



# HEALTH IMPACT ASSESSMENT

## LEICESTER LOCAL PLAN

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*The information in this document has been used to support the preparation of the Local Plan. If you need assistance reading this document, or require it in a different format, please contact us via [email planning.policy@leicester.gov.uk](mailto:planning.policy@leicester.gov.uk) or call on 0116 454 0085.*

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## Executive Summary and Recommendations

### Health Impact Assessment

This Desktop / Rapid Health Impact Assessment (HIA) has been undertaken by the Division of Public Health. The HIA is less comprehensive than guidance recommends due to a delay with the Covid-19 Pandemic.

The Leicester Local Plan sets out the planning policies for Leicester City Council and guides decisions on planning applications for developments. The Regulation 18 Draft Local Plan provides an opportunity to collect comment before final publication.

This HIA has assessed the Regulation 18 Draft Local Plan's impacts on lifestyles, social and community influences, living and environment conditions, access and quality of services and macro-economic environment and sustainability factors. Many positive health impacts have been identified through sustainable transport initiatives, mode shift and inclusive and accessible design principles. Several negative impacts or unintended consequences have also been identified, with mitigations recommended to minimise or prevent adverse health impacts.

### Recommendations

Throughout the Regulation 18 Draft Local Plan, there are multiple references to creating good quality, long lasting, and accessible homes and developments. Alongside this, the minimisation of climate impacts is commendable as is the celebration of our city's unique heritage – this is linked to a stronger and more connected community identity which is conducive to good mental health and wellbeing. Retaining places of worship and cultural spaces will also further reinforce identity and connectedness in the city. The reference to both physical and mental health within the Plan is noted and considered important to contribute to the Parity of Esteem. Furthermore, due consideration of mitigation of unavoidable negative health impacts are also apparent throughout the given policies.

Given the above, the recommendations generally refer to making more explicit reference to both positive and negative health impacts and given mitigations. This seeks to support colleague's efforts in showing due consideration to health in the Local Plan. Other recommendations seek to account for or emphasise health issues brought to the forefront through the covid-19 pandemic and minimise risk of inadvertently widening the inequality gap.

### Overall Recommendations for Steering Group

The steering group is recommended to review and implement recommendations into the Local Plan. Public Health colleagues are equally recommended to work with the steering group and relevant colleagues to support this work.

It is also recommended that a HIA is built into the review process of the plan every five years. Complete integration of Public Health within the planning stages and processes of the Local Plan Review will further enable a more comprehensive HIA to be taken in future.

## Recommendations

### Planning Recommendations

- (i) Consider making explicit reference to health and wellbeing, and reducing health inequalities and inequities within the Vision Statement.
- (ii) Consider making explicit reference to Health and Wellbeing and learning from COVID-19, such as plans to 'build back fairer' (1) in chapter 4. The current reference under 4.5 is limited to lifestyles. COVID-19 reinforced the message that 'encouraging' a healthy and active lifestyle is not enough if we do not 'enable' and 'facilitate' it with consideration of the Wider Determinants of Health. It is also recommended that Mental Health is mentioned here in relation to the Parity of Esteem.
- (iii) Capitalise on closer partnerships developed during COVID -19 and working with new structures. i.e., working social care and community partners, and ICS, to assess needs and development impacts on health and other services.
- (iv) Make explicit reference to, and limit further creation of, the obesogenic environment and actively consider this in design planning. A part of reducing the obesogenic environment is making healthy behaviour an easier option.
- (v) Continue to monitor/review the change in working practices as a consequence of the COVID-19 pandemic and adapt office space availability (including social design and co-working space design) as required.
- (vi) Work with partners to monitor health inequalities and cost of living impacts.
- (vii) Add reference to draft Leicester Health Care and Wellbeing Draft Strategy, Health and Wellbeing Survey and Joint Strategic Needs Assessments as required.

### Public Health Recommendations

- (i) Work with housing colleagues to address housing health needs.
- (ii) Develop a process for quality assuring submitted HIA's and screening reports for development in support of Policy HW02.
- (iii) Facilitate and enable civic participation, community cohesion and social networks as part of the process of new developments, including consideration to minimise disruption to existing social ties and ensure that new communities and residents can integrate. e.g. through 'Asset-based community development', community champions, and increasing active citizens opportunities and activities.
- (iv) Liaise with Transport colleagues re consideration and implementation of Healthy Streets concepts.
- (v) Monitor evidence of impact of fast-food takeaways on unhealthy weight and consider ways to encourage, enable and facilitate healthy food options.
- (vi) Explore needs, demands and benefits of multiple uses of community facilities e.g., such as space for physical or recreational activities appealing to people from different cultures; in turn exploring whether access to these would enable and facilitate increased physical activity, social inclusion and connection, community cohesiveness, better mental health and reduced social isolation.
- (vii) Work with partners on minimising anti-idling and air pollution, and work towards bring a Carbon Neutral City in line with the draft Health Care and Wellbeing Strategy 2022-2027.

## 1. Introduction

### 1.1. What is a Health Impact Assessment?

*“A Health Impact Assessment (HIA) is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” - Gothenburg Consensus (1999) (2)*

The Leicester City Council Regulation 18 Draft Local Plan sets out planning policies and proposals for development in the city over the next 15 years. Guidance indicates there are considerable benefits of conducting a HIA alongside a Local Plan. A HIA is a systematic method of assessing the potential positive and negative health impacts of a proposal and suggests ways to maximise health gains and minimise or mitigate health risks.

HIA's can also indicate which groups are more likely to be affected and therefore highlights the uneven way in which health impacts may be distributed across the City and seeks to address existing health inequalities and inequities as well as avoid the creation of new ones. Leicester is a diverse, urban and thriving city but also a city with significant health challenges and inequalities. For example, life expectancy, and disability free life expectancy is significantly worse than the national average, with 18% of the adult population living with a long-term disability that limits their daily lives (2).

It is preferable that the HIA is undertaken alongside development of the proposal to allow for maximum input and consultation. Unfortunately, due to pressures from the COVID-19 pandemic on the Public Health team, this was not possible on this occasion. Further detail on this is provided in the scoping and evaluation.

*“A HIA is a tool to support decision making and, as such, it can inform decision makers and communities of the potential health and well-being impacts and consequences of a proposal or policy. HIA is not in itself the means of making a decision on whether a policy, proposal or programme should proceed. It is a way of harnessing a wide range of evidence and assessing its relevance and application to a particular local, regional or national context.” – WHIASU*

### 1.2. HIA Approach

There are five main steps to HIA and, while some may regard it as a linear process, HIAs are most useful and effective when the process is iterative (3). The five main stages are:

- (i) Screening – Deciding if a HIA is necessary. In some fields, HIAs are a mandatory part of proposals or are triggered with proposals of a certain size.
- (ii) Scoping – Planning the form that the HIA should take – this varies from desktop exercises taking a few hours to comprehensive pieces of work taking months. This stage also involves creation of a work plan with timescales, allocation of roles etc.
- (iii) Appraisal – The main body of the HIA - here, the health impacts are identified.
- (iv) Recommendations – To maximise positive health impacts and minimise or mitigate negative health impacts and health risks.

(v) Monitoring – Once implemented, the Local Plan’s impact on health and wellbeing of local people will be tracked and evaluated.

(vi) Additional step: Quality Assurance - ensures the HIA is carried out objectively, addresses local health and planning priorities, and is based on quality evidence base. The quality assurance findings can then be used to inform how recommendations are taken forward in plans or development projects.

### 1.3. Wider Determinants of Health

HIA’s consider health in its broadest sense, using the Wider (or Social) Determinants of Health as a framework. The Wider Determinants of Health are a range of social, economic, and environmental factors that have an impact on people’s health, beyond individual and lifestyle factors. The Wider Determinants of Health are outlined in the Dahlgren and Whitehead model (4) in Figure 1. This model also allows us to consider groups of the population that face disadvantage due to factors outside of their control. The HIA assesses impact on these determinants and recommends ways to minimise health risks. An alternative model, shown in Figure 2 (5), shows ways in which Local Government can influence the Social Determinants of Health.

Figure 1: Dahlgren and Whitehead Model of the Wider Determinants of Health (4)







Government departments (11). Interest in the approach has been driven by an appreciation that many priority issues are “multi-factorial with many interdependencies, difficult to fully define, lacking a clear solution, and not the responsibility of any single organisation or government department” (12).

The Marmot review: Fair Society, Health Lives, 2010 (13)

*“Rise up with me against the organisation of misery” – Pablo Neruda (13)*

This report was commissioned by the Secretary of State for Health in 2008 with the aim of providing effective, evidence-based strategies to reduce health inequalities. Six policy objectives were identified and are summarised in Table 1.

The report raised the profile of Wider Determinants of Health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. This review outlined the social gradient of health inequalities which shows that the more disadvantaged a person’s social position, the worse their health outcomes.

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

Health Equity in England: The Marmot Review 10 years on, 2020 (1)

*“Put simply, if health has stopped improving it is a sign that society has stopped improving.”- Prof Sir Michael Marmot (1)*

The Marmot Review ten years later highlighted that for the first time in 100 years, life expectancy failed to increase across the country, and that over the last decade, health inequalities have widened overall. Therefore, universal action through addressing the wider determinants of health is fundamental in reducing health inequalities. Key points from this report include:

1. The more deprived the area, the shorter the life expectancy
2. There are marked regional differences in life expectancy
3. Mortality rates are increasing for people aged 45-59, possibly “deaths of despair” which include suicide, drugs and alcohol disorders
4. Child poverty has increased
5. People have insufficient money to lead a healthy life

### 1.5. Leicester Local Plan

The Leicester Local Plan sets out the planning policies for Leicester City Council and guides decisions on planning applications for developments. The Regulation 18 Draft Local Plan provides an opportunity to collect comment before final publication. The aim is to provide overall strategic and spatial vision for the development of the city. Chapter 7 “Health and Wellbeing” includes a summary of the importance of HIA.

## 1.6. Leicester Local Population Profile/ Community Profile

Leicester city is an urban area in the centre of England. It is surrounded by Leicestershire which is a more rural authority. The population of Leicester city is around 368 300 (14). 51% of the city are White British with the rest being from other backgrounds, and residents speak over 70 languages. 16% of residents speak Gujarati, making it the second most common language after English. The population is generally young with much inward migration and many students attending its two universities (14).

Leicester is the 32<sup>nd</sup> most deprived Local Authority in England (out of 317) with over two thirds of the population living in the most deprived 40% of areas nationally (15). Environmental factors such as poor housing, cold homes and poor air quality contribute to poor health outcomes. Leicester residents live shorter lives with more ill health than the England average. Within the city, life expectancy is 8.0 years lower for men and 6.1 years lower for women in the most deprived areas compared to the least deprived (15).

Leicester has more households with no car, more rented accommodation and more overcrowded households than England. This means that improvements in active transport and housing will be especially welcome. Whilst 83% of the population are satisfied with Leicester as a place to live, only 51% feel safe outside in their local area after dark. This shows some of the specific needs that the Local Plan can aim to reduce (14). For more information on the local population, please see appendix 1 for data profile.

## 2. Screening

The initial screening stage of the HIA was undertaken by the Programme Manager for Healthy Places and Public Health Registrar from Leicester City Council, using the Wales Health Impact Assessment Support Unit (WHIASU) Screening Checklist.

