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<sup>16</sup> [Clean Air Day: Research reveals the importance of avoiding idling your engine | RAC Drive](#) 16<sup>th</sup> June 2022

<sup>17</sup> <https://www.coventry.ac.uk/news/2020/coventry-university-research-reveals-high-levels-of-air-pollution-which-could-harm-health-of-drive-thru-staff-and-customers/> and [DRIVE THRU FOR GOMW.mov \(dropbox.com\)](#)

<sup>18</sup> [UK Air Quality Limits - Defra, UK](#) and [Nitrogen dioxide - Annual limit values for the protection of human health — European Environment Agency \(europa.eu\)](#)

the harmful effects of pollution and employ proper precautionary measures to minimise exposure and hence mitigate any possible damage to health and well-being.

Air pollution has a significant impact on the health and well-being of populations. Vehicle emissions represent the main source of atmospheric pollutants, and both short- and long-term exposure to traffic pollution have been associated with adverse health effects. Poor air quality is the greatest environmental risk to public health in the UK. It is known to exacerbate the impact of pre-existing health conditions, such as respiratory and cardio-vascular illnesses, especially for the elderly and infants. Nitrogen dioxide is of particular concern because there is widespread exceedance of limit values for this pollutant in the UK. Nitrogen dioxide is associated with adverse effects on human health. Estimating its long-term impacts is difficult, because of the challenge of separating its effects from those of other traffic-related pollutants. Particulate matter is also of concern, although the UK has been compliant with EU limit values in recent years. As vehicular pollution produces the highest levels of nitrogen dioxide and particulate matter that is considered very harmful to health, it becomes imperative to understand how this affects the drive thru employees who are subject to inhaling this pollution over short-term periods or even long-term.

As set out in the Leeds Local Plan Authority Monitoring Report 2018-2019 under Indicator 41: "Air quality in Leeds" Leeds currently meets EU Air Quality Directive Standards for particulate matter. Both PM2.5 and PM10 targets are comfortably achieved, with Leeds also coming close to achieving its aspiration of meeting the PM2.5 annual mean target of 10 µg/m<sup>3</sup> set by the World Health Organisation. There are two objectives to be achieved for Nitrogen Dioxide (NO<sub>2</sub>) specified in the UK Air Quality Regulations: an annual mean not to be exceeded of 40 µg/m<sup>3</sup>, and an hourly mean of 200 µg/m<sup>3</sup> not to be exceeded on more than 18 occasions per year.

Leeds continues to meet the regulatory limits for the hourly average, however NO<sub>2</sub> concentrations at some specific locations across Leeds are exceeding the annual average limit of 40 µg/m<sup>3</sup>, making Leeds non-compliant with the UK and EU objectives.

The recent study undertaken by Coventry University, whilst it didn't include Leeds, does point to comparable drive thru's with persistent NO<sub>2</sub> levels above the standard limit that are considered to likely result in health effects as a consequence of high concentrations of air pollutants. Therefore by placing greater restriction on where drive thru's are located in Leeds (focusing them within town and local centres/or edge of centre, where there is greater opportunity to access services by means other than the car) not only helps with minimising car journeys, but should also help to reduce localised impacts on air quality.

### **How will the policy help deliver the Council's corporate strategy?**

This planning policy directly supports the zero carbon and inclusive growth pillars of the Leeds Best City Ambition<sup>19</sup>. The Best City Ambition recognises that as part of the zero carbon pillar there is a need to focus on "Delivering a low-carbon and affordable transport network which encourages people to be physically active and reduces reliance on the private car, helping people to get around the city easily and safely". Safe and easy walking and cycling and access to public Transport and shared mobility alternatives offer an important (and lower carbon) alternative to the private car. Similarly, in relation to the 'Inclusive Growth' pillar, it is acknowledged that "place matters and positive identity, culture, heritage and pride in our communities are vital assets in a sustainable future for the City and its local centres". In seeking to ensure that new drive thru development is located within town and local centres this helps to provide inclusive and welcoming neighbourhoods across the City.

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<sup>19</sup> <https://www.leeds.gov.uk/plans-and-strategies/best-city-ambition>

## **How is the policy consistent with the NPPF?**

The NPPF specifically sets out that planning policies and decisions should aim to achieve healthy, inclusive, and safe places which promote social interaction, safe and accessible spaces and promote healthy lifestyles. It also acknowledges that planning policies and decisions play a key role in the provision of social, recreational and cultural services that meet community needs and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community.

The NPPF makes a number of references to the role that the planning system has in relation to sustainable places. Of particular relevance to this proposed policy is Section 9: (promoting sustainable transport), this includes:

NPPF paragraph 105 which states that “the planning system should actively manage patterns of growth in support to these objectives...” (objectives set out in Paragraph 104, including opportunities to promote walking, cycling and public transport (c); avoiding and mitigating and adverse effects on environmental impacts (d); and patterns of movement (e).

NPPF Paragraph 112 states that “... applications for development should:

- a) give priority first to pedestrian and cycle movements, both within the scheme and with neighbouring areas; and second – so far as possible – to facilitating access to high quality public transport, with layouts that maximise the catchment area for bus or other public transport services, and appropriate facilities that encourage public transport use;
- b) address the needs of people with disabilities and reduced mobility in relation to all modes of transport;
- c) create places that are safe, secure and attractive – which minimise the scope for conflicts between pedestrians, cyclists and vehicles, avoid unnecessary street clutter, and respond to local character and design standards.
- d) allow for the efficient delivery of goods, and access by service and emergency vehicles; and
- e) be designed to enable charging of plug-in and other ultra-low emission vehicles in safe, accessible and convenient locations.”

A clear policy approach to the restriction of new drive thru development outside of town and local centres supports the principles of aiming to achieve healthy, inclusive and safe place as set out in Section 8 (promoting healthy and safe communities).

## **How are we going to measure the impact of the policy?**

Air Quality is currently monitored in the Leeds Local Plan Authority Monitoring Report under Indicator 41. This policy will be monitored against the number of applications approved in out of centre locations from the base date of policy adoption.

## **How will it be implemented?**

The policy will be implemented through the Development Management process and used in the determination of planning applications affecting relevant development across Leeds.

## **Equality, diversity, cohesion and integration**

When developing detailed proposals that seeks to restrict a particular land use to places within or on the edge of town and local centres the issue of accessibility is highlighted when considering equality. Getting around is a key aspect for all but the equality and inclusion issues are most highlighted for those on low incomes or with no or limited access to a car.

By locating drive thru development in locations that does not rely on private car and promoting easier access via active travel and public transport it is likely to have positive outcome from an equality perspective.

**Further References:**

<https://airqualitynews.com/2020/10/19/drive-throughs-are-hotspots-for-air-pollution/>

<https://www.inverse.com/science/uk-drive-through>

Time for the UK to say goodbye to drive-throughs: for the sake of our environment, our health – and our culture - Connecting Research (reading.ac.uk)

<https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution>

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/74715/E86650.pdf](http://www.euro.who.int/__data/assets/pdf_file/0006/74715/E86650.pdf)

New research reveals high levels of air pollution which could harm health of drive thru staff and customers | Coventry University

# Placemaking – Design Background Paper

## Why is the policy needed?

In August 2020 the Government published a White Paper Consultation on Planning Reform which introduced discussions on a radical transformation of the planning system including recognition that “there is not enough focus on design, and little incentive for high quality new homes and places: There is insufficient incentive within the process to bring forward proposals that are beautiful and which will enhance the environment, health, and character of local areas”. It further identifies that the planning system needs a new focus on design and sustainability, with a greater focus on ‘place making’ ‘creation of beautiful places’ and ‘supporting inclusive and mixed communities’.

The Ministry for Housing, Communities and Local Government (MHCLG) have followed this with amendments to the National Planning Policy Framework (NPPF) in 2021. The text has been revised to implement policy changes in response to the Building Better, Building Beautiful Commission “Living with Beauty” report<sup>1</sup>.) MHCLG has also published the National Design Guide – Planning practice guidance for beautiful, enduring and successful places in October 2019. This makes clear that creating high quality buildings and places which benefit people and communities is fundamental to what the planning and development process should achieve. The guide illustrates how well-designed places that are beautiful, enduring, and successful can be achieved in practice, whilst also being inclusive of people at different stages of their life and with different abilities.

In considering minimising carbon emissions from new development in Leeds, this paper explains the policies that guide sustainable development in Leeds by engaging with why achieving good design of buildings and spaces helps to promote people’s health, happiness and well-being by living in high quality, safe, resilient and climate adaptable places.

The current adopted Policy P10 is supported by text at paragraph 5.3.41 which is worth repeating here:

*“Good design is a key aspect of sustainable development and essential in creating places in which current and future generations can enjoy a high quality of life which is fulfilling and healthy. Good design goes beyond aesthetic considerations and should address the connections between people and places and the integration of new development into the built environment. Design can also assist in tackling the most cross cutting issues of sustainable development such as climate change, car dependence, community cohesion and health and wellbeing. The vast majority of people who live and work in the Leeds City Region do so in an urban environment. Their quality of life depends heavily upon the quality of their environment. In order to continue its economic success in a sustainable manner, and in order to achieve its aim of being the Best City in the UK by 2030, Leeds must build upon and retain the high quality of its built, historic and natural environment”.*

In line with the NPPF the determination of planning applications needs to be considered against the Development Plan and all development control considerations. As such Saved Policy GP5 (UDP, 2006) sets out a high level and general policy against which all development is to be assessed. This provides the relevant policy hooks to other parts of the Local plan on matters such as acceptable provision of vehicular access, surface and foul



water sewer disposal, car parking, greenspace, landscape and detailed design considerations.

Leeds' current Core Strategy Policy P10 and Saved UDP policy GP5 set out the requirements of all development to consider development management considerations and design principles. These are well established and well used policies and are supplemented by detailed design guidance including Neighbourhoods for Living, Building for Today Tomorrow Sustainable Construction Supplementary Planning guides, the Householder Design Guide and Accessible Leeds.

The current Policy P10 whilst embedding strong place making principles presents opportunities to strengthen and heighten the signposting to climate emergency and health and well-being and to other technical implementation policies that have a clear cross-over (i.e. green space; green infrastructure (green and blue); accessibility; space standards, energy and resources). As a result, now is the time, through the Local Plan Update, to revise Policy P10 by addressing these matters comprehensively, whilst incorporating the key elements of GP5.

New Policy SP1B seeks to establish the need to have a thorough understanding, appraisal and assessment of a site and its context prior to submitting planning applications which includes the need to address internal and external accessibility and inclusion. This strengthens the expectations of how high quality design can provide accessible and inclusive buildings, spaces and places. The supporting text provides a link to the British Standards: 'Design of an accessible and inclusive built environment. Buildings – code of practice' (BS8300:2018) (or latest version)**What is the policy seeking to achieve?**

Leeds Local Plan has sought to provide a framework for sustainable healthy and inclusive communities, having regard to quality of life and to protect and enhance the environment. All development proposals are subject to a suite of specific and detailed place making policies on the layout and fabric of places (covering design, housing, employment, natural environment, green space/public open spaces, transport) to achieve a layout, design and fabric efficiency which both mitigates climate change and addresses impacts, such as flooding but also has clear physiological and psychological benefits on health and well-being.

To that end, planning for sustainable place making is embedded within Leeds Local Plan as part of an integrated approach. The detailed design principles of place making reflects the origins between health and planning in the 'Housing and Town Planning Act of 1909' (and subsequent re-writes) when urban planning was being advanced to mitigate the consequences of the industrial age to provide healthy living spaces and environments. In this context, well designed places have layouts, forms and mix of uses that:

- reduce the requirements on resources (land, energy and water) - assisting in increasing the ability for Co2 absorption, sustaining natural ecosystems and minimising flood risk and potential for flooding and reducing overheating and pollution;
- take advantage of typography and layout - achieving passive solar gain, retaining and planting new trees for shade and urban heating and carbon capture and other biodiversity opportunities such as hedgerows, green walls/roofs and ponds and access to healthy food/food sustainability.
- are fit for purpose and are adaptable - providing and linking to sustainable transport, walking and cycling and promotion of safe walkable and accessible for all developments and 20-minute neighbourhoods where daily needs are met locally – critical not only for a low carbon and healthy future but also for resilient places in light of the covid 19 pandemic.

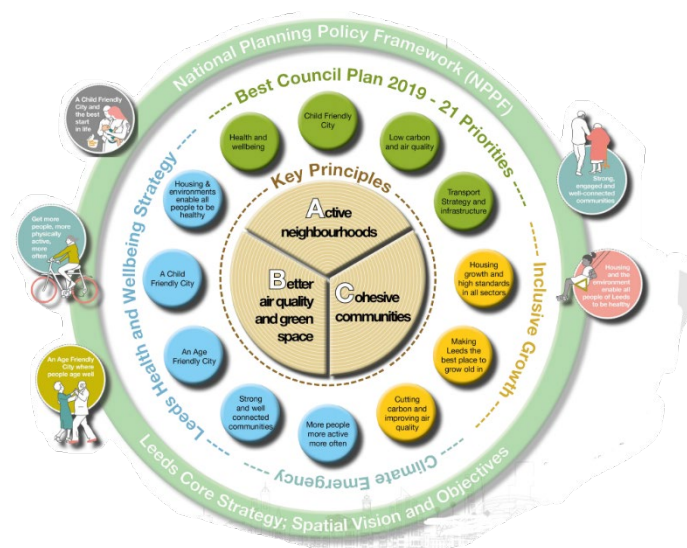
- are inclusive and accessible for all, following the social model of disability which recognises that people are disabled by barriers in society rather than their own impairment or difference. Inclusive and accessible places enable disabled people to live independently and participate fully in all aspects of life.
- Design out crime (open, well lit, observable places) and increase perceptions of personal safety as this has a positive impact on mental health and wellbeing.

The design policies (New SP1B and revised Policy P10) in the Local Plan update integrates all of these strands but for more detail on the technical aspects of Carbon Reduction (energy efficiency etc), Flood Risk, Green Infrastructure and Sustainable Infrastructure please refer to the other background papers.

### Is the policy justified by the evidence?

The evidence on high quality and sustainable places is qualitative however the many reports on climate mitigation and adaption return to quality of place being central to achieving well designed places that respond to the impacts of climate change through mitigation (reducing greenhouse gas emissions and minimising embodied energy) and adaptation (such as rising temperatures and increased risk of flooding).

There is also much research on the relationship between planning and good design and health benefits (Public Health England (2017<sup>20</sup>) that share the benefits of addressing climate change (mitigation and adaption) through improvements to the layout and form of buildings and spaces and better use of resources that has clear physiological and psychological health benefits. This is reflected locally in the Leeds 2014 Director of Public Health Report “Planning a Healthy City: housing growth in Leeds” which considered the detailed ways that Leeds could plan a healthy city around housing growth reflecting on the need to connect the public health benefits of good urban design and planning to people, place and the planning process.



Following the 2014 Planning a Healthy City report, the Council has established a Planning and Design for Health and Wellbeing and Climate Change group looking at influencing the built environment and has drawn together the key principles diagram above. These three principles promote:

<sup>20</sup> [Spatial Planning for Health: an evidence resource for planning and designing healthier places \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

**Active neighbourhoods** – promoting cycling and walking, reducing car usage and improving children’s opportunities for independent mobility.

**Better air quality and green space** – using green and blue infrastructure to provide opportunities for outdoor recreation and promote mental wellbeing.

**Cohesive communities** – encouraging co-located services and high-quality neighbourhood spaces to encourage social interaction and combat isolation.

The Building Better, Building Beautiful Commission “Living with Beauty” report<sup>21</sup> sets out clear references to overlaps between beautiful places and healthy places and included a number of additional articles and references to the role of architecture, access to public spaces and greenery and street to physical and mental well-being.

Further references around health are set out in the Placemaking – The Health Impacts of Development Background Paper

Too often, urban environments have served as barriers to the inclusion and participation of disabled people in full participation with cities and communities. A lack of accessibility contributes significantly to the general disadvantage and vulnerable situations faced by disabled people. The United Nations’ publications, ‘*Good Practices of Accessible Urban Development*’ and ‘*Disability, Accessibility and Sustainable Urban Development*’ outline clear guidance and recommendations that governments should seek to employ to ensure the built environment is inclusive and accessible for all:

- Promoting accessibility as a collective good and key component of urban policy, design, planning and development is critical to the success of the New Urban Agenda
  - A city is only well designed if it is designed for all users
  - A ‘design for all approach’ is necessary
- Accessible housing and built infrastructures as key elements for sustainable and inclusive cities
- Accessible transport, public spaces and public services
- Accessible information and communication technologies for building inclusive, resilient and smart cities and communities
- Full and active participation of disabled people and a board-based multi-stakeholder partnership for advancing inclusive and accessible urban development

### **How will the policy help deliver the Council’s corporate strategy?**

This planning policy directly supports the zero carbon and inclusive growth pillars of the Leeds Best City Ambition<sup>22</sup>. The Best City Ambition recognises that as part of the zero carbon pillar there is a need to focus on “*Delivering a low-carbon and affordable transport network which encourages people to be physically active and reduces reliance on the private car, helping people to get around the city easily and safely*”. Safe and easy walking, wheeling, cycling and access to Public Transport and shared mobility alternatives offer an important (and lower carbon) alternative to the private car. Similarly, in relation to the ‘Inclusive Growth’ pillar, it is acknowledged that “*place matters and positive identity, culture, heritage and pride in our communities are vital assets in a sustainable future for the City and its local centres*”. In seeking to ensure that development is of the highest design quality providing inclusive and a welcoming neighbourhood for people of all ages and abilities across the City, the policy will help support this pillar.

