



# Medway Local Plan Health Impact Assessment Toolkit

June 2025

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# Medway Council

## Health Impact Assessment (HIA) Toolkit

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# 1 INTRODUCTION

## 1.1 THE REQUIREMENT

Health impact assessment (HIA) is a process which systematically judges the potential, and sometimes unintended, effects of a project, program, plan, policy, or strategy [hereafter collectively a proposal] on the health of a population and the distribution of those effects within the population. HIA generates evidence for appropriate actions to avoid or mitigate health risks and promote health opportunities. HIA guides the establishment of a framework for monitoring and evaluating changes in health as part of performance management and sustainable development.<sup>1</sup>

HIA focuses on the effects that are likely and could potentially significantly affect population health (i.e. would be material considerations in the decision about the proposal).

Medway Local Plan Policy T27 requires:

Major developments with 200 or more residential units or 10,000sqm of floor space will automatically need to complete Medway's Health Impact Assessment toolkit.

All major development proposals or those that the Council would consider having the potential to have a significant impact on health and wellbeing must be supported by a Health Impact Assessment.

## 1.2 EIA OR EQUIVALENT APPLICATIONS

For avoidance of doubt, to avoid duplication, major developments that require an Environmental Impact Assessment (EIA) (or Environmental Outcome Report (EOR) or other replacement system) are expected to deliver the HIA requirement by integrating the HIA within a Human Health chapter within the Environmental Statement (ES) (or equivalent), which follows the guidance set out by the Institute of Environmental Management and Assessment (IEMA) (aka The Institute of Sustainability and Environmental Professionals) publications (including future updates or further series publications thereof):

- IEMA Guide (2022): Effective Scoping of Human Health in Environmental Impact Assessment; and
- IEMA Guide (2022): Determining Significance for Human Health in Environmental Impact Assessment.

Whether or not EIA development, if no ES Human Health chapter (or EOR equivalent) is being produced, then the HIA policy requirement must be met by a standalone HIA using this Medway HIA toolkit.

## 1.3 HIA CASE-BY-CASE SCREENING

For developments with less than 200 residential units or less than 10,000sqm of floor space, the Council will at its discretion determine the potential for a project to have a significant impact on health and wellbeing by using the screening case-by-case tool included in this Medway HIA toolkit (section 3).

Proposals of any size or nature that are deemed to have the potential to change risks to human health (including physical and mental health) to a degree that is judged likely to significantly affect public health will be required to complete a standalone HIA using this Medway HIA toolkit (or via the EIA pathway described above if that applies).

To ensure a timely screening process can be undertaken proposal proponents must contact the Medway Public Health Department at the earliest opportunity in the proposal's development to seek a HIA screening opinion. Applications that only come to light very late in their submission process are less likely to comply with the Medway HIA quality review standards (section 4.16).

## 1.4 HIA QUALITY

The HIA must be led by a competent expert and this evidenced (section 4.16). The completed HIA will be reviewed by the Medway Public Health Department, or their appointed consultants for quality, completeness and accuracy, including the extent to which opportunities for public health have been explored. The review will use the Medway HIA quality review standards (section 4.16). Substandard HIAs may be rejected as not valid or given low weight in the planning determination. The Medway HIA quality review template (section 4.16) should be part of all standalone HIAs and the second column signposting to relevant sections populated by the proposal proponent to facilitate the Medway Public Health Department's review.

## 1.5 HEALTH PROMOTION STATEMENTS

To ensure that the cumulative effects of development, including those not requiring a HIA, are encouraged to promote net gains in population health and reduced health inequalities; all developments are required to make a Health Promotion Statement following the format provided in this Medway HIA toolkit (section 2).

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<sup>1</sup> Winkler, M.S., Viliani, F., Knoblauch, A.M., Cave, B., Divall, M., Ramesh, G., Harris-Roxas, B. and Furu, P. (2021) Health Impact Assessment International Best Practice Principles. Special Publication Series No. 5. Fargo, USA: International Association for Impact Assessment.

## 1.6 CITATION

### 1.6.1 Acknowledgements:

Medway Council would like to acknowledge the contributions that were made to the development of this toolkit.

The Medway HIA Toolkit has been adapted from the Wakefield Council HIA tool<sup>2</sup>.

The peer-review process from professionals in the planning and public health fields helped to strengthen and complete the tool's development.

Contributions were made from the following people external to Medway Council:

- Ryngan Pyper, RPS/Tetra Tech

### 1.6.2 Suggested citation:

Medway Council Public Health Department, 2025, Health Impact Assessment Tool.

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<sup>2</sup> Wakefield Council Public Health Department, 2024, Health Impact Assessment for Planning Tool.  
<https://www.wakefield.gov.uk/health-and-advice/health-impact-assessment>

## 1.7 INSTRUCTIONS AND GUIDANCE

### 1.7.1 Overview

The purpose of this guidance is to establish a clear and transparent process for identifying when a full HIA is needed and how it should be conducted.

It is intended that the Medway Health Impact Assessment (HIA) toolkit will be available online to support those using the tool to navigate it.

The HIA should be completed by those with an appropriate understanding of the proposal, its context and public health knowledge, especially the wider determinants of health.

This template may appear lengthy but should take a similar amount of time to complete as other HIA templates. Further, some sections may not be relevant depending on the nature of the application and can be skipped if needed (indicating within the tool where this is the case).

Help, advice and support to carry out an HIA is available from Medway Council's Public Health Department:

[hia@medway.gov.uk](mailto:hia@medway.gov.uk)

All proposals to complete the Health Promotion Statement in section 0.

Proposals that require a HIA under Medway Local Plan policy T27 (either due to the Medway Local Plan trigger on number of homes/square footage, or which have been screened as requiring HIA by the Medway Public Health Department) must complete the HIA tool in full, as set out in section 4.

### 1.7.2 Key steps

Section	Activity	Guidance
4.1	Proposal summary	List key relevant features of the proposal.
4.2	Health context summary	Describe the circumstances of the HIA being undertaken.
4.3	Affected areas	Tick all relevant boxes to establish which area(s) this proposal is likely to impact.
4.4	Affected population groups	Tick all relevant boxes to establish which population groups are most affected and summarise why they are relevant to the proposal.
4.5	Affected stakeholders	List relevant stakeholders and summarise how they are affected by the proposal.
4.6	Key evidence sources	Summarise the sources of evidence that underpin the conclusions reached by the HIA.
4.7 to 4.14	Health determinant themes	<p>Work through the relevant assessment areas. The HIA is separated into themes (e.g., healthy housing, healthy weight, etc). Each section is compulsory to complete unless it specifies that it can be skipped because it lacks relevance.</p> <p>Common positive and negative aspects have been listed under each theme. Tick which aspects apply, leaving boxes blank if they are not relevant. It is important that the HIA identifies any negative aspects. Doing so can help the author think of ways to minimise or offset the future negative health impacts. It also unrealistic to claim that any proposed development will be perfect and have 100% positive aspects.</p> <p>Make the links to the relevant policies provided. It is important to reflect on the direct and indirect, as well as unintended and potentially unintended, ways a proposal can influence the health of a population or the conditions that support good health.</p> <p>Complete the assessment narrative provided using the dropdown lists (editing as appropriate). Further guidance on definitions is provided by the IPH<sup>3</sup> if required, though in most cases a competent HIA practitioner should be able to simply select relevant terms</p>

<sup>3</sup> Pyper, R., Cave, B., Purdy, J. and McAvoy, H. (2021). Health Impact Assessment Guidance: A Manual and Technical Guidance. Standalone Health Impact Assessment and health in environmental assessment. Institute of Public Health. Dublin and Belfast.

