

Health Impact Assessment Delivery and Allocations Local Plan (Incorporating Partial Review of the Core Strategy) July 2019



Addendum

Please note that the Public Health Development Manager has confirmed they didn't feel the changes in the Proposed Submission DALP required a refreshed HIA, as the policies and approaches as they relate to health impacts had not changed – so the one we did on the previous version the Draft Publication in 2017 stands.



Health Impact Assessment Screening Report: Halton Local Plan 2014-2037 Revised Core Strategy Policies and Delivery and Allocations Publication Document (2017)

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Related documents	Halton's Core Strategy Local Plan HIA

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1. Introduction

Since the first Community Strategy, Health has been one of the objectives of the Local Strategic Partnership and is reflected in Halton Borough Council's corporate plan.

There is a long accepted relationship between a person's health status and the broad social and environmental context within which they live. The social, economic and environmental context at whatever level, regional, sub regional or local is the focus of spatial planning policy.

The HIA process offers a systematic approach involving an evidence-based assessment of the potential health impacts developments, strategies and projects may have on health, identifying both negative and positive elements. It offers recommendations for action that can be taken to minimise or eliminate potential negative impacts on health before a project, development or strategy is implemented. It also looks at the opportunities to maximise positive contributions. In this way it is prospective assessment of potential health consequences of proposed actions.

In early 2009, the then Halton & St Helens Health Impact Assessment Group, co-ordinated by Halton & St Helens Primary Care Trust's Public Health Team, were approached by Tim Gibbs, then Principal Planning Officer at Halton Borough Council to conduct a HIA screening exercise on the draft Preferred Options stage of

the Core Strategy prior to it going to public consultation. A report was produced in July 2009 detailing a range of recommendations to make best use of the health opportunities to Core Strategy could divest to the local population. The group and members of the planning team came together again, at the Proposed Submission document stage in October 2010, to look at how the original recommendations had been handled. A further set of recommendations were made following a second HIA exercise.

At both stages, the group took a strategic approach to their assessment, using the social model of health and standard screening template that had been developed around this to consider the extent to which policies within the Core Strategy supported issues such as good quality housing and addressed fuel poverty, lifestyles and risk taking behaviour, access to open/green space to encourage physical activity and others.

This report reflects a screening exercise conducted on the Delivery and Allocations Local Plan (DALP) draft document. As HIAs had already been conducted at various stages of the Core Strategy, this report assesses the extent to which the key themes of these HIAs remains relevant to the DALP and whether the DALP continues to ensure the health implications of its various policies are acknowledged.

2. Background

2.1 The Core Strategy

The Core Strategy sets out in 'Halton's Story of Place' how the Borough has developed over time and introduces the Borough's characteristics, including the issues and challenges that the Borough now faces and those likely to have an impact and drive further change during the period to 2028 and beyond. The Core Strategy then introduces a vision for the Borough, imagining the place we would like Halton to be by 2028 and identifies a series of 13 Strategic Objectives that will help us to deliver that vision. From this, a Spatial Strategy has been prepared, showing how development will be distributed throughout the Borough, and indicating which areas will be subject to the most substantial change. This is followed by a series of core policies relating to key themes of development including transport, urban design, conservation and health.

The Core Strategy will significantly contribute to the delivery of a prosperous, well connected and attractive Borough, supporting healthy communities, performing a key role within the Liverpool City Region and well positioned to respond to future economic and social changes and challenges.

On 17th April 2013 Halton Borough Council resolved to approve the formal adoption of the Halton Core Strategy Local Plan as part of the development plan for the Borough, and to delete certain of the saved policies from the Halton UDP (as set out in Appendix 4 of the Core Strategy document). As such, planning decisions will be taken in accordance with its contents, unless material considerations indicate otherwise.

The Halton Core Strategy Local Plan¹ is the lead document within Halton's Planning Policy Framework setting out the overall strategy for future development in the Borough looking ahead to 2028.

2.2. Health within the Core Strategy

Health Impact Assessment of the draft Core Strategy was conducted at several times during its development. This ensured that local health needs and priorities were considered across all relevant policies of the plan.

Additionally, a specific policy on Health and Wellbeing (Policy CS22) was included to cover the most impactful consequences of spatial planning to local health

Policy CS22: Health and Well-Being

Healthy environments will be supported and healthy lifestyles encouraged across the Borough by ensuring:

- proposals for new and relocated health and community services and facilities are located in accessible locations with adequate access by walking, cycling and public transport;
- applications for large scale major developments are supported by a Health Impact Assessment to enhance potential positive impacts of development and mitigate against any negative impacts
- the proliferation of Hot Food Take-Away outlets (Use Class A5) is managed; and,
- opportunities to widen the Borough's cultural, sport, recreation and leisure offer are supported.

3. What is Health Impact Assessment (HIA)?

3.1 What is health impact assessment?

HIA can be defined as the estimation of the effects of a specified action on the health of a defined population.

Its purpose is:

- To assess the potential health impacts - positive and negative - of policies, programmes and projects
- to improve the quality of public policy decision making through recommendations to enhance predicted positive health impacts and minimise negative ones

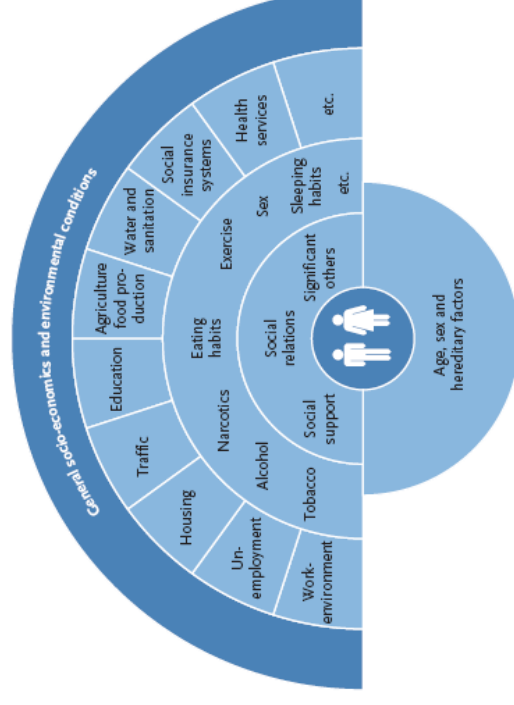
3.2 What can HIA offer?