### 2.1. Population at Risk

The whole population of Leicester City will be impacted by the Local Plan, including residents, citizens and visitors. These groups are outlined in the WHIASU Population Groups Checklist. Specific groups include (but not limited to):

- Those living near to planned developments
- Groups dependent on public transport
- Older people
- Unemployed and working populations
- Low-income groups
- People residing in areas of deprivation
- People with limited mobility or disabilities or long-term conditions
- Marginalised groups e.g. asylum seekers, homeless, people in drugs and alcohol recovery

### 2.2. Possible Scale of Impact

The WHIASU Screening checklist was used to screen the Local Plan for health impacts. These impacts were assessed primarily based on the end results of the final development, but due consideration to a lesser extent, was also given to the construction phases. Please see Appendix 2 for checklist.

This screening assessment identified various potential health impacts, hence determined that the conduct of a more detailed health impact assessment was warranted.

## 3. Scoping

This scoping exercise was undertaken through the guidance of the WHIASU scoping checklist.

### 3.1. Project Management and Governance

#### 3.1.1. Timescales

The timeline of the draft Leicester Local Plan is 2020-2036. The Regulation 18 Draft Local Plan consultation took place 14th September 2020 to 7th December 2020. Consultation responses indicated a gap in assessment of health impacts on the population. COVID-19 pandemic pressures and resulting impacts on capacity within Planning and Public Health teams meant this work was then paused.

The HIA process was initiated again in January 2022, with the Public Health Team completing the assessment by Mid-February 2022, to allow time for the recommendations to be considered for inclusion into the Regulation 19 Local Plan Submission Document.

#### 3.1.2. Steering Group

While a steering group was set up as part of the process of the Local Plan, timescale challenges mean it is not possible to consult the steering group as part of this process.

#### 3.1.3. Resources, Roles and Responsibilities

This HIA is being undertaken and authored by the Programme Manager for Healthy Places and a Public Health Registrar. Commissioning an external HIA is not considered appropriate as expertise exists within the Public Health team, with this approach being piloted for development at Leicester City Council. The HIA has been quality assured by a Consultant in Public Health.

### 3.2. Process

#### 3.2.1. Approach

All five stages of the HIA process are considered as part of this assessment including additional stages of appraisal and evaluation.

#### 3.2.2. Type

While this HIA has not been conducted at the start of the development of the project, it is conducted prospectively allowing for scope to influence implementation of the Local Plan. A concurrent HIA may be considered for review stages of the Local Plan. Definitions for prospective and concurrent HIA's are available below (3):

Prospective - This is at the start of the development of a project, proposal, plan or policy. HIA is best used prospectively during the development stage of the proposal. The HIA should be undertaken late enough in the proposals development to be clear about its nature and purpose, but early enough to be able to influence its design and/or implementation

Concurrent - This runs alongside the implementation of a project, plan or policy. A concurrent HIA: supports monitoring of a project, plan or policy; informs/supports improvements for ongoing implementation if the implementation has taken a staged approach; can be a useful aid to reflection in the project cycle to support improvements within its delivery

A combination of desktop and rapid HIA types are considered appropriate for this HIA given its timescale. Definitions are available below (3):

Desktop - Can take a few hours or days and will use existing knowledge and evidence to assess a proposal, policy or plan. Can encompass a small number of participants around a table.

Rapid - Can take days or months and usually includes the establishment of a small steering group and often includes a participatory stakeholder workshop. It usually involves a brief investigation of health impacts, a short literature review of qualitative and quantitative evidence, and gathering further evidence from a number of stakeholders

### 3.2.3. Tools and Assessment Frameworks

The following checklists, tools and assessment frameworks are used for this HIA:

- Wales Health Impact Assessment Support Unit Screening Checklist
- Wales Health Impact Assessment Support Unit Screening Population Groups Checklist
- Wales Health Impact Assessment Support Unit Scoping Checklist
- Wales Health Impact Assessment Support Unit Appraisal Toolkit

### 3.2.4. Methods and Evidence Sources

Qualitative and quantitative methods are used to provide a range of evidence regarding impacts of the Leicester Local Plan. These include:

- Population/community profile of Leicester City
- Routinely collected local statistics
- Peer reviewed published and grey literature
- Views of professionals and academics with knowledge in specialist areas
- Research conducted or commissioned by statutory, voluntary or private organisations
- Predictions from models
- Information about similar proposals implemented elsewhere i.e. Local Plan HIA's conducted by other Local Authorities
- Learning from COVID-19

### 3.2.5. Stakeholder Consultation

Due to the limited timescale for this HIA, stakeholder engagement was not conducted. It is recognised that this is a limitation of this HIA

### 3.2.6. Quality Assurance

Internal quality assurance was conducted for this HIA due to expertise already existing within the Local Authority. The quality assurance process is undertaken by a Consultant in Public Health.

### 3.2.7. Arrangements for Reviewing the HIA Process and Monitoring Influence and Outcomes

Leicester City Council will develop a robust monitoring framework which will monitor the effectiveness of policies and proposals in the plan and will account for the changing circumstances in the physical, social, and economic environment in order to review and update the plan. This will be done through the production of an Authority Monitoring Report (AMR). Results of monitoring will be used to inform any changes to policies or additional actions considered to be required at the time of the Local Plan review.

As well as monitoring health outcomes, it is recommended that the steering group implement measures to enhance positive health effects and mitigate negative health effects of the Local Plan

outlined in this HIA. In these instances, Public Health can provide ongoing expertise in assisting the development of strategies and actions plans to support implementation of policy.

### 3.3. Focus

#### 3.3.1. Aims and Objectives

- To identify the health impacts of Regulation 18 Draft Leicester Local Plan and provide recommendations to minimise, mitigate or enhance these as appropriate
- To provide recommendations for the Local Plan to maximise health gains and reduce health inequalities for Leicester's population
- To offer support and expertise to teams to implement suggested recommendations

## 4. Appraisal

### 4.1. Evidence

The WHIASU Appraisal Toolkit was used to systematically consider the health impacts of chapters 5-20 of the Local Plan.

This included assessment of:

- (i) The direction of impact (positive or negative),
- (ii) Severity (major, moderate or minor),
- (iii) Timing (short, medium, long term) and
- (iv) Likelihood (possible, probable, definite) of the health impacts that had been identified during the screening process.

### 4.2. Impacts

A detailed appraisal is available in appendix 3. Readers are encouraged to refer to this for a more comprehensive view of the health impacts of the Local Plan. The main themes arising through the appraisal process are summarised below:

#### 4.2.1. Inequality

*Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue. – Sir Michael Marmot (16)*

Health is not just determined by individual and lifestyle factors but also the environment and communities in which we live, work and play (as outlined in the Dahlgren and Whitehead diagram in Figure 1. In the context of regeneration, the development of local areas can impact on their affordability for some groups. As a lower socioeconomic gradient is associated with poorer health outcomes, this can lead to a worsening of health inequalities. The Local Plan should not inadvertently widen health inequalities, but rather should seek to reduce them. This may require monitoring, particularly of impacts to deprived sectors of the population.

#### 4.2.2. Employment

*There's good evidence that if people are disempowered, if they have little control over their lives, if they're socially isolated or unable to participate fully in society, then there are biological effects. - Sir Michael Marmot (16)*

The proportion of people employed in Leicester (66%) is lower than the England average (75%). This difference is driven by lower employment rates in women (59.6% in Leicester vs 71.3% in England) compared to men (74.2% in Leicester vs 78% in England) (17).

Employment has a multitude of physical and mental health benefits such as increased self-rated physical health and mental health (18). The Local Plan sets about many ways in which employment could be increased as a result of development, particularly in the building sector. The increase in office workspace in the city can have a positive impact, although is recommended to be considered alongside the rise in demand for home working due to the COVID-19 pandemic.

#### 4.2.3. Sustainable transport

Sustainable Transport is a key part of The Local Plan. Increased use of public transport can result in improved air quality which has a multitude of health benefits. Poor air quality is associated with exacerbation of asthma, cardiovascular disease and other respiratory conditions. In Leicester, 93% of residents live within 600m of a bus stop and most bus routes head towards the city centre. With the Local Plan making various references to improved bus infrastructure, there is huge potential for increased useability, resulting in improved accessibility and social connectedness for Leicester's people. However, it is recognised that increases in the cost of public transport could have a detrimental impact to affordability of sustainable transport, with knock on impacts on mental health and wellbeing, and therefore should be avoided where possible.

#### 4.2.4. Obesogenic environment

Obesity has been causally linked with several chronic diseases including diabetes, hypertension, stroke and certain forms of cancer. There is also increased risk of mortality with disproportionate impacts on those in a lower socio-economic position, those with disabilities and people with mental health problems. The 'obesogenic environment' refers to the role environmental factors play in determining nutritional and physical activity behaviours; and the obesogenicity of an environment is defined as the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations. Obesogenic environments are implicit in our everyday lives. Modern advances in technology and design have resulted in increased sedentary behaviour and less movement, for example through desk-based jobs, escalator use over stair use, and home deliveries over in person shopping.

The Leicester Local Plan includes policies to increase active travel modes of walking and cycling thereby supporting mode shift through reference to traffic dominance and policies to shift design and management of streets to incorporate cycle lanes and safer walkways. However, with statistics showing these modes of transport are not the 'norm' for Leicester's residents, infrastructure needs to be complemented by continual work to encourage, enable and facilitate walking and cycling within communities partially through behaviour change initiatives. Benefits of such initiatives include improved mental health and social connectivity, cleaner air, safer streets enabling children to play and less sedentary lifestyles.

The COVID-19 pandemic resulted in people having increased unstructured time confined to their homes, and higher levels of stress and anxiety which are associated with overeating (1). Availability, access and promotion of certain foods, particularly those high in fat, sugar and salt (HFSS) facilitate increased consumption of unhealthy food, which further contributes to obesity. More needs to be done to limit access to these foods, or increase availability, access and affordability of healthy foods,

especially in at-risk populations. It is with these considerations that it is recommended that spaces are designed with evidence of limiting further creation of obesogenic environments.

#### 4.2.5. Housing

*Housing is a food issue. If rents and home heating consume the family income, how is it possible to eat healthily? - Sir Michael Marmot (19)*

The negative health impacts on housing include physical effects from mould, cold homes, internal air quality, overcrowding and mental health effects such as depression and anxiety. Poor housing can limit an individual's ability to reach their potential and living in areas with high crime, low green space and litter can have adverse impacts on ability to exercise outdoors and people's sense of belonging. Adequate energy efficiency and insulation of homes is essential for reducing heating costs and limiting negative environmental impact. The Local Plan has targets to make new homes as accessible as possible, this will be positive for the high proportion of people with disabilities in Leicester.

#### 4.2.6. A Place to Call Home and a Sense of Community

*Empowerment of individuals and communities is absolutely central. Getting the community involved in organising their own destiny has got to be a key part of it- Sir Michael Marmot (16)*

A sense of belonging with one's neighbourhood has positive impacts for wellbeing. This forms part of the Index of Multiple Deprivation (IMD) with Leicester being the 32<sup>nd</sup> most deprived local authority in England (14). An increased sense of belonging can improve deprivation and therefore health and wellbeing.