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<sup>21</sup> [Living with beauty: report of the Building Better, Building Beautiful Commission \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/living-with-beauty-report.pdf)

<sup>22</sup> <https://www.leeds.gov.uk/plans-and-strategies/best-city-ambition>

With regard to the Council's Children's and Young People's Plan (2018-2023) and the vision for Leeds to be the best city in the UK and the best city for children and young people to grow up in (Leeds to be a child friendly city), there is much urban design and health research<sup>23</sup> that recognises the relationship and influences between urban design and quality of spaces and streets on the physical, social and cognitive development of children. It is important to consider the design of places and spaces (such as greening streets, creating natural play areas, providing flexible spaces and safe routes) with a focused need to provide for families and children. Designing successful places and spaces for children means creating spaces and places that are liveable and inclusive and fully benefit all ages and abilities.

### **How is the policy consistent with the NPPF?**

The purpose of the planning system (as expressed through the National Planning Policy Framework – NPPF) is to contribute to the achievement of sustainable development. The NPPF sets out three objectives that broadly contribute to the wider factors that influence sustainable and healthy places:

- a) An economic objective to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure;
- b) a social objective – to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being; and
- c) an environmental objective – to protect and enhance our natural, built and historic environment; including making effective use of land, improving biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carbon economy.

Furthermore, the NPPF specifically sets out that planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, safe and accessible spaces and promote healthy lifestyles. It also acknowledges that planning policies and decisions play a key role in the provision of social, recreational and cultural services that meet community needs and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community.

The NPPF makes a number of references to the role that the planning system has in relation to sustainable high quality places. Of particular relevance to this proposed policy, this includes:

- Supporting high quality design aligns with section 12 (achieving well-designed places) particularly paragraphs 126 re. the creation of high quality, beautiful and sustainable buildings and places is fundamental to what the planning and development process should achieve. Good design is a key aspect of sustainable development, creates better places in which to live and work and helps make development acceptable to communities; paragraph 127 re. plans should, at the most appropriate level, set out a clear design vision and expectations, so that applicants have as much certainty as possible about what is likely to be acceptable; paragraph

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<sup>23</sup> Cities Alive: Designing for Urban Childhoods' published December 2017 (Arups) and 'Housing Design for Community Life' published November 2016 (ZCD Architects)

132 re. design quality should be considered throughout the evolution and assessment of individual proposals; and paragraph 134 re. development that is not well designed should be refused, especially where it fails to reflect local design policies and government guidance on design, taking into account any local design guidance and supplementary planning documents such as design guides and codes.

The NPPF makes two references to disabled people. Firstly, that the size, type and tenure of housing should be provided for different groups of the community, such as disabled people. Second, that applications for development should address the needs of disabled people and those with reduced mobility.

The NPPG offers further guidance on the provision of homes for disabled people. It states that authorities should set clear policies to address the housing needs of said demographic, this includes both accessible and adaptable housing as well as the provision of safe and convenient approach routes into and out of homes and the surrounding areas.

### **How are we going to measure the impact of the policy?**

The measurement of design quality cannot be measured empirically and the design of buildings and spaces will be in response to individual site considerations and the specific nature of the development. Any design will be judged against the requirements of the Policy and (other policies in the Local Plan (including Neighbourhood Plans). Schemes that are not well designed (against the criteria in P10) may be refused.

Whilst the policy cannot be empirically measured, the impacts of good design and placemaking are already represented by existing KPIs currently reported in the Leeds Authority Monitoring Report. Examples include indicators 8) Design; 9) Mix; 24) Green infrastructure; 27&27) Listed buildings at risk and demolished; 32) accessibility to local services and facilities; 33) Public Transport access; 38) tree cover and 41) air Quality along with potential new KPIs to be introduced alongside the new LPU1 policies being introduced.

### **How will it be implemented?**

The policy will be implemented through the Development Management process and used in the determination of planning applications affecting all development across Leeds through the submission of Design and Access statements.

Policy SP1B and P10 will have an important role in clearly setting out what the expectations of new development are.

Further guidance is offered in supplementary planning documents including Neighbourhoods for Living, Building for Today Tomorrow, Householder Design Guide and Accessible Leeds.

### **Equality, diversity, cohesion and integration**

Providing a policy with stronger emphasis on good quality design, placemaking and accessibility that has buildings and public realm and the people that use them as a shared value is predicted to have a positive overall effect on the protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation). Good design and high-quality place making promotes creative patterns of use, paying particular attention to the physical, cultural, and social identities that define a place and support its ongoing evolution. Effective assessment of local character of place and space helps capitalise on a local community's assets, inspiration, and potential, and it results in the creation of quality buildings and public spaces that helps contribute to everyone's health, happiness and well-being.

# Placemaking – The Health Impacts of Development Background Paper

## 1. Why is the policy needed?

The theme of health cuts across multiple existing planning policies including housing, employment, green space, transport, social and community facilities, pollution control and climate change mitigation, however there is no overarching or umbrella policy linking health outcomes or determinants to planning.

The inclusion of planning policy requiring applications for new development to consider the impact on health has been well established in local plans for some time and there are many examples from different local authorities. In Leeds, the process of the Local Plan Update (LPU) provides the opportunity to introduce the health theme as part of the design and climate change objectives.

National policy and strategies for planning and public health recognise the role of spatial planning in supporting positive health outcomes through interventions in the built and natural environment.

The new policy P10A will help to ensure that health and wellbeing including health inequalities is considered in the preparation and determination of planning applications and supports the consultation of public health and health partners to engage with and influence the planning process.

## 2. What is the policy seeking to achieve?

Providing a new policy explicitly covering the health impacts of development ensures that applications have to demonstrate that they contribute to reducing the causes of ill health, improving health and reducing health inequalities in Leeds. It will also support the provision of health infrastructure to support new development.

For larger developments (ie residential developments of 100 or more units and non-residential developments of 10,000 sqm or more) or other developments where the proposal is likely to have a significant adverse impact on health and wellbeing, Policy P10A requires the submission of a Health Impact Assessment (HIA). A HIA is an objective and systematic tool for assessing the impact of development on health outcomes. Through a process of screening, scoping, data analysis and reporting, the HIA provides a set of evidence based recommendations that helps to inform decision makers on how a development may affect health and wellbeing in the community and thereby assist the determination of whether a proposal is acceptable or not. Applications are assessed against a range of wider determinants of health which planning can influence for example:

- Access to public services and infrastructure; affordable housing; the natural environment; greenspace and public realm; and leisure and sports provision.
- Transport and connectivity to public transport and active travel; links between communities; access to employment and local services.
- Socio-economic considerations including employment and skills; local businesses; regeneration, tourism; and community cohesion and engagement.

- Land use including sustainable and efficient land use; quality of urban and natural environments; and climate change impacts.

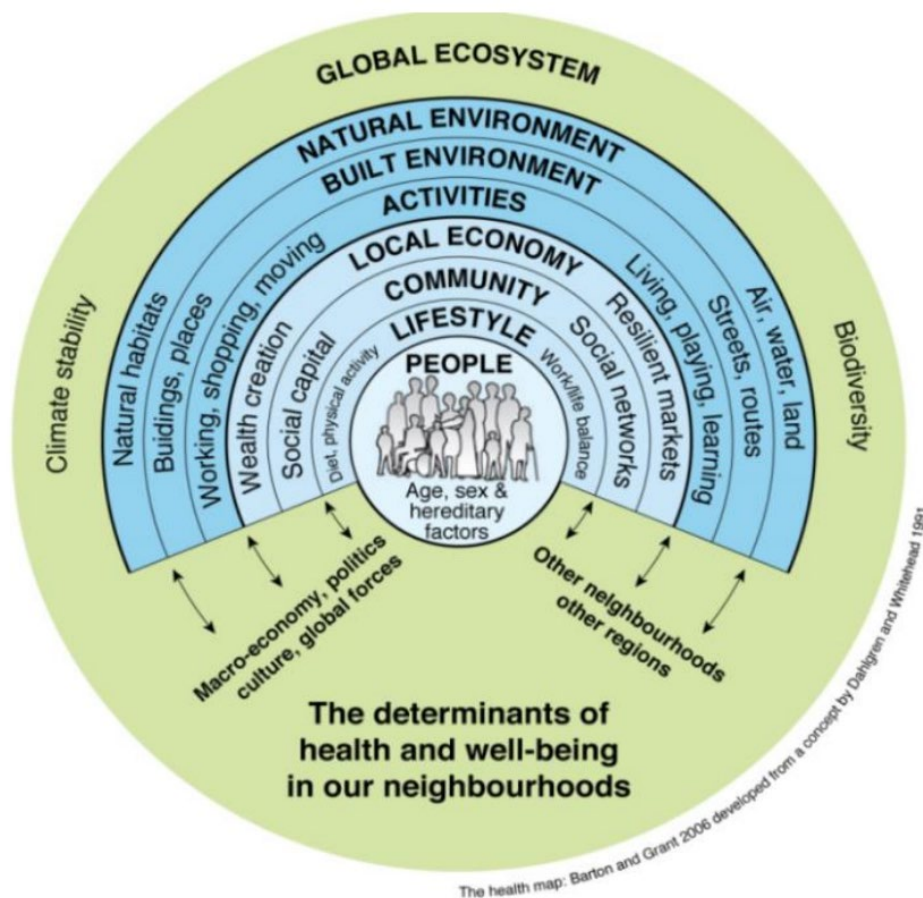
Through the process, mitigation measures can be identified to address potential impacts together with indicators for future monitoring of the impact. The threshold for requiring HIA has been identified reflecting the anticipated scale of impact of the largest development, however other types or locations of development may also trigger the requirement for HIA where it is considered that there could be a significant adverse impact on health and wellbeing.

The policy provides a mechanism by which applications which do not adhere to the policy could be refused unless mitigation measures are secured through the planning process.

### 3. Is the policy justified by the evidence?

There is an extensive amount of evidence linking the built and natural environment to health outcomes. To demonstrate the interrelationship between health and the environment, Barton and Grant (2006), devised the Health Map (Figure 1). The map is focused on the role of the neighbourhood and planning and emphasises the importance of the built and natural environment's contribution to health and wellbeing outcomes, in line with the socio-ecological approach to health (Orme et al., 2010).

Figure 1: The Health Map



There are many sources of evidence illustrating the interventions in the built and natural environment which can lead to positive health outcomes. Planning is one of the interventions which can influence these health outcomes.



'Health Equity in England: The Marmot Review 10 Years On' (2020)<sup>24</sup> (Institute of Health Equity) commissioned by the Health Foundation provided an analysis of health inequalities in England and assessed key social determinants of health over a 10 year period from the original Report by Michael Marmot. It found that:

*"The built and natural environment is a key determinant of inequalities in health and wellbeing and the environment in which we live is inextricably linked to our health across the life course. The 2010 Marmot Review recommended integrating health with planning, transport, environment and housing departments at the local level in order to address the social determinants of health. Since 2010 evidence of the relationships between health and built and natural environments has grown and the role the environment plays in influencing health is now better understood. Research shows that the unequal distribution of poor-quality built environments contributes to health inequalities in England. Neighbourhoods and the built environment affect how individuals and communities interact with each other: they influence physical access to family and friends, health services, community centres, shops and the places and spaces that enable individuals to build and maintain their social relationships, facilitate social contacts and strengthen social ties."*

'Spatial Planning for Health, An Evidence Resource for Planning and Designing Healthier Places' (2017) (Public Health England)<sup>25</sup> illustrates the linkages and strength of evidence between spatial planning and health. It was based on a project commissioned by Public Health England (subsequently renamed the Office for Health Improvement and Disparities (OHID)) to address the need for a UK-centric evidence review that analysed and demonstrated the links between health and the built and natural environment, which could be used by public health professionals and planners to help development and implement interventions.

The evidence is presented as a series of diagrams illustrating the linkages between planning policies, impact and positive health related outcomes. The planning interventions are structured as five themes which are reproduced below as Figure 2:

- Neighbourhood Design,
- Housing,
- Food Environment,
- Natural and Sustainable Environments,
- Transport

Case studies are included for each theme setting out the planning principles, interventions used, population characteristics, the main outputs and outcomes of the project, how successful the project was and whether any barriers were identified in the implementation process.

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<sup>24</sup> [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

<sup>25</sup> [Spatial Planning for Health: an evidence resource for planning and designing healthier places \(publishing.service.gov.uk\)](#)





## Neighbourhood Design

### Quality of Evidence:

- ▲ Improved
- ▼ Reduced
- High Quality
- Medium Quality
- Low Quality
- NR (Not reported):  
Methodological quality of the original research is unclear and should be treated with caution.

### Greyed Out Text

Association between a health impact & health outcome not obtained as part of the umbrella review.

### Best Available Evidence:

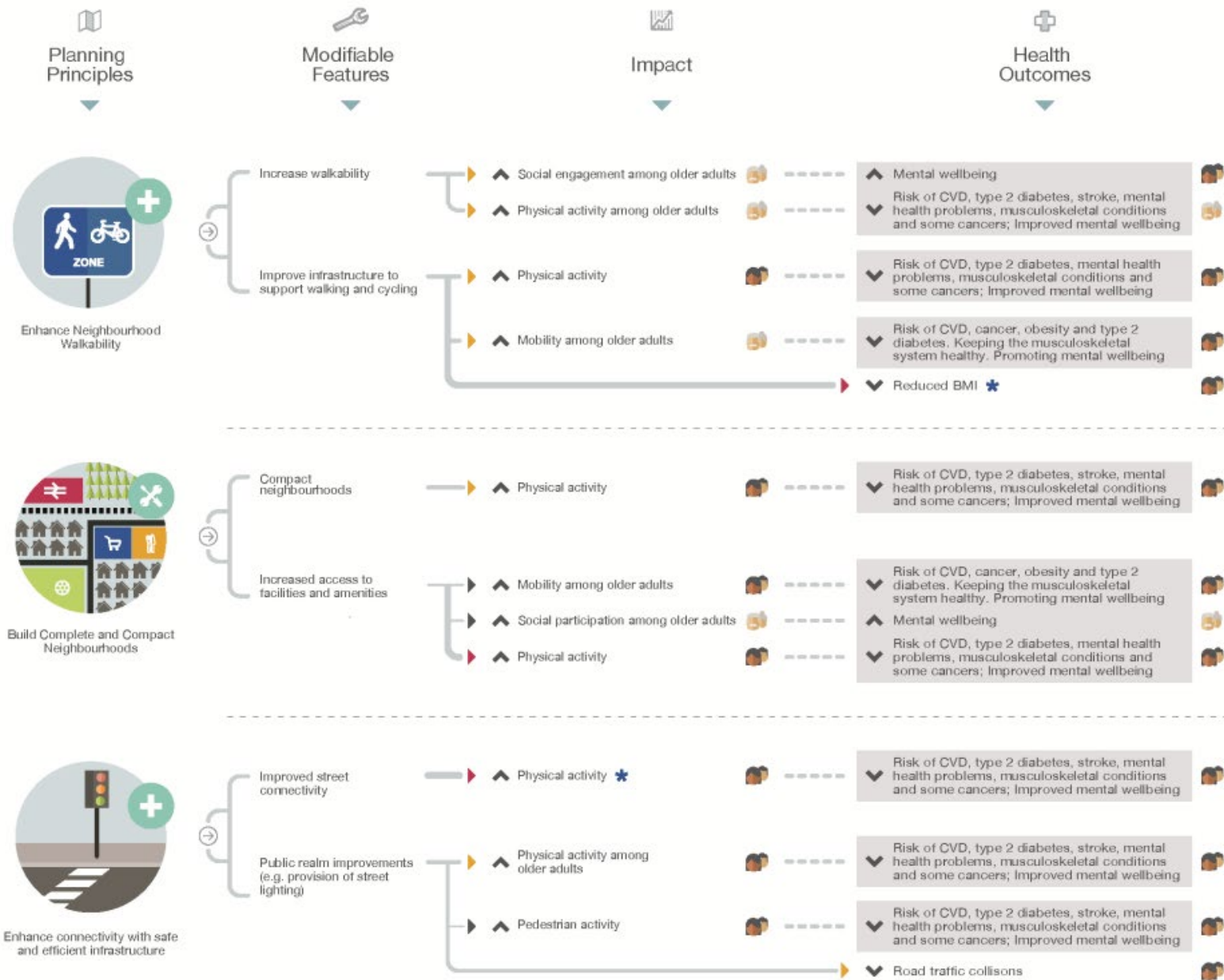
- ★ In some instances, more than one piece of review-level evidence reporting on the same health impacts and/or outcomes was identified as part of this umbrella review. In such instances this table highlights findings of the review(s) which reported evidence of the best methodological quality.