There is no statutory requirement to carry out HIAs. However, they are increasingly recognised as having an important contribution towards establishing the potential impacts and benefits of schemes, designs and policies. HIA's strength lies in providing a tool which enables informed policy decisions to be made based on a valid assessment of their potential health impacts, at the same time adding health awareness to policy making at every level. In the longer term it has the potential to make concern for improving public health the norm and a routine part of all public policy development.

3.3. A social model of health and well-being

HIA is based on a holistic, social model of health which recognises that the well-being of individuals and communities is determined by a wide range of economic, social and environmental influences as well as by heredity and health care.

Figure 1: Social determinants of health



3.4. Use of expertise, evidence and local knowledge

HIA seeks to utilise a wide range of professional and wider stakeholder expertise and knowledge, including the local communities whose lives will be affected by the policy or development being assessed. It uses both quantitative, scientific evidence together with qualitative information. This may include the opinions, experience and expectations of people most directly affected by public policies and tries to balance the various types of evidence.

4. What are the major health and socio-economic issues for the Borough of Halton?

4.1 Location

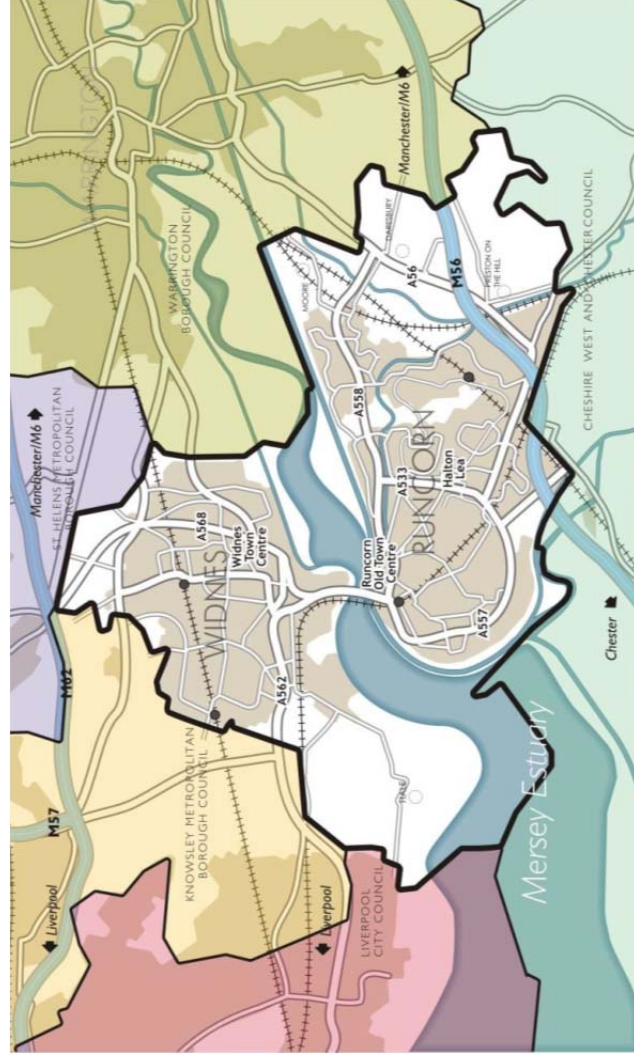
Halton is made of the towns of Runcorn and Widnes, located on the Mersey estuary. It has a legacy of chemical industry and 1960s Runcorn New Town development providing an influx in population from the neighbouring city of

Liverpool. With the decline of the chemical industry the area struggles with high local unemployment rates. Newer service and communication industry developments have taken place in Daresbury and Manor Park and the science park has high quality laboratories. These together with logistics developments, are of strategic importance in the economic regeneration of the borough.

More details about the borough can be found in the Core Strategy

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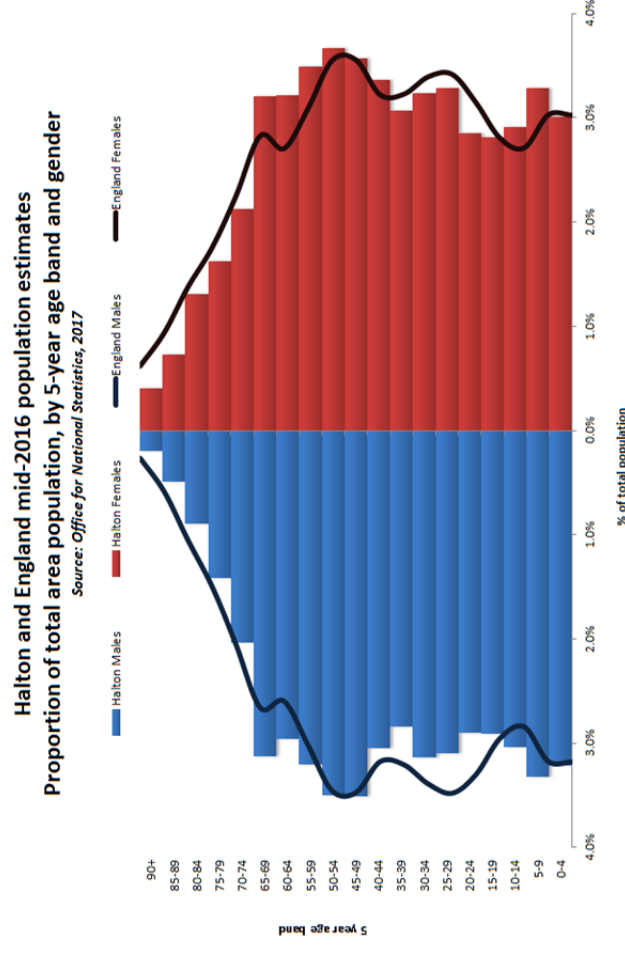
Figure 2: Location of Halton Borough



4.2 Population & Demography

The population of Halton was in decline during the late 1990s but has been increasing since 2001. As with many areas, the number of people aged over 65 years, as a proportion of the overall population, is growing, although the borough continues to have a 'younger' age structure than the national and regional averages. In 1996, 12.9% of the population were aged 65 and over, by 2011 this has increased to 15%. The 65+ proportion of the population is projected to rise by a third over the next ten years; from 18,600 in 2011 to 24,700 in 2021. The working age population, 16-64 is projected to fall from 82,000 in 2011 to 77,500 by 2021 with the 0-15 population projected to rise from 24,800 to 27,300 over the same period. Figure 4 shows the 2011 estimated population structure and number per ward.