This is a theme that comes through strongly in the Local Plan with policies seeking to uplift areas by facilitating community cohesion and civic engagement. Design principles to create good quality, sustainable, inclusive and accessible places to live, work and play are referenced throughout the Local Plan. Creating public spaces that encourage social interaction can have positive impacts on mental and physical health. It is recognised that continual assessment of need through community participation is crucial, particularly considering inward migration into the city and changing population dynamics. Equally, adherence to design principals is key, with due consideration for different population groups including for example, people with limited mobility or people living with dementia, to support them in leading more fulfilling lives. While there are negative impacts of building on green space, Local Plan policies indicate mitigations for this in line with NPPF guidance to make as much use as possible of previously developed land or brownfield land and to include green space in new developments. Equally the commitment to working with communities and community groups through means such as neighbourhood plans shows willingness for citizen-led participation.

#### 4.2.7 Cost of living

The Marmot Reviews highlighted that financial deprivation can be a barrier to living healthier lives. The current cost of living crisis therefore will inevitably impact many people across Leicester, particularly those who are already facing financial challenge. While costs fall outside the parameters of a Local Plan, the reduction in disposable income, and its impact on paying for homes and heating, food and travel, and other necessities, and its inevitable impact on health and wellbeing, cannot be

ignored. The Local Plan seeks to mitigate these issues where possible through for example, creating a proportion of affordable homes and supporting infrastructure for active travel. It is recommended that these aspects, particularly the need for affordable housing and use of viability loophole, is continually monitored to prevent people living in overcrowded and unsafe conditions as much as possible.

#### 4.2.8 Learning from COVID-19

While the Regulation 18 Draft Local Plan was written prior to the Covid-19 Pandemic, it is recommended that the Final Draft seeks to implement learning from the Pandemic. The Covid-19 pandemic has put the spotlight on many health and wellbeing problems, and further exacerbated already well-established inequalities, particularly through socio-economic status, deprivation and ethnicity. Social isolation, feelings of loneliness and consequential poor mental health and wellbeing increased, highlighting the need for social connection and accessible outdoor green and blue spaces which can mitigate these feelings for some people. The Local Plan facilitates this through policies encouraging interaction in design. This coupled with community initiatives could contribute to helping to tackle the increasing numbers of Leicester's people feeling this way.

Our response to addressing systematic, avoidable differences in health outcomes and inequalities and minimising further negative health impacts, is more critical than ever. Covid-19 highlighted that the way to do this is through building on the strengthened partnership working that came about through co-ordinated, collective efforts. This involves co-production of initiatives between departments, organisations and equally respected community leaders and individuals. Working alongside communities provided us with greater understanding, insights and intelligence, and truly drove the response and support of the many successes we had during this time.

The Pandemic showed that with shared goals in mind, we can achieve big change. This involves rapid innovation, with examples such as new ways of using technology throughout the pandemic showing this is possible. We came together to protect vulnerable populations in Leicester, we housed people who did not have a home and delivered food to people who would have otherwise gone hungry. We have shown that Leicester is a generous city that bands together in times of hardship and will look after vulnerable populations, and with that we aim for the continued care of these populations as Leicester grows and develops.

## 5. Conclusion

This HIA has assessed the Local Plan's impacts on lifestyles, social and community influences, living and environment conditions, access and quality of services and macro-economic environment and sustainability factors. The final draft of the Local Plan is being written at a time where the country is recovering from the COVID-19 pandemic, with opportunities to implement learnings to 'build back fairer'. Early 2022 comes with fears of increasing interest rates; a rise in the energy cap; higher house prices; increased taxation and inflation without concurrent pay rises. It is in the midst of this, the Local Plan is able to facilitate improvement in the health of the population of Leicester by using its influence to mitigate risks and create an environment in which all citizens can flourish. While the Local Plan's policies guide the design and infrastructure of future developments, it is recognised that complementing this work with behaviour change initiatives, engaging with communities and co-producing with communities will enable consideration of health impacts on Leicester's people to remain a priority.



## 6. Recommendations

Throughout the Regulation 18 Draft Local Plan, there are multiple references to creating good quality, long lasting, and accessible homes and developments. Alongside this, the minimisation of climate impacts is commendable as is the celebration of our city's unique heritage – this is linked to a stronger and more connected community identity which is conducive to good mental health and wellbeing. Retaining places of worship and cultural spaces will also further reinforce identity and connectedness in the city. The reference to both physical and mental health within the Plan is noted and considered important to contribute to the Parity of Esteem. Furthermore, due consideration of mitigation of unavoidable negative health impacts are also apparent throughout the given policies.

Given the above, the recommendations for Planning colleagues generally refer to making more explicit reference to both positive and negative health impacts and given mitigations. This seeks to support colleague's efforts in showing due consideration to health in the Local Plan. Other recommendations seek to account for or emphasise health issues brought to the forefront through the covid-19 pandemic and minimise risk of inadvertently widening the inequality gap.

### Overall Recommendations for Steering Group

The steering group is recommended to review and implement recommendations into the Local Plan. Public Health colleagues are equally recommended to work with the steering group and relevant colleagues to support this work.

It is also recommended that a HIA is built into the review process of the plan every five years. Complete integration of Public Health within the planning stages and processes of the Local Plan Review will further enable a more comprehensive HIA to be taken in future.

### Planning Recommendations

- (i) Consider making explicit reference to health and wellbeing, and reducing health inequalities and inequities within the Vision Statement.
- (ii) Consider making explicit reference to Health and Wellbeing and learning from COVID-19, such as plans to 'build back fairer' (1) in chapter 4. The current reference under 4.5 is limited to lifestyles. COVID-19 reinforced the message that 'encouraging' a healthy and active lifestyle is not enough if we do not 'enable' and 'facilitate' it with consideration of the Wider Determinants of Health. It is also recommended that Mental Health is mentioned here in relation to the Parity of Esteem.
- (iii) Capitalise on closer partnerships developed during COVID -19 and working with new structures. i.e., working social care and community partners, and ICS, to assess needs and development impacts on health and other services.
- (iv) Make explicit reference to, and limit further creation of, the obesogenic environment and actively consider this in design planning. A part of reducing the obesogenic environment is making healthy behaviour an easier option.
- (v) Continue to monitor/review the change in working practices as a consequence of the COVID-19 pandemic and adapt office space availability (including social design and co-working space design) as required.
- (vi) Work with partners to monitor health inequalities and cost of living impacts.
- (vii) Add reference to draft Leicester Health Care and Wellbeing Draft Strategy, Health and Wellbeing Survey and Joint Strategic Needs Assessments as required.

## Public Health Recommendations

- (viii) Work with housing colleagues to address housing health needs.
- (ix) Develop a process for quality assuring submitted HIA's and screening reports for development in support of Policy HW02.
- (x) Facilitate and enable civic participation, community cohesion and social networks as part of the process of new developments, including consideration to minimise disruption to existing social ties and ensure that new communities and residents can integrate. e.g. through 'Asset-based community development', community champions, and increasing active citizens opportunities and activities.
- (xi) Liaise with Transport colleagues re consideration and implementation of Healthy Streets concepts.
- (xii) Monitor evidence of impact of fast-food takeaways on unhealthy weight and consider ways to encourage, enable and facilitate healthy food options.
- (xiii) Explore needs, demands and benefits of multiple uses of community facilities e.g., such as space for physical or recreational activities appealing to people from different cultures; in turn exploring whether access to these would enable and facilitate increased physical activity, social inclusion and connection, community cohesiveness, better mental health and reduced social isolation.
- (xiv) Work with partners on minimising anti-idling and air pollution, and work towards bring a Carbon Neutral City in line with the draft Health Care and Wellbeing Strategy 2022-2027.

## 7. Evaluation and Monitoring

### 7.1. Limitations of this HIA

It is recognised that time and resource pressures have resulted in this HIA to be conducted as a rapid desktop analysis with no consultation process or stakeholder involvement. It is noted that guidance indicates that Participatory Rapid HIA's should be conducted for Local Plans due to the breath of impact it poses to the population. Due to this deference from guidance, a process evaluation will be conducted alongside an outcome evaluation.

### 7.2. Process Evaluation

The Process Evaluation will include undertaking a review of the HIA process to determine its quality including if methods and approaches used were those that would be expected to produce valid predictions on theoretical grounds.

### 7.3. Outcome Evaluation

The Outcome Evaluation will include an assessment of how the information from the final HIA report was used, whether the target audiences found it useful and if it influenced decision-making and developments with respect to Leicester City Local Plan.

## 8. References

1. **Marmot, Michael, et al.** *Build Back Fairer: The COVID-19 Marmot Review*. London : The Health Foundation , 2020.
2. **Policy, European Centre for Health.** *Gothenburg Consensus Paper, Health Impact Assessment*. Brussels : European Centre for Health Policy , 1999.
3. **Chloe Chadderton, Eva Elliott, Liz Green, Julia Lester, Gareth Williams.** Health Impact Assessment A practical guide. *Wales Health Impact Assessment Support Unit* . [Online] [Cited: 08 February 2022.] <https://phwwhocc.co.uk/whiasu/>.
4. *European strategies for tackling social inequities in health: Levelling up Part 2.* **Whitehead, M and Dahlgren, G.** Copenhagen : Copenhagen: WHO Regional Office, 2007.
5. *A health map for the local human habitat.* **Barton, H. and Grant, M.** 6, London : The Journal for the Royal Society for the Promotion of Health, 2006, Vol. 126.
6. **Ministry of Housing, Communities and Local Government,.** *National Planning Policy Framework*. London : Ministry of Housing, Communities and Local Government,, 2021.
7. **Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government.** *Healthy and safe communities*. London : Gov.uk, 2014.
8. **England, Public Health.** *Health Impact Assessment in spatial planning*. London : gov.uk, 2020.
9. **UK Government.** Health and Social Care Act 2012. *Legislation.gov.uk*. [Online] 2012. <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>.
10. **World Health Organisation .** *Health in all Policies* . Helsinki : World Health Organisation , 2013.
11. **Buck, David and Gregory, Sarah.** *Improving the public's health*. London : The Kings Fund, 2013.
12. **Rudolph, Linda, et al.** *Health in all policies* . Washington, DC and Oakland, CA : American Public Health Association and Public Health Institute, 2013.
13. **Marmot, Michael, et al.** *Fair Society, Healthy Lives*. London : Institute of Health Equity, 2010.
14. **Leicester City Council.** *Local Authority Health Profile*. Leicester : Leicester City Council, 2019.
15. —. *Joint Strategic Needs Assessment: Living in Leicester summary*. Leicester : Leicester City Council, 2020.
16. **Epimonitor.** Highlights From An Australian Interview With Sir Michael Marmot And His Recent Canadian Presentation To Health Economists. *Epimonitor*. [Online] 2011. [Cited: 15 February 2022.] [http://epimonitor.net/Michael\\_Marmot\\_Interview.htm#:~:text=One%20of%20the%20things%20that,%20a%20key%20part%20of%20it..](http://epimonitor.net/Michael_Marmot_Interview.htm#:~:text=One%20of%20the%20things%20that,%20a%20key%20part%20of%20it..)
17. **Nomis.** Labour Market Profile - Leicester. *Nomis Official Labour Market Statistics* . [Online] 2020. [Cited: 08 February 2022.] <https://www.nomisweb.co.uk/reports/lmp/la/1946157130/report.aspx>.
18. **The Health Foundation.** Employment and unemployment. *The Health Foundation*. [Online] 2019. [Cited: 08 February 2022.] <https://www.health.org.uk/news-and-comment/charts-and-infographics/unemployment>.