### Population Groups:

- General Population
- Older Adults
- Children & Adolescents

### Disclaimer:

This diagram has been produced as part of a wider evidence resource, commissioned by Public Health England and developed by the University of the West of England. Please see the document Spatial planning for health: an evidence resource for planning and designing healthier places for further information.







## Healthier Foods

### Quality of Evidence:

- ▲ Improved
- ▼ Reduced
- High Quality
- Medium Quality
- Low Quality
- NR (Not reported):  
Methodological quality of the original research is unclear and should be tested with caution.

**Greyed Out Text**  
Association between a health impact & health outcome not obtained as part of the umbrella review.

### Best Available Evidence:

- \* In some instances, more than one piece of review-level evidence reporting on the same health impacts and/or outcomes was identified as part of this umbrella review. In such instances this table highlights findings of the review(s) which reported evidence of the best methodological quality.

### Population Groups:

- General Population
- Older Adults
- Children & Adolescents

### Disclaimer:

This diagram has been produced as part of a wider evidence resource, commissioned by Public Health England and developed by the University of the West of England. Please see the document Spatial planning for health: an evidence resource for planning and designing healthier places for further information.

## Planning Principles



Provision of healthier, affordable food for the general population

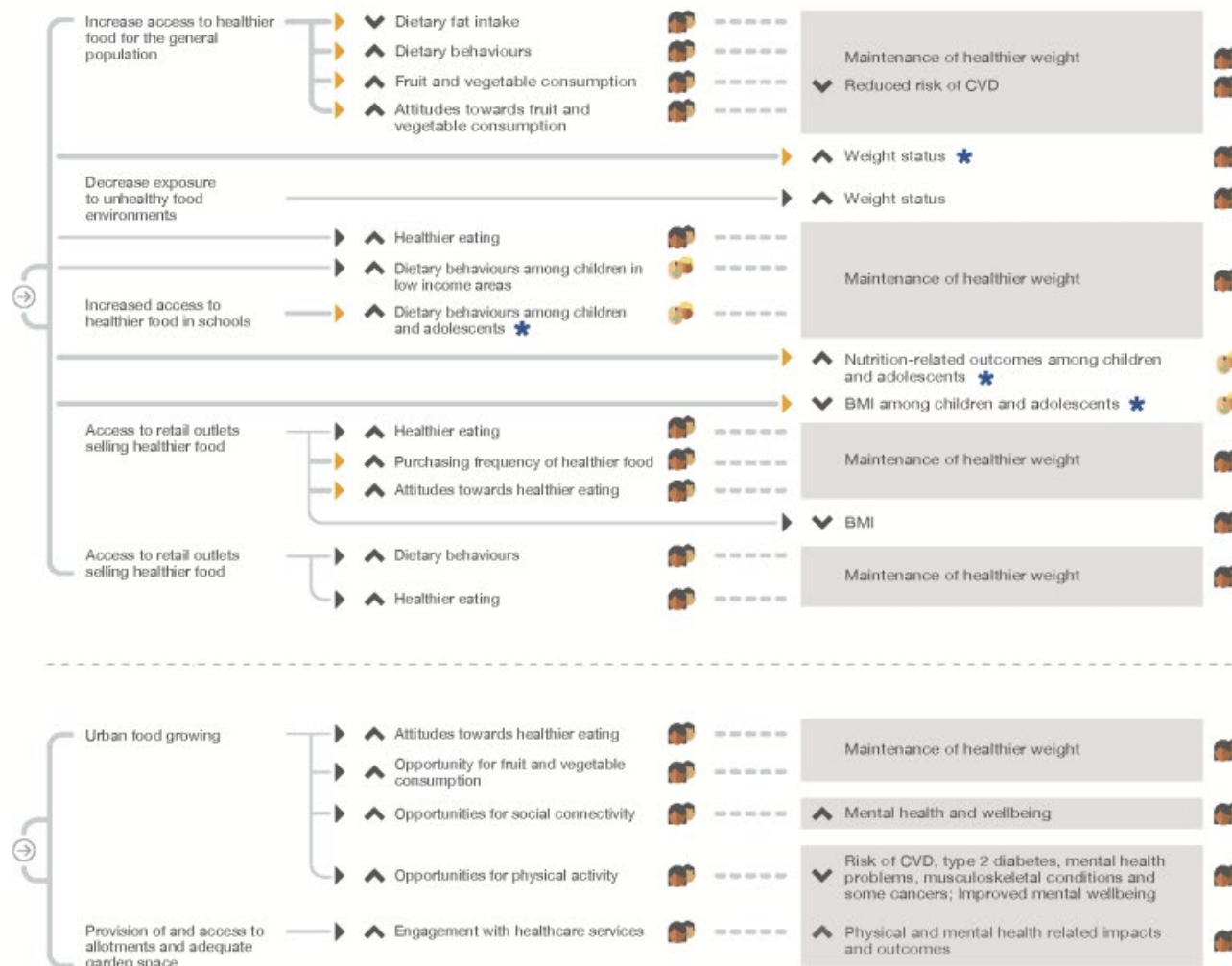


Enhance community food infrastructure

## Modifiable Features

## Impact

## Health Outcomes



**Note:** For further information on what constitutes a healthy balanced diet, please see the [Eat Well Guide](https://www.gov.uk/government/publications/the-eatwell-guide), available at: <https://www.gov.uk/government/publications/the-eatwell-guide>





## Natural & Sustainable Environments

### Quality of Evidence:

- ▲ Improved
- ▼ Reduced
- High Quality
- Medium Quality
- Low Quality
- NR (Not reported):

Methodological quality of the original research is unclear and should be treated with caution.

**Greyed Out Text**  
Association between a health impact & health outcome not obtained as part of the umbrella review.

### Best Available Evidence:

\* In some instances, more than one piece of review-level evidence reporting on the same health impacts and/or outcomes was identified as part of this umbrella review. In such instances this table highlights findings of the review(s) which reported evidence of the best methodological quality.

### Population Groups:

- General Population
- Older Adults
- Children & Adolescents

### Disclaimer:

This diagram has been produced as part of a wider evidence resource, commissioned by Public Health England and developed by the University of the West of England. Please see the document Spatial planning for health: an evidence resource for planning and designing healthier places for further information.

### Planning Principles



Reduce exposure to environmental hazards

### Modifiable Features

- Improved air quality
- Exposure to air pollution
- Excessive noise
- Reduce impact of flooding

### Impact

- Physical activity among older adults
- Exposure to particulate matter and other gaseous pollutants
- Exposure to excessive noise

### Health Outcomes

- Risk of CVD, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
- Risk of COPD, healthy birth weight, reduction in myocardial infarction, reduction in risk of out-of-hospital cardiac arrest
- Cognitive function, improved birth outcomes, reduction in infant mortality and improved respiratory function amongst children.
- Lung cancer
- Mental health outcomes amongst older adults and children
- Mental health outcomes amongst older adults
- Ischemic heart disease
- Risk of Carbon Monoxide poisoning \*
- Mental health and wellbeing \*



Access to and engagement with the natural environment

- Provision of access and engagement opportunities with the natural environment
- Aesthetic park improvements
- Participation in physical activity in an outdoor setting

- Physical activity \*
- Active travel
- Mobility among older adults
- Physical activity
- Social participation among older adults
- Physical activity among children
- Motivation to engage in physical activity
- First-time park users \*
- Physical activity among children and older adults
- Physical activity

- Risk of CVD, type 2 diabetes, mental health problems, musculoskeletal conditions and some cancers; Improved mental wellbeing
- Risk of CVD, cancer, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
- Physical health outcomes amongst older adults
- CVD mortality risk
- Mental wellbeing
- Cardiovascular health, maintaining a healthy weight, improved bone health, improved self-confidence, develop new social skills
- Influences personal decisions which may lead to increased physical activity
- Obesity among adolescents
- Mental health outcomes
- Mental health outcomes
- Cardiovascular health, maintaining a healthy weight, improved bone health, improved self-confidence, develop new social skills
- Risk of CVD, cancer, obesity and type 2 diabetes. Keeping the musculoskeletal system healthy. Promoting mental wellbeing
- Mental health outcomes



Adaptation to climate change

- Prioritisation of neighbourhood tree planting
- Tackle climate change

- Urban Heat Island effect
- Heat and cold extremes
- Health outcomes \*
- Excess winter death and illness



# Transport

## Quality of Evidence:

- ▲ Improved
- ▼ Reduced
- High Quality
- Medium Quality
- Low Quality
- NR (Not reported):  
Methodological quality of the original research is unclear and should be treated with caution.

**Greyed Out Text**  
Association between a health impact & health outcome not obtained as part of the umbrella review.

## Best Available Evidence:

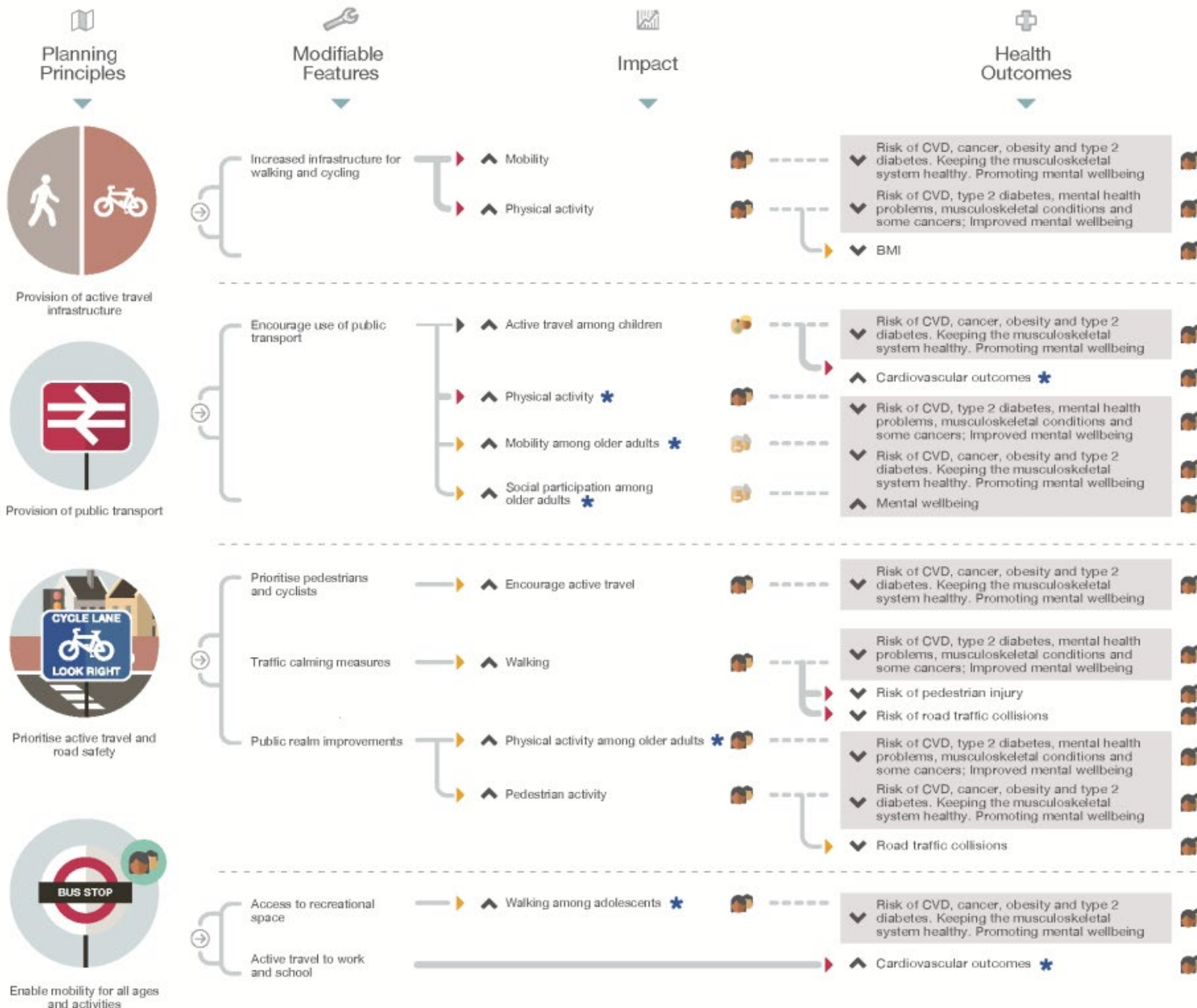
- \* In some instances, more than one piece of review-level evidence reporting on the same health impacts and/or outcomes was identified as part of this umbrella review. In such instances this table highlights findings of the review(s) which reported evidence of the best methodological quality.

## Population Groups:

- 👤 General Population
- 👴 Older Adults
- 👦 Children & Adolescents

## Disclaimer:

This diagram has been produced as part of a wider evidence resource, commissioned by Public Health England and developed by the University of the West of England. Please see the document Spatial planning for health: an evidence resource for planning and designing healthier places for further information.



'Getting research into practice, A resource for local authorities on planning healthier places' (2021) (UWE Bristol and TCPA)<sup>26</sup> was commissioned by Public Health England and provides a resource for planners, public health, local health and wellbeing boards, transport planners, communities and local Councillors based on workshops with local authority representatives from Hull, North Yorkshire, York, East Riding of Yorkshire, Worcestershire and Gloucestershire.

The report recognises the findings of the Marmot Review report that:

*“Many causes of illnesses and poor health affecting people, and unequally in certain population groups, are influenced by the environment in which they live, work and play... These environmental factors that influence health are sometimes referred to as the wider determinants of health. These include economic, social and environmental factors, which impact on physical activity levels, social isolation and diet, and can contribute to many of the most common health problems, including type-2 diabetes, depression, and obesity. Many of these factors are significantly influenced by the kind of places achieved through spatial planning. (See Table 1). Spatial planning can help improve environments, creating places in which it is easier for people to be physically active in their daily routines throughout their lifetimes, to meet neighbours and to have local green spaces to visit – all of which support physical and mental wellbeing.”*

**Table 1. Summary table of the relationships between the built environment and health outcomes.**

Table highlighting the relationship related to physical activity, mental health and wellbeing, obesity and social isolation in adults from the PHE 'Spatial Planning for Health' (5) (✓= weak; ✓✓=moderate; ✓✓✓=strong evidence for the relationship)

	Outcomes related to			
	Increased physical activity*	Improved mental health and wellbeing**	Obesity***	Social isolation in older adults****
<b>Features related to neighbourhood design</b>				
Increase walkability	✓✓	✓	✓	✓✓
Compact neighbourhoods	✓✓✓		✓	✓
Increased access to facilities and amenities	✓✓	✓	✓	✓
Improved street connectivity	✓✓✓		✓	
Improve and/or increase infrastructure to support walking and cycling	✓✓✓	✓	✓✓	✓
Public realm improvements (e.g. street lighting)	✓✓	✓	✓	
<b>Features related to transport</b>				
Encourage use of public transport	✓✓✓	✓	✓	✓✓
Encourage active travel to work or school	✓✓✓			
Prioritise pedestrians and cyclists	✓✓	✓	✓	
Provide traffic calming measures	✓✓	✓	✓	
Provide access to recreational space	✓✓	✓	✓	

<sup>26</sup> [Spatial Planning and Health: Getting Research into Practice \(GRIP\) - study report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92222/spatial-planning-and-health-getting-research-into-practice-grip-study-report.pdf)

<b>Features related to housing</b>				
Provide diverse housing types	✓		✓	
Provision of affordable rental housing		✓		
Provision of mixed-use affordable housing		✓		
Provision of affordable housing for specific vulnerable groups		✓✓		
Provision of affordable housing for the homeless		✓		
<b>Features related to the natural environment</b>				
Provision of access, and engagement opportunities with, the natural environment	✓✓	✓✓	✓	✓
Aesthetic park improvements	✓✓	✓	✓	
Improve air quality	✓	✓✓		
Reduced impact of flooding		✓		
<b>Features related to healthier food</b>				
Provide opportunities for urban food growing	✓	✓	✓	✓
Decrease exposure to less healthy food retail environments			✓	
Increased access to healthier foods for the general population			✓✓	
Increased access to healthier food in schools		✓	✓✓	
Increase access to retail outlets selling healthier foods			✓	

\* Improved motivation to engage in physical activity, improved opportunities for physical activity, improved physical activity; \*\* Improved mental health and wellbeing, promoting mental wellbeing; \*\*\* Behaviours associated maintenance of a healthier weight, maintenance of a healthier weight, improved weight status, improved nutrition-related outcomes among children and adolescents, reduce obesity among adolescents, reduced BMI, including among children and adolescents, reduced risk of obesity and type-2 diabetes; \*\*\*\*Improved social participation among older adults, increased mobility, including among older adults, improved opportunities for social connectivity.