		<p>Using the lists of positive and negative aspects, indicate whether the proposal will have a positive, negative, or neutral overall health impact for the corresponding theme given the balance of aspects.</p> <p>Recommendations should be made where practical to improve the proposed development. These should seek to reduce negative health impacts and maximise positive ones.</p> <p>An overall negative impact for one theme doesn't necessarily mean a scheme won't be supported. Positive impacts identified elsewhere may balance or outweigh the negative impacts made in an assessment.</p>
4.15	Overall conclusion and next steps	<p>Looking across the assessment, reach an evidenced-based professional judgment as to the overall influence on the proposal on population health, including on health inequalities. Often it may be appropriate to tick more than one of the scoring options to show how a range of effects are likely.</p> <p>Identify appropriate next steps. This may involve an iterative HIA process, with a draft HIA finding that triggers further amendments to the proposal, or that needs to be discussed with the Medway Public Health Department. A final HIA may subsequently confirm it is appropriate to proceed.</p>
4.16	Competency checklist	A competent HIA lead must be used, and the checklist's second column must be completed.
4.17	Quality review checklist	The completed HIA will be reviewed for quality, completeness and accuracy, including the extent to which opportunities for public health have been explored by the Medway Public Health Department, or their appointed consultants. Substandard HIAs may be rejected as not valid or given low weight in the planning determination.

### 1.7.3 Competing the HIA process

The HIA process (adapted from IPH 2021)<sup>4</sup> and how the Medway HIA Toolkit works through it.

Stage/step	Description	How met by the Medway HIA Toolkit
<b>Screening</b>	Decide whether to conduct an assessment; this may be a case-by-case decision or a statutory/policy requirement	<b>Screening</b> is addressed by the Medway Local Plan policy T27 and the Medway HIA Toolkit screening tool (section 3).
<b>Scoping</b>	Choose the health determinants and issues to assess, specify methods and clarify governance arrangements	<b>Scoping</b> is addressed by the selection of relevant population groups (section 4.4) and health determinant theme areas (sections 4.7 to 4.14) following the methods of this toolkit.
<b>Analysis</b>	Gather evidence and assess the proposal's effects, particularly likely significant effects	<b>Analysis</b> is addressed by completing the tool set out in sections 4.7 to 4.14, and overall conclusion in section 4.15.
<b>Reporting</b>	Present conclusions and recommendations/measures, including in relation to inequalities and equity	<b>Reporting</b> is addressed by fully completing this Medway HIA Toolkit, or integrating HIA within EIA (or EOR) as described in section 1.2.
<b>Implementation</b>	Follow through with the recommendations and/or the measures when implementing the proposal	<b>Implementation</b> is addressed by providing recommendations, as appropriate, when completing sections 4.7 to 4.14 that are secured as commitments and aligned owners for implementation.
<b>Monitoring</b>	Collect or examine further data/indicators and if appropriate take further action	<b>Monitoring</b> is addressed as part of recommendation making in sections 4.7 to 4.14.
<b>Evaluation</b>	Review the robustness and effectiveness of the assessment and its outcomes. Improve practice.	<b>Evaluation</b> is addressed by the competency and quality review checklists set out in sections 4.16 and 4.17.

<sup>4</sup> Pyper, R., Cave, B., Purdy, J. and McAvoy, H. (2021). Health Impact Assessment Guidance: A Manual and Technical Guidance. Standalone Health Impact Assessment and health in environmental assessment. Institute of Public Health. Dublin and Belfast.



## 2 HEALTH PROMOTION STATEMENT – ALL PROPOSALS

As the cumulative effect of all development is a strong overall driver of population health and wellbeing, all proposals should complete this part.

<b>Proposal name:</b>	
<b>Reference/application number (if known):</b>	

**How does the proposal provide net gain in promoting community ... (themes below):**

Theme:	Statement: (add text in all rows)
<b>1. Opportunity</b>	e.g. the project would provide new good-quality stable employment opportunities for the existing community. <input type="checkbox"/>
<b>2. Diversity</b>	e.g. the project would provide a mix of spaces that can be used by a different people in the community including spaces accessible to people with disabilities, spaces that reflect local community heritage or areas that are culturally sensitive <input type="checkbox"/>
<b>3. Physical activity</b>	e.g. the project prioritises walking and cycling infrastructure and has added new accessible recreational spaces. <input type="checkbox"/>
<b>4. Safety</b>	e.g. the project would introduce traffic calming measures, improved public lighting and visibility. <input type="checkbox"/>
<b>5. Inclusivity</b>	e.g. the project would include mixed-tenure housing using inclusive and tenure- neutral design principles, with accessible homes and shared spaces that meet diverse needs. <input type="checkbox"/>
<b>6. Connectivity</b>	e.g. the project would provide multi-modal access to shared streets, community gardens and links to key destinations within the local area. <input type="checkbox"/>
<b>7. Environmental quality</b>	e.g. the project would include a mixed-use development incorporating green and blue infrastructure, renewable energy and native planting. <input type="checkbox"/>
<b>8. Affordability</b>	e.g. the project would provide mixed income housing incorporating affordable homes with energy efficient design. <input type="checkbox"/>
<b>9. Adaptability</b>	e.g. the project would introduce climate-resilient housing which incorporates flexible, adaptive design to meet changing local needs <input type="checkbox"/>
<b>10. Vibrancy</b>	e.g. the project provides a mixed-use development with active public spaces and multi-use community hub with social, educational and recreational facilities <input type="checkbox"/>
<b>11. Sustainability</b>	e.g. the project would provide an environmentally sustainable neighbourhood utilising sustainable building materials with integrated renewable energy, community gardens, and waste reduction programmes. <input type="checkbox"/>
<b>12. Efficiency</b>	e.g. the project would include a multi-use hub which provides shared infrastructure and utilises energy efficient design. <input type="checkbox"/>

### Conclusions

**Based on professional judgment the public health effects of the proposal are expected to be – ticking all that apply.**

Major positive <input type="checkbox"/>	Moderate positive <input type="checkbox"/>	Slight positive <input type="checkbox"/>
	Neutral <input type="checkbox"/>	
Major negative <input type="checkbox"/>	Moderate negative <input type="checkbox"/>	Slight negative <input type="checkbox"/>



**Explanations for overall impact terminology.** *Note: It will often be the case that relevant criteria span categories of level, e.g., a high scale of change, but over a short-term duration. In these instances a professional judgement is made on the most appropriate level taking into account all relevant criteria.*

Major positive	Major negative	Major impacts based on: high exposure or scale; long-term duration; continuous frequency; severity predominantly related to mortality; majority of population affected; permanent change; and substantial service quality implications. Prevention measures are required for major negative impacts.
Moderate positive	Moderate negative	Moderate impacts based on: low exposure or medium scale; medium-term duration; frequent events; severity predominantly related to moderate changes in morbidity; large minority of population affected; gradual reversal; and small service quality implications. Prevention or mitigation measures are required for moderate negative impacts.
Slight positive	Slight negative	Slight or non-significant impacts based on: very low exposure or small scale; short-term duration; occasional events; severity predominantly related to minor change in morbidity; small minority of population affected; rapid reversal; and slight service quality implications.
Neutral		Neutral impacts based on: negligible exposure or scale; very short-term duration; one-off frequency; severity predominantly relates to a minor change in quality-of-life; very few people affected; immediate reversal once activity complete; and no service quality implication.