19. **Marmot, Michael.** Sir Michael Marmot. *Twitter*. [Online] 8 October 2018. [Cited: 15 February 2022.] <https://twitter.com/michaelmarmot/status/1049309389964886018>.
20. **UKHSA.** Public Health Profiles . *Fingertips*. [Online] April 2021. [Cited: 08 02 2022.] <https://fingertips.phe.org.uk/search/disability#page/1/gid/1/pat/6/ati/402/are/E06000016/iid/93523/age/94/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>.
21. **Ministry of Housing, Communities & Local Government.** *National Planning Policy Framework*. London : UK Government, 2012.
22. *A ladder of citizen participation*. **Arnstein, S.** 4, Chicago : Journal of the American Planning Association, 1969, Vol. 35.
23. **Leicester City Council.** *Leicester Street Design Guide* . Leicester : Leicester City Council, 2020.

## 9. Authors and Acknowledgements

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## 10. Appendices

### [Local Authority profile 2019](#)

This profile provides an overview of neighbourhood services and facilities in Leicester along with an insight into the health needs of the local population. Leicester is a diverse city in the East Midlands, full of heritage and culture. There are a number of parks including Abbey Park and Victoria Park and attractions including New Walk Museum, Jewry Wall and King Richard III Visitor Centre. Successful sporting clubs include Leicester City Football Club, Leicester Tigers Rugby Club and the Riders Basketball Club.

Leicester is home to residents and communities from a diverse range of backgrounds and provides access to numerous shops, bars and restaurants from a variety of local cultures. The A594 central ring road provides an urban transport link around the city centre, and the A563, also known as the outer ring road, provides a circular route around the outer areas of the city. The M1 motorway is situated outside of the western city boundary, and provides access to London and the south, and to Nottingham, Derby and the north.

### [Leicester at a glance](#)

#### [Population and health:](#)

Leicester city has a population of around 353,500. Leicester has a higher proportion of people aged under 40 years than England but a smaller proportion aged over 40 years.

Leicester has a smaller White population (51%) than England overall (81%) with 45% White British and 5% of residents from other White backgrounds. More residents are from Asian backgrounds

(37%) of which 28% are Indian and 9% other Asian groups. In England 3% are Indian and 4% other Asian backgrounds.

Deprivation in Leicester is higher than in England overall with 35% of the population living in the fifth (20%) most deprived areas nationally. A further 37% of Leicester's population live in the 2/5th most deprived areas. Levels of unemployment are similar to the national rate.

Life expectancy in Leicester is lower than the England average for men and women. Death rates from cardiovascular and respiratory disease are worse than the England average whilst death rates from cancer are similar to the England average.

The health of people in Leicester is generally mixed compared with England overall. More people live in deprivation but prevalence of long term conditions are lower than the England average.

Levels of smoking are worse, overweight and obesity better and physical activity similar to the England average

#### Outdoor spaces and amenities:

Leicester has an array of outdoor space in the form of parks and gardens, natural green space, outdoor sports space, allotments and amenity green space. Both Abbey Park and Grounds and Spinney Hill Park have achieved Green Flag Award status.

A range of diverse festivals and events which take place throughout the year. More information can be found at: [visitleicester.info/](http://visitleicester.info/)

35% of Leicester's residents walk for travel on a weekly basis and 8% cycle for travel. Leicester has around 230 km of cycle routes, including 27 km of national cycle network.

Leicester has 82 primary schools, 18 secondary schools, 14 independent schools and 10 special schools. Additionally, Leicester has 17 libraries, 32 neighbourhood centres and 10 sports and leisure facilities.

#### Housing, Highways and Recycling

Leicester has more households with no car, more rented accommodation and more overcrowded households. The total social housing stock consists of approximately 20,000 properties city wide. A large proportion of this total is made up of 1-3-bedroom general needs properties. Over £9.9 million was spent on council housing related work in 2018/19 on boilers/central heating, electrical improvements, kitchens/bathrooms, loft/cavity insulation, roofing, soffits/fascias/cladding and structural building works.

Refuse and recycling in the area is collected weekly. The Household Waste Recycling Centres are Freeman's Common Recycling Centre (LE2 7SQ) and Gypsum Close Recycling Centre (LE4 9AB). A Reuse shop is also located at the Gypsum Close Recycling Centre site. There is a total of over 2800 bins city wide which consist of both multi-purpose litter bins and dog bins.

There was a total spend of over £2 million last year to carry out a variety of highway improvement and treatment capital project works.

#### Population profile:

Leicester city has a population of around 353,500. Leicester has a higher proportion of people aged under 40 years than England but a smaller proportion aged over 40 years

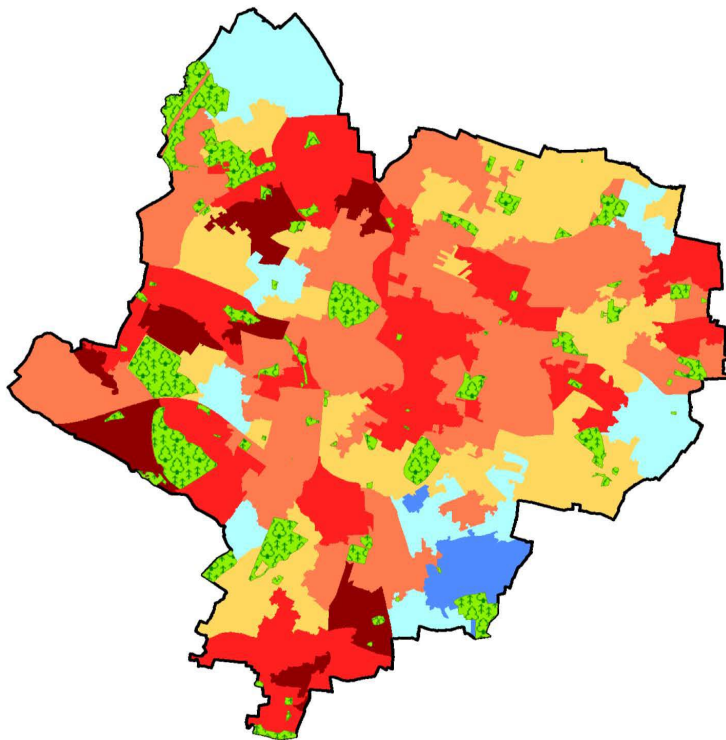
Leicester has a smaller White population (51%) than England overall (81%) with 45% White British and 5% of residents from other White Backgrounds. More residents are from Asian backgrounds (37%) of which 28% are Indian and 9% other Asian groups. In England 3% are Indian and 4% other Asian backgrounds

#### Deprivation:

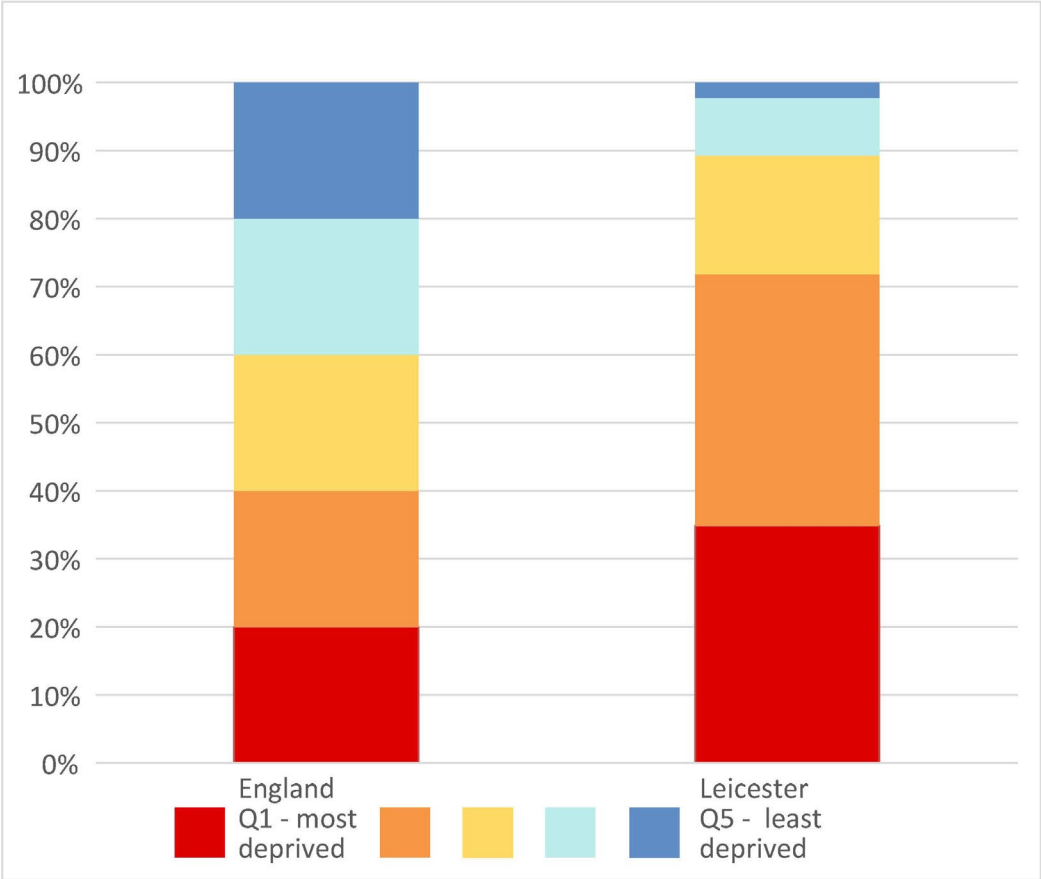
Leicester is the 32nd most deprived of 317 Local Authority areas based on the Index of Deprivation 2019. Deprivation is widespread in Leicester and overall 35% of Leicester's population live in the fifth most deprived of areas (Q1 on map 1), compared with 20% of the population nationally.

The map below shows the extent of deprivation in Leicester neighbourhood and Leicester, based on national quintiles of the Index of Deprivation 2019 by Lower Super Output Area (LSOA). 15 LSOAs in Leicester are within the 5% most deprived in England.

Red represents the most deprived 20% of areas, followed by orange, cream, light blue and dark blue which represents the least deprived 20% of areas. Brown represents areas that are within the 5% most deprived nationally.



The chart below shows the percentage of the population in Leicester living in each of the national quintiles of deprivation, compared with Leicester and England. Deprivation in Leicester is higher than in England overall with 35% of the population living in the fifth (20%) most deprived areas nationally.