The Public Health England Strategy 2020-25<sup>27</sup> sets out the direction and roles for PHE over the 5 year period to protect and improve the public’s health. This includes the identification of ten priorities, four of which are relevant to planning interventions:

1. Healthier diets, healthier weight
2. Cleaner air
3. Better mental health
4. Best start in life
5. A number of societal challenges are identified which planning can help to address:

What makes us healthy – personal circumstances and the environment in which people live has a major effect on physical and mental health and can create or close off opportunities to make healthy choices. A joined up approach to create inclusive growth and healthier and more productive communities can be achieved through a healthy life with good education and jobs, a decent place to live with friends and family cared for.

Reversing trends in life expectancy and poor health – there has been a slowdown in improvements to infant mortality and life expectancy. For many people, a longer life means more time spent in poor health with an estimated 4.6 million people with both a mental health problem and a long term physical condition.

Addressing unhealthy behaviours – supporting people to adopt healthy behaviours remains one of the top challenges for public health. Every year obesity, poor diets, high blood pressure, high cholesterol, and physical inactivity costs people hundreds of thousands of life years.

Persistent and growing inequalities – the gap of social disadvantage between the most and least deprived has not improved and in some cases is widening. Inequalities are common between the poorer and more affluent areas in the levels of infant mortality, low birthweight,

<sup>27</sup> [PHE Strategy 2020-25 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/84221/phe-strategy-2020-25.pdf)



childhood obesity, tooth decay and adverse childhood experiences. People living in deprived areas are more likely to smoke, have a poor diet, be physically inactive and die early from cancer or heart disease. A comparison of child health outcomes is provided below as Figure 3:



Planning interventions support many of the priorities identified in the PHE Strategy:

Healthier diets, healthier weight – help make the healthy choice the easy choice to improve diets and reduce rates of childhood obesity through working with local government and other partners, to support the implementation of a ‘whole systems’ approach that considers how all elements of local places, communities and services can help to address obesity and the variation in obesity between the most and least deprived areas; Support local authorities to create vibrant, health-promoting environments, including healthier high streets, which facilitate healthier food options and physical activity

Creating cleaner air – develop and share advice on how best to reduce air pollution levels and people’s exposure to polluted air and to influence decision-makers on the effectiveness of actions to promote healthy indoor and outdoor environments (including their ability to reduce inequalities) and support their implementation.

Better mental health – promote good mental health and contribute to the prevention of mental illness using evidence-based mental health preventative interventions to people of all ages.

Best start in Life – Work to improve the health of babies, children and their families to enable a happy healthy childhood and provide the foundations of good health into adult life. To develop healthy places for families that help to reduce inequalities, vulnerability and adversity experienced by children and parents.



## Local evidence

The Leeds Joint Strategic Assessment 2021<sup>28</sup> provides a picture of local health conditions in Leeds setting out key demographic, socio-economic and health trends in the district. It recognises that the wider determinants of health and wellbeing are influenced by the economy, education, environment and housing. It is not specific direct evidence to supporting the planning policy for health but highlights the health disparities in the city which planning interventions can help to alleviate.

There are stark geographical differences in Leeds in the levels of deprivation and health outcomes (eg. respiratory, circulatory and cancer mortality, obesity, diabetes, life expectancy and suicide levels are higher in the poorest areas). The relationship between poverty and inequality, and poor health and wellbeing outcomes is well understood. The pandemic has exacerbated this negative correlation with Leeds overall having a high number of coronavirus cases relative to other areas of England with lower levels of multiple deprivation.

Some of the key local evidence is summarised as follows which influence the future health and care needs of the district:

### Population

- The population in the inner-city areas (often the most disadvantaged communities) is expanding.
- Following a rapid rise in birth rates from the early 2000s, the rate has fallen in recent years. However, the child population is still growing at a faster rate than the population of Leeds overall with the fastest rate of growth in the more deprived communities.
- The City's population has become more diverse with the Black, Asian and ethnic minority population representing a third of registrations in 2020 (whilst accounting for 19% of the city's population in the 2011 Census).
- There is an aging population. Future projections to 2041 predict a substantial growth in the 70+ population, with the 80+ age group having the fastest growth (up 50%).
- 26% of the GP registered population of Leeds and 34% of primary school pupils live in areas categorised as the 10% most deprived nationally.
- The proportion of school pupils eligible for, and claim, free school meals has significantly increased from 16% in 2018 to 25% in 2021.

### Poverty

- For the period 2019/20, 36,500 children under 16 were in in 'Relative Poverty before Housing Costs', which is 24% of the Leeds child population compared to the national average of 19%.
- There has been an increase of in-work poverty in recent years, estimated at over 74,000 working age adults in Leeds are from working households in poverty.

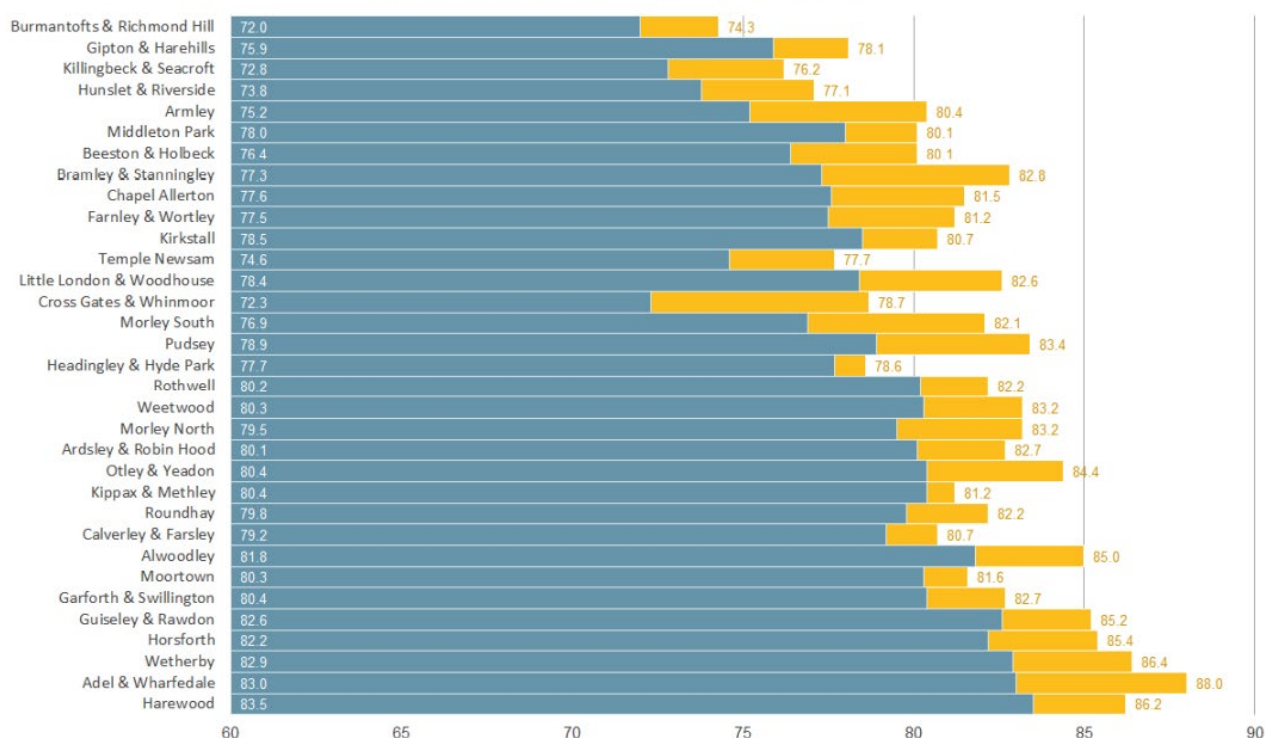
### Life Expectancy

- There is a significant gap in life expectancy between the most and least deprived wards (11 years for men and 13.7 years for women), for example a male living in the Bumantofts & Richmond Hill (the most deprived ward in Leeds) is expected to live on average to 72 years, compared to 83.5 years in Harewood one of the least deprived. This is illustrated in Figure 4 below:

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<sup>28</sup> [JSA-Summary-Report-Oct-21-FINAL-1-1.pdf \(leeds.gov.uk\)](#)

Male and female life expectancy at birth 2017-19  
 Highlighting longevity difference, wards are shown in deprivation rank order



## Obesity

- As at 2020 there had been a decline in adult obesity rates with the Leeds average well below regional and national rates, however there is a significant difference with deprived areas which are markedly higher.
- After a downturn in childhood obesity, the levels have risen since the pandemic (2019/20 to 2020/21 increased from 10.1% to 14.9% city wide). With the most deprived areas being 19.6% compared to 6.1% in the least deprived (data source: National Child Measurement Programme).

## Mental Health

- Over 20% of older people (65+) are identified as having a common mental health illness, with higher numbers amongst females than males.
- There are increasing levels of mental health issues (including loneliness and social isolation). During the pandemic young adults and women, shielding older adults, adults with pre-existing mental health conditions, and Black, Asian and ethnic minority adults were particularly affected.

## Air Quality

- Most of the Air Quality Management Areas with historically high levels of nitrogen dioxide levels, mainly from vehicle emissions, are located in communities with higher levels of deprivation (locations in the City Centre, near to the inner ring road (A58/A64) and M621).

## 6. How will the policy help deliver the Council's corporate strategy?

The policy links with existing and proposed Local Plan policies across multiple themes which have a direct or indirect link to the Leeds Best City Ambitions. The principal ones being:

Health and Wellbeing – In 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life

- Investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds – **access to health facilities, development in accessible locations**
- Ensuring children in all areas of the city have the best start in life and enjoy a healthy, happy and friendly childhood – **access to green space and green infrastructure and opportunities for physical activity and play, design of streets, cycle and walking routes, access to healthy food**
- Delivering a safe and welcoming city for people of all ages and from all communities in which residents feel more secure and have good friends – **easy access to green space and local services, provision for active travel, location of development, access to jobs, education and housing**
- Enabling every community in the city to have safe connected spaces, streets and paths to access a local park or green space, providing somewhere to be active and to play, helping to improve mental and physical health across all ages. – **access to green space and green infrastructure and opportunities for physical activity and play, design of streets, cycle and walking routes**
- Working with housing providers, landlords, tenants and communities to improve poor quality housing, so everyone can have a home which supports good health, wellbeing and educational outcomes.- **housing standards, housing mix and affordable housing, providing for specialist housing needs**

Inclusive Growth – In 2030 Leeds will have an economy that works for everyone, where we work to tackle poverty and ensure that the benefits of economic growth are distributed fairly across the city, creating opportunities for all – **Locating development to provide access to job, employment land**

- Ensuring young people and those changing career in later life have the skills and job opportunities which enable them to realise their potential and thrive
- Our businesses and social enterprises being innovative, creative, ambitious and connected to the local community they are in, with access to the skills they need to boost productivity and succeed.
- Understanding that place matters, and positive identity, culture, heritage and pride in our communities are vital assets in a sustainable future for the city and its local centres.
- Growing cross-city research capacity and making Leeds a test bed for innovation and new technologies, including in healthcare and the delivery of a just transition to net zero.
- Leeds being an outward looking global city with our people and businesses operating on the world stage, mindful of our impact on the planet and addressing the biggest societal challenges of our time, and where we welcome inward investors that share our values

Zero Carbon – In 2030 Leeds will have made rapid progress towards carbon neutrality, reducing our impact on the planet and doing so in a fair way which improves standards of living in all the city's communities.

- Delivering a low carbon and affordable transport network which encourages people to be physically active and reduces reliance on the private car, helping people get around the city easily and safely – **location of development in accessible locations**
- Promoting a fair and sustainable food system in which more produce is grown locally, and everyone can enjoy a healthy diet – **protecting and promoting green infrastructure/green space and promoting food production**
- Addressing the challenges of housing quality and affordability, tackling fuel poverty and creating vibrant places where residents have close access to services and amenities. – **providing quality housing (standards, mix, affordable, specialist) in accessible locations, support town centres and community/local services, green infrastructure/green space**
- Joining with local communities, landowners and partners to protect nature and enhance habitats for wildlife – **nature conservation and green infrastructure / green space**
- Investing in our public spaces, green and blue infrastructure to enable faster transition to a green economy while improving quality of life for residents.- **green infrastructure / green space**

#### Breakthrough Priorities

- Better Homes for Health and Wellbeing - Exploring ways in which the city’s housing providers can act to reduce pressure on the health system and reduce delays in hospital discharges. – **consulting health partners/consultation on planning applications to assess need for health infrastructure**

The policy will also help to deliver some of the priorities and objectives in the Leeds Health and Wellbeing Strategy and the Leeds Inclusive Growth Strategy as detailed below:

The Leeds Health and Wellbeing Strategy 2016 to 2021<sup>29</sup> identifies that “*people will live in healthy, safe and sustainable communities*”, as one of its five key outcomes, and seven of its twelve priority areas can be supported through planning policies:

1. A child friendly city and the best start in life
2. An age friendly city where people age well
3. Strong, engaged and well-connected communities
4. Housing and the environment enable all people of Leeds to be healthy
5. A strong economy with quality, local jobs
6. Get more people, more physically active, more often
10. Promote mental and physical health equally

Four out of the five outcomes in the strategy are relevant:

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People’s quality of life will be improved by access to quality services
4. People will live in healthy, safe and sustainable communities

The Leeds Inclusive Growth Strategy 2018-2023<sup>30</sup> includes ‘Twelve Big Ideas’, of particular relevance are:

1. Best City for Health and Wellbeing
2. Putting children at the heart of the growth strategy

<sup>29</sup> [LHWS 2016-21.pdf \(leeds.gov.uk\)](#)

<sup>30</sup> [Leeds-Inclusive-Growth-Strategy-FINAL.pdf \(leedsgrowthstrategy.co.uk\)](#)

### 3. Supporting places and communities to respond to economic change

Leeds City Council adopted the 'Healthy Weight Declaration' in 2018, which is a national initiative committing local authorities to promote healthy weight across all areas with the aim to improve the overall health and wellbeing of the local population. There are 16 commitments which include a climate emergency commitment and greater emphasis on physical activity, active travel and food insecurity. The 16 commitments have been put into four themes; One of the four key themes of the Healthy Weight Declaration is 'Health promoting infrastructures and environments'.

The Council is proposing to become a 'Marmot City',<sup>1</sup> to take action to reduce health inequalities by focussing on social determinants of health. The Report of the Director of Public Health to Scrutiny Board (Adults, Health and Active Lifestyles) Report 11<sup>th</sup> January 2022<sup>31</sup> set out a long term plan:

*"7 Becoming a Marmot City means taking action to reduce health inequalities by focusing on the social determinants of health as set out in the most recent Marmot report, Build Back Fairer.*

#### *8 Marmot calls for evidence-based action across six key policy areas:*

- Give every child the best start in life*
- Enable all children young people and adults to maximise their capabilities and have control over their lives*
- Create fair employment and good work for all*
- Ensure a healthy standard of living for all*
- Create and develop healthy and sustainable places and communities*
- Strengthen the role and impact of ill health prevention.*

*9 It is proposed that Leeds will initially focus on taking a Marmot approach to giving children the best start in life which would have lifelong and intergenerational benefits. Once established the Marmot approach would be expanded into other key areas of collective action, guided by a gap analysis."*

## **5. How is the policy consistent with the NPPF?**

Together with existing policies in the Local Plan and new and revised policies proposed in the Local Plan Update, the policy is consistent with Section 8 of the NPPF ("Promoting healthy and safe communities") as follows:

*"92. Planning policies and decisions should aim to achieve healthy, inclusive and safe places 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;*  
**Policy Criteria i, ii, iv**

*b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of attractive, well-*

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<sup>31</sup> [Item 8 - Marmot Report for Jan 22 AHAL.pdf \(leeds.gov.uk\)](#)

designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and **Policy Criteria i-iv**

c) enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling. **Policy Criteria i, ii, iv**

93. To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should: **Policy Criteria ii, iv**

a) plan positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments; **Policy Criteria i, ii, iv**

b) take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community; **Policy Criteria i -iv and HIA**

c) guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs; **Policy Criteria iv**

d) ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and **Policy Criteria iv**

e) ensure an integrated approach to considering the location of housing, economic uses and community facilities and services. **Policy Criteria iv and HIA**

96. To ensure faster delivery of other public service infrastructure such as further education colleges, hospitals and criminal justice accommodation, 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.” **Policy Criteria iv and HIA**

Policy P10A 'The Health Impacts of Development' has been prepared being cognisant of and is informed by the planning guidance “*Healthy and Safe Communities – Guidance on promoting healthy and safe communities*” (November 2019) which supports the NPPF, highlighting that the design and use of the built and natural environment are major determinants of health and wellbeing. Planning and health need to be considered in terms of creating environments to support and encourage healthy lifestyles and identifying healthcare facilities:

“Planning policies and proposals may need to have particular regard to the following issues:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds
- evidence indicating high levels of obesity, deprivation, health inequalities and general poor health in specific locations
- over-concentration of certain uses within a specified area
- odours and noise impact
- traffic impact
- refuse and litter”



The need for health facilities and other health and wellbeing impacts should be considered in making planning policies and decisions through working with NHS England, local Clinical Commissioning Groups, Health and Wellbeing Boards, Sustainability and Transformation Partnerships/Integrated Care Systems and the Director of Public Health). Consulting Public Health on planning applications (including at the pre-application stage) *“that are likely to have a significant impact on the health and wellbeing of the local population or particular groups within it. This would allow them to work together on any necessary mitigation measures. A health impact assessment is a useful tool to use where there are expected to be significant impacts. Information gathered from this engagement will assist local planning authorities in considering whether the identified impact(s) could be addressed through planning conditions or obligations. Alternatively, local planning authorities may decide the identified need could be funded through the Community Infrastructure Levy.”*

## **6. Equality, Diversity, Cohesion and Integration**

Providing a new policy which embeds health outcomes into the consideration of new development will be supportive to enabling equality, diversity, cohesion and integration. The overall effect is positive, for example the four aims identified in Policy P10A collectively seek to ensure that the population of Leeds and the environment in which they live, work and participate in the community is improved and health inequalities addressed. The effect on the protected characteristics (ie age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) overall is predicted to be positive.