**Based on this conclusion the recommended next step is (tick one):**

Proceed ☐

Pause, to seek advice, undertake further assessment or a revised proposal ☐

Stop, withdraw the application based on the overall negative impact and consider alternatives ☐

Other recommended next steps (detail below) ☐

### 3 HEALTH IMPACT ASSESSMENT SCREENING – CASE-BY-CASE SITUATIONS

<b>Step 1</b> Record of screening for case-by-case decisions for a Health Impact Assessment (HIA) (adapted from IPH 2021) <sup>5</sup> :		
Title of proposal		
Reference/application number (if known):		
Date		
Organisation(s)/person(s) performing screening		
<b>Step 2</b> Broadly, based on available information, does the proposal have the potential to change risks to human health (including physical and mental health) to a degree that is judged likely to significantly affect public health?		
<b>Strategic health determinant:</b>	<b>Brief justification (make selections from dropdown lists or edit as appropriate)</b>	
<b>Health inequalities</b> <i>Answer (yes/no)</i> Choose an item.	Based on available information the proposal's predominant influence on <i>health inequalities</i> is judged to be Choose an item. to Choose an item. affect population health to a degree that is potentially significant (important or unacceptable for public health); including because the change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The most relevant influence is Choose an item..	
<b>Healthy lifestyles</b> <i>Answer (yes/no)</i> Choose an item.	Based on available information the proposal's predominant influence on <i>healthy lifestyles</i> is judged to be Choose an item. to Choose an item. affect population health to a degree that is potentially significant (important or unacceptable for public health); including because the change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The most relevant influence is Choose an item..	
<b>Safe and cohesive communities</b> <i>Answer (yes/no)</i> Choose an item.	Based on available information the proposal's predominant influence on <i>safe and cohesive communities</i> is judged to be Choose an item. to Choose an item. affect population health to a degree that is potentially significant (important or unacceptable for public health); including because the change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The most relevant influence is Choose an item..	
<b>Socio-economic conditions</b> <i>Answer (yes/no)</i> Choose an item.	Based on available information the proposal's predominant influence on <i>socio-economic conditions</i> is judged to be Choose an item. to Choose an item. affect population health to a degree that is potentially significant (important or unacceptable for public health); including because the change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The most relevant influence is Choose an item..	
<b>Environmental conditions</b> <i>Answer (yes/no)</i> Choose an item.	Based on available information the proposal's predominant influence on <i>environmental conditions</i> is judged to be Choose an item. to Choose an item. affect population health to a degree that is potentially significant (important or unacceptable for public health); including because the change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The most relevant influencing is Choose an item..	
<b>Health and social care services</b> <i>Answer (yes/no)</i> Choose an item.	Based on available information the proposal's predominant influence on <i>health and social care services</i> is judged to be Choose an item. to Choose an item. affect population health to a degree that is potentially significant (important or unacceptable for public health); including because the change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The most relevant influence is Choose an item..	
<b>Step 3 Screening Decision</b>	<b>HIA screened IN or OUT:</b>	<b>Most appropriate form of HIA</b>
If one or more step 2 answers is 'yes', a HIA is warranted.	Choose an item.	Choose an item.
<b>Step 4 Notification</b>		
Decision notified to:	(e.g. proposal proponent, stakeholders and/or the public)	

<sup>5</sup> Pyper, R., Cave, B., Purdy, J. and McAvoy, H. (2021). Health Impact Assessment Guidance: A Manual and Technical Guidance. Standalone Health Impact Assessment and health in environmental assessment. Institute of Public Health. Dublin and Belfast.

## 4 HEALTH IMPACT ASSESSMENT TEMPLATE – TO BE FULLY COMPLETED WHERE STANDALONE HIA REQUIRED

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All sections to be completed by the proposal proponent unless otherwise stated.

### 4.1 PROPOSAL SUMMARY

Criteria	Statement: (add text in all rows)
Proposal name:	
Reference/application number (if known):	
Type (e.g. outline or full application):	
Location (e.g. address or area of coverage):	
Key elements/parameters of the proposal:	
Key stages/milestones of the proposal:	
Key activities to deliver the proposal:	
Relevant timeframes of the proposal (including phasing):	
Key driver for the proposal:	
Proposal proponent organisation name:	

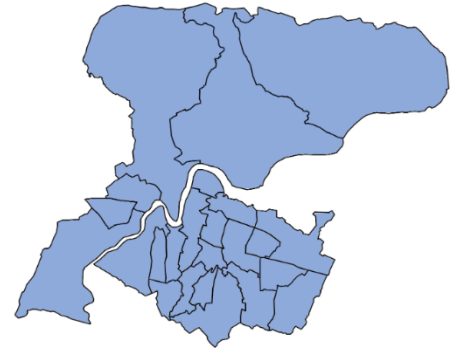
### 4.2 HIA CONTEXT SUMMARY

Criteria	Statement: (add text in all rows)
Trigger for the HIA (voluntary, policy threshold, case-by-case screening):	
Stage/milestone of the proposal when the HIA was initiated (e.g. early design stage):	
Stage/milestone of the proposal when the HIA completed (e.g. post final design):	
Date of HIA submission:	
Other supporting/linked assessments that have informed the HIA:	
Limitations in completing the HIA:	
Source of funding for the HIA:	

## 4.3 AFFECTED AREAS

Boundary Map

When completing this section, it may be helpful to refer to the mapping provided by Medway Council: [Medway Council Wards - Medway Elects](#)



Tick all areas most affected by this proposal:

Medway Wards	Tick
All Saints	<input type="checkbox"/>
Chatham Central & Brompton	<input type="checkbox"/>
Cuxton Halling & Riverside	<input type="checkbox"/>
Fort Horsted	<input type="checkbox"/>
Fort Pit	<input type="checkbox"/>
Gillingham North	<input type="checkbox"/>
Gillingham South	<input type="checkbox"/>
Hempstead & Wigmore	<input type="checkbox"/>
Hoo St Werburgh & High Halstow	<input type="checkbox"/>
Lordswood & Walderslade	<input type="checkbox"/>
Luton	<input type="checkbox"/>
Princes Park	<input type="checkbox"/>
Rainham North	<input type="checkbox"/>
Rainham South East	<input type="checkbox"/>
Rainham South West	<input type="checkbox"/>
Rochester East & Warren Wood	<input type="checkbox"/>
Rochester West & Borstal	<input type="checkbox"/>
St Mary's Island	<input type="checkbox"/>
Strood North & Frindsbury	<input type="checkbox"/>
Strood Rural	<input type="checkbox"/>
Strood West	<input type="checkbox"/>
Twydall	<input type="checkbox"/>
Watling	<input type="checkbox"/>
Wayfield & Weeds Wood	<input type="checkbox"/>
The whole of Medway	<input type="checkbox"/>
Effects extend beyond Medway	<input type="checkbox"/>
Other areas (e.g., very localised effects within a ward or wider regional-scale), please state specifics:	<input type="checkbox"/>

## 4.4 AFFECTED POPULATION GROUPS

Review and integrate relevant information/slides from the Medway Joint Strategic Needs Assessment [Ward profiles | Medway Council](#).

Tick the most relevant groups and link selection to the proposal.

Broad groups (adapted from IPH 2021) <sup>6</sup>	Tick	Broadly how affected by proposal
General population	<input type="checkbox"/>	
• residents	<input type="checkbox"/>	
• construction workforce	<input type="checkbox"/>	
• operational workforce	<input type="checkbox"/>	
• decommissioning workforce	<input type="checkbox"/>	
• service providers	<input type="checkbox"/>	
• visitors to the area	<input type="checkbox"/>	
• road users	<input type="checkbox"/>	
• users of the proposal's services or the proposal's target population	<input type="checkbox"/>	
• others (please specify)	<input type="checkbox"/>	
<i>Vulnerability due to young age</i>	<input type="checkbox"/>	
• children	<input type="checkbox"/>	
• young adults	<input type="checkbox"/>	
• unborn children (and their mothers)	<input type="checkbox"/>	
• others (please specify)	<input type="checkbox"/>	
<i>Vulnerability due to older age</i>		
• older people	<input type="checkbox"/>	
• frail older people	<input type="checkbox"/>	
• others (please specify)	<input type="checkbox"/>	
<i>Vulnerability due to income (low income or insecure income)</i>	<input type="checkbox"/>	
• unemployed people	<input type="checkbox"/>	
• people on low incomes	<input type="checkbox"/>	
• people with shift work	<input type="checkbox"/>	
• people with low job security or with few progression prospects	<input type="checkbox"/>	
• people unable to work due to poor health	<input type="checkbox"/>	
• others (please specify)	<input type="checkbox"/>	
<i>Vulnerability due to health status</i>	<input type="checkbox"/>	
• people with existing poor physical or mental health (including where related to disabilities)	<input type="checkbox"/>	
• carers of people with existing poor physical or mental health	<input type="checkbox"/>	
• hyper-sensitivity linked to being neurodivergent (e.g. to noise or visual change)		
• others (please specify)	<input type="checkbox"/>	
<i>Vulnerability due to social disadvantage</i>	<input type="checkbox"/>	
• people who experience social isolation	<input type="checkbox"/>	
• people who experience discrimination	<input type="checkbox"/>	
• others (please specify)	<input type="checkbox"/>	
<i>Vulnerability due to access and geographic factors</i>	<input type="checkbox"/>	
• people experiencing barriers in access to services, amenities or facilities (including barriers experienced by service providers)	<input type="checkbox"/>	
• people living in areas known to exhibit high deprivation or poor economic and/or health indicators	<input type="checkbox"/>	

<sup>6</sup> Pyper, R., Cave, B., Purdy, J. and McAvoy, H. (2021). Health Impact Assessment Guidance: A Manual and Technical Guidance. Standalone Health Impact Assessment and health in environmental assessment. Institute of Public Health. Dublin and Belfast.