## Assets and amenities

### OFSTED ratings

- 77 schools Good / Outstanding
- 15 Inadequate / requires improvement
- 35 Not yet available

### Schools

- 82 Primary (city rate per 1,000 5-10 year olds = 2.8)
- 18 Secondary (city rate per 1,000 11-16 year olds = 0.7)
- 14 Independent
- 9 Special

### Crime and disorder within city limits

- 50,130 crime incidents (city rate per 1,000 = 141.8)
- 8,061 fly tipping (city rate per 1,000 = 22.8)
- 10,015 needles (city rate per 1,000 = 28.3)

### Food and drink

- 647 restaurants (city rate per 1,000 = 1.8)
- 382 takeaways (city rate per 1,000 = 1.1)

### Green spaces / sites

- 34 parks and gardens (city rate per 1,000 = 9.6)
- 33 outdoor gyms (city rate per 1,000 = 9.3)
- 43 allotments (city rate per 1,000 = 12.2)
- 37 outdoor sports areas (city rate per 1,000 = 10.5)
- 182 play areas (city rate per 1,000 = 51.5)
- 47 Natural green space (city rate per 1,000 = 13.3)
- 146 amenity green space (city rate per 1,000 = 41.3)
- 26 ballcourts
- 6 BMX
- 4 skate parks

### Local satisfaction

- 83% satisfied/fairly satisfied with local area as a place to live
- 80% satisfied/fairly satisfied with quality of parks, waterways, green neighbourhood spaces
- 50% have concern over air quality
- 76% feel safe outside in local area in daytime often / all the time
- 51% feel safe outside in local area in dark often / all the time

### Other assets / amenities

- 68 GP practices / health centres (city rate per 1,000 = 19)
- 3 hospitals (city rate per 1,000 = 1)
- 32 community centres (city rate per 1,000 = 9)

- 17 libraries (city rate per 1,000 = 5)
- 10 sports and leisure centres (city rate per 1,000 = 3)
- 24 food banks (city rate per 1,000 = 7)
- 227 places of worship (city rate per 1,000 = 64)

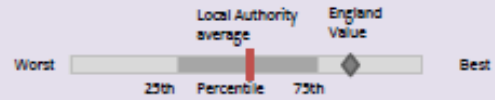
# Health summary

The chart below shows how the health of people in Leicester compares with the rest of England

The vertical red line shows the average rate for Local Authorities and the grey bar shows the range of results from worst to best for all Local Authorities in England. The grey diamond represents the England average compared with the Leicester values

Key:

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated



Indicator	Leic Number	Leic Value	Eng Avg	Worst LA	England range	Best LA
1 Deprivation: average deprivation score	n/a	30.8	21.8	45.0		5.5
2 Deprivation: % living in most deprived quintile	123066	34.8	9.7	62.6		0.0
3 Proportion of children in poverty %	n/a	24.2	14.7	32.7		3.2
4 Income deprivation score	n/a	0.2	0.1	0.3		0.0
5 Households with no car %	45375	36.9	20.3	69.4		8.0
6 Households rented %	59269	48.1	29.2	72.7		16.1
7 Households overcrowded %	18756	15.2	5.8	34.9		2.0
8 KS4: Strong pass in Maths and English	1260	35.9	42.2	21.0		80.0
9 Employment Index	n/a	0.1	0.1	0.2		0.0
10 Adult Skills Index	n/a	0.4	0.3	0.8		0.0
11 Health reported as 'Not good' %	19902	6.0	5.1	9.5		2.6
12 Long term illness: limiting daily activities a lot %	27615	8.4	7.9	14.2		4.4
13 Population providing over 50+ hours of care %	7929	2.4	2.3	4.1		0.9
14 Life expectancy - males	n/a	77.2	79.3	74.2		83.2
15 Life expectancy - females	n/a	81.9	82.9	79.5		86.5
16 Deaths from CVD in under 75s	232	108.4	75.1	133.4		44.0
17 Deaths from cancer in under 75s	303	141.6	138.0	194.5		91.3
18 Deaths from Respiratory Diseases in under 75s	101	48.1	34.7	71.7		16.9
19 Infant Mortality	24	4.6	3.6	8.1		1.7
20 Low birthweight babies	492	9.8	7.4	12.4		4.7
21 Breastfeeding at 6-8 weeks	2844	58.4	44.2	0.9		81.6
22 A&E attendances for 0-4 year olds	14571	569.8	588.7	2011.3		321.3
23 Admissions for injuries in 0-4 year olds	211	82.5	117.9	272.6		51.5
24 Childhood Immunisations (GP)	42897	93.5	93.3	79.0		99.0
25 Obese children in Year 6 %	2985	23.2	20.8	29.7		11.4
26 Teenage Pregnancy (under 18s)	135	23.5	18.0	43.8		6.1
27 Cervical Screening (GP)	61325	63.7	72.5	51.6		79.2
28 Flu Immunisations in over 65s (GP)	32090	70.6	72.4	58.4		80.8
29 Adults who smoke %	n/a	17.3	14.7	26.1		5.9
30 Physically inactive adults %	n/a	22.2	22.3	37.1		11.2
31 Adult overweight/obesity %	n/a	54.7	62.7	74.4		45.4
32 Fruit and veg consumption % < 3 portions	n/a	45.0	54.6	40.7		65.9
33 Alcohol-related hospital admission rates	n/a	708.1	637.4	1096.5		393.8
34 % Asthma (GP)	18074	4.8	6.2	7.9		3.4
35 % Cancer (GP)	5428	1.4	2.8	4.2		0.9
36 % CHD (GP)	9023	2.4	3.3	5.1		1.2
37 % COPD (GP)	5130	1.4	2.0	3.7		0.8
38 % Dementia (GP)	2394	0.6	0.8	1.3		0.3
39 % Diabetes (GP)	27937	9.5	6.9	10.7		3.7
40 % Hypertension (GP)	44727	11.9	14.5	18.5		7.5
41 % Mental Health (GP)	4152	1.1	0.9	1.5		0.6
42 % Stroke/TIA (GP)	5289	1.4	1.9	2.7		0.7

\* % of adults who drink

Numbers less than 5 have been suppressed

Long Term Condition prevalence are shown by Clinical Commissioning Groups, all others by Local Authorities (LA)

1: Index of Multiple Deprivation (IMD 2019) 2: % of population living in 20% most deprived areas, IMD 2019, 3: % of children living in poverty (DACI IMD 2019) 4: Income deprivation score (IMD 2019), 5: % households with no car, C2011, 6: % of households that are rented C2011, 7: % of households that are overcrowded C2011, 8: KS4: % of pupils gaining a strong pass, 9: Average employment score (IMD 2019) 10: Average Adult Skills score (IMD 2019) 11: % reporting health as 'Not good', C2011, 13: % providing 50+ hours of care per week, C2011, 14: Life expectancy at birth for men, 2015-17, 15: Life expectancy at birth for women, 2015-17, 16: Mortality rate from CVD in under 75s, 2015-17, 17: Mortality rate from Cancer in under 75s, 2015-17, 18: Mortality rate from respiratory diseases, 2015-17, 19: Deaths under 12 months per 1,000 live births, 2014-16, 20: % of births < 2,500g 2014-16, 21: % breastfeeding at 6-8 weeks 22: A&E attendances per 1,000 0-4s, 2017/18, 23: Admission rates for injuries 0-4 yr olds, 2017/18, 24: % immunised: Under 1s DTAP, PCV, Under 2s DTAP, MMR, Hib/MenC Booster, PCV Booster, Under 5s Hib/MenC booster, MMR1, MMR2/5: % Y8 children who are obese, 2017/18, 26: Under 18 conceptions per 1,000 15-17 year olds, 2017, 27: % of women 25-64 years who have received a cervical screen, 2017/18 28: % of over 65s immunised for flu, 2017/18 29: % of adults who smoke, APS 2017/18 30: % of adults completing < 30 mins of physical activity per week, APS 2017/18 31: % of adults with BMI > 30, 2017/18 32: % of adults eating < 3 portions fruit/veg per day, 2017/18, 33: Alcohol related hospital admission rate per 100,000 2017/18, 34: % of population registered with Asthma, March 2018 35: % of population registered with Cancer, March 2018 36: % of population registered with CHD, March 2018 37: % of population registered with COPD, March 2018 38: % of population registered with Dementia, March 2018 39: % of population registered with Diabetes, March 2018 40: % of population registered with Hypertension, March 2018 41: % of population registered with Mental Health, March 2018 42: % of population registered with Stroke/TIA, March 2018

## Appendix 2: Screening Matrix

### Lifestyles

	No impact	Likely positive direction of impact	Likely negative direction of impact
Diet		✓	✓
Physical activity		✓	✓
Use of alcohol, cigarettes, non-prescribed drugs		✓	✓
Sexual activity	✓		
Other risk-taking activity		✓	

### Social and community influences on health

	No impact	Likely positive direction of impact	Likely negative direction of impact
Family organisation and roles	✓		
Citizen power and influence		✓	✓
Social support and social networks		✓	
Neighbourliness		✓	
Sense of belonging		✓	✓
Local pride		✓	
Divisions in community		✓	✓
Social isolation		✓	✓
Community identity		✓	
Cultural and spiritual ethos		✓	
Racism			✓
Other social exclusion		✓	✓

### Living/ environmental conditions affecting health

	No impact	Likely positive direction of impact	Likely negative direction of impact
Built environment		✓	
Neighbourhood design		✓	
Housing		✓	✓
Indoor environment		✓	
Noise			✓
Air and water quality		✓	✓
Attractiveness of area		✓	
Green space		✓	✓
Community safety		✓	
Smell/odour	✓		
Waste disposal	✓		
Road hazards		✓	✓

Injury hazards		✓	
Quality and safety of play areas		✓	

#### Economic conditions affecting health

	No impact	Likely positive direction of impact	Likely negative direction of impact
Unemployment		✓	
Income		✓	
Economic inactivity		✓	
Workplace conditions		✓	

#### Access and quality of services

	No impact	Likely positive direction of impact	Likely negative direction of impact
Medical services			✓
Other caring services			✓
Careers advice	✓		
Shops and commercial services		✓	
Public amenities		✓	
Transport including parking		✓	✓
Education and training		✓	✓
Information technology	✓		

#### Macro-economic, environmental and sustainability factors

	No impact	Likely positive direction of impact	Likely negative direction of impact
Government policies		✓	
Economic development		✓	
Gross domestic product		✓	
Biological diversity		✓	✓
Climate		✓	✓





Macro-economic, Environmental and Sustainability Factors				
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#### Chapter 4: Strategy for Leicester

<b>Area</b>	<b>Nature of Impact</b> <i>How will the proposal affect health and will the impact be positive or negative?</i>	<b>Likelihood</b> <i>Definite</i> <i>Probable</i> <i>Speculative</i>	<b>Scale, Significance and Distribution</b>	<b>Timing</b> <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	<p><b>Positive:</b></p> <p>Key strategic planning encouraging healthy and active lifestyles to improve the health and wellbeing of local residents</p> <p><b>Negative:</b></p> <p>No mention of COVID-19 impacts or plan to ‘build back fairer’ – COVID-19 lessons has reinforced the message that good health is more than healthy and active lifestyles, hence this point is restrictive. Equally encouraging a healthy and active lifestyle is not enough if we do not enable and facilitate it with consideration of the Wider Determinants of Health.</p>	<p>Probable</p> <p>Probable</p>	<p>Whole population, moderate</p> <p>Whole population, moderate</p>	<p>Medium-term</p> <p>Medium-term</p>
Social and Community Influences on Health				