## **7. How are we going to measure the impact of the policy?**

There is no one contributing factor which supports improved health. It is a series of multiple interventions which together contribute towards providing a healthy living environment and addressing the adverse impacts to health.

The following Key Performance Indicators are used by the Council’s Public Health service to monitor health outcomes. It should be emphasised that the health outcomes are influenced by multiple factors, policies and programmes both locally and nationally of which planning is only one influencing factor:

- Life Expectancy at Birth (males)
- Life Expectancy at Birth (females)
- Prevalence of Obesity in Children (reception age)
- Prevalence of Obesity in Children (year 6)
- Excess weight in adults (% of adults with BMI over 30)
- Percentage of physically (inactive adults)
- Prevalence of severe mental illness (adults)
- Circulatory disease mortality (all ages)
- Respiratory disease mortality (all ages)

Policy P10A links to many other Local Plan policies (listed in Appendix 1) which together contribute towards improving health outcomes, which themselves should be monitored for effectiveness

For developments which the policy requires the provision of a Health Impact Assessment, those applications could be monitored to focus on the implementation of the recommendations arising from the HIA which could include the enforcement of requirements set out in some of the policies listed in Appendix 1.

## **8. How will it be implemented?**

The policy will be implemented through the planning application process. Developments will be expected to demonstrate that they contribute to reducing the causes of ill health, improving health and reducing health inequalities and where negative impacts are identified, appropriate mitigation measures put in place to ensure that the objectives of the policy are reflected. There is a wide range of policies in the Local Plan which collectively support the policy objective which together can help to support positive health outcomes. Appendix 1 lists the existing policies in the Local Plan and new and revised proposed through the Local Plan Update. The relevance of each of the policies to health impact themes are included.

Developers will be encouraged to consider health impacts of new development as an integral part of the design and planning process from the pre-application stage. This could be through the preparation of Design and Access Statements; and for the largest developments within the thresholds identified in the policy or for proposals likely to have a significant adverse impact on health and wellbeing, the submission of Health Impact Assessments (HIAs) will be required.

Following adoption of policy P10A, guidance will be published by the Council to provide assistance to applicants on the process of undertaking HIAs. This will be informed by best practice from Government guidance and other authorities with a well-established approach to assessing the health impacts of development. Appendix 2 provides a draft version of the guidance document which has been prepared in consultation with the Council's public health officers. The guidance outlines the Council's expectations for applicants in undertaking HIA and sets out the process and proposed methodology for HIA. The Council will continue to refine and develop the guidance document prior to its formal publication.

There is already a working relationship between the Council's Planning and Public Health teams and health partners in the NHS with the shared objectives of supporting and addressing health and well-being outcomes. The development of this new planning policy to enable the assessment of health impacts of development will further imbed the work which is already taking place. Public Health will be engaged in the assessment process both as consultees on planning applications but also the assessment of submitted HIAs.



## APPENDICES

### Appendix 1 Policies Relevant to Delivering Health and Well-being and Support Positive Health Outcomes

#### Existing Local Plan

CS = Core Strategy, UDP= Unitary Development Plan, NRW = Natural Resources & Waste LP

Policy Reference	Policy Subject	Public Health theme
<b>Strategic Policies</b>		
CS SP1	Location of Development	Access to Work and Training; Health care services & other social infrastructure; Social cohesion; Housing type, quality & design
CS SP2	Hierarchy of Centres and Spatial Approach to Retailing, Offices, Intensive Leisure and Culture	Access to Work and Training; Inequality, Access to Services and Social Cohesion; Active Environment
CS SP3	Role of Leeds City Centre	Access to Work and Training; Health care services & other social infrastructure; Social cohesion; Access to green & blue infrastructure & nature; Accessibility & active travel
CS SP4	Regeneration Priority Areas	Access to Work and Training; Health care services & other social infrastructure; Social cohesion; ; Housing type, quality and design; Access to green & blue infrastructure & nature
CS SP5	Aire Valley Leeds	Health care services & other social infrastructure Social cohesion; Housing type, quality and design
CS SP6	Housing Requirement and Allocation of Housing Land	Housing type, quality and design; Health care services & other social infrastructure Social cohesion
CS SP7	Distribution of Housing Land	Housing provision, quality and design;
CS SP8	Economic Development Priorities	Access to Work and Training
CS SP9	Provision for Offices, Industry and Warehouse Employment Land and Premises	Access to Work and Training
CS SP11	Transport Infrastructure Investment Priorities	Access to Work and Training; Accessibility & active travel Health care services & other social infrastructure Social cohesion
CS SP13	Strategic Green Infrastructure	Access to green & blue infrastructure & nature Accessibility & active travel

<b>Thematic Policies</b>		
<b>Housing</b>		
CS H1	Managed Release of Sites	Housing type, quality and design
CS H2	New Housing Development on Non Allocated Sites	Housing type, quality and design;
CS H3	Density of Residential Development	Housing type, quality and design
CS H4	Housing Mix	Health care services & other social infrastructure; Social cohesion; Housing type, quality and design
CS H5	Affordable Housing	Health care services & other social infrastructure; Social cohesion; Housing type, quality and design
CS H6	Houses in Multiple Occupation (HMOs), Student Accommodation and Flat Conversions	Health care services & other social infrastructure; Social cohesion; Housing type, quality and design
CS H7	Accommodation for Gypsies, Travellers and Travelling Showpeople	Health care services & other social infrastructure; Social cohesion; Housing type, quality and design
CS H8	Housing for Independent Living	Health care services & other social infrastructure; Social cohesion; Housing type, quality and design
CS H9	Minimum Space Standards	Access to healthy food;; Health care services & other social infrastructure; Social cohesion; Housing type, quality and design
CS H10	Accessible Housing Standards	Health care services & other social infrastructure; Social cohesion;; Housing type, quality and design
<b>Employment</b>		
CS EC1	General Employment Land	Access to Work and Training; Active Environment; Inequality, Access to Services and Social Cohesion
CS EC2	Office Employment	Access to Work and Training; Accessibility & active travel; Health care services & other social infrastructure; Social cohesion
CS EC3	Safeguarding Existing Employment Land and Industrial Areas	Access to Work and Training; Accessibility & active travel;; Health care services & other social infrastructure; Social cohesion

<b>Place-Making</b>		
CS P1	Town and Local Centre Designations	Health care services & other social infrastructure; Social cohesion
CS P2	Acceptable Uses In and On the Edge of Town Centres	Health care services & other social infrastructure;
CS P3	Acceptable Uses in and On the Edge of Local Centres	Social cohesion
CS P4	Shopping Parades and Small Scale Stand Alone Food Stores Serving Local Neighbourhoods and Communities	Health care services & other social infrastructure;
CS P7	The Creation of New Centres	Social cohesion
CS P9	Community Facilities and Other Services	Health care services & other social infrastructure;
CS P10	Design	Access to green & blue infrastructure & nature Accessibility & active travel Crime reduction and community safety; Health care services & other social infrastructure; Social cohesion Housing type, quality and design
CS P11	Conservation	Access to green & blue infrastructure & nature
CS P12	Landscape	Access to green & blue infrastructure & nature
UDP LT5B	Leisure and Tourism Sites	Accessibility & active travel; Health care services & other social infrastructure Social cohesion
UDP LT6	Waterways (LT6A leisure ; LT6B PRoW)	
<b>Transport</b>		
CS T1	Transport Management	Accessibility & active travel; Access to healthy food; Health care services & other social infrastructure Social cohesion
CS T2	Accessibility Requirements	Accessibility & active travel; Access to healthy food; Health care services & other social infrastructure; Social cohesion Air quality, noise & neighbourhood amenity
UDP T10A	Safeguard Former Rail Lines	Accessibility & active travel; Health care services & other social infrastructure Social cohesion Access to Work and Training
UDP T16	Park and Ride Sites	Accessibility & active travel; Access to Work and Training; Health care services & other social infrastructure; Social cohesion; Air quality, noise & neighbourhood amenity

<b>Green Infrastructure and Green Space</b>		
CS G1	Enhancing and Extending Green Infrastructure	Access to green & blue infrastructure & nature; Accessibility & active travel; Social cohesion
CS G2	Creation of New Tree Cover	Access to green & blue infrastructure & nature; Accessibility & active travel; Social cohesion
CS G3	Standards for Open Space and Recreation	Access to green & blue infrastructure & nature; Accessibility & active travel; Access to healthy food; Social cohesion
CS G4	New Green Space Provision	Access to green & blue infrastructure & nature; Access to healthy food; Accessibility & active travel; Social cohesion
CS G5	Open Space Provision in the City Centre	Access to green & blue infrastructure & nature; Accessibility & active travel; Access to healthy food; Social Cohesion
CS G6	Protection and Redevelopment of Existing Green Space	Access to green & blue infrastructure & nature; Accessibility & active travel Access to healthy food; Social Cohesion
CS G7	Cemeteries and Burial Space	Health care services & other social infrastructure; Social Cohesion
CS G8	Protection of Important Species and Habitats	Access to green & blue infrastructure & nature
CS G9	Biodiversity Improvements	Access to green & blue infrastructure & nature
UDP N8	Urban Green Corridors	Access to green & blue infrastructure & nature
<b>Natural Resources</b>		
CS EN1	Climate Change – Carbon Dioxide Reduction	Housing type, quality and design; Air Quality noise & neighbourhood amenity Climate change
CS EN2	Sustainable Design and Construction	Housing type, quality and design; Air Quality noise & neighbourhood amenity Climate change
CS EN3	Low Carbon Energy	Air quality noise & neighbourhood amenity; Climate change
CS EN4	District Heating	Air quality noise & neighbourhood amenity; Climate change
CS EN5	Managing Flood Risk	Access to green & blue infrastructure & nature; Climate change

CS EN6	Strategic Waste Management	Housing type, quality and design
CS EN8	Electric Vehicle Charging Points	Air quality noise & neighbourhood amenity Climate change
NRW AIR1	Management of Air Quality Through Development	Air quality noise & neighbourhood amenity Climate change
NRW LAND1	Contaminated Land	Crime Reduction and Community Safety
UDP GP5	Detailed Planning Considerations for Planning Applications	Housing type, quality and design; Crime Reduction and Community Safety; Air Quality noise & neighbourhood amenity;

### Proposed Local Plan Update Policies

Policy Reference	Policy Subject	Public Health theme
<b>Strategic Policies</b>		
Replacement SPATIAL POLICY 13	Protecting, maintaining, enhancing and extending strategic green and blue infrastructure	Access to green & blue infrastructure & nature; Accessibility & active travel
New Strategic Policy SP0	Climate change mitigation and adaptation	Housing type, quality and design; Accessibility and active environment; Access to green & blue infrastructure & nature; Access to healthy food ; Air quality, noise & neighbourhood amenity; Access to Work and Training; Health care services & other social infrastructure; Social Cohesion; Climate change
New policy SP1A	Achieving complete, compact and connected places	Access to Work and Training; Health care services & other social infrastructure; Social cohesion; Housing type, quality and design; Accessibility & active environment; Access to green & blue infrastructure & nature; Crime Reduction and Community Safety; Air quality, noise & residential amenity
New policy SP1B	Achieving well-designed sustainable places	Access to green & blue infrastructure & nature; Accessibility & active travel; Housing type, quality and design; Social cohesion; Crime Reduction and Community Safety;

		Air Quality, Noise & neighbourhood amenity; Climate change
New policy SP11A	Mass transit and rail infrastructure	Access to Work and Training; Health care services & other social infrastructure; Social cohesion;
New policy SP11B	Leeds station	Access to Work and Training; Health care services & other social infrastructure; Social cohesion;
<b>Thematic Policies</b>		
<b>place making</b>		
New policy P10	Development principles for high-quality design & healthy place making	Access to Work and Training; Health care services & other social infrastructure; Social Cohesion; Housing type, quality and design; Accessibility & active environment; Access to green & blue infrastructure & nature; Crime Reduction & Community Safety; Air quality, noise & neighbourhood amenity
New policy EN9	New drive-thru development	Health care services & other social infrastructure; Social Cohesion; Air quality noise & neighbourhood amenity
<b>Transport</b>		
New policy SP11A	Mass transit and rail infrastructure	Access to Work and Training; Health care services & other social infrastructure; Social cohesion;
New policy SP11B	Leeds station	Access to Work and Training; Health care services & other social infrastructure; Social cohesion;
<b>Green &amp; blue infrastructure</b>		
Replacement Policy G1	Protecting, maintaining, enhancing and extending green and blue infrastructure	Access to green & blue infrastructure & nature; Accessibility & active environment; Health care services & other social infrastructure; Social Cohesion
Amendment to Policy G4A	Green and blue space improvement and new green and blue space provision	Access to green & blue infrastructure & nature; Accessibility & active environment; Health care services & other social infrastructure; Social Cohesion
New policy G4B	High quality new green and blue space	Access to green & blue infrastructure & nature; Accessibility & active environment;



		Health care services & other social infrastructure; Social Cohesion
Replacement Policy G6	Protection of existing green and blue space	Access to green & blue infrastructure & nature Accessibility & active environment; Access to healthy food; Health care services & other social infrastructure; Social Cohesion
New policy F1	Food system resilience	Access to healthy food
New policy G8A	Protection of important species and habitats	Access to green & blue infrastructure & nature
New policy G8B	Leeds habitat network	Access to green & blue infrastructure & nature
Replacement G9	Biodiversity net gain	Access to green & blue infrastructure & nature
New policy G10	Biodiversity enhancements for species	Access to green & blue infrastructure & nature
New policy G2A	Protection of trees, woodland and hedgerows	Access to green & blue infrastructure & nature
New policy G2B	Ancient woodland, ancient trees and veteran trees	Access to green & blue infrastructure & nature
New policy G2C	Long established woodland	Access to green & blue infrastructure & nature
New policy G2D	Tree replacement	Access to green & blue infrastructure & nature
<b>Natural resources</b>		
Policy EN1A (replacing Policy EN1)	Embodied carbon	Housing type, quality and design; Air quality, noise & neighbourhood amenity Climate change
Policy EN1B (replacing Policy EN1)	Operational energy	Housing type, quality and design; Air quality, noise & neighbourhood amenity Climate change
Replacement Policy EN2	Sustainable construction standards	Housing type, quality and design; Air quality, noise & neighbourhood amenity Climate change
Replacement Policy EN3	Renewable energy	Housing type, quality and design; Air quality, noise & neighbourhood amenity Climate change
Amendment to Policy EN4	District heating	Housing type, quality and design; Air quality, noise & neighbourhood amenity Climate change
Amendment to WATER 1	Water efficiency	Housing type, quality and design; Air quality, noise & neighbourhood amenity Climate change

Amendment to WATER 2	Protection of the water environment	Air quality, noise & neighbourhood amenity, Climate Change
Amendment to WATER 3	Functional floodplain zone 3b	Air quality, noise & neighbourhood amenity Climate change
Amendment to WATER 4	Land at increased risk of flooding	Air quality, noise & neighbourhood amenity Climate change
Replacement WATER 5	Residual risk	Air quality, noise & neighbourhood amenity Climate change
Amendment to WATER 6	Flood risk assessments	Air quality, noise & neighbourhood amenity Climate change
New policy WATER 6A	Safe access and egress	Air quality, noise & neighbourhood amenity Climate change
Replacement WATER 7	Sustainable drainage	Access to green & blue infrastructure & nature
New policy WATER 8	Porous paving and loss of front gardens	Access to green & blue infrastructure & nature Housing type, quality and design

# **Draft Guidance to Support the Preparation of Health Impact Assessments**

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1. Examples of HIA guidance and good practice
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3. Leeds HIA Matrix

## 1. INTRODUCTION

### The Purpose of this Guidance Note

This guidance document is provided to support the preparation of Health Impact Assessments (HIAs) for planning applications in Leeds. Policy P10A of the Leeds Local Plan Update requires the provision of a HIA for large developments and developments likely to have a significant adverse impact on health and wellbeing.