<ul style="list-style-type: none"> <li>people in close proximity to the location of changes occurring as a result of the proposal activities. although these groups may not be 'vulnerable', they are likely to be more sensitive to the changes</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>others (please specify)</li> </ul>	<input type="checkbox"/>	
<i>Vulnerability relating to housing</i>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people in existing poor-quality housing</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people without security of tenure</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people in overcrowded homes</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people without access to good quality green space</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people who experience social isolation</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people in housing that is at risk of flooding</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people in housing that is expensive to heat and/or cool</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people in communities with high crime rates</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people unable to afford to remain in their community</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people reliant on informal care from neighbours</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people in housing close to sources of pollution</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people in housing that is uninsurable or very expensive to insure</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people experiencing homelessness or who are unhoused</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>others (please specify)</li> </ul>	<input type="checkbox"/>	
<i>Vulnerability related to protected characteristics, e.g. due to disproportionately high representation in relevant area</i>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>age</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>disability</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>gender reassignment</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>marriage and civil partnership</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>pregnancy and maternity</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>race</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>religion or belief</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>sex (gender)</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>sexual orientation</li> </ul>	<input type="checkbox"/>	
<i>Vulnerability for other reasons</i>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>asylum seekers or refugees</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>gypsy, Roma and traveller groups</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>veterans</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>children and vulnerable adults in local authority care</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>people living with dementia,</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>prison or detention population</li> </ul>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>others (please specify)</li> </ul>	<input type="checkbox"/>	
Others (please specify)	<input type="checkbox"/>	

## 4.5 AFFECTED STAKEHOLDERS

List the key stakeholders who are affected by the proposal

Type	Stakeholder	Broadly how affected by proposal
Public sector organisations, regulators, departments or services		
Private sector organisations or types of organisation		
Voluntary sector organisations (including representing vulnerable, hard-to-reach, or seldom-heard groups)		
The general public		
Specific community groups		
Others (please specify)		

Summarise the extent to which the views of stakeholders (or organisations representing stakeholders) have informed the proposal's development (noting participation as part of the HIA is desirable but not always feasible). For example, interviews, meetings, surveys, workshops, or participation in as part of a HIA steering group (optional) etc...

## 4.6 KEY EVIDENCE SOURCES

HIA reaches evidence-based professional judgments by reviewing and triangulating relevant evidence sources.

Provide details of the various sources of information that has been used to inform this HIA.

You may wish to submit a copy of any relevant supporting evidence summaries alongside this form. It is recommended this is discussed with the Medway Public Health Department – e.g. this would be appropriate on large complex proposals.

Type	Purpose	Summary of how HIA was underpinned by these sources or justification if not used
Medway Joint Local Health and Wellbeing Strategy	Health priorities the proposal should respond to as appropriate	
Medway's Joint Strategic Needs Assessment (JSNA) and OHID Fingertips	A baseline of local health status, vulnerabilities and needs	
Medway Local Plan and relevant national policy (e.g. NPPF)	Policies directly or indirectly related to delivering good health	
Stakeholder and community consultation	Feedback on local concerns and aspirations on the proposal	
Scientific literature	Evidence summaries on key health outcomes linked to the proposal	
Regulatory or statutory health protection standards	Established mechanisms and/or thresholds for health protection	
Information from NHS Kent and Medway Integrated Care Board (may extend to GP and Pharmacy discussion)	Information with regard to healthcare capacity and planning	
Advice from relevant experts such as environmental health professionals, public health professionals or transport and highways engineers	Expert interpretation of proposal impacts for the local context	
Other assessments produced for the proposal that inform the HIA	Detailed supporting data and analysis (quantitative and qualitative)	
Others (please specify)		



## 4.7 HEALTHY HOUSING AND ACCOMMODATION

Is this theme relevant to the proposal (tick one) Yes ☐ (complete this section) No ☐ (skip to next section)

### 4.7.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
Homes meet or exceed minimum internal space and private outdoor space, as required within Policy DM5 and are NDSS compliant.	<input type="checkbox"/>	Homes do not meet minimum internal and external space, and/or have an inefficient layout, insufficient circulation space and awkward or impractically shaped rooms.	<input type="checkbox"/>
All homes have sufficient access to natural light in all habitable rooms.	<input type="checkbox"/>	Homes have insufficient access to natural light in all habitable rooms.	<input type="checkbox"/>
All homes provide adequate privacy of occupiers and neighbours.	<input type="checkbox"/>	Design compromises the privacy of occupiers and neighbours.	<input type="checkbox"/>
Apartments, flats, and maisonettes are provided with private outdoor amenity space such as gardens on the ground floor, and balconies or terraces for homes above the ground floor.	<input type="checkbox"/>	Apartments, flats, and maisonettes have no private outdoor amenity space.	<input type="checkbox"/>
Homes that enable older and disabled people to live independent lives e.g., homes that are adaptable, stair lift compatible, have downstairs bathrooms, ramped access and storage space for mobility scooters or meet the Building Regulations requirements M4(2) or M4(3).	<input type="checkbox"/>	Homes make no provisions for older and disabled people, or the ability to adapt delivering 'life-long' homes.	<input type="checkbox"/>
All homes must provide adequate ventilation to maintain indoor air quality and prevent damp and mould e.g., bathrooms require intermittent extract ventilation and fans should be ducted to the outside.	<input type="checkbox"/>	Inadequate ventilation e.g. no intermittent extract ventilation in bathrooms, fans ducted into lofts or voids.	<input type="checkbox"/>
A range of varied home tenures and sizes are provided in line with Policy T2 and designed so that it is difficult to visually determine the tenure of properties.	<input type="checkbox"/>	Limited diversity of tenures and/or external design dictated by tenure or affordability.	<input type="checkbox"/>
A provision of affordable homes for purchase and/or rent in line with requirements set out in Policy T3.	<input type="checkbox"/>	Insufficient provision of affordable housing.	<input type="checkbox"/>
Housing co-located with services and amenities suitable to the needs of the people living there.	<input type="checkbox"/>	Housing isolated from essential services and amenities.	<input type="checkbox"/>
A mixture of houses with and without integral garages.	<input type="checkbox"/>		
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

### 4.7.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

### 4.7.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the Choose an item. phase of the proposal. The impact of the proposed change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The predominant health outcome change due to the proposal relates to Choose an item. for a Choose an item. the population of Choose an item.. The direction of change in health outcomes due to the proposal is

Choose an item. and the most relevant outcome is Choose an item..The effects due to the proposal’s changes are likely to be Choose an item. and are most likely to affect Choose an item.. Levels of certainty about the effect arising due to the proposal are Choose an item.. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be Choose an item. impact in Choose an item. health inequalities.