<p>Access and Quality of Services</p>	<p><b>Positive:</b></p> <p>Recognition of the need for shops in the 'right' locations – improving access, reducing isolation risk</p> <p>Building of schools– improving access to education near new build houses – wider determinant of health</p> <p>Requirement of paying due regard to green wedges in site masterplans</p> <p><b>Negative:</b></p> <p>No mention of accessibility in reference to shops, particularly for those who are not able to access online shopping</p>	<p>Probable</p> <p>Probable</p> <p>Probable</p> <p>Speculative</p>	<p>Whole population, moderate</p> <p>Young people, moderate</p> <p>Whole population, moderate</p> <p>People without internet access, minor</p>	<p>Long-term</p> <p>Long-term</p> <p>Long-term</p> <p>Medium-term</p>
<p>Macro-economic, Environmental and Sustainability Factors</p>	<p><b>Positive:</b></p> <p>Recognition of dependencies beyond cities administrative boundary re infrastructure and joint working with neighbouring authorities for growth</p> <p>Protection and enhancement of green network (open space, parks, wildlife area, nature reserves and greenways)</p> <p>Retention of onsite pond - and associated health benefits of blue space</p>	<p>Probable</p> <p>Probable</p> <p>Probable</p>	<p>Whole population, moderate</p> <p>Whole population, moderate</p> <p>Whole population, moderate</p>	<p>Long-term</p> <p>Long-term</p> <p>Long-term</p>

Chapter 5: Housing

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite</i> <i>Probable</i> <i>Speculative</i>	Scale, Significance and Distribution	Timing <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	<p><b>Positive:</b></p> <p>Student accommodation is designed to be central to required facilities – facilitates walking and cycling (active travel modes)</p>	Definite	Students, moderate impact	Long-term
	<p>Public transport to be user friendly making it accessible to populations facilitating social connectedness through travel</p>	Probable	Whole population, moderate impact	Long-term
	<p><b>Negative:</b></p> <p>School catchment area distance from housing – if too far, or unsafe to walk to, potential for increased car use rather than increased active travel</p>	Speculative	Families with children, moderate impact	Long-term



Living and Environmental Conditions affecting health	<p><b>Positive:</b></p> <p>The importance of decent space standards is recognised as essential to a positive home life with policies highlighting those homes need to be designed in a way that makes them accessible and inclusive. High quality spaces encourage social interaction – conducive to positive mental and physical health.</p>	Probable	Whole population, low-income families, moderate	Long-term
	<p>Housing mix with increasing choice enables residents to live where they want to, rather than where they are able to (i.e., providing choice) which impacts positively upon wellbeing.</p>	Definite	Families, moderate	Long-term
	<p>Ensuring high housing quality, reducing indoor dampness and mould (through adequate ventilation, insulation and moisture control) can have positive impacts on asthma, respiratory and mental health problems. This reduces risk of fuel poverty and improves social networks.</p>	Probable	Low-income residents, renters, major impact	Long-term
	<p>Consideration of new student schemes being in walking distance of the city centre limits worsening air quality attributable to vehicles. Robust management procedures protect the wider community from any disturbances.</p>	Definite	Students, people living near universities, minor	Long-term

	<p>Hostels having garden or amenity space encourages a positive experience – both in individuals self-worth and all positive associated links with green space.</p>	Probable	People living in hostels, moderate	Long-term
Economic Conditions Affecting Health	<p><b>Positive:</b></p> <p>Affordable housing consideration – vital considering deprivation in the city, and risk of homelessness.</p> <p>Construction and occupation of student accommodation can create employment opportunities, supports local businesses and regeneration.</p> <p><b>Negative:</b></p> <p>There are a higher percentage of small affordable homes compared to large -this may have a negative impact on families who may only be able to afford homes that are too small for their families. Leicester has a notably higher level of overcrowded houses compared to the rest of the HMA and there is a risk of this worsening. Recent rises in energy prices will</p>	<p>Probable</p> <p>Speculative</p> <p>Probable</p>	<p>People on lower incomes, major impact</p> <p>People seeking employment, moderate impact</p> <p>Low income populations, major impact</p>	<p>Long-term</p> <p>Medium-term</p> <p>Long-term</p>

	<p>have a detrimental impact on billpayers, in this landscape, energy efficient homes with good insulation become even more important. Risk of increased fuel poverty, overcrowding and associated health problems such as respiratory illness and hence widening health inequalities and deprivation. Housing health needs assessment required and continual monitoring of need.</p> <p>High proportion of Leicester’s residents living in the most deprived quintiles in the country – affordability of housing even at the cheapest, smallest available may be out of reach for them. This group along with those on fringes of home ownership may suffer from financial hardship and risk of mortgage arrears which impacts on insecurity, anxiety and mental health. New developments may raise property values in the area making access more difficult for those on low income, further exacerbating these health problems.</p>	Speculative	Low income populations, major impact	Long-term
Access and Quality of Services	<p><b>Positive:</b></p> <p>More wheelchair accessible homes to be built. Increased opportunity for independence and choice conducive to positive mental wellbeing.</p> <p>Where housing density increases, increased revenue for nearby businesses – positive impact on mental wellbeing through less financial hardship.</p>	<p>Probable</p> <p>Speculative</p>	<p>Those with limited mobility and their families/carers, moderate</p> <p>Business owners, minor</p>	<p>Long-term</p> <p>Medium-term</p>

Macro-economic, Environmental and Sustainability Factors	<p><b>Positive:</b></p> <p>New homes built on brownfield sites are preferable to greenfield to ensure adequate green space is available to residents for recreational use, particularly considering the limited land available to increase green space in future.</p>	Definite	Whole population, major	Long-term
	<p><b>Negative:</b></p> <p>Unavoidable negative environmental impact of building new homes.</p>	Definite	Those living near construction sites, and those who travel through the area, whole population, minor	Short-term

### Chapter 6: Climate change and flood risk

Area	Nature of Impact	Likelihood	Scale, Significance and Distribution	Timing
	<i>How will the proposal affect health and will the impact be positive or negative?</i>	<i>Definite</i>		<i>Short</i>
		<i>Probable</i>		<i>Medium</i>
		<i>Speculative</i>		<i>Long</i>
Lifestyles	<p><b>Positive:</b></p> <p>Warmer temperatures may encourage lifestyle change such as spending more time outside – increased physical activity, mental wellbeing and vitamin D.</p>	Speculative	Whole population, moderate	Long-term



	<p><b>Negative:</b> Warmer climate may result in increased driving rather than walking due to heat, dehydration, increased sun exposure and links to cancer.</p>	Speculative	Whole population, minor	Long-term
Social and Community Influences on Health				
Living and Environmental Conditions affecting health	<p><b>Positive:</b></p> <p>Consideration of air quality, noise, traffic, recreation and access in renewable and low carbon energy projects – holistic assessment on factors impacting health.</p>	Speculative	Whole population, moderate	Long-term
	<p>Plans in place to reduce likelihood and impact of flooding, consequently mitigating associated health impacts.</p>	Speculative	People living near waterways, major	Medium-term
	<p><b>Negative:</b></p> <p>Contaminated or polluted flood water can cause infection and ill health impacts – including, but not limited to, gastrointestinal infection, diarrhoea and vomiting. Carbon monoxide poisoning can also cause death during flood clear-ups.</p>	Speculative	People living near waterways, major	Medium-term
Economic Conditions Affecting Health	<p><b>Positive</b></p> <p>Reducing the risk of flooding which can affect the quality and availability of affordable food production, the economy, mental and physical health outcomes.</p>	Speculative	People living near waterways, major	Short-term

	<p><b>Negative:</b></p> <p>Flooding may exacerbate deprivation and inequalities</p>	Speculative	People living near waterways, moderate	Medium-term
Access and Quality of Services	<p><b>Negative:</b></p> <p>Physical and mental health may be affected during and after flooding and studies have shown that stress may continue for a long time after the water has receded. The impact on health is often not immediately obvious. Knock on impact to health services through increased demand in access. Mental wellbeing may also be affected if emergency response is poorly managed in relation to the recovery gap (the period after an emergency response when people may rely on the private sector for continued recovery), disruption to family life, loss of daily routine, family, pets and possessions, and potential need to move to temporary accommodation.</p>	Speculative	People living near waterways, major	Medium-term
Macro-economic, Environmental and Sustainability Factors				

## Chapter 7: Health and wellbeing

Area	Nature of Impact	Likelihood	Scale, Significance and Distribution	Timing
	<p><i>How will the proposal affect health and will the impact be positive or negative?</i></p>	<p><i>Definite</i></p> <p><i>Probable</i></p>		<p><i>Short</i></p> <p><i>Medium</i></p>

		<i>Speculative</i>		<i>Long</i>
Lifestyles	<p><b>Positive:</b></p> <p>The wide-ranging effects of wellbeing on lifestyles and health has been recognised.</p> <p><b>Negative:</b></p> <p>Limited evidence to inform health impacts</p>	Definite	Whole population, major	Long-term
Social and Community Influences on Health				
Living and Environmental Conditions affecting health				
Economic Conditions Affecting Health				
Access and Quality of Services				
Macro-economic, Environmental and Sustainability Factors				

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite</i> <i>Probable</i> <i>Speculative</i>	Scale, Significance and Distribution	Timing <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	<p><b>Positive:</b></p> <p>Consideration of active travel and design which is conducive to movement can help to limit further creation and amplification of the obesogenic environment, and enables children to play and active travel.</p> <p>Cycle storage facilitates increased cycling hence increased physical activity, access to nature; and reduced traffic and pollution, and all associated positive health outcomes</p>	<p>Definite</p> <p>Probable</p>	<p>Whole population, moderate</p> <p>People who cycle, moderate</p>	<p>Long-term</p> <p>Long-term</p>
Social and Community Influences on Health	<p><b>Positive:</b></p> <p>Feeling of belonging where people live noted – key factor for wellbeing. Influenced by quality places with community areas, green space and low crime.</p> <p>Creation of streets as social spaces, safe and inclusive spaces encourages community cohesion and civic engagement. Open space design considerations, including inclusive design and no disabling barriers. People</p>	<p>Probable</p> <p>Probable</p>	<p>Residents of new developments and existing developments, major</p> <p>Whole population, moderate</p>	<p>Long-term</p> <p>Long-term</p>

	<p>with protected characteristics considered as part of inclusive design with requirement to meet needs. All conducive to feelings of belonging and empowerment hence positive mental health and wellbeing.</p> <p>Planning applications consider some of the wider determinants of health e.g. trees, air pollution, noise and smell</p> <p><b>Negative:</b> No mention of community centres - community centres in new development, or repurposed buildings in existing development, could increase meeting and interactions which may improve social support and networks, mental health and wellbeing. Particularly poignant for winter months where outdoor socialising is less likely, particularly for the elderly and vulnerable.</p>	<p>Definite</p> <p>Speculative</p>	<p>Whole population, moderate</p> <p>Users of community centres, moderate</p>	<p>Long-term</p> <p>Long-term</p>
<p>Living and Environmental Conditions affecting health</p>	<p><b>Positive:</b></p> <p>Low vehicle speeds reduce road traffic accidents and limits air pollution.</p> <p>Design centred around consideration of pedestrians and cyclists first facilitates cleaner air and encourages neighbourliness in residential areas where children are able to play. Creating public spaces that encourage social interaction encourages positive mental health and wellbeing and can reduce impacts or occurrences of loneliness.</p>	<p>Definite</p> <p>Probable</p>	<p>Whole population, major</p> <p>People living close to these areas, moderate</p>	<p>Long-term</p> <p>Long-term</p>