This document provides information and guidance on completing the health matrix/toolkit to inform the HIA. It also identifies **sources of data** to consider and provides **examples of health impacts** arising from development to consider and **examples of how to mitigate** against negative health impacts and **enhance positive ones**

### What is a Health Impact Assessment?

A Health Impact Assessment (HIA) is a tool that is used to identify potential impacts arising from a development proposal and can be used to inform the design of a development during the decision-making process. This increases the likelihood of the development being sustainable and healthy with a strong and vibrant community. A HIA also identifies positive impacts the proposed development might have on health and allows them to be recorded and highlighted to the community and stakeholders. This could lead to a development that is more attractive and appealing to potential customers and visitors, which can potentially lead to an increase in the value of the proposed development.

The concept of the HIA is well established:

*“A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population”<sup>32</sup>*

*“HIA is a valuable process that enables local action on the wider determinants of health. It can help maximise the health benefits of a plan or development and minimise the potential harms, while maintaining a focus on reducing inequalities. There is an economic as well as a moral case for tackling health inequalities.”<sup>33</sup>*

Through the HIA process, proposed developments are assessed against a range of wider determinants of health which planning can influence through a number of actions for example:

- Access to public services and infrastructure; affordable housing; the natural environment; greenspace and public realm; and leisure and sports provision<sup>i</sup>
- Transport and connectivity to public transport and active travel; links between communities; access to employment and local services
- Socio-economic considerations including employment and skills; local businesses; regeneration, tourism; and community cohesion and engagement

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<sup>32</sup> European Centre for Health Policy (1999) Gothenburg Consensus

<sup>33</sup> [Health Impact Assessment in spatial planning. A guide for local authority public health and planning teams. \(Public Health England\) October 2020](#)

- Land use including sustainable and efficient land use; quality of urban and natural environments; and climate change impacts.

HIA has many benefits supporting the delivery of a sustainable and well-designed development which supports positive health outcomes. Through a process of screening, scoping, data analysis and reporting, the HIA provides a set of evidence based recommendations that help to inform decision makers on how a development may affect health and wellbeing in the community and thereby assist the determination of whether a proposal is acceptable or not. The benefits of HIA include:

- Informing and facilitating the identification of mitigation measures to address potential impacts together with indicators for future monitoring of the impact
- Enabling and supporting better engagement with stakeholders
- Developers can take a positive approach to achieving positive health outcomes and addressing potential negative impacts of proposed development
- Promoting equity in health to maximise health and well-being benefits and minimise risks
- Identifying the connections between health and well-being and other policy areas
- Promoting evidence and knowledge-based planning and decision making
- Potentially reducing demand on NHS and social care services by investing in healthy policies

### **Who can use this document?**

This guidance document is provided for landowners, developers and planning agents in helping them undertake HIA in support of a planning application. It also assists planning and public health officers in helping them to identify and where necessary, respond to the health impact issues of development proposals and support the decision making process on planning applications.

### **The Role of Planning, Public Health and NHS Providers**

In Leeds, partnership working between planning and public health provides a clear link between planning and supporting health outcomes through the development process. The approach and methodology for undertaking Health Impact Assessment has been designed through close working with the public health team in Leeds. It is as important that NHS infrastructure is also considered as part of the HIA process with NHS Providers having the opportunity to engage in the planning application process.

## **2. DETERMINANTS OF HEALTH**

The World Health Organisation defines health as *'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. 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.* <sup>34</sup>

An individual's health is determined not only by their own behaviours, but also strongly impacted upon through the environment, social networks and access to key services. Housing, employment, education, green space, air quality, transport, climate change and social and community networks can have a great influence on mental and physical health. These are known as wider determinants of health and can influence health in either a positive or negative way, both directly and indirectly. Barton and Grant (2006), devised the Health Map (Figure 1) which focusses on the role of the neighbourhood and planning and emphasises the importance of the built and natural environment's contribution to health and wellbeing outcomes

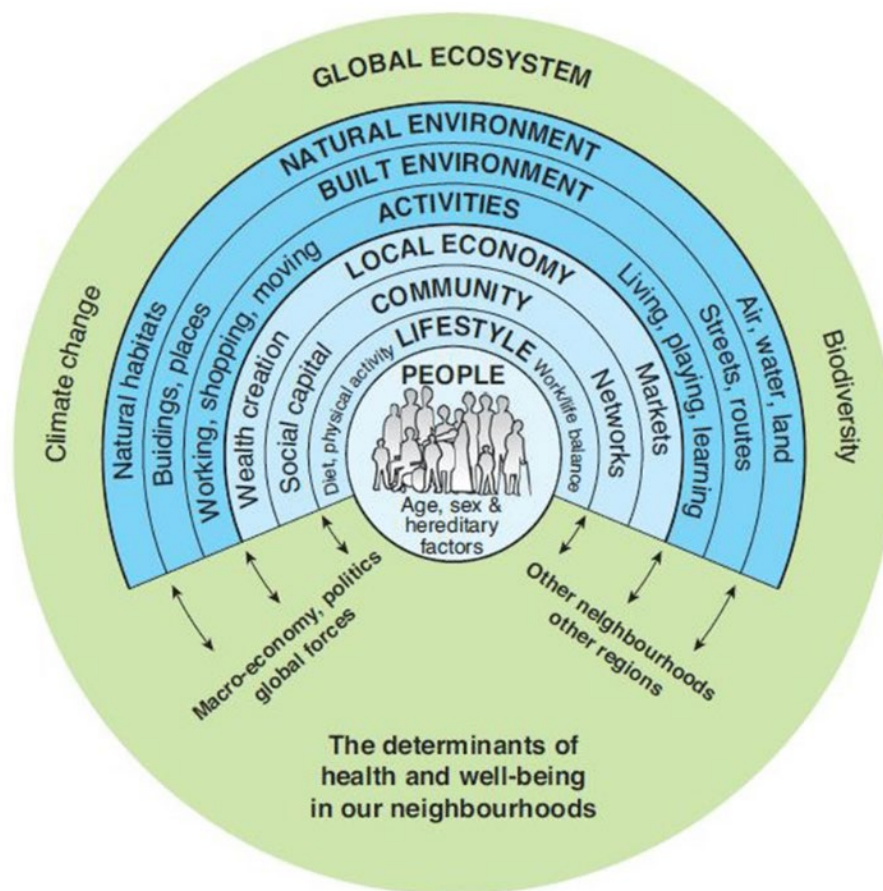


Figure 1: The Health Map (Barton and Grant, 2006 developed from a concept by Dahlgren and Whitehead, 1991)

Differences in health outcomes across the population, and between different groups in society, that are systematic, unfair and avoidable are referred to as 'health inequalities. These inequalities are not caused by one single issue but a complex mix of factors reflecting differing social, environmental and economic conditions.

<sup>34</sup> Constitution of the World Health Organisation, 1946

A healthy place is one which supports and promotes healthy behaviours and environments and removes health inequalities for people of all ages. It provides people with opportunities to protect and improve their physical and mental health and supports community engagement and wellbeing. It is a place which is inclusive and promotes social interaction. It also meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly ageing population and disabled people including physical, sensory or hidden disabilities, mental health, learning disability, neurodivergent conditions and those with long-term health conditions.

### **3. THE HEALTH OF LEEDS**

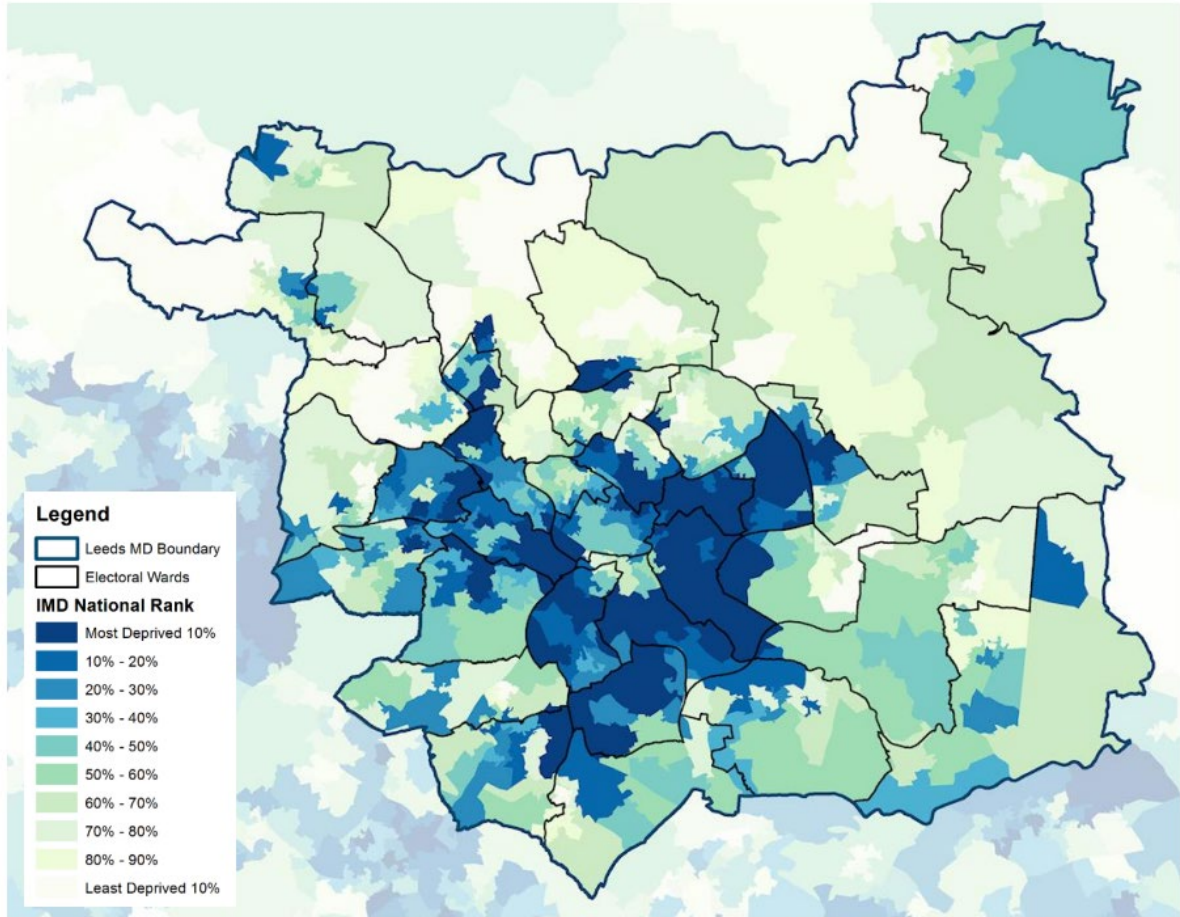
The Leeds Joint Strategic Assessment 2021<sup>35</sup> provides a picture of local health conditions in Leeds setting out key demographic, socio-economic and health trends in the district. It recognises that the wider determinants of health and wellbeing are influenced by the economy, education, environment and housing.

There are stark geographical differences in Leeds in the levels of deprivation and health outcomes (e.g. respiratory, circulatory and cancer mortality, obesity, diabetes, life expectancy and suicide levels are higher in the poorest areas). The relationship between poverty and inequality, and poor health and wellbeing outcomes is well understood.

The Indices of Multiple Deprivation illustrates the divergent pattern of economic wellbeing in Leeds with concentrations of deprivation alongside significant areas of the city which are relatively affluent. Wider analysis of child poverty, educational attainment, health and wellbeing, housing and debt in the city also suggests that the same areas are the focus of disadvantage and poverty in Leeds.

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<sup>35</sup> [Leeds Joint Strategic Assessment, 2021](#)



Source: ONS – Indices of Deprivation 2019

12 Lower Super Output Areas (LSOAs) in Leeds were ranked in the most deprived 1% nationally in 2019, of which 6 LSOAs have been identified by the City Council as Priority Areas to focus resources and attention.

LSOA desc	Ward	2015 IMD Rank	2019 IMD Rank	IMD Change
Stratford Street, Beverleys	Hunslet & Riverside	22	38	+16
Foundry Mill Terr, Brooklands	Killingbeck & Seacroft	123	60	-63
Crosby St, Recreations, Bartons	Beeston & Holbeck	37	88	+51
Holdforths, Clyde Approach,	Armley	229	134	-95
Wickham St. Seftons, Harlechs	Hunslet & Riverside	215	152	-63
St Hildas, Copperfields, Gartons	Burmantofts & Richmond Hill	855	161	-694
Boggart Hill	Killingbeck & Seacroft	167	166	-1
Foundry Mill Drive, Hawkshead Cres...	Killingbeck & Seacroft	113	211	+98
Cliftons, Nowells	Burmantofts & Richmond Hill	126	216	+90
Armley Grove Place, Hall Lane...	Armley	261	222	-39
East Park Drive, Glensdales, Raincliffes	Burmantofts & Richmond Hill	1,031	318	-713
Easterly Grove, St Wilfrids	Gipton & Harehills	348	326	-22
Trentham St, Oakleys, Garnets	Hunslet & Riverside	236	339	+103
Lincoln Green	Burmantofts & Richmond Hill	66	355	+289
Bismarcks, Dewsbury Road, Burton St	Hunslet & Riverside	274	360	+86
Winroses, Whitebeams	Middleton Park	259	404	+145
Bellbrooke Ave, Kimberley Road...	Burmantofts & Richmond Hill	325	408	+83
Comptons, Ashtons, Cowpers	Gipton & Harehills	310	474	+164
Halton Moor, Kendal Drive...	Temple Newsam	328	501	+173

1% Most deprived LSOAs nationally in Leeds by IMD 2015 and 2019 <sup>36</sup>

LSOA desc	Ward	2015 IMD Rank	2019 IMD Rank	IMD Change
Stratford Street, Beverleys	Hunslet & Riverside	22	38	+16
Crosby St, Recreations, Bartons	Beeston & Holbeck	37	88	+51
Holdforth's, Clyde Approach,	Armley	229	134	-95
Boggart Hill	Killingbeck & Seacroft	167	166	-1
Cliftons, Nowells	Burmantofts & Richmond Hill	126	216	+90
Lincoln Green	Burmantofts & Richmond Hill	66	355	+289

Leeds Priority Areas by IMD 2015 and 2019

The JSA provides an overview of Leeds' health and wellbeing issues including the wider determinants of health, with some of the key headlines outlined below:

### Population

- The population in the inner-city areas (often the most disadvantaged communities) is expanding.
- Following a rapid rise in birth rates from the early 2000s, the rate has fallen in recent years. However, the child population is still growing at a faster rate than the population of Leeds overall with the fastest rate of growth in the more deprived communities.
- The City's population has become more diverse with the Black, Asian and ethnic minority population representing a third of registrations in 2020 (whilst accounting for 19% of the city's population in the 2011 Census).
- There is an aging population. Future projections to 2041 predict a substantial growth in the 70+ population, with the 80+ age group having the fastest growth (up 50%).
- 26% of the GP registered population of Leeds and 34% of primary school pupils live in areas categorised as the 10% most deprived nationally.
- The proportion of school pupils eligible for, and claim, free school meals has significantly increased from 16% in 2018 to 25% in 2021.