Figure 3: Halton Population Structure

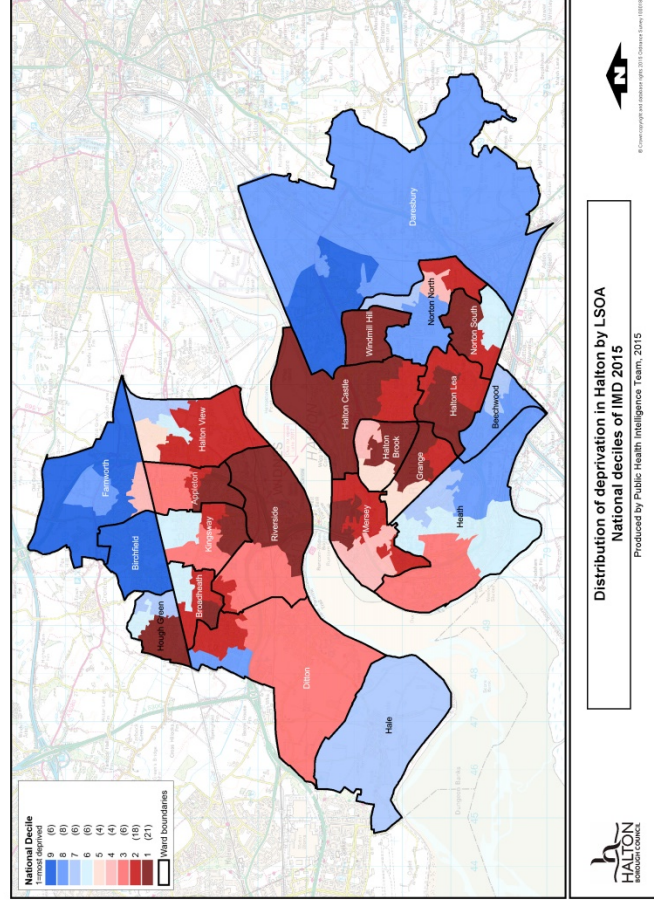


4.3 Deprivation

Deprivation is a major determinant of health. Lower income levels often lead to poorer levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services. Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2015 ranks Halton as the 27th most deprived authority in England (out of 326 local authorities). This is the 3rd worst out of the six local authorities who make up the Liverpool City Region, behind Liverpool and Knowsley. It is a slight worsening of position since the IMD 2007 when the borough was ranked 30th most deprived but the same as the 2010 IMD.

- ❖ The ward with the highest average IMD score in 2015 and therefore the most deprived ward in Halton is Windmill Hill. The least deprived ward in Halton is Birchfield.
- ❖ The overall IMD is made up of seven domain measures. Daresbury ward does well across all of these whilst Windmill Hill has some of the highest scores.
- ❖ Deprivation scores at small area geography (known as Lower Super Output Areas) shows that the area with the highest deprivation is located in Halton Castle ward.
- ❖ There are 21 LSOAs in Halton that fall in the top 10% most deprived nationally. This accounts for 26.6% of Halton's population
- ❖ The number of LSOAs falling in the top 10% most deprived nationally has remained the same as 2007.

Figure 4: Distribution of deprivation across Halton, 2015 IMD



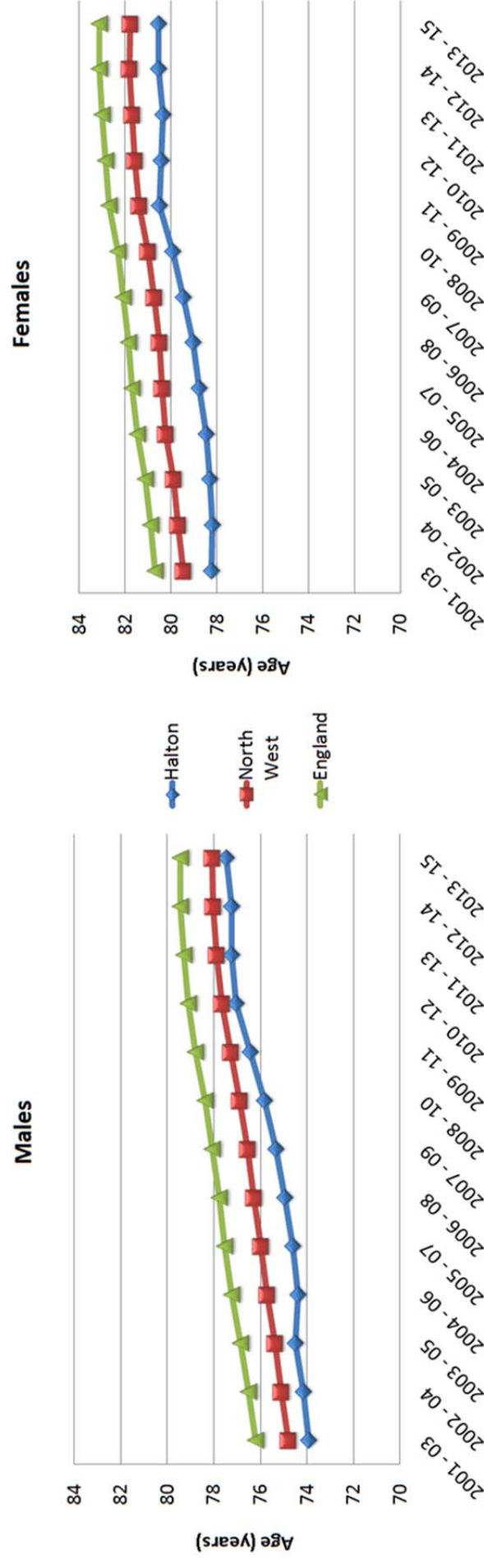
4.4. Life Expectancy

As a result of the reduction in mortality, life expectancy has improved but remains substantially below the England rates. Life expectancy in the borough remains below both the North West and England averages. The gap between the national and local life expectancy rates has reduced over recent years. However, Halton women have some of the lowest life expectancy in England.