#### 4.7.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐

#### 4.7.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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### 4.8 HEALTHY BUILT ENVIRONMENT

Is this theme relevant to the proposal (tick one)    Yes ☐ (complete this section)    No ☐ (skip to next section)

#### 4.8.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
Affordable housing, varied tenures, and housing sizes are scattered throughout new developments.	<input type="checkbox"/>	Affordable housing that is homogeneous, segregated, or poorly located.	<input type="checkbox"/>
Apartment buildings that have multiple points of access, including being accessed from the street, rather than solely from car parks and back doors.	<input type="checkbox"/>	Apartment buildings with limited points of access or points of access all on one side of the building.	<input type="checkbox"/>
Designing streets and roads that can be extended in the future Interlocking back gardens between existing and new development where existing back gardens adjoin a site boundary.	<input type="checkbox"/>	Public spaces that aren’t overlooked by surrounding buildings.	<input type="checkbox"/>
Facilitating or increasing accessibility to schools, healthcare, parks, public transport, libraries, and other social services.	<input type="checkbox"/>	No attempt to facilitate or increase accessibility to schools, healthcare, parks, public transport, libraries, and other social services.	<input type="checkbox"/>
Buildings that provide active frontages to public spaces, including streets, parks and car parking.	<input type="checkbox"/>	Large sections of street that are fronted with blank walls and fences.	<input type="checkbox"/>
Residential development situated close to workplaces, health, community, education and childcare facilities.	<input type="checkbox"/>	A-frame barriers, steps, kissing gates, and other similar barriers which restrict access to people with pushchairs and people with mobility limitations	<input type="checkbox"/>
Buildings and spaces intended for use by the public are accessible for those with mobility issues.	<input type="checkbox"/>	Buildings and spaces that are inaccessible for those with mobility issues.	<input type="checkbox"/>
Changes in level are well resolved to provide safe, attractive, and logical access for all.	<input type="checkbox"/>	Poorly resolved, unattractive, or unsafe changes in level.	<input type="checkbox"/>
Visual connection between important places and communities.	<input type="checkbox"/>	Weak boundary treatments that make it difficult to differentiate between public and private space.	<input type="checkbox"/>

Clear and legible walking and cycling routes, safely separating road users, and differentiating public and private space.	<input type="checkbox"/>	Footpaths and cycling routes that have not been safely separated from road traffic.	<input type="checkbox"/>
Defensible space and strong boundary treatments.	<input type="checkbox"/>	Failing to address obstacles that prevent people with limited mobility moving through developments, such as steps, gutters, and blocked footpaths.	<input type="checkbox"/>
Sufficient and well-maintained landscaping to soften the visual impact of car parks.	<input type="checkbox"/>	Insufficient un-landscaped car parking which presents a harsh visual impact and contributes to an urban heat island effect.	<input type="checkbox"/>
Shared and unallocated on-street car parking in quiet residential locations.	<input type="checkbox"/>	Car parking located between the street and the front door, rather than on-street or at the rear or side of buildings.	<input type="checkbox"/>
Frontage car parking that is broken up every 4-6 bays with green landscaped features.	<input type="checkbox"/>		<input type="checkbox"/>
Design measures that prevent illegal anti-social car parking.	<input type="checkbox"/>		<input type="checkbox"/>
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

#### 4.8.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

#### 4.8.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the **Choose an item.** phase of the proposal. The impact of the proposed change can be characterised as of **Choose an item.** scale for the context, experienced **Choose an item.** over a **Choose an item.** duration. The predominant health outcome change due to the proposal relates to **Choose an item.** for a **Choose an item.** the population of **Choose an item.**. The direction of change in health outcomes due to the proposal is **Choose an item.** and the most relevant outcome is **Choose an item.**. The effects due to the proposal's changes are likely to be **Choose an item.** and are most likely to affect **Choose an item.**. Levels of certainty about the effect arising due to the proposal are **Choose an item.**. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be **Choose an item.** impact in **Choose an item.** health inequalities.

#### 4.8.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐

#### 4.8.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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## 4.9 HEALTHY WEIGHT ENVIRONMENT

Is this theme relevant to the proposal (tick one) Yes ☐ (complete this section) No ☐ (skip to next section)

### 4.9.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
Streets prioritise pedestrian and cyclist movements over motorists where appropriate.	<input type="checkbox"/>	Minimal space is provided for pedestrian movement	<input type="checkbox"/>
Footpaths that are well-lit and overlooked by surrounding houses and other buildings.	<input type="checkbox"/>	Footpaths that provide unsafe, poorly lit walking routes which aren't overlooked and run along the rear of buildings and back fences	<input type="checkbox"/>
Places to stop and rest are provided along walking routes, such as durable bench seating.	<input type="checkbox"/>	No provision of separate cycle lanes of busy roads.	<input type="checkbox"/>
Cycle lanes on busy roads are physically separated from traffic.	<input type="checkbox"/>	No provision of, or under-sized bicycle parking or storage provision.	<input type="checkbox"/>
Secure and accessible bicycle parking with sufficient capacity for the scale of the development.	<input type="checkbox"/>	Bicycle parking located in 'left-over' space, such as spare corners in a car park.	<input type="checkbox"/>
Secure and accessible bicycle parking facilities that are conveniently and logically located e.g. benefit from passive surveillance and is clearly visible by lots of people.	<input type="checkbox"/>	Insecure bicycle parking that is intended for long-stay parking	<input type="checkbox"/>
Industrial and commercial schemes that provide end-of-trip facilities such as, lockers, showers and secure bicycle parking	<input type="checkbox"/>	Bicycle parking located behind buildings or out of sight from most people	<input type="checkbox"/>
Minimising or consolidating places to drive e.g., minimising road access points.	<input type="checkbox"/>	Streetscapes that are dominated by parked cars, driveways or garages.	<input type="checkbox"/>
Streets with public access surrounding developments are continuous for pedestrians and cyclists, rather than being separated by private drives.	<input type="checkbox"/>	Internal roads which cause conflict points between motorists and pedestrians	<input type="checkbox"/>
Measures to discourage school runs, such as locating car parking further away from school gates and not designing for drive-through pick-up/drop-off points.	<input type="checkbox"/>	Design measures that encourage school runs.	<input type="checkbox"/>
Gardens designed and landscaped to grow food (among other things), including fruit-bearing trees.	<input type="checkbox"/>	Private drives that interrupt public access.	<input type="checkbox"/>
Accessible and secure garden sheds/garages to store gardening tools and equipment.	<input type="checkbox"/>	Gardens that are only turfed or paved.	<input type="checkbox"/>
Provision of communal gardens, or access to allotments which are well maintained and well-utilised.	<input type="checkbox"/>	No provision of spaces for food growing e.g. allotments,	<input type="checkbox"/>
Access to supermarkets and other places to access healthy, affordable food within 15-minutes walking distance.	<input type="checkbox"/>	No supermarkets or other places to access healthy, affordable food within 15-minutes walking distance.	<input type="checkbox"/>
Homes are equipped with adequate kitchens, food preparation facilities including sufficient bench space, and space to eat together.	<input type="checkbox"/>	Homes without kitchens and food preparation facilities.	<input type="checkbox"/>
Shared kitchens are large enough for multiple people to cook, prepare and eat food in at any given time.	<input type="checkbox"/>	Shared kitchens large enough for only one person at a time.	<input type="checkbox"/>
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

#### 4.9.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

#### 4.9.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the **Choose an item.** phase of the proposal. The impact of the proposed change can be characterised as of **Choose an item.** scale for the context, experienced **Choose an item.** over a **Choose an item.** duration. The predominant health outcome change due to the proposal relates to **Choose an item.** for a **Choose an item.** the population of **Choose an item.**. The direction of change in health outcomes due to the proposal is **Choose an item.** and the most relevant outcome is **Choose an item.**. The effects due to the proposal's changes are likely to be **Choose an item.** and are most likely to affect **Choose an item.**. Levels of certainty about the effect arising due to the proposal are **Choose an item.**. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be **Choose an item.** impact in **Choose an item.** health inequalities.