### Poverty

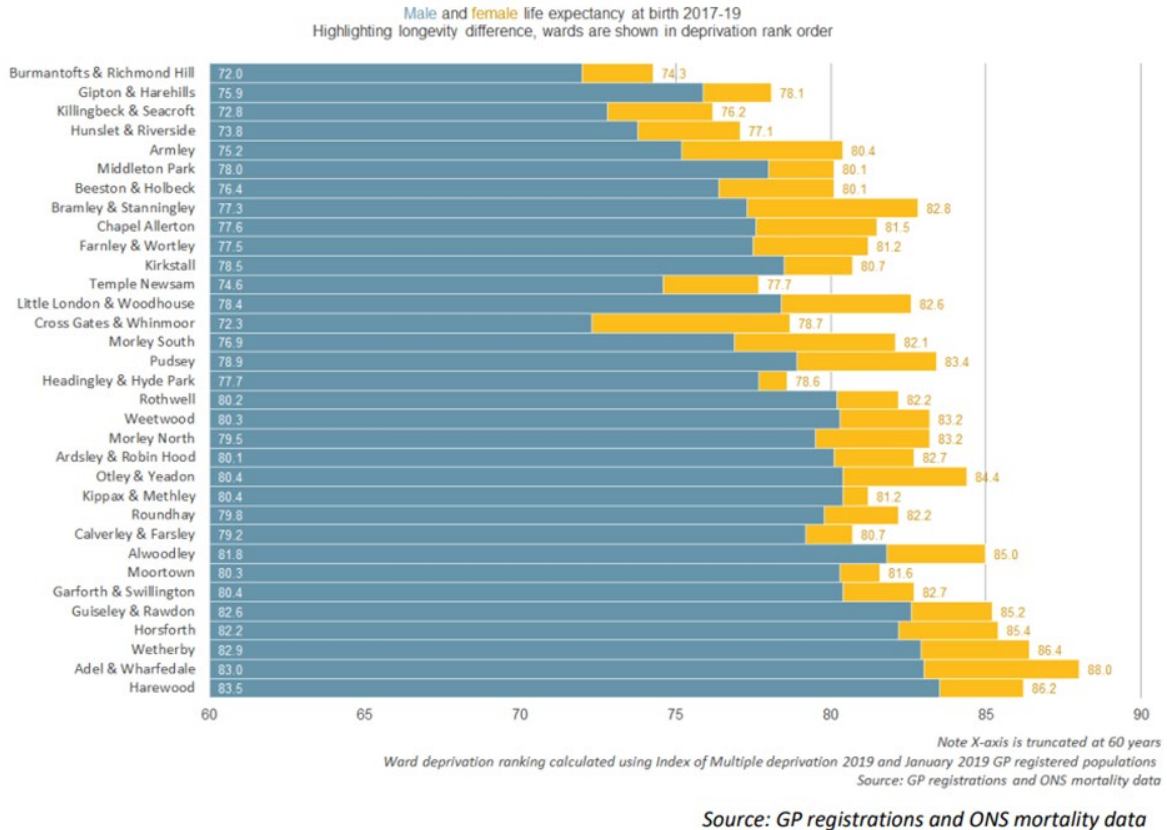
- For the period 2019/20, 36,500 children under 16 were in 'Relative Poverty before Housing Costs', which is 24% of the Leeds child population compared to the national average of 19%.
- There has been an increase of in-work poverty in recent years, estimated at over 74,000 working age adults in Leeds are from working households in poverty.

<sup>36</sup> [Leeds Index of Multiple Deprivation 2019 summary](#)



## Life Expectancy

- There is a significant gap in life expectancy between the most and least deprived wards (11 years for men and 13.7 years for women), for example a male living in the Burmantofts & Richmond Hill (the most deprived ward in Leeds) is expected to live on average to 72 years, compared to 83.5 years in Harewood one of the least deprived.



## Obesity

- As at 2020 there had been a decline in rates of adults living with obesity with the Leeds average well below regional and national rates, however there is a significant difference with deprived areas which are markedly higher.
- After a downturn in rates of children living with obesity, the levels have risen since the pandemic (2019/20 to 2020/21 increased from 10.1% to 14.9% city wide). With the most deprived areas being 19.6% compared to 6.1% in the least deprived (data source: National Child Measurement Programme).

## Mental Health

- Over 20% of older people (65+) are identified as having a common mental health illness, with higher numbers amongst females than males.
- There are increasing levels of mental health issues (including loneliness and social isolation). During the pandemic young adults and women, shielding

older adults, adults with pre-existing mental health conditions, and Black, Asian and ethnic minority adults were particularly affected.

#### **Air Quality**

- Most of the Air Quality Management Areas with historically high levels of nitrogen dioxide levels, mainly from vehicle emissions, are located in communities with higher levels of deprivation (locations in the City Centre, near to the inner ring road (A58/A64)gyuda and M621)

For more information and local evidence for the Leeds district, refer to the Leeds Observatory at <https://observatory.leeds.gov.uk>

## **4. NATIONAL AND LOCAL PUBLIC HEALTH POLICY CONTEXT**

### **National Context**

The recognition of how planning influences health outcomes is well established. 'Health Equity in England: The Marmot Review 10 Years On' (2020) commissioned by the Health Foundation provided an analysis of health inequalities in England and assessed key social determinants of health over a 10 year period from the original Report by Michael Marmot. It found that:

*"The built and natural environment is a key determinant of inequalities in health and wellbeing and the environment in which we live is inextricably linked to our health across the life course. The 2010 Marmot Review recommended integrating health with planning, transport, environment and housing departments at the local level in order to address the social determinants of health. Since 2010 evidence of the relationships between health and built and natural environments has grown and the role the environment plays in influencing health is now better understood. Research shows that the unequal distribution of poor-quality built environments contributes to health inequalities in England. Neighbourhoods and the built environment affect how individuals and communities interact with each other: they influence physical access to family and friends, health services, community centres, shops and the places and spaces that enable individuals to build and maintain their social relationships, facilitate social contacts and strengthen social ties."*<sup>37</sup>

The 'Public Health England Strategy 2020-25'<sup>38</sup> sets out the direction and roles for Public Health England (renamed as the Office for Health Improvement and Disparities (OHID)) to protect and improve the public's health. This includes the identification of ten priorities, four of which are relevant to planning interventions:

1. Healthier diets, healthier weight
2. Cleaner air
3. Better mental health
4. Best start in life

<sup>37</sup> [Health Equity in England: The Marmot Review 10 Years on, Institute of Health Equity, 2020](#)

<sup>38</sup> [Public Health England Strategy 2020-25](#)

A number of societal challenges are identified which planning can help to address:  
What makes us healthy – personal circumstances and the environment in which people live has a major effect on physical and mental health and can create or close off opportunities to make healthy choices. A joined up approach to create inclusive growth and healthier and more productive communities can be achieved through a healthy life with good education and jobs, a decent place to live with friends and family cared for.

Reversing trends in life expectancy and poor health – there has been a slowdown in improvements to infant mortality and life expectancy. For many people, a longer life means more time spent in poor health with an estimated 4.6 million people with both a mental health problem and a long-term physical condition.

Addressing unhealthy behaviours – supporting people to adopt healthy behaviours remains one of the top challenges for public health. Every year obesity, poor diets, high blood pressure, high cholesterol, and physical inactivity costs people hundreds of thousands of life years.

Persistent and growing inequalities – the gap of social disadvantage between the most and least deprived has not improved and in some cases is widening. Inequalities are common between the poorer and more affluent areas in the levels of infant mortality, low birthweight, childhood obesity, tooth decay and adverse childhood experiences. People living in deprived areas are more likely to smoke, have a poor diet, be physically inactive and die early from cancer or heart disease.

## **Marmot City**

On June 12<sup>th</sup> 2023, Leeds was declared a Marmot City and joined a network of local authorities in England with a shared interest to taking action in reducing health inequalities by focussing on social determinants of health. Key policy objectives include giving every child the best start in life, delivering fair employment for all and creating healthy and sustainable communities with good quality housing. This will stimulate a programme of work to help deliver these policy objectives.

### **[Leeds Health & Wellbeing Strategy 2016-2021](#)**

Extended to cover the period to 2023, the Strategy provides a blueprint for how the best conditions are put in place in Leeds for people to live fulfilling lives in a healthy city with high quality services.

The strategy identifies that “people will live in healthy, safe and sustainable communities”, as one of its five key outcomes, and seven of its twelve priority areas are relevant to planning:

1. A child friendly city and the best start in life
2. An age friendly city where people age well
3. Strong, engaged and well-connected communities
4. Housing and the environment enable all people of Leeds to be healthy

5. A strong economy with quality, local jobs
6. Get more people, more physically active, more often
10. Promote mental and physical health equally

Four out of the five outcomes in the strategy are relevant:

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will live in healthy, safe and sustainable communities

The strategy is being refreshed to cover the period to 2023-2030

## **5. NATIONAL AND LOCAL PLANNING POLICY CONTEXT**

### **National planning policy**

The National Planning Policy Framework (2021) highlights the importance of promoting healthy and safe communities (Section 8) so that planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible and enable and support healthy lifestyles. Alongside this the delivery of public service infrastructure through proactive and positive working by promoters, delivery partners and statutory bodies to plan for required facilities.

Supporting the NPPF, Planning Guidance "Healthy and Safe Communities – Guidance on promoting healthy and safe communities" (2022) recognises the importance of planning for healthier communities achieving healthy and inclusive communities through creating environments that support and encourage healthy lifestyles, and by identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population). The use of a health impact assessment is a "*useful tool to use where there are expected to be significant impacts*".

There is no government guidance on how HIA should be undertaken, however there are many sources and examples of best practice to inform the development of HIA methodology. Appendix 1 provides a number of examples of HIA guidance and good practice which have informed the development of this guidance document.

### **Local planning policy**

There are many policies in the Leeds Local Plan which together contribute towards improving health outcomes (listed in Appendix 2) Policy P10 (Development principles for high-quality design and healthy place making) recognises the contribution of healthy lifestyles:

#### ***"Healthy lifestyles***

1. *Particular regard shall be given to promoting and enabling active travel to support healthy lifestyles as the easy choice, maximising opportunities for pedestrian and cycle movement, reducing dominance of vehicles on streets whether stationary or moving and ensuring everyone has low carbon travel choices and maximising*



*opportunities to reduce the causes of ill health, improving health and reducing health inequalities by providing a healthy living environment (including improving street safety, spaces to dwell, greener (more pleasant and amenity) supporting both mental and physical health;”*

Policy P10A requires development to support positive health outcomes, unacceptable impact on health and wellbeing will not be permitted and establishes the threshold for the provision of a health impact assessment.

**“POLICY: P10A: THE HEALTH IMPACTS OF DEVELOPMENT**

1. *Development will contribute to reducing the causes of ill health, improving health and reducing health inequalities within the city with the aim of:
 
  - a. *Providing a healthy living environment; and*
  - b. *Promoting and enabling healthy lifestyles; and*
  - c. *Addressing any adverse health impacts; and*
  - d. *Providing good access to health facilities and services.**
  
2. *Developments that will have an unacceptable impact on health and wellbeing will not be permitted unless appropriate mitigation can be provided.*
  
3. *A health impact assessment will be required for residential developments of 100 or more units, non-residential developments of 10,000m<sup>2</sup> or more and for other developments where the proposal is likely to have a significant adverse impact on health and wellbeing.*
  
4. *Where significant impacts are identified, measures to mitigate the significant adverse impact of the development will be provided and/or secured by planning conditions or obligations.”*

**6. THE STAGES OF HIA IN THE PLANNING APPLICATION PROCESS**

HIAs should be undertaken as part of the pre-application process to inform and influence the proposal that is submitted as a planning application. The following table sets out the key stages in the preparation of a HIA alongside the planning application process and identifies the parties responsible for undertaking each stage.

<b>Stage</b>	<b>Description</b>	<b>When Carried Out</b>	<b>Responsibility of</b>
Screening	Establish whether HIA is required, informed by Policy P10A and consideration of evidence	Pre-application	Applicant in consultation with Public Health & Planning
Scoping	Identify the key health issues and important health impacts and agree process for undertaking HIA	Pre-application	Applicant in consultation with Public

			Health & Planning
Assessment	Identify potential impacts, quantify or describe their health impacts (positive and negative) and impact on on different groups	Pre-application	Applicant
Reporting	Present results of assessment with recommendation to improve the proposal and mitigate any negative impacts.	Application submission	Applicant
Decision-making	Assessment of quality of submitted HIA, how recommendations have been implemented and whether any negative impacts on health (after mitigation) are acceptable or not. Reassessment of a revised proposal if necessary	Determination of planning application	Public Health & Planning
Monitoring & Evaluation	Implementation of the proposal and recommendations from the HIA on health outcomes	Post planning decision	Applicant

## 7. TYPES OF HEALTH IMPACT ASSESSMENT

HIA can be a free-standing document or provided as part of an environmental impact assessment or sustainability assessment.

## 8. SCREENING – WHAT DEVELOPMENT REQUIRES A HIA? WHEN TO UNDERTAKE HIA

The principle of determining whether a HIA is required for a planning application is set out in Policy P10A:

- Residential developments of 100 or more units; or
- Non-residential developments of 10,000 sqm or more; or
- Other developments where the proposal is likely to have a significant adverse impact on health and wellbeing

The threshold for requiring HIA has been identified reflecting the anticipated scale of impact of the largest development, however other types or locations of development may also trigger the requirement for HIA where it is considered that there could be a significant adverse impact on health and wellbeing. This will be determined by Public Health informed by an assessment of local evidence.

## 9. SCOPING & ASSESSMENT

The Leeds HIA matrix (Appendix 3) has been designed to be used at the pre-application stage prior to application submission to help inform the design, layout and composition of a development, so that proposals have the best possible impact on health. The matrix focuses on the built environment and public health issues directly

or indirectly influenced by planning decisions. It provides a structure/overview of the broad determinants that impact on health and wellbeing. It has not been designed to add burden to the process, but to compliment other assessment work required for planning application submissions and is a tool to allow existing work to be recorded, from a health and wellbeing perspective.

As part of the pre-application process, the applicant should agree the methodology for undertaking the HIA with public health, including the study area, the use of evidence and outputs from the HIA process.

The use of the Leeds HIA matrix provides a template for applicants to use in undertaking HIAs. This supports a structured approach to present the assessment work through using the following headings:

<b>Section</b>	<b>Heading</b>	<b>Description</b>
1	Introduction	Describing the location, development proposed and HIA author details
2	Population Profile	Providing an overview of the population of the study area including socio-economic characteristics and evidence source
3	Assessment of HIA Themes	Assessment of the development proposal by each HIA theme, identifying the relevance to the proposal, evidence source, description and potential impact (positive/neutral/negative) and recommendations for mitigation where a negative impact is identified. A. Access to green & blue infrastructure & nature B. Accessibility & active travel C. Access to healthy food D. Housing type, quality & design E. Access to work & training F. Health care services & other social infrastructure G. Social cohesion H. Crime reduction & community safety I. Air quality, noise & neighbourhood amenity J. Climate change
4	Conclusion	An overall conclusion on the impacts of the development proposal and how it effects the health and wellbeing of residents/the population receptor.

To help inform the undertaking of a HIA and assessment of the effects of a proposal on health and wellbeing outcomes, Appendix 3 provides examples of positive and negative impacts for each of the 10 HIA themes set out in the matrix. The list of examples is not exhaustive and applicants should consider the individual circumstances relevant to their proposal in undertaking the HIA.

For each theme, relevant planning policies in the Local Plan and local planning guidance are identified, in order to illustrate the policy requirements which developments are required to address in preparing development proposals. These

policies are already required to be complied with by development proposals. The HIA matrix assists applicants by directing them to the relevant policies and guidance.

## **10. IMPACT ON HEALTH INFRASTRUCTURE**

As part of the HIA process, applicants should give consideration to the impact on existing health infrastructure and indicate what provision is made to meet NHS requirements.

## **11. CONCLUDING THE HIA ASSESSMENT**

Through the completion of the HIA matrix, applicants should provide a summary of the overall effects of the development on health and wellbeing. Where negative effects are identified, outline the revisions and mitigation measures provided to address this and overview of the mechanism for monitoring the effects of the development.

## **12. ASSESSMENT OF SUBMITTED HIAs**

Following submission of the HIA, the HIA officer will assess the production of the HIA and its conclusions on the health impacts arising from the proposed development. The effects of the proposal on different population groups identified in the HIA will be considered as well as the wider determinants of health and health inequalities.

A formal response to the HIA will be provided to the case officer for the planning application including recommendations on the overall health impact. This may then inform further discussions between the case officer and the applicant.

## **13. OUTCOME OF THE HIA PROCESS & DECISION MAKING**

The outcome of the HIA process will help to inform the determination of the planning application. Recommendations arising from the HIA which have not been incorporated into revised proposals may form the basis of any planning conditions in order to make the development acceptable in planning terms.