Reducing all age all-cause mortality inequalities between Halton and the national average will in turn reduce the life expectancy difference.

Within Halton there are also geographical variations. Men in the most deprived areas live 12.7 years less than men in the least deprived areas of the borough. For women, this difference is slightly less with female life expectancy at birth in the most deprived areas being 9.3 years less than that in the least deprived areas (based on 2008-12 data).

Figure 5: Trend in life expectancy at birth, Halton males and females



Source: Office for National Statistics

The health status of the population is reflected in the priorities of the Local Strategic Partnership. The challenges and opportunities facing Halton has led to the identification of a number of priorities for the Borough - outlined in the Sustainable Communities Strategy (SCS) 2011-2026 - over the medium term with the overall aim of making it a better place to live and work. The current Strategy is Halton's third. It recognises the substantial improvements that have been made but that more still needs to be done. In particular the strategy comes at a time of significant financial challenges to the public sector as well as to individuals with the implementation of the Welfare Reforms. The SCS provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. Each of the five strategic priorities is overseen by a specialist strategic partnership, with an overarching Local Strategic Partnership bringing key issues from each together, to manage priorities in a co-ordinated and integrated way.

Figure 6: Integration of the Sustainable Communities Strategy with other strategies and plans



The overall aim for Health in Halton, identified in the SCS is:

To create a healthier community and work together to promote wellbeing and a positive experience of life with good health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

Objectives

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
- To lay firm foundations for a healthy start in life and support those most in need in the community by increasing community engagement in health issues and promoting autonomy.
- To reduce the burden of disease and preventable causes of death in Halton by reducing smoking levels, alcohol consumption and by increasing physical activity, improving diet and the early detection and treatment of disease.
- To respond to the needs of an ageing population improving their quality of life and thus enabling them to lead longer, active and more fulfilled lives.
- To remove barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.
- To improve access to health services, including primary care.

It thus recognises that health is created and maintained within the social, environmental and economic environment in which people live. More details about the SCS can be found at [link](#)

One Halton: Health and Wellbeing Strategy 2017 - 2022

The Health and Wellbeing Board operates as the Health Strategic Partnership. It has been in operation since April 2013 and has developed its second Joint Health & Wellbeing Strategy, based in the findings of the Joint Strategic Needs Assessment and consultation with staff and local residents. It has five priorities for action:

- **Children and Young People (CYP):**
improved levels of early child development*
- **Generally Well:** increased levels of physical activity & healthy eating and reduction in harm from alcohol*
- **Long-Term Conditions:** reduction in levels of heart disease and stroke
- **Mental Health:** improved prevention, early detection and treatment*
- **Cancer:** reduced level of premature death*
- **Older People:** improved quality of life



(* denotes priority same/similar to the 2013-2016 Strategy)

5. How can spatial planning promote good health? What the evidence tells us

5.1. Overall

Health experience, including health inequalities, are spatially apparent in Halton and much of the poor health experienced across the borough is closely related to the socio-economic characteristics of certain areas. More data on the local health experience can be found in the Joint Strategic Needs Assessment⁴.

Good spatial planning can help to address these kinds of disparities by addressing some of their root causes through the development and regeneration agenda⁵.

This includes impacts on:

- **Individual behaviour and lifestyle:** propensity of people to walk, cycle, or play in the open air is affected by the convenience, quality and safety of pedestrian and cycling routes and by the availability of local open space. It also promotes a sense of wellbeing and protects older people from depression.⁶
- **Social and community influences:** Regeneration can provide the opportunities needed for social interaction such as common activities and meeting places: schools, post offices, pubs and convivial, safe streets. Social support is also necessary for the most vulnerable groups.
- **Local structural conditions:** The supply of affordable quality housing, accessible work opportunities, an efficient and affordable transport system and well-designed open public spaces can all improve health.
- **General socioeconomic, cultural and environmental conditions:** quality of air, water and soil resources. Efforts to reduce emissions of greenhouse gases that through climate change will have significant health consequences.

Spatial plans are about controlling the way development takes place in the future – how much takes place, where, when and in what way? The critically important factor is to ensure that the spatial planning policies and the interventions explicitly address health and are calculated to improve health outcomes by facilitating or requiring conditions that support healthier living conditions. It is acknowledged that evidence of what works, and of causality, is difficult to identify in many areas of public health and environment.

The Healthy Urban Development Unit⁶ have outlined a series of possible spatial planning interventions likely to improve health. They were been used to support the development of the Halton Core Strategy detailed in Appendix 1.

5.2. Noise

Noise has the potential to affect health in a variety of ways; some of the effects can be auditory and occur as a direct impact of the noise. Direct auditory effects usually result in damage to the ear; in particular damage to the inner ear but this only occurs from intense and prolonged exposure. Such risks are generally associated with occupational health in the workplace and will be managed through good working practice for workers in the construction phase together with the provision of appropriate personal protection equipment. Workplace exposure is not a community health issue.

There are also a wide range of non-auditory health effects that may be associated with exposure to environmental noise, although the pathways and strength of association for these are not fully understood. Examples of non-auditory health effects include:

- annoyance;
- mental health;
- cardiovascular and physiological;
- performance (tasks and academic); and
- night-time effects (sleep disturbance).

Consensus on the level and duration of noise required to instigate potential health impacts is not clearly defined. The main emphasis of noise standards and regulations is therefore placed on disturbance and sleep deprivation, as they are the most immediate consequences of noise impacts and applicable to everyone.

World Health Organisation (WHO) guidance⁷ on community noise levels likely to result in onset of health impacts and annoyance were used in the development of the Noise and Vibration element of the Environmental Statement. There are a number of recommended noise level limits dependant on the specific environment and critical health effect. For instance the guidance recommends a limit of 55dB L_{Aeq} during the daytime and evening to avoid serious annoyance and 50dB L_{Aeq} to avoid moderate annoyance. It notes noise levels should be lower during the evening and where environments with vulnerable people are likely to be affected e.g. schools, care homes and hospitals.