	<p>Maximising opportunities for improving public transport could result in increased use and limits air pollution if substituted in place of vehicles.</p> <p>Ventilation is one of many aspects of infection prevention. Consideration of ventilation in buildings can reduce the spread of infectious disease e.g. COVID-19. Creating buildings to good quality design and with high quality materials reduces risk of rapid deterioration e.g. damp which is associated with ill health such as respiratory illness.</p> <p>Consideration of residential amenity – encourages local pride, sense of belonging and community empowerment – all conducive to positive mental wellbeing.</p> <p><b>Negative:</b></p> <p>In places with limited positive characteristics, a new identity will be created. This point is key in improving health, wellbeing and poverty. Areas with a low standard of living should be improved to create a sense of place. In this process, it is important to avoid negative health impacts of gentrification. A new identity should be one that existing residents contribute to and can feel a part of, to will avoid an influx of more financially abundant residents moving in and forcing less privileged residents out of the area.</p>	<p>Probable</p> <p>Probable</p> <p>Speculative</p> <p>Speculative</p>	<p>Whole population, moderate</p> <p>Whole population, moderate</p> <p>Whole population, minor</p> <p>Whole population, major</p>	<p>Long-term</p> <p>Long-term</p> <p>Medium-term</p> <p>Long-term</p>
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Macro-economic, Environmental and Sustainability Factors	<b>Positive:</b> Recognition of aim towards Leicester being a dementia friendly city.	Definite	People living with dementia, and their carers, families, friends	Long term
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### Chapter 9: Central Development Area (CDA)

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite</i> <i>Probable</i> <i>Speculative</i>	Scale, Significance and Distribution	Timing <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	<b>Positive:</b> Promotion of investment in sports and physical activity facilities and infrastructure – physical activity; improving streetscape, pedestrian and cycle connectivity for walking and cycling; green space provision through parks, playgrounds, and residential greenery – all contribute promoting positive mental and physical health through enabling an active lifestyle, providing psychological relaxation and stress alleviation, stimulating social cohesion, supporting physical activity, and reducing exposure to air pollutants, noise and excessive heat, which in turn reduces morbidity and mortality. Consideration of connectivity and accessibility and useable space.	Probable	Whole population, moderate	Long-term





	<p>During development and the regeneration process, there may be loss of social networks and feeling of stress, anxiety and disempowerment from the process of change which increases negative health behaviours.</p> <p>There may be conflicts in the community over regeneration proposals.</p> <p>Neighbouring areas may suffer from the negative impacts of the construction process with no personal benefit.</p> <p>New occupants may not have a sense of social cohesion, different cultural customs from residents moving may cause alienation, stigma and impact on mental health and wellbeing outcomes.</p>	<p>Speculative</p> <p>Speculative</p> <p>Speculative</p> <p>Speculative</p>	<p>Residents of area, moderate</p> <p>Residents of area, minor</p> <p>Residents of area, minor</p> <p>Residents of area, moderate</p>	<p>Short-term</p> <p>Short-term</p> <p>Short-term</p> <p>Short-term</p>
<p>Living and Environmental Conditions affecting health</p>	<p><b>Positive:</b></p> <p>Positives associated with housing growth as described in housing section. In addition, increased access to services and employment opportunities.</p>	<p>Probable</p>	<p>Whole population, moderate</p>	<p>Long-term</p>

	<p>Limitations applied to tall buildings mitigating the impact of clusters of these on city temperatures, traffic related pollution in street canyons etc</p> <p>Exploration of disincentives to drive into town limiting air pollution from vehicles.</p> <p><b>Negative:</b></p> <p>Negative health impacts associated with housing growth as described above. Risk of high rents in CDA, meaning those who need employment the most and who may benefit the most from being in close proximity to services could be priced out of the area, contributing to increasing inequality gap.</p> <p>Air and noise pollution from building and construction in area – air pollutants associated with respiratory symptoms.</p> <p>There may be an increase in injury during construction as a result of the development site and road traffic accidents from the increase site traffic</p>	<p>Definite</p> <p>Speculative</p> <p>Definite</p> <p>Speculative</p>	<p>People who use the town centre, moderate</p> <p>Working population, individuals with low income, unemployed, moderate</p> <p>Whole population, moderate</p> <p>Construction workers and road users</p>	<p>Long-term</p> <p>Medium-term</p> <p>Short-term</p> <p>Short-term</p>
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Economic Conditions Affecting Health	<p><b>Positive:</b></p> <p>Employment opportunities from new development – potential for reducing income inequality gap.</p> <p><b>Negative:</b></p> <p>Risk of employment opportunities being open to those already employed and not targeted to unemployed – which will not reduce the unemployment gap or contribute to reduced deprivation.</p> <p>Rises in rent from housing improvements may result in less disposable income for other necessities such as electricity, gas and healthy food, and may price out some citizens from living there.</p>	<p>Probable</p> <p>Speculative</p> <p>Speculative</p>	<p>People who are unemployed, minor</p> <p>People who are unemployed, moderate</p> <p>Renters, low-income, major</p>	<p>Medium-term</p> <p>Medium-term</p> <p>Long-term</p>
Access and Quality of Services	<p><b>Positive:</b></p> <p>New bus routes in some areas – reducing isolation.</p>	<p>Probable</p>	<p>Whole population, minor</p>	<p>Medium-term</p>

	<p>Walkable distance to shopping and facilities will impact on neighbourhood satisfaction and general quality of life.</p> <p><b>Negative:</b></p> <p>Increased demand for local health and public services such as GP's, emergency services. Open communication and partnership working can help to minimise adverse impacts.</p> <p>Small-medium/local businesses may not be prioritised or expanded, which may reduce business and increase closures.</p>	<p>Speculative</p> <p>Probable</p> <p>Speculative</p>	<p>Those living near the CDA, minor</p> <p>Whole population, moderate</p> <p>Small-medium/local business owners, major</p>	<p>Long-term</p> <p>Long-term</p> <p>Medium-term</p>
Macro-economic, Environmental and Sustainability Factors	<p><b>Positive:</b></p> <p>Economic growth, leading to employment opportunities for residents.</p>	<p>Speculative</p>	<p>Whole population, moderate</p>	<p>Medium term</p>

## Chapter 10: Heritage

Area	Nature of Impact	Likelihood	Scale, Significance and Distribution	Timing
	<p><i>How will the proposal affect health and will the impact be positive or negative?</i></p>	<p><i>Definite</i></p> <p><i>Probable</i></p> <p><i>Speculative</i></p>		<p><i>Short</i></p> <p><i>Medium</i></p> <p><i>Long</i></p>
Lifestyles				

Social and Community Influences on Health	<p><b>Positive:</b></p> <p>Preservation of parks and gardens – links to associated health benefits of green space.</p> <p>Protection of heritage sites promote sense of belonging, community identity and local pride for city residents which is conducive to positive mental wellbeing.</p> <p><b>Negative:</b></p> <p>Heritage if not multicultural and universal may alienate some communities</p>	Probable	Whole population, moderate	Medium-term
		Speculative	Whole population, minor	Medium-term
		Speculative	Whole population, minor	Medium-term
Living and Environmental Conditions affecting health				
Economic Conditions Affecting Health				
Access and Quality of Services				
Macro-economic, Environmental and Sustainability Factors				

## Chapter 11: Culture and tourism

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite</i> <i>Probable</i> <i>Speculative</i>	Scale, Significance and Distribution	Timing <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	<p><b>Negative:</b></p> <p>Increased tourism – increased risk of spread of communicable disease e.g. COVID-19</p>	Probable	Whole population	Medium-term
Social and Community Influences on Health	<p><b>Positive:</b></p> <p>Retention of places of worship and cultural spaces shows recognition of culture and differences – makes space for social support and social networks, local pride, sense of belonging and community identity – all associated with positive mental wellbeing- particularly when in accessible locations.</p> <p>Tourism has potential to instil greater pride in the city’s residents – positive impacts on wellbeing.</p> <p>Assets of community value to be open and accessible to everyone – inclusivity associated with good mental wellbeing.</p>	<p>Probable</p> <p>Speculative</p> <p>Probable</p>	<p>People who identify with religion and culture, moderate</p> <p>Residents, moderate</p> <p>Whole population, moderate</p>	<p>Long-term</p> <p>Medium-term</p> <p>Medium-term</p>

Living and Environmental Conditions affecting health	<p><b>Positive:</b> Mitigations for poorer air quality risk re additional traffic volumes.</p> <p><b>Negative:</b> Littering and associated decreased sense of pride of an area</p>	<p>Probable</p> <p>Speculative</p>	<p>Whole population, moderate</p> <p>Residents, minor</p>	<p>Medium-term</p> <p>Short-term</p>
Economic Conditions Affecting Health	<p><b>Positive:</b> Increased employment opportunities from tourism and associated positive health impacts.</p> <p><b>Negative</b> Costs of tourist hotspots and potential increase in prices from increased tourism may mean they are not accessible to all in Leicester – entry charges can be a barrier for many considering level of deprivation in the city.</p>	<p>Probable</p> <p>Speculative</p>	<p>People seeking employment, moderate</p> <p>People with low disposable incomes, minor</p>	<p>Medium-term</p> <p>Medium-term</p>
Access and Quality of Services	<p><b>Positive:</b> Park &amp; Ride consideration for great central railway museum – improves access, limits air pollution and promotes associated health positive impacts.</p>	<p>Speculative</p>	<p>Visitors to railway museum, minor</p>	<p>Long-term</p>
Macro-economic, Environmental and Sustainability Factors	<p><b>Negative:</b> Increase in traffic from tourism and potential stressors/disincentive to visit if adequate parking is not available.</p>	<p>Speculative</p>	<p>Tourists, minor</p>	<p>Short-term</p>



## Chapter 12: Employment

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite</i> <i>Probable</i> <i>Speculative</i>	Scale, Significance and Distribution	Timing <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles				
Social and Community Influences on Health	<p><b>Positive:</b></p> <p>Other uses acceptance of day nurseries and places of worship- day nurseries close to employment enables parents and guardians to work which is conducive to positive mental and physical health.</p> <p>Increased employment opportunities may encourage participation in new social networks, raising self-esteem and self-confidence which has a positive impact on mental well-being.</p>	<p>Speculative</p> <p>Probable</p>	<p>Parents, guardians and carers, moderate</p> <p>People in employment, moderate</p>	<p>Short-term</p> <p>Medium-term</p>
Living and Environmental Conditions affecting health				

<p>Economic Conditions Affecting Health</p>	<p><b>Positive:</b>  High quality, well paid and flexible employment has a positive association with mental health and wellbeing while low paid and low valued jobs negative association.</p> <p>Supporting the local employment and opportunities for training which could increase educational attainment, individual income, social networks and the wider economy all with positive impacts on physical and mental health.</p> <p>Improving local economy, potentially increasing employment opportunities and purchasing power</p> <p><b>Negative:</b>  Local people may not benefit from job opportunities if they do not have appropriate skills/capabilities and/or experience and support, or confidence to undertake training.</p>	<p>Speculative</p> <p>Probable</p> <p>Probable</p> <p>Speculative</p>	<p>People in employment, moderate</p> <p>People in employment, moderate</p> <p>People in employment, moderate</p> <p>People who are unemployed, moderate</p>	<p>Medium-term</p> <p>Medium-term</p> <p>Medium-term, moderate</p> <p>Medium-term, moderate</p>
<p>Access and Quality of Services</p>	<p><b>Positive:</b>  Requirement for off street parking, making pavements more accessible for those cycling and pedestrians.</p>	<p>Probable</p>	<p>Whole population, moderate</p>	<p>Long-term</p>