#### 4.9.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐

#### 4.9.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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### 4.10 AIR QUALITY AND ENVIRONMENTAL HAZARDS

Is this theme relevant to the proposal (tick one) Yes ☐ (complete this section) No ☐ (skip to next section)

#### 4.10.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
Major development and proposed development within, or development close to an AQMA takes account of the Medway Council Air Quality Planning Guidance screening checklist.	<input type="checkbox"/>	Development will increase traffic.	<input type="checkbox"/>
Development is located in a sustainable location that won't generate additional traffic.	<input type="checkbox"/>	Sensitive land uses located close to sources of air pollution and noise.	<input type="checkbox"/>
Safe distances provided between sources of air pollution and noise and sensitive land uses, such as housing.	<input type="checkbox"/>	Car-centric design features, such as drive-throughs	<input type="checkbox"/>
Proposal is consistent with Policy S2 through the consideration of air quality to conserve the natural environment.	<input type="checkbox"/>	Dust, traffic congestion and noise caused during construction	<input type="checkbox"/>

Smoke-free workplaces and public spaces, particularly at entry points.	<input type="checkbox"/>	Recycling systems that make it difficult and/or inconvenient for people to recycle waste	<input type="checkbox"/>
Dedicated smoking and vaping areas that promote local stop smoking services.	<input type="checkbox"/>	Refuse storage co-located with bicycle parking, near dining areas or windows that need to be opened	<input type="checkbox"/>
Noise attenuation measures (e.g., good acoustic design and tree lining) to reduce the impacts of noise created elsewhere, such as roads, industry, and late-night land uses.	<input type="checkbox"/>	An inadequate provision of bins in public spaces or land use that pollute the air or generates a disturbing level of noise	<input type="checkbox"/>
Internal ventilation where higher specification glazing is required to reduce the impacts of nearby noise.	<input type="checkbox"/>	Land uses which typically generate a lot of litter, such as hot food takeaways	<input type="checkbox"/>
Measures are in place to reduce the noise created on-site	<input type="checkbox"/>	Smoking areas located close to entrance points or windows regularly opened.	<input type="checkbox"/>
Refuse storage is appropriately located and measures to make recycling waste easy for residents, workers, and visitors are in place.	<input type="checkbox"/>	No consideration has been made as to how litter will be managed	<input type="checkbox"/>
Measures have been identified to reduce the noise created on-site.	<input type="checkbox"/>	No measures have been identified to reduce the noise created on-site.	<input type="checkbox"/>
Litter management plans prepared and implemented when appropriate.	<input type="checkbox"/>		<input type="checkbox"/>
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

#### 4.10.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

#### 4.10.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the **Choose an item.** phase of the proposal. The impact of the proposed change can be characterised as of **Choose an item.** scale for the context, experienced **Choose an item.** over a **Choose an item.** duration. The predominant health outcome change due to the proposal relates to **Choose an item.** for a **Choose an item.** the population of **Choose an item.**. The direction of change in health outcomes due to the proposal is **Choose an item.** and the most relevant outcome is **Choose an item.**. The effects due to the proposal's changes are likely to be **Choose an item.** and are most likely to affect **Choose an item.**. Levels of certainty about the effect arising due to the proposal are **Choose an item.**. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be **Choose an item.** impact in **Choose an item.** health inequalities.

#### 4.10.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐



#### 4.10.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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#### 4.11 ACTIVE SUSTAINABLE TRANSPORT

Is this theme relevant to the proposal (tick one) Yes ☐ (complete this section) No ☐ (skip to next section)

##### 4.11.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
A Transport Assessment, Transport Statement and/or a commitment to provide a Travel Plan will be produced and implemented where required as set out in Policy DM18.	<input type="checkbox"/>	A disjointed street network with paths that don't lead anywhere.	<input type="checkbox"/>
High quality, frequent, safe, and reliable public transport, can be easily accessed by short walking routes.	<input type="checkbox"/>	Footpath or cycle paths that do not connect to the wider network.	<input type="checkbox"/>
Footpaths and cycleways are the shortest and most direct way to get between key destinations.	<input type="checkbox"/>	Schemes that don't address poor quality, infrequent and unreliable public transport infrastructure.	<input type="checkbox"/>
Formalising existing pedestrian desire paths.	<input type="checkbox"/>	Public transport not accessible within short walking distances.	<input type="checkbox"/>
Crossing points are provided in convenient and logical locations, especially linking to schools and public open spaces.	<input type="checkbox"/>	Maze-like street networks with dead ends that don't allow for pedestrian and cyclist permeability.	<input type="checkbox"/>
Schemes are located close to compatible land uses which reduces the need to travel, especially by car.	<input type="checkbox"/>	Opportunities to formalise desire paths are not taken.	<input type="checkbox"/>
Connections are made to existing footpaths and cycleways.	<input type="checkbox"/>	Crossing points that require detouring or diverging from the main route.	<input type="checkbox"/>
Public right of ways are protected and enhanced.	<input type="checkbox"/>	Failing to address obstacles that prevent people with limited mobility accessing public transport, such as steps, gutters, and blocked footpaths.	<input type="checkbox"/>
Large-scale commercial developments that have a consolidated car parking area..	<input type="checkbox"/>	Large-scale commercial and employment developments with each parcel having an individual car park.	<input type="checkbox"/>
Creating new bus stops where appropriate	<input type="checkbox"/>	Schemes that enable illegal anti-social car parking.	<input type="checkbox"/>
Provision of charging points for electric vehicles.	<input type="checkbox"/>	No provision of charging points for electric vehicles.	<input type="checkbox"/>
Provision of disabled car parking bays.	<input type="checkbox"/>	No provision of disabled car parking bays.	<input type="checkbox"/>
Providing direct and safe footpath access to bus stops and railway stations.	<input type="checkbox"/>		<input type="checkbox"/>
Providing secure bicycle parking at train stations.	<input type="checkbox"/>		<input type="checkbox"/>
New or improved Park and Ride schemes.	<input type="checkbox"/>		<input type="checkbox"/>
Upgrading existing bus stops to provide seating, shelters, lighting, and real-time information	<input type="checkbox"/>		<input type="checkbox"/>
Welcome packs containing information on the best opportunities to walk and cycle in the local area.	<input type="checkbox"/>		<input type="checkbox"/>
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

##### 4.11.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

#### 4.11.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the **Choose an item.** phase of the proposal. The impact of the proposed change can be characterised as of **Choose an item.** scale for the context, experienced **Choose an item.** over a **Choose an item.** duration. The predominant health outcome change due to the proposal relates to **Choose an item.** for a **Choose an item.** the population of **Choose an item.**. The direction of change in health outcomes due to the proposal is **Choose an item.** and the most relevant outcome is **Choose an item.**. The effects due to the proposal's changes are likely to be **Choose an item.** and are most likely to affect **Choose an item.**. Levels of certainty about the effect arising due to the proposal are **Choose an item.**. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be **Choose an item.** impact in **Choose an item.** health inequalities.

#### 4.11.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐

#### 4.11.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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## 4.12 GREEN AND BLUE INFRASTRUCTURE

Is this theme relevant to the proposal (tick one) Yes ☐ (complete this section) No ☐ (skip to next section)

#### 4.12.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
Major new development proposals have a Green Infrastructure Plan as part of a Design and Access Statement setting out how will meet policy/objectives/GI principles, as set out in Policy S5.	<input type="checkbox"/>	Green space is lost or compromised.	<input type="checkbox"/>
Existing green space is protected and enhanced where possible.	<input type="checkbox"/>	The function of new green spaces is vague and not clearly defined.	<input type="checkbox"/>
New green space is clearly defined. For example, specifying 'parks', 'woodland', 'allotments', 'wildflower meadows'.	<input type="checkbox"/>	Existing habitat areas are damaged or left unconnected.	<input type="checkbox"/>
Landscape features including (but not limited to) waterways, forests, hedgerows, and other vegetated areas are protected and enhanced.	<input type="checkbox"/>	No efforts made to expand habitats or improve biodiversity of existing habitats.	<input type="checkbox"/>