5.3. Air Quality

Road Transport is responsible for the following pollutant emissions: Oxides of Nitrogen, particulate matter (fine particles with a diameter of less than 10 micrometers), ozone, carbon monoxide, carbon dioxide and VOCs (Volatile Organic Compounds such as Benzene). Emissions from vehicles in congested areas are responsible for local air pollution, and the CO₂ emissions have been identified as being a major contributor to climate change. The external costs of air pollution from road transport have become a subject of increasing concern in recent years. Such costs can be categorised as follows:

- the costs to human health in the form of premature illnesses and deaths, the increased money costs imposed on health services
- the environmental damage to air, water, forests, etc. and the effects of increased climate change.

Nitrogen dioxide is a respiratory irritant associated with both acute (short-term) and chronic (long-term) effects on human health, particularly in people with asthma. Nitrogen dioxide (NO₂) and nitric oxide (NO) are both oxides of nitrogen, and are collectively referred to as nitrogen oxides (NOx).

The principal source of nitrogen oxides emissions is road transport. Major roads carrying large volumes of traffic are a predominant source, as are conurbations and city centres with congested traffic.

Reports by the UK Government Committee on the Medical Effects of Air Pollution (COMEAP)⁸ conclude that air pollution:

- has short term and long term damaging effects on health;
- can worsen the condition of those with heart disease or lung disease;
- can aggravate but does not appear to cause asthma; and
- has effects on death rates and thus impacts on average life expectancy in the longer term (though the extent of this is not fully understood at present modelling by COMEAP suggests it to be of significance⁹).

NICE guidance NG70 on air quality, published June 2017,¹⁰ covers a range of measures concerning road-traffic-related air pollution and its links to ill health. It aims to improve air quality and so prevent a range of health conditions and deaths. The guideline recommends taking a number of actions in combination, because multiple interventions, each producing a small benefit, are likely to act cumulatively to produce significant change. It includes recommendations on:

- [planning](#)
- [development management](#)
- [clean air zones](#)
- [reducing emissions from public sector transport services and vehicle fleets](#)
- [smooth driving and speed reduction](#)
- [walking and cycling](#)
- [awareness raising](#)

5.4. Road Traffic Accidents

Road traffic injuries are a global public health problem affecting all sectors of society. The majority of road traffic accident victims include the most vulnerable road users such as pedestrians, cyclists, children and passengers.

The rate of deaths and serious injuries from road collisions has been declining over recent decades (by about 4% per year in all age groups and 9% in children). Nearly half (46%) of UK deaths from unintentional injury in people aged 1–14 are road related¹¹. The numbers killed or seriously injured increases with age. There is a noticeable increase between ages 10 and 11, which coincides with the move to secondary school and probably with increasing unsupervised travel. Nationally, in 2007, 65% of children or young people killed or seriously injured were boys. In urban settings most casualties (75%) are on minor roads.¹² Younger children (aged up to about 8) tend to be injured in streets close to their home. As they get older (around 11 and above) children tend to be injured further from home, and on busier roads, reflecting their increasing licence to travel independently. Road design has a key influence on speed¹³ (Department for Transport 2008). ‘Excess and inappropriate’ speed contributes to around 30% of fatal crashes in high-income countries.¹⁴

5.5. Active travel

An extensive research evidence base clearly demonstrates a dose–response relationship in the adult population between physical activity and chronic disease morbidity and mortality. A rapidly expanding body of evidence also indicates that sedentary behaviour (sitting) may be a risk factor for physical health that is independent of participation in physical activity¹⁵.

NICE guidance PH8, issued January 2008¹⁶, on physical activity and the environment recommends that all those involved in the development, modification and maintenance of towns, urban extensions, major regeneration projects and the transport infrastructure should work together to ensure planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life. They

should ensure local facilities and services are easily accessible on foot, by bicycle and by other modes of transport involving physical activity.

They recommend that an assessment, in advance, to determine what impact (both intended and unintended) the proposals are likely to have on physical activity levels be undertaken. (For example, will local services be accessible on foot, by bicycle or by people whose mobility is impaired?) The results should be made publicly available and accessible. Existing impact assessment tools could be used.

They should also;

- involve all local communities and experts at all stages of the development to ensure the potential for physical activity is maximised.
- Plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity.
- Ensure public open spaces and public paths can be reached on foot, by bicycle and using other modes of transport involving physical activity. They should also be accessible by public transport.
- Ensure public open spaces and public paths are maintained to a high standard. They should be safe, attractive and welcoming to everyone.
- Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new, through routes (and not just links to the new facility).
- During building design or refurbishment, ensure staircases are designed and positioned to encourage people to use them. Make sure they are clearly signposted and well lit.

NICE guidance PH41, issued November 2012¹⁷, on promoting walking and cycling recommends that local, high-level strategic policies and plans should support and encourage both walking and cycling. This includes a commitment to invest sufficient resources to ensure more walking and cycling – and a recognition that this will benefit individuals and the wider community. Relevant policies and plans include those on:

- air quality
- community safety
- disability
- education
- environment (including sustainability and carbon reduction)
- health and wellbeing
- housing
- land use, planning and development control
- physical activity
- regeneration and economic development
- transport.

Furthermore the guidance recommends that local authorities should ensure walking and cycling programmes form a core part of local transport investment planning, on a continuing basis. In line with the Department for Transport's [Manual for streets](#) and the Chartered Institution of Highways and Transportation's [Manual for streets 2 – wider application of the principles](#), pedestrians and cyclists should be considered before other user groups in the design process – this helps ensure that they are not provided for as an afterthought.

5.6.Green space, mental wellbeing and social cohesion

There is mounting evidence that access to green space can have a positive impact on both physical health and mental wellbeing. In addition to the impacts of being able to use the natural environment to undertake physical activity detailed in the previous section – as part of active travel or for recreation – having access to green outdoor space can improve the mental wellbeing of children, young people and adults. This is not a new concept. Indeed it has been around since the 18th Century when industrialists and philanthropists lobbied councils to increase access to parks and built workers' villages that included green space such as parks and allotments for the health and wellbeing of their workers e.g. Saltaire in Yorkshire and Port Sunlight in Wirral. The Garden City movement was also borne out of the idea of creating healthy natural environments as part of town life.