Macro-economic, Environmental and Sustainability Factors	<b>Positive:</b> Council support for businesses to reduce carbon footprint and support for reuse and recycling of waste – limiting air pollution and emissions.	Probable	Whole population, moderate	Long-term
	Shared car parking between business and religious premises promotes sustainability and ensures that parking can be done safely in designated areas rather than increasing obstructions on the roads which can be a detriment to people who use wheelchairs and pushchairs and people with limited mobility	Probable	People using wheelchairs and pushchairs, people with limited mobility, moderate	Medium-term

### Chapter 13: Town, centre and retail

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite Probable Speculative</i>	Scale, Significance and Distribution	Timing <i>Short Medium Long</i>
Lifestyles	<b>Positive:</b> Promotion of walking and cycling and associated mental and physical health impacts.	Probable	People who walk and cycle, moderate	Long-term

	<p><b>Negative:</b></p> <p>Ill health impacts of fast-food takeaways, especially when a high concentration of them are in close proximity to areas of deprivation and schools – this is particularly detrimental if there is limited access to healthy alternatives.</p> <p>Ill health impacts of gambling addiction which can be further exacerbated through access to a higher density of betting shops.</p>	<p>Probable</p> <p>Speculative</p>	<p>People living close to, and with access to fast food takeaways, moderate</p> <p>People with a gambling addiction, low</p>	<p>Long-term</p> <p>Medium-term</p>
Social and Community Influences on Health	<p><b>Positive:</b></p> <p>Connecting Leicester Initiative - safe, accessible and inclusive– removal of barriers and improved connections between facilities, and reduction of road and vehicle dominance. Consideration of retail development re proximity, continuity of function and ease of access. Welcoming family orientated leisure development and cultural facilities. Improvements to travel system. Safety of night-time pedestrian routes, night-time economy and crime and disorder from pubs, bars and nightclubs requiring assessment on impact on local residents and planning permission – all linking to feeling safe in an area.</p>	<p>Probable</p>	<p>Whole population, moderate</p>	<p>Long-term</p>
Living and Environmental Conditions affecting health				
Economic Conditions Affecting Health				

Access and Quality of Services	<b>Positive:</b> Improvements in public transport – buses and trains – limits poor air quality and improves connectivity and access, enabling potentially isolated individuals to access places they may not have before	Probable	Whole population, moderate	Long-term
Macro-economic, Environmental and Sustainability Factors	<b>Positive:</b> Facilitation of combined shopping trips will have a positive impact on the environment with transport related pollution as well as providing hubs for the community which save time for shoppers, and can make them more accessible for those with limited mobility	Speculative	Whole population, moderate	Long-term

#### Chapter 14: Open space, sports and recreation

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite Probable Speculative</i>	Scale, Significance and Distribution	Timing <i>Short Medium Long</i>
Lifestyles	<b>Positive:</b> Preservation of green space (green wedges and open space) and sports facilitates - benefits related to increased physical activity and mental health and wellbeing.  <b>Negative:</b>	Probable	Whole population, moderate	Long-term

	If parks and spaces are not properly managed, they may be misused – e.g. refuse/littering which can impact on disease rates, antisocial activity such as substance misuse	Speculative	Whole population, moderate	Short-term
Social and Community Influences on Health	<b>Positive:</b> Maintenance of parks may increase opportunities to involve community in conservation.	Speculative	Whole population, minor	Long-term
	Consideration of lighting in open space – feelings of safety conducive to positive mental wellbeing and increased use of area.	Probable	Whole population, moderate	Short-term
Living and Environmental Conditions affecting health	Conserving green space will promote positive mental health and wellbeing. Those who live within 10-minute walk of green space are more likely to go outside more often and feel associated health benefits of green space.	Probable	Whole population, moderate	Long-term
	Respecting existing landscapes could maintain the tranquil nature, with positive impacts on stress and mental wellbeing	Probable	Whole population, moderate	Long-term
Economic Conditions Affecting Health				
Access and Quality of Services	<b>Positive:</b>			

	Protection of existing playing pitches – keeping free access to places for physical activity, and support for proposals for development of pitches and associated facilities.	Probable	People using playing pitches, moderate	Long-term
Macro-economic, Environmental and Sustainability Factors				

### Chapter 15: The natural environment

<b>Area</b>	<b>Nature of Impact</b> <i>How will the proposal affect health and will the impact be positive or negative?</i>	<b>Likelihood</b> <i>Definite</i> <i>Probable</i> <i>Speculative</i>	<b>Scale, Significance and Distribution</b>	<b>Timing</b> <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	<p><b>Positive:</b></p> <p>Protecting and enhancing the natural environment and biodiversity maintains access to green and open spaces, which can impact on physical activity and mental health and wellbeing outcomes.</p> <p>Integration of green infrastructure into design of scheme at earliest stages, maximising functions, connecting across and around site – all positively associated with mental and physical health.</p>	<p>Probable</p> <p>Probable</p>	<p>Whole population, moderate</p> <p>Whole population, moderate</p>	<p>Long-term</p> <p>Long-term</p>
Social and Community Influences on Health				

Living and Environmental Conditions affecting health	<b>Positive:</b> Green infrastructure networks (networks of multifunctional green spaces) have a positive impact on the environment and communities through encouraging outdoor exercise, increasing diversity of animal and plant life and creating more accessibility between urban areas.	Probable	Whole population, moderate	Long-term
Economic Conditions Affecting Health				
Access and Quality of Services				
Macro-economic, Environmental and Sustainability Factors				

## Chapter 16: Transportation

<b>Area</b>	<b>Nature of Impact</b> <i>How will the proposal affect health and will the impact be positive or negative?</i>	<b>Likelihood</b> <i>Definite</i> <i>Probable</i> <i>Speculative</i>	<b>Scale, Significance and Distribution</b>	<b>Timing</b> <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	<b>Positive:</b> Active transport facilitates physical activity in everyday life.	Probable	Whole population, moderate	Medium-term



	<p>Rebalancing transport modes through reducing the need to travel by car, improving access to public transport and prioritisation of walking and cycling could increase physical activity and contribute to the prevention of overweight and obesity, and other associated ill health impacts of inactivity.</p> <p>Reducing the impact of traffic/congestion could limit pollution, accidents, noise and injuries.</p>	<p>Probable</p> <p>Probable</p>	<p>Whole population, moderate</p> <p>Whole population, moderate</p>	<p>Medium-term</p> <p>Medium-term</p>
Social and Community Influences on Health	<p><b>Positive:</b></p> <p>Scenic and attractive walking and cycling routes could increase the profile of walking, cycling and movement as social activities and make physical activity in this form more desirable.</p> <p>Combination of initiatives may reduce community severance describes the effects of transport infrastructure or motorised traffic as a physical or psychological barrier separating one built-up area from another built-up area or open space and essentially limits people's mobility instead of promoting it.</p>	<p>Probable</p> <p>Speculative</p>	<p>Whole population, moderate</p> <p>Whole population, minor</p>	<p>Medium-term</p> <p>Long-term</p>
Living and Environmental Conditions affecting health	<p><b>Positive:</b></p> <p>Clean air zones, low emission vehicles, reduction in PM2.5 and NO2- all beneficial for respiratory health.</p>	<p>Probable</p>	<p>Whole population, moderate</p>	<p>Long-term</p>

	<p><b>Negative:</b></p> <p>Congestion and idling vehicles contribute to air pollution- mitigations required to minimise and reduce these impacts although it is noted that these are mentioned in other chapters.</p>	Probable	Whole population, moderate	Medium-term
Economic Conditions Affecting Health	<p><b>Negative</b></p> <p>Encouraging a shift towards low emission vehicles positive for air quality – however not a viable/affordable option for many in Leicester.</p>	Probable	People on low incomes, minor	Medium-term
Access and Quality of Services	<p><b>Positive:</b></p> <p>Consideration of accessibility to sustainable transport network for the people with limited mobility and the elderly. Particularly important considering 37% households do not have access to a car. Noted design principles prioritisation of walking and cycling routes that are safe, well connected, convenient and accessible – addressing barriers to these modes of transport. Specific reference to new and developed lanes and consideration of RTAs re safety.</p>	Probable	Whole population, moderate	Long-term
Macro-economic, Environmental and Sustainability Factors	<p><b>Positive:</b></p> <p>Sustainable transport network e.g., through conversion of buses and taxis to electric vehicles can have a positive environmental impact due to a reduction in harmful emissions.</p>	Probable	Whole population, moderate	Long-term

	Negative: Environmental impact of building new infrastructure including roads, pavements and cycle lanes -air and noise pollution during construction phases.	Definite	Whole population, moderate	Short-term
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### Chapter 17: Future minerals and waste needs

<b>Area</b>	<b>Nature of Impact</b> <i>How will the proposal affect health and will the impact be positive or negative?</i>	<b>Likelihood</b> <i>Definite</i> <i>Probable</i> <i>Speculative</i>	<b>Scale, Significance and Distribution</b>	<b>Timing</b> <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles				
Social and Community Influences on Health				
Living and Environmental Conditions affecting health				
Economic Conditions Affecting Health				
Access and Quality of Services				

Macro-economic, Environmental and Sustainability Factors	<b>Positive:</b> Positive effect of increasing recycling. Mitigation in place for noise pollution from newly proposed waste sites.	Probable	People near waste sites, minor	Long-term
	<b>Negative:</b> Potential negative environmental impact of waste facilities.	Speculative	Whole population, minor	Long-term

### Chapter 18: Development and infrastructure

Area	Nature of Impact <i>How will the proposal affect health and will the impact be positive or negative?</i>	Likelihood <i>Definite Probable Speculative</i>	Scale, Significance and Distribution	Timing <i>Short Medium Long</i>
Lifestyles	No anticipated health impacts			
Social and Community Influences on Health				
Living and Environmental Conditions affecting health				
Economic Conditions Affecting Health				
Access and Quality of Services				

Macro-economic, Environmental and Sustainability Factors				
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Chapter 19: Neighbourhood planning

<b>Area</b>	<b>Nature of Impact</b> <i>How will the proposal affect health and will the impact be positive or negative?</i>	<b>Likelihood</b> <i>Definite</i> <i>Probable</i> <i>Speculative</i>	<b>Scale, Significance and Distribution</b>	<b>Timing</b> <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles				
Social and Community Influences on Health	<b>Positive</b> Neighbourhood plans are a positive change – associated with citizen power, neighbourliness, local pride, and community identity which are conducive to positive mental health. It will be important to ensure all residents including people from disadvantaged groups or marginalised communities, such as, people without English as a first language are included in this process.	Probable	Whole population, moderate	Medium-term
Living and Environmental Conditions affecting health				
Economic Conditions Affecting Health				

Access and Quality of Services				
Macro-economic, Environmental and Sustainability Factors				

Chapter 20: Planning enforcement

<b>Area</b>	<b>Nature of Impact</b> <i>How will the proposal affect health and will the impact be positive or negative?</i>	<b>Likelihood</b> <i>Definite</i> <i>Probable</i> <i>Speculative</i>	<b>Scale, Significance and Distribution</b>	<b>Timing</b> <i>Short</i> <i>Medium</i> <i>Long</i>
Lifestyles	No anticipated health impacts			
Social and Community Influences on Health				
Living and Environmental Conditions affecting health				
Economic Conditions Affecting Health				
Access and Quality of Services				

Macro-economic, Environmental and Sustainability Factors				
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