Landscape features are within the public realm, rather than in private back gardens.	<input type="checkbox"/>	A biodiversity net-loss (cleared natural features and habitats for the development without any offsets or replacements).	<input type="checkbox"/>
Landscape edges that blend into surrounding environments.	<input type="checkbox"/>	Design without any natural features, for example through use of artificial landscaping.	<input type="checkbox"/>
Development is located within close proximity to high quality public open spaces.	<input type="checkbox"/>	High quality public open spaces are difficult to access from the development site.	<input type="checkbox"/>
Public open spaces are provided in areas of deficiency.	<input type="checkbox"/>	Areas of public open space deficiency are not addressed.	<input type="checkbox"/>
Public open spaces are connected to developments with direct walking routes.	<input type="checkbox"/>	New developments aren't connected with public open spaces.	<input type="checkbox"/>
Public open space is accessible to wheelchair and pushchair users.	<input type="checkbox"/>	Barriers that prevent wheelchair and pushchair users from accessing public open spaces,	<input type="checkbox"/>
Public open spaces are usable, safe, and well-maintained.	<input type="checkbox"/>	Public open spaces without any useful features that support activity.	<input type="checkbox"/>
Measures to make public open spaces such as parks safer for women and girls, such as: Circular running tracks near the edges of the park.	<input type="checkbox"/>	Minimal consideration given to the safety of women and girls in parks and public open spaces.	<input type="checkbox"/>
Women and girls are actively included in the design of public spaces.	<input type="checkbox"/>	Parks and public open spaces that are designed without any involvement from women or girls.	<input type="checkbox"/>
Larger parks are designed with running routes that are suitable for Park Runs and other ways to encourage physical activity and social interactions.	<input type="checkbox"/>	No shady trees, or trees poorly maintained with overhanging canopies.	<input type="checkbox"/>
Sectioned-off areas for off-lead dogs.	<input type="checkbox"/>	Landscaping features that restrict or disallow play.	<input type="checkbox"/>
Shady, mature trees planted and maintained well to support streets, paths, and parks.	<input type="checkbox"/>	Not meeting the provision of new open space and playing pitches as set out in Policy DM21.	<input type="checkbox"/>
Landscaping features with the capacity to support play, or 'play on the way' are incorporated into developments.	<input type="checkbox"/>	No diversity of features to support different groups of people.	<input type="checkbox"/>
Provision of new open space and playing pitches as set out in Policy DM21.	<input type="checkbox"/>	Playgrounds and play areas that are isolated or hidden from the surrounding development.	<input type="checkbox"/>
Play features that are suitable for a variety of ages and genders.	<input type="checkbox"/>	The views of children are not considered during the design of new play areas.	<input type="checkbox"/>
Surrounding development that overlooks playgrounds and play areas to encourage shared usage and to provide passive surveillance.	<input type="checkbox"/>	No solutions or mitigations have been identified to address access to green spaces in urban areas where traditional outdoor recreation spaces are limited by space.	<input type="checkbox"/>
Supporting facilities such as bench seating, shade, bicycle parking, and drinking fountains.	<input type="checkbox"/>	No provision of facilities such as bench seating, shade, bicycle parking, and drinking fountains.	<input type="checkbox"/>
Children and young people are involved in the design process of new play areas.	<input type="checkbox"/>	No increase in the availability of allotments and private and communal gardens.	<input type="checkbox"/>
Development that increases the availability of allotments and private and communal gardens for exercise, recreation, and healthy locally produced food in line with Policy T27.	<input type="checkbox"/>		<input type="checkbox"/>
Where traditional outdoor recreation spaces are limited by space, creative solutions are sourced to ensure access to green spaces is possible even in urban areas.	<input type="checkbox"/>		<input type="checkbox"/>

Multi-functional green infrastructure is used to enhance biodiversity, manage flood risk and address overheating.	<input type="checkbox"/>		<input type="checkbox"/>
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

#### 4.12.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

#### 4.12.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the **Choose an item.** phase of the proposal. The impact of the proposed change can be characterised as of **Choose an item.** scale for the context, experienced **Choose an item.** over a **Choose an item.** duration. The predominant health outcome change due to the proposal relates to **Choose an item.** for a **Choose an item.** the population of **Choose an item.**. The direction of change in health outcomes due to the proposal is **Choose an item.** and the most relevant outcome is **Choose an item.**. The effects due to the proposal's changes are likely to be **Choose an item.** and are most likely to affect **Choose an item.**. Levels of certainty about the effect arising due to the proposal are **Choose an item.**. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be **Choose an item.** impact in **Choose an item.** health inequalities.

#### 4.12.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐

#### 4.12.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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### 4.13 SOCIAL HEALTH

Is this theme relevant to the proposal (tick one) Yes ☐ (complete this section) No ☐ (skip to next section)

#### 4.13.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
Opportunities for communities to interact socially in both structured and informal settings, e.g., parks, shops, community facilities, shared spaces, front gardens, staff rooms.	<input type="checkbox"/>	No provision of opportunities for communities to interact socially in both structured and informal settings	<input type="checkbox"/>
Local voluntary, community, charity, social enterprise and faith groups are engaged with prior and during the planning process.	<input type="checkbox"/>	Loss of social and community infrastructure or opportunities to reinstate them.	<input type="checkbox"/>

Measures to prevent community severance, including physical connections to nearby communities and to the edges of development areas.	<input type="checkbox"/>	Poorly considered management and maintenance of public and shared spaces.	<input type="checkbox"/>
Assessments of the existing capacity of social infrastructure including, healthcare, community facilities, and educational institutions.	<input type="checkbox"/>	Public services and community buildings which are not coordinated or co-located.	<input type="checkbox"/>
Provision of mixed-use developments, shared-use community buildings and co-location of community services so that buildings and public spaces are used by more people and for a higher proportion of the day.	<input type="checkbox"/>	No design response for suicide prevention in high-risk locations.	<input type="checkbox"/>
Existing social infrastructure to be retained, reinstated, or enhanced.	<input type="checkbox"/>	Gated communities.	<input type="checkbox"/>
Design measures that prevent attempts at suicide.	<input type="checkbox"/>	An anticipated workforce of commuters from outside of the Medway areas	<input type="checkbox"/>
Schemes and activities that facilitate additional activation of public spaces that make it safer for women and people of ethnic minorities.	<input type="checkbox"/>	No plans to employ and train the local community.	<input type="checkbox"/>
Provision of community and cultural facilities to meet the needs of new residents and integration with existing communities where possible	<input type="checkbox"/>	Isolated workplaces forcing long commutes.	<input type="checkbox"/>
Increased access to local employment and training opportunities, including permanent (end use) and temporary (construction) employment.	<input type="checkbox"/>	No provision of community and cultural facilities.	<input type="checkbox"/>
Provision of a diversity of business and job opportunities.	<input type="checkbox"/>	Insufficient infrastructure capacity to support proposed development.	<input type="checkbox"/>
Attractive break-out spaces, such as well-landscaped outdoor picnic areas to encourage workers to take breaks.	<input type="checkbox"/>	The voice of people who experience inequalities is not sought during consultation and design.	<input type="checkbox"/>
The voice of people who experience inequalities is actively sought during consultation and design.	<input type="checkbox"/>		<input type="checkbox"/>
There is sufficient infrastructure capacity to support proposed development.	<input type="checkbox"/>		<input type="checkbox"/>
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

#### 4.13.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

#### 4.13.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the **Choose an item** phase of the proposal. The impact of the proposed change can be characterised as of **Choose an item** scale for the context (for guidance: [https://www.publichealth.ie/sites/default/files/resources/guidance\\_2.pdf](https://www.publichealth.ie/sites/default/files/resources/guidance_2.pdf)), experienced **Choose an item** over a **Choose an item** duration. The predominant health outcome change due to the proposal relates to **Choose an item** for a **Choose an item** the population of **Choose an item**. The direction of change in health outcomes due to the proposal is **Choose an item** and the most relevant outcome is **Choose an item**. The effects due to the proposal's changes are likely to be **Choose an item** and are most likely to affect **Choose an item**. Levels of certainty about the effect arising due to the proposal are **Choose an item**. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be **Choose an item** impact in **Choose an item** health inequalities.

#### 4.13.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐

#### 4.13.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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### 4.14 HEALTH, EDUCATION AND SOCIAL CARE CAPACITY AND SERVICE PLANNING

Is this theme relevant to the proposal (tick one) Yes ☐ (complete this section) No ☐ (skip to next section)

#### 4.14.1 Impacts (tick all that are part of the proposal)

Features of the proposal that contribute to positive and negative public health effects. Acknowledging negative aspects is an important part of the HIA process. It is unrealistic to claim a proposal is 100% positive.

Elements that will contribute to positive effects	Tick	Elements that will contribute to negative effects	Tick
Provision of key worker homes	<input type="checkbox"/>	Displacement of staff from NHS and LA Social Care	<input type="checkbox"/>
Onsite provision of new healthcare (agreed with ICB)	<input type="checkbox"/>	Increasing the demand on public services without any monetary or in-kind contributions.	<input type="checkbox"/>
Contribution to offsite healthcare (agree with ICB)	<input type="checkbox"/>	No consultation or engagement with relevant service providers.	<input type="checkbox"/>
Onsite provision of new school places	<input type="checkbox"/>	Exacerbating the demand for public services which are already operating over or near to their capacities.	<input type="checkbox"/>
Contribution to offsite school places	<input type="checkbox"/>		<input type="checkbox"/>
Developments of specialist residential accommodation including, care homes, nursing homes, provision for looked-after children and those with specialist needs, meet the requirements set out in Policy T4.	<input type="checkbox"/>		<input type="checkbox"/>
Other (edit to state)	<input type="checkbox"/>	Other (edit to state)	<input type="checkbox"/>

#### 4.14.2 Planning policy links (add text in box below)

State the most relevant policies in the Medway Local Plan and summarise the proposal's alignment with them.

Policy number and title	Explain links and alignment with the proposal
[Medway pre-populate]	
[Medway pre-populate]	
[Medway pre-populate]	

#### 4.14.3 Assessment (complete all drop-down menus and edit appropriately)

Relevant health effects predominantly arise during the Choose an item. phase of the proposal. The impact of the proposed change can be characterised as of Choose an item. scale for the context, experienced Choose an item. over a Choose an item. duration. The predominant health outcome change due to the proposal relates to Choose an item. for a Choose an item. the population of Choose an item.. The direction of change in health outcomes due to the proposal is Choose an item. and the most relevant outcome is Choose an item..The effects due to the proposal's changes are likely to

be **Choose an item**. and are most likely to affect **Choose an item**.. Levels of certainty about the effect arising due to the proposal are **Choose an item**.. Based on the degree of change and how it is distributed in the population, including vulnerable groups or areas, there is likely to be **Choose an item**. impact in **Choose an item**. health inequalities.

#### 4.14.4 Recommendations (add text in box below)

List ways that the proposal can minimise any negative health impacts and maximise any positive impacts? Include recommendations to amend the proposal or summarise improvements that have already been made due to the HIA.

Recommendations: (tick to confirm)

- proportionately increase equity (fairness) by targeting measures to vulnerable groups and promoting inclusion. ☐
- are necessary; relevant for planning; relevant to the proposal; enforceable; precise; and reasonable in all other regards. ☐
- link to a stated securing mechanism, e.g. committed design/wording, part of the s106 or to be a planning condition. ☐
- are assigned a party or stakeholder for implementation, e.g. the proposal proponent, the local authority or a third party. ☐
- any monitoring is time-limited, focuses to potentially significant effects, and has a plan for follow-up action if required. ☐

#### 4.14.5 Conclusion (tick one)

Including the recommendation(s), how well does the proposal improve public/human health?

Above and beyond <input type="checkbox"/>	Quite well <input type="checkbox"/>	A little bit <input type="checkbox"/>	Not at all <input type="checkbox"/>	It worsens public health <input type="checkbox"/>
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### 4.15 OVERALL CONCLUSION AND NEXT STEPS

#### 4.15.1 Combined conclusion

Based on a combined and balanced consideration of all themes within the HIA, what is/are the overall public health effects of the proposal – ticking all that apply.

Major positive <input type="checkbox"/>	Moderate positive <input type="checkbox"/>	Slight positive <input type="checkbox"/>
	Neutral <input type="checkbox"/>	
Major negative <input type="checkbox"/>	Moderate negative <input type="checkbox"/>	Slight negative <input type="checkbox"/>

**Explanations for overall impact terminology.** *Note: It will often be the case that relevant criteria span categories of level, e.g., a high scale of change, but over a short-term duration. In these instances a professional judgement is made on the most appropriate level taking into account all relevant criteria.*

Major positive	Major negative	Major impacts based on: high exposure or scale; long-term duration; continuous frequency; severity predominantly related to mortality; majority of population affected; permanent change; and substantial service quality implications. Prevention measures are required for major negative impacts.
Moderate positive	Moderate negative	Moderate impacts based on: low exposure or medium scale; medium-term duration; frequent events; severity predominantly related to moderate changes in morbidity; large minority of population affected; gradual reversal; and small service quality implications. Prevention or mitigation measures are required for moderate negative impacts.
Slight positive	Slight negative	Slight or non-significant impacts based on: very low exposure or small scale; short-term duration; occasional events; severity predominantly related to minor change in morbidity; small minority of population affected; rapid reversal; and slight service quality implications.
Neutral		Neutral impacts based on: negligible exposure or scale; very short-term duration; one-off frequency; severity predominantly relates to a minor change in quality-of-life; very few people affected; immediate reversal once activity complete; and no service quality implication.

#### 4.15.2 Next steps

**The HIA concludes that the recommended next step for this proposal is:**

Proceed, including with the recommended actions detailed in the assessment ☐

Pause, refer to the Medway Public Health department for advice ☐

Pause, as further HIA work is required to gain a better understanding of the potential health impacts ☐

Pause, to revise the proposal in order to further investigate ways to reduce any negative impacts and/or maximise any positive impacts ☐

Stop, withdraw the application based on the overall negative impact and consider alternatives ☐

Other recommended next steps (detail below) ☐

The completed HIA must be submitted to **XXX**.

#### 4.16 ANNEX A: COMPETENCY CHECKLIST (TO FORM PART OF THE HIA AND COLUMN 2 COMPLETED):

Please refer to the IEMA competency guide<sup>7</sup> when completing this section, notably Section 2 and Table 1 of that guide. The HIA should be led by a Human Health Topic Lead (terminology of the IEMA guide).

Requirement	Explain how requirement is met (HIA lead to complete)	Grade (Medway Public Health to complete)	
Full name of the HIA lead:			<input type="checkbox"/>
Relevant qualifications and/or professional memberships of the HIA lead:		Choose an item.	<input type="checkbox"/>
Relevant experience on at least 5 previous HIAs of similar scale and complexity by the HIA lead:		Choose an item.	<input type="checkbox"/>
Relevant health assessment training (online or in person) or equivalent CPD completed by the HIA lead:		Choose an item.	<input type="checkbox"/>
List key areas of 'public health knowledge' held by the HIA lead that are relevant to this HIA:		Choose an item.	<input type="checkbox"/>
List key 'context-specific knowledge' held by the HIA lead that are relevant to this HIA:		Choose an item.	<input type="checkbox"/>
List key 'sector-specific knowledge' held by the HIA lead that are relevant to this HIA:		Choose an item.	<input type="checkbox"/>
List key 'impact assessment knowledge' held by the HIA lead that are relevant to this HIA:		Choose an item.	<input type="checkbox"/>
List relevant 'codes of professional conduct' adhered to by the HIA lead:		Choose an item.	<input type="checkbox"/>

<sup>7</sup> Pyper, R., Birley, M., Buroni, A., Gibson, G., Day, L., Waples, H., Beard, C., Dellafiora, S., Salder, J., Netherton, A., Green, L., Purdy, J., Douglas, M. (2024) IEMA Guide: Competent Expert for Health Impact Assessment including Health in Environmental Assessments. [iema-competent-expert-for-health-rd-v3-may-2024.pdf](#)



#### 4.17 ANNEX B: QUALITY REVIEW CHECKLIST (TO FORM PART OF THE HIA AND COLUMN 2 COMPLETED):

The completed HIA will be reviewed for quality, completeness and accuracy, including the extent to which opportunities for public health have been explored by the Medway Public Health Department, or their appointed consultants.

Substandard HIAs may