Whilst the strength of the evidence is varied, a number of studies have suggested improved outcomes for those with mental illness, reductions in stress and influences on longevity. It can also have financial benefits, reducing healthcare costs for treating mental illness and diseases associated with physical inactivity.

Access to and use of green space can also build social cohesion, especially those designed to increase community interaction between different groups of people. They can increase opportunities to volunteer, participate in local activity with neighbours and increase community satisfaction indicators.

To capitalise on these potential impacts a set of principles have been developed¹⁸:

1. Ensure easy access for all: nearby location for local residents; remove barriers to specific groups
2. Provide appropriate resources: capital and revenue
3. Maintain a high level of safety from hazards including crime(both perceived and actual)
4. Increase visitor satisfaction by attractive facilities and events
5. Consult, produce and implement regularly updated management plans
6. Promote benefits for the wider city (e.g. cultural, socio-economic)

For people to use green spaces they must feel 'safe'. This can be helped by:

- Having well-maintained areas
- Improving visibility: reducing high-level, dense vegetation, having long views
- Having numerous meeting points
- Reducing dog fouling/graffiti/vandalism
- Having park staff

A set of recommendations from the Faculty of Public Health briefing expand on these points. There may be further opportunities for the development of the parkland and woodland area with these impacts in mind. The borough has an excellent track record on its green spaces being awarded with Green Flags and could develop this space with the aim of applying for this award. Each green space is judged against a set of eight criteria: including health, safety and security,

community involvement, access and sustainability; all criteria that fit well with the aims of improving health and wellbeing.

5.7. Employment and health

The current economic climate only serves to underline the important relationship between work and health. Whilst job insecurity and being forced to work in an unsafe environment without adequate protection from hazards undoubtedly have well documented adverse effects on health, overall, for working aged adults, being in employment confers positive health benefits. These range from the ability to afford good quality housing, increased financial accessibility to healthy foods and leisure activities, with workplaces providing peer support to make positive lifestyle changes.

Additionally, employment is beneficial for health as it:

- Helps to promote recovery and rehabilitation.
- Minimises the harmful effects of long-term sickness absence and worklessness.
- Reduces the chances of chronic disability, long-term incapacity for work and social exclusion.
- Promotes full participation in society¹⁹.
- Reduces poverty and improves quality of life and well-being.

Probably the most profound impact however, is on a person's mental wellbeing. There is consistent evidence that the economic downturn may increase suicide and alcohol-related death rates, which can be seen as markers of deterioration of mental health. The majority of new disability claims are on the basis of mental health. Mental health can develop as co-morbidities among those initially out of the labour market through physical conditions.

Those still in work but suffering from job insecurity may experience mental health effects that reduce productivity, through stress, anxiety and depression-related disorders. Worries about job losses have made stress the most common cause of long-term sick leave in Britain with employers planning redundancies most likely to see a rise in staff mental health problems. With the fear of being targeted for

redundancy schemes over a quarter of employees are struggling into work when sick, according to a CIPD survey of nearly 2 million workers²⁰.

Being unemployed and economically inactive (i.e. unemployed and not seeking work) is associated with an increased risk of mental health problems.²¹ Unemployed people are twice as likely to have depression as people in work.²² In 2001, the psychiatric morbidity survey found that compared to those with no mental illness, those with mental illness were more likely to be economically inactive. For serious mental illness this could be more than twice as likely.²³

Conservative estimations are that the development will create at least 1,000 new direct and 500 indirect jobs during the operational phase, with about 400-500 jobs during the construction phase. The occupier may also need to take on additional staff at certain times of year, e.g. the run up to Christmas when consumer demand increases. During the operational phase there will be a mix of posts, both office and shop-floor together with HGV drivers. The local authority has a good track record of local recruitment. Halton Employment Partnership has developed a recruitment offer to employers. This provides full recruitment service, dealing with applications and screening applicants for interview. This resulted in 73% of new jobs at the Tesco chilled distribution centre within 3MG being filled by local people and a commendation from Tesco about the quality of interviewees.

The Employment, Learning and Skills Specialist Strategic partnership has a range of high quality 'employability' activities. Pre-employment support including awareness raising in schools and colleges as well as efforts to ensure local people can access local job opportunities. These efforts should help to improve unemployment rates, and ensure local people are able to be competitive in the jobs market. Monitoring of potential local employees will be through the Employment Learning and Skills division's information and data system.

People with disabilities and long-term health conditions face a number of barriers in accessing employment and remaining in work. In 2009 77% of non-disabled people were in work in the North West compared to 44% of people with disabilities (across England about 50% of people with disabilities are employed)²⁴. Barriers to employment for people with disabilities or long-term health conditions include²⁵:

- Beliefs that an individual is unable to work, which can be demotivating.
- Worsening health due to time spent unemployed.
- Need for workplace adjustments, specialist equipment and facilities.
- Lack of affordable private or public transport.
- Inequalities in education preventing access to skilled and professional jobs. It is estimated that 28% of 19 year olds with disabilities participate in higher education compared to 41% of the non-disabled population.
- People with disabilities are less likely to have any qualifications: 24% have no qualifications compared to 10% of the non-disabled population, and are less likely to have level two or degree level qualifications.
- Decreasing availability of unskilled work.
- The high costs of employment (transport, childcare, clothing).

The welfare reforms are likely to mean many people on incapacity benefits losing entitlement to benefits. Whilst (re)entering the job market can bring financial and resultant health & social benefits the above barriers need to be addressed. Some are long term – making sure disabled youngsters are supported to gain qualifications, including higher level qualifications. Others can be addressed by employers and local partnerships through:

- Delivery of individually tailored advice and guidance.
- Effective management of disabilities and long-term health conditions.
- Adaptations to the workplace and working conditions.
- Multidisciplinary interventions including workplace components.
- Early engagement with workers to minimise absence.
- Provision of financial incentives for job seekers and employers

Many of these initiatives are already in place through the Halton Employment Partnership. For instance, it was noted during the HIA exercise that CAB have done work on impact of welfare reforms and have secured some funding to support local people who may be affected. 2 local work programme contracts will also be able to support people with complex needs e.g. mental health issues.