## **Appendix 1 Examples of HIA Guidance and Good Practice**

[Spatial Planning for Health – An evidence resource for planning and designing healthier places \(Public Health England\), June 2017](#)

[Health Impact Assessment in Spatial Planning – A Guide for local authority public health and planning teams, October 2020](#)

[Health Impact Assessment – A Practical Guide \(Welsh Health Impact Assessment Support Unit, Public Health Wales, Cardiff University\)](#)

## Appendix 2 The Effects of Health and Local Plan Policies Relevant to Health & Well-being and Supporting Positive Health Outcomes

### Revised or New Policies Subject to Local Plan Update

#### A. Access to green & blue infrastructure & nature

Considerations	Positive Effects	Negative Effects	Relevant Local Plan Policies and Guidance
<ul style="list-style-type: none"> <li>▪ Access to green &amp; natural space</li> <li>▪ Provision of different types of green space including for childrens play</li> <li>▪ Safety and inclusivity of greenspace</li> </ul>	<ul style="list-style-type: none"> <li>▪ The provision of publicly accessible green and blue spaces can encourage physical activity and help to maintain or improve mental health</li> <li>▪ New residential development requires provision of formal and informal green spaces including provision of childrens play</li> <li>▪ Safe and accessible green spaces benefits all communities</li> <li>▪ Natural spaces including trees and habitats provides mental health benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ The loss of green spaces and playing fields can limit opportunities for physical activity</li> <li>▪ Failure to provide a range of different types of green space and play spaces places pressure on existing spaces</li> <li>▪ Green spaces which are of poor quality, feel unsafe or are inaccessible discourages physical activity and social interaction</li> </ul>	<p>CS SP13 Green &amp; Blue Infrastructure  CS G1 Protecting, maintaining, enhancing &amp; extending Green &amp; Blue Infrastructure  CS G3 Standards for Open Space &amp; Recreation  CS G4A Green and blue space improvement and new Green and Blue Space Provision  CS G4B High Quality of New Green and Blue Space  CS G5 Open Space Provision in the City Centre  CS G6 Protection of Existing Green Space  CS G7 Cemeteries &amp; Burial Space  CS G8 Protection of Important Species &amp; Habitats  CS G8A Protection of Important Species &amp; Habitats  CS GB8B Leeds Habitat Network  CS G9 Biodiversity Net Gain  CS G2A Protection of Trees, Woodland &amp; Hedgerows  CS G2B Ancient Woodland, Ancient Trees and Veteran Trees</p>

			<p>CS G2C Long Established Woodland  CS G2D Tree Planting  CS SP1A Complete, Compact and Connected Places  UDP N8 Urban Green Corridors</p> <p>Neighbourhoods for Living</p>
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## B. Accessibility & active travel

Considerations	Positive Effects	Negative Effects	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>▪ Opportunities for walking and cycling</li> <li>▪ Access to public transport</li> <li>▪ Safety and inclusivity of movement and transport</li> </ul>	<ul style="list-style-type: none"> <li>▪ Providing opportunities for active travel supports physical activity and mental health</li> <li>▪ Well designed streetscape and connections can make it easier to access facilities using public transport, walking and cycling</li> <li>▪ Facilitating good access to spaces and buildings for all users supports mobility and inclusivity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poorly designed car dominated environments increases the risk of injury and discourages active travel</li> <li>▪ Prioritising roads over pedestrians and cyclists discourages access to facilities</li> <li>▪ Developments with limited access discourages accessibility for those with restricted mobility and/or no access to a car</li> </ul>	<p>CS SP11 Transport Infrastructure Investment Priorities  CS T1 Transport Management  CS T2 Accessibility Requirements  UDP T10A Safeguard Former Rail Lines  UDP T16 Park &amp; Ride Sites  CS SP11A Mass Transit &amp; Rail Infrastructure  CS SP11B Leeds Station  CS SP1A Complete, Compact and Connected Places</p> <p>Transport SPD  Neighbourhoods for Living  Accessible Leeds SPD</p>

### C. Access to healthy food

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>▪ Access to healthy food</li> <li>▪ Supporting retention and creation of food growing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Providing access to locally produced healthy food supports health and nutrition</li> <li>▪ Encouraging more access to local food growing supports social connectivity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limiting access to healthy food disadvantages those with limited income</li> <li>▪ Redevelopment of green spaces reduces opportunities for local food production</li> </ul>	<p>CS G3 Standards for Open Space &amp; Recreation</p> <p><a href="#">CS G4A Green and Blue Space Improvement and New Green Space Provision</a></p> <p><a href="#">CS G4B Quality of New Green and Blue Space</a></p> <p>CS G5 Open Space Provision in the City Centre</p> <p><a href="#">CS G6 Protection of Existing Green and Blue Space</a></p> <p><a href="#">CS F1 Food System Resilience</a></p> <p>Hot Food Takeaways SPD</p>

### D. Housing type, quality & design

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>▪ Meeting local housing needs – mix, type and affordable housing</li> <li>▪ Internal space standards</li> <li>▪ Accessible and adaptable dwellings</li> </ul>	<ul style="list-style-type: none"> <li>▪ Providing a mix of housing including affordable units supports local housing needs</li> <li>▪ Well design units with habitable space including need for accessible and adaptable housing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not providing appropriate mix including affordable provision does not support local housing needs</li> <li>▪ Lack of internal space and poorly designed housing affects the health and wellbeing of occupiers including those with access needs</li> </ul>	<p>CS H3 Density of Residential Development</p> <p>CS H4 Housing Mix</p> <p>CS H5 Affordable Housing</p> <p>CS H6 Houses in Multiple Occupation, Student Accommodation &amp; Flat Conversions</p>



			<p>CS H8 Housing for Independent Living</p> <p>CS H9 Minimum Space Standards</p> <p>CS H10 Accessible Housing Standards</p> <p>Neighbourhoods for Living</p> <p>Accessible Leeds SPD</p>
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#### E. Access to work & training

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>Provision of new employment</li> </ul>	<ul style="list-style-type: none"> <li>Retaining existing and providing new employment supports jobs for local people and the local economy</li> </ul>	<ul style="list-style-type: none"> <li>The loss existing employment or lack of new provision affects the social conditions of local people and their health and wellbeing</li> </ul>	<p>CS EC1 General Employment Land</p> <p>CS EC2 Office Employment</p> <p>CS EC3 Safeguarding Existing Employment Land &amp; Industrial Areas</p> <p><a href="#">CS SP1A Complete, Compact and Connected Places</a></p>

#### F. Health care services and other social infrastructure

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>Provision and retention of existing social infrastructure (eg schools, health and other community facilities)</li> <li>Enabling access to social infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>The retention of and provision of new health and other community facilities supports the health and well being of existing and future population arising from new growth</li> </ul>	<ul style="list-style-type: none"> <li>The loss of facilities or lack of new provision to meet local needs worsens health outcomes and inequalities</li> <li>Development located with limited access to facilities worsens health outcomes and inequalities</li> </ul>	<p>CS P1 Town &amp; Local Centre Designations</p> <p>CS P2 Acceptable Uses In and On Edge of Town Centres</p> <p>CS P3 Acceptable Uses In and On the Edge of Local Centres</p>

<ul style="list-style-type: none"> <li>Needs arising from new development</li> </ul>	<ul style="list-style-type: none"> <li>Location of development with good access to health and other community facilities including the concentration of facilities supports health and wellbeing of communities</li> </ul>		<p>CS P4 Shopping Parades &amp; Small Scale Stand Alone Food Stores  CS P7 Creation of New Centres  CS P9 Community Facilities &amp; Other Services  <a href="#">CS P10 Development principles for high quality design &amp; healthy place making</a>  <a href="#">CS SP1A Complete, Compact and Connected Places</a>  UDP LT5B Leisure &amp; Tourism Sites</p>
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### G. Social Cohesion

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>Connectivity to existing communities</li> <li>Supporting existing communities</li> <li>Building new communities</li> </ul>	<ul style="list-style-type: none"> <li>Safe and permeable environments for people to meet informally</li> <li>Sustainable locations providing access to existing communities and town and local centres to encourage social interaction</li> </ul>	<ul style="list-style-type: none"> <li>Lack of public spaces and permeable layouts discourages social interaction</li> <li>Limited physical connectivity with existing communities severs community links</li> </ul>	<p>CS P9 Community Facilities &amp; Other Services  <a href="#">CS P10 Development principles for high quality design &amp; healthy place making</a>  <a href="#">CS SP1A Complete, Compact and Connected Places</a>    Neighbourhoods for Living</p>

### H. Crime reduction & community safety

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>Creating safe environments</li> </ul>			

	<ul style="list-style-type: none"> <li>Well designed layouts incorporating natural surveillance and lighting encourages social interaction and avoids social exclusion</li> </ul>	<ul style="list-style-type: none"> <li>Lack of natural surveillance and isolated spaces can exacerbate crime and affect community safety</li> <li>Unsafe environments discourages walking and cycling and social interaction</li> </ul>	<p><a href="#">CS P10 Development principles for high quality design &amp; healthy place making</a></p> <p>Neighbourhoods for Living</p> <p>Designing for Community Safety: A Residential Design Guide SPD</p>
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### I. Air quality, noise and neighbourhood amenity

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>Effects of pollution</li> <li>Public safety</li> </ul>	<ul style="list-style-type: none"> <li>The location of development, good siting and layout and provision of green spaces supports air quality and mitigates other negative effects of pollution</li> <li>The provision of construction management plans can lessen the negative impact of construction (working hours and traffic)</li> <li>The provision of travel plans for future occupants encourages sustainable travel and supports environmental conditions</li> </ul>	<ul style="list-style-type: none"> <li>Proximity to polluting uses or new development close to sensitive uses (eg housing) creates nuisance and poor environmental conditions</li> <li>Lack of controls on construction practices creates nuisance and poor environmental conditions</li> <li>High traffic volumes creates congestion resulting in increased air and noise pollution</li> </ul>	<p><a href="#">CS P10 Development principles for high quality design &amp; healthy place making</a></p> <p><a href="#">CS P10A Health Impacts of Development</a></p> <p><a href="#">NRW AIR1 Management of Air Quality through Development</a></p> <p>NRW LAND1 Contaminated Land</p> <p>Neighbourhoods for Living</p>

**J. Climate change**

Considerations	Positive Impact	Negative Impact	Relevant Local Plan Policies
<ul style="list-style-type: none"> <li>▪ Design of spaces and buildings to mitigate causes and effects of climate change</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inclusion of green spaces and development designed to address issues of heat and incorporate energy efficiency measures supports the health and wellbeing of occupants</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of green spaces and inappropriate design and use of materials in development can exacerbate the effects of climate change</li> </ul>	<p>CS SP0 Climate Change Mitigation &amp; Adaptation  CS EN1B Operational Energy  CS EN2 Sustainable Construction Standards  CS EN3 Renewable Energy  CS G9 Biodiversity Net Gain</p> <p>Building for Tomorrow Today- Sustainable Design &amp; Construction SPD</p> <p>Sustainable Drainage in Leeds</p> <p>Neighbourhoods for Living</p>

## Appendix 3 Health Impact Assessment Matrix

### Section 1 Introduction

Description of Site Location and Surrounding Area including current land uses	
Which Ward is the site located in	
Description of Proposed Development including explanation of the background and context of the proposal and its objectives	
Date HIA Completed	
Contact Details (HIA Author)	
Outline the screening and scoping process including consultation undertaken with the Council and others in the preparatory stages for the HIA was commenced	

### Section 2 Population Profile

Provide a brief description of the socio-economic context for the site and surrounding area Consider the most appropriate geographical area for the study having regard to the nature and scale of the proposed development and communities potentially affected, including any specific vulnerable population groups. To establish the baseline position, set out the population indicators identified and the source of evidence used. The indicators fall within a range of population profile themes, including age and gender, disability, employment, housing, health and levels of deprivation.

Which parts of the Leeds district will be most affected by this proposal (list the relevant areas/wards)	
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Population Profile Indicator	Description	Evidence Source
Age and gender		
Health		
Economic		
Housing		
<i>Expand as necessary</i>		

### **Which Population Groups may be affected**

	Tick all specific population groups particularly affected by this proposal
Everyone / all groups	
Asylum seekers / refugees	
Ethnic minorities including Gypsy, Roma and Traveller ethnic groups	
People living in areas of high social and economic deprivation	
Disabled People including physical, sensory or hidden disabilities, mental health, learning disability, neurodivergent conditions and those with long-term health conditions.	
Families with young children	
Children and young people (0-18 years)	
Adults aged between 18-60 years	
Older people (60+ years)	
Women and girls	
Men and boys	
Transgender people and non-binary people	
Lesbian, gay and / or bisexual people	
Homeless people and people who sleep rough	
People with dementia	
Religious, faith or belief groups	
Visitors or those working in the Leeds district	
Others (please list)	

**Section 3 Assessment of HIA Themes**

**K. Access to green & blue infrastructure & nature**

Criteria	Relevant to this proposal? Where not considered relevant, provide explanation	Evidence Source [could be ref to other document submitted with PA eg D & A study]	Description of Impact <ul style="list-style-type: none"> <li>▪ Nature of impact</li> <li>▪ Likelihood of impact</li> <li>▪ Scale &amp; significance of impact</li> <li>▪ Timing &amp; duration of impact including during construction period</li> <li>▪ Distribution of the effects (eg different groups of people)</li> </ul>	Potential Health Impact <ul style="list-style-type: none"> <li>▪ Positive</li> <li>▪ Neutral</li> <li>▪ Negative</li> <li>▪ Uncertain</li> </ul>	Recommendation (including suggested mitigation where necessary to address negative impact)
Does the proposal retain and enhance existing open and natural spaces?					
Does the proposal provide an appropriate quality, quantity and variety of green space?					
Does the proposal promote safe and accessible connections to other green spaces, natural spaces and public realm?					
Does the proposal provide accessible and inclusive play opportunities for children of all ages and abilities?					
Does the proposal provide green spaces that are accessible, safe and					

welcoming to all members of the community including people with disabilities and restricted mobility?					
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**L. Accessibility & active travel**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
How does the proposal prioritise and encourage walking, such as well lit, accessible, well connected, clearly signed and safe walking routes linking key destinations (homes, workplaces, shops, parks, places of worship and other community facilities?)					
How does the proposal prioritise and encourage cycling, such as well lit, clearly signed and well connected cycling routes and the provision of sufficient secure cycle storage?					
How does the proposal take into consideration the					



likely ages and needs of the whole community providing accessible foot and cycleways, for example dropped kerbs, wide footpaths, places to rest, wheelchair and pushchair use or mobility aid?					
How does the proposal provide good access to public transport??					
How does the proposal allow people with restricted mobility or disability to access places and buildings?					
What traffic management and calming measures (to help reduce and minimise road injuries?) does the proposal include?					

**M. Access to healthy food**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
How does the proposal seek to restrict unhealthy food outlets and promote the availability of locally					

produced food and provide opportunities for local food shops?					
How does the proposal support the retention and creation of food growing opportunities such as allotments, communal gardens, roof or balcony gardens?					
Does it need a line about local café's and other community eateries?					

**N. Housing type, quality & design**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
Does the proposal provide a mix of house types and sizes including affordable housing to respond to local housing needs?					
Does the proposal meet the minimum space standards?					
Does the proposal help to address the housing needs of older and disabled people?					

For example, does it meet all Lifetime Homes Standards, Building for Life and provide accessible housing?					
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**O. Access to work & training**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
How??Does the proposal provide new employment or provide access to employment and training for local people?					

**P. Health care services and other social infrastructure**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
How does the proposed development retain or re-provide existing social infrastructure?					
Does the proposal assess the capacity, location and accessibility of other social infrastructure, eg schools,					

social care and community facilities?					
Does the proposal contribute to meeting primary, secondary and post 19 education needs?					
Does the proposal seek to retain, replace or provide health and social care related infrastructure?					
Does the proposal assess the impact on healthcare services?					
Does the proposal include the provision, or replacement, of a healthcare facility meeting NHS requirements (and/or does the proposal provide a financial contribution for this)?					
Does the proposal provide good access to key local services by means other than the car, for example clustering a range of services and facilities such as shops, schools, and leisure and health facilities together?					
Does the proposal impact on access to healthcare services and other local					

social infrastructure? How is it mitigating against a potential negative impact on health inequalities?					
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**Q. Social Cohesion**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
Does the siting and layout of the proposal connect with existing communities by avoiding physical barriers and severance and land uses and spaces which encourage social interaction?					
Does the proposal benefit existing communities, considering health inequalities and encourage engagement by underserved communities?					
Does the proposal promote opportunities for social interactions and community cohesion by providing or improving communities' facilities such as shared community use					

and multi-purpose buildings and outdoor spaces in accessible locations e.g., community centre?					
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**R. Crime reduction & community safety**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
How does the proposed development reduce opportunities for crime and anti social behaviour?					
Does the proposal create environments and buildings that make people feel safe, secure and free from crime?					

**S. Air quality, noise and neighbourhood amenity**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
Does the proposal minimise construction impacts such as air					

pollution, dust, noise, vibration and odours?					
Does the proposal minimise long term air pollution caused by traffic and industrial processes/commercial uses?					
Does the proposal minimise long term noise pollution caused by traffic and commercial uses?					
Has the proposal been assessed for any potential risk to construction workers and/or the future users of the development by possible land contamination?					
Do the effects of the proposal on air quality, noise and neighbourhood amenity impact on health inequalities?					

**T. Climate change**

<b>Criteria</b>	<b>Relevant to this proposal?</b>	<b>Evidence Source</b>	<b>Description of Impact</b>	<b>Potential Health Impact</b>	<b>Recommendation (including suggested mitigation where necessary to address negative impact)</b>
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Does the proposal incorporate renewable energy and ensure that buildings and public spaces are energy efficient and designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?					
Does the proposal achieve a net gain in biodiversity?					

**Section 4 Monitoring of Future Health Effects**

Identify the process for monitoring the effects of the project by reference to the HIA themes identified above.

Identified Health Effect	Indicator	Mechanism for Monitoring

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