Disability Employment Advisers (DEAs) based at the Jobcentre Plus provide specialist support on employment issues affecting people with disabilities and carers. They can support people to draw up an action plan to help them into work or help keep their existing job. They can carry out an employment assessment to find jobs that match individuals experience and skills.

Supported Employment Services

Any person of working age who has disability, lives in Halton, and would like assistance with employment or training towards it can access Supported Employment Services. Through Job Retention support is also available to support people who are in employment, but due to deterioration in their health, both the employee and the employer need help and advice.

The service can also provide help and advice to local businesses and employees in relation to:

- Disability Awareness
- Disability Discrimination Act
- Access to Work
- Disabled Persons Tax Credit

Halton Day Services Projects for people with disabilities

Halton Day Services have won national awards for their social enterprise projects which offer clients excellent ways to develop their employment and social skills. This support is available to any halt on resident over the age of with some form of learning disability and/or higher support needs. An example of the projects is **Country Garden Catering** who offer a catering service, offering buffets and also caters for many cafes in Halton including Norton Priory Cafe, Murdishaw & Ditton Community Centre, and Dorset Gardens.

6. Conclusions

The DALP follows the vision and strategic objectives of the Core Strategy and continues to reflect the key health impacts that spatial planning can have on health. There is significant effort made to try to maximise positive benefits. These are especially strong around active travel and open space.

The Food and Drink Policy would benefit from explicit mention of the negative health and community safety impacts alcohol can have on the local area. In particular, the increasing hospital related alcohol admissions and anti-social, family and violent behaviours excessive alcohol use can result in.

What has been clear since the initial HIA of the Core Strategy is that the planning policy team understand the relationships between spatial planning and health. They have sought to incorporate ways of facilitating the achievement of positive health and wellbeing outcomes, both individual and at the community level, within all relevant policies.

Core Strategy retained and revised policies all have an impact on health to greater or lesser extents. The main policies contained within the DALP in relation to health are:

ED1	Employment Development	HC8	Food and Drink
RD2	Gypsy and Travellers (Allocations)	HE4	Green Infrastructure
RD4	Open Space Provision for Residential Developments	HE6	Open Space and Outdoor Sports Provision
RD5	Specialist Housing	HE7	Pollution and Nuisance
C1	Transport Network and Accessibility	HE8	Contaminated Land
C4	Expansion of John Lennon Airport	HE9	Water Management and Flood Risk
C5	Operation of John Lennon Airport	GR1	Design of Development
HC1	Vital and Viable Centres		
HC5	Commercial Leisure Developments and Cultural Facilities		
HC6	Community Facilities (including health facilities)		

Decision on additional HIA work

A full HIA is not required

7. HIA screening checklist

Will the policy have an effect on:	Relevant DALP policies	What positive and negative impacts do you think there may be? Are there any impacts about which you feel uncertain? Which groups will be affected by these impacts?	Action
<i>What impact will the DALP have on lifestyles and wellbeing? Diet and nutrition Exercise and physical activity Substance use: tobacco, alcohol or drugs Risk taking behaviour Education and lifelong learning or skills</i>	C1: transport RD2: Open Spaces (residential) HC1: community facilities HC8: Food & Drink HE4: Green infrastructure HE6: Open space and outdoor sport provision GR1: design of development	• Having access to the right types of local facilities is an important part of community infrastructure • Green travel (promoting healthy lifestyles) is an essential component of local transport plans and infrastructure • Relevant policies make the clear links between open space and community wellbeing • Exercise and physical activity facilities should be designed to reflect the population/demographics need. This includes the needs of those with physical, sensory and learning disabilities and other vulnerable groups • Physical activity is effective in the treatment of mental illness as well as improving physical health • Hot food takeaways and alcohol can both have detrimental effects on health. Consideration should be given to ways of limiting unhealthy retail outlets (including but not limited to fast food, tanning salons and licensed premises) and/or mitigating their impacts. Dependant on the retail offer, i.e. concentration of licensed premises, residents may be exposed to greater risks through accidental injuries or public safety causes. • Businesses operating in the borough should be encouraged to adopt good employment practice and commit, for example, to Health Works Awards Gold standard to improve their employees' overall physical and mental health and wellbeing. This ultimately contributes to lower sickness absence, greater productivity and an improved sense of personal health and wellbeing Overall, the policies should have a positive effect on lifestyle factors.	Strengthen the need to ensure facilities meet the needs of those with physical, sensory and learning disabilities and other vulnerable groups Strengthen the negative impacts alcohol misuse has on local health and community wellbeing within the HC8 Food and Drink policy HC8: Justification 18.31 2015/16 data shows that for both Halton Reception and Year 6 children there percentage who are obese is statistically higher than the North West and England averages HE6: Justification 19.50 ii – design should be fit for purpose for all including those with disabilities

Will the policy have an effect on:	Relevant DALP policies	What positive and negative impacts do you think there may be? Are there any impacts about which you feel uncertain? Which groups will be affected by these impacts?	Action
<i>What impact will the DALP have on the social environment? Social status Employment (paid or unpaid) and worklessness Social/family support Stress Income and child poverty</i>	ED1: employment RD2: Gypsy and traveller allocations RD2: Open Spaces (residential) HC1: community facilities	- Health impacts from a local community perspective, hence future economic growth, employment premises and site delivery plans, must emphasise the necessity of local employment for local people given the obvious links to all social environment factors (shown opposite). In the interest of sustainable development, as well economic, environmental, and social wellbeing of the Borough residents it is important that greater employment opportunities are created or facilitated within the Borough, particularly for residents of the borough - New developments must enhance the employment and educational prospects of local residents either through increased local provision or alternatively accessed via effective public or green transport. - Businesses operating in the borough should be encouraged to adopt good employment practice and commit, for example, to Health Works Awards Gold standard to improve their employees' overall physical and mental health and wellbeing. This ultimately contributes to lower sickness absence, greater productivity and an improved sense of personal health and wellbeing.	RD2: Justification section 16.12 failure to allocate sufficient provision with adequate facilities could increase risks to health, environmental health and infectious disease risks
<i>What impact will the DALP have on the physical environment? Living conditions Working conditions Pollution or climate change Accidental injuries or public safety Transmission of infectious disease</i>	RD2: Open Spaces (residential) HC1: community facilities C1: transport C4: Airport expansion C5: Airport operation HC1 vital and viable centres HE7: pollution and noise HE8 contaminated land	- New housing should be affordable, i.e. for families on restricted budgets and/or first time buyers. Positive impacts will result from quality/affordable housing as improving living conditions improves mental/physical health which promotes improved chances of employment, reduces stress and should decrease child poverty as families increase their income. - Both on and off site infrastructure plans must account for the impact on existing and proposed residents/communities, taking measures to mitigate potentially negative impacts on living conditions, working conditions, pollution and accidental injuries/public safety. - The promotion of healthy town centres is recommended as part of HC1 and other relevant policies i.e. an emphasis for open space – recreation/exercise, good pedestrian/cycle routes, healthy shops etc. - A vibrant economy may translate into better living conditions. - Community consultation should consider the impact that new buildings will have on the lifestyle factors listed opposite.	Ensure developers have access to the HIA guidelines and support them RD4 policy – open space should be accessible for all residents including those with mobility problems or other disabilities RD4 Justification 16.21 – this provision also has the benefit of helping to develop a sense of community

Will the policy have an effect on:	Relevant DALP policies	What positive and negative impacts do you think there may be? Are there any impacts about which you feel uncertain? Which groups will be affected by these impacts?	Action
	HE9: water management GR1: design of development CS(R)3: housing supply CS(R)13: affordable housing RD1: residential development allocations RD5: specialist housing GR5: renewable and low carbon energy	- Families living in safer, cleaner housing of a certain/higher standard will be less vulnerable to illness, especially the older and younger population. - New developments must enhance the employment and educational prospects of local residents either through increased local provision or alternatively accessed via effective public or green transport. - Pollution and nuisance can have a cumulative effect on health and community wellbeing. Poor air quality may occur in areas where there is already considerable health burden and mitigating measures need to take this into account Wherever possible, the retail offer should reflect current and predicted population demographics, both in terms of the offer and accessibility to ensure relevance and sustainability. The requirement to conduct a health impact assessment on larger retail/housing/mixed developments should mitigate potentially negative health impacts and identify improvement opportunities. Guidelines have been developed to support developers in producing high quality HIAs that take local needs in to account. Both on and off site infrastructure plans must account for the impact on existing and proposed residents/communities, taking measures to mitigate potentially negative impacts on living conditions, working conditions, pollution and accidental injuries/public safety.	16.27 – needs to take account of children of all abilities RD5 Justification 16.41. When considering quality of access needs to take account that many people in need of specialist housing with have mobility or other physical, sensory or learning disabilities. Locations should ensure they do not isolate older /vulnerable people from the wider community whilst ensuring they are safeguarded Ensure relevant policies (pollution and nuisance and transport policies) have compliant with NICE guidance on outdoor air pollution NG70

Will the policy have an effect on:	Relevant DALP policies	What positive and negative impacts do you think there may be? Are there any impacts about which you feel uncertain? Which groups will be affected by these impacts?	Action
How will the DALP impact on access to and quality of services? Health care Transport Social services Housing services Education Leisure	CS(R)15: sustainable transport C1: transport network HC1: vital and viable centres HC5: commercial leisure developments and cultural facilities HC6: community facilities	- Consideration must be given to the ability of existing green corridor infrastructures to cope with increased demand and whether they require additional investment/expansion. - Growth must be considered in line with the provision of health care, social services, education and leisure etc., i.e. are there adequate local services and can these cope with the increased pressure/demand arising from population increases? It should be a prerequisite that locality growth takes account of such future demands on local services. How can the public/private sector work/plan better together regarding future development and maintenance of services to minimise the impact on the local population? Partnership working is key. Greater investment and considered development into chosen localities will, in turn, bring associated health benefits if aligned to the ethos of local provision - Growth must be considered in parallel with travel infrastructure plans, i.e. do the existing road and/or motorway networks have the capacity to deal with increased demand arising from the development of identified sites to ensure access to health care providers and other support services. - Ensuring the correct infrastructure is in place, i.e. roads/public transport is key to ensure access to health care providers and other support services.	HC6: In the HIA of the Core Strategy there was a recommendation that before any community facility was closed the council should undertake to understand why it is not being utilised. Could this be included in the policy?

8. Is further HIA recommended?

Based on the evidence presented in this report and the HIA screening checklist in the previous section, the table below has been used to decide whether a more in-depth HIA is needed. The characteristics of the plan, organisational factors and the nature of potential health impacts have all been taken into account.

Favouring further HIA	Characteristics of the policy	Not favouring further HIA
<u>Yes</u>	Is the policy important to your organisation? (i.e. cost, size, scope, statutory duties)	No
Yes	Is the policy likely to cause significant disruption to the populations identified? (balance positive long term effects and short term disruptions)	<u>No</u>
Yes	Is the policy potentially contentious/sensitive?	<u>No</u>
No	Is the policy already being appraised by another type of impact assessment? (i.e. Sustainability Appraisal)	<u>Yes</u>
Organisational Factors		
<u>Yes</u>	Is there discussion at the policy level in your organisation about the potential health impacts of this policy?	No
<u>Yes</u>	Is there community concern about this policy?	No
Yes	Will some issues be missed in the planning process, which would be highlighted by carrying out a HIA?	<u>No</u>
No	Will the organisations or individuals with a stake in this policy be committed to the process of a HIA?	<u>Yes</u>
Yes	Are there barriers (political or institutional), which will prevent a HIA from being carried out?	<u>No</u>
<u>Yes</u>	Can you influence the outcome of the policy with the results of a HIA?	No
The nature of the potential health impacts		
Yes / Don't Know	Are there potentially serious negative impacts, which require further research?	<u>No</u>
No	Is there already valid evidence, which describes the health impacts of this kind of policy?	<u>Yes</u>
<u>High</u>	Is there likelihood that the health impacts of this policy might be intensified for disadvantaged groups?	Mod / Low
High	Positive health impacts	Mod / Low
	Negative health impacts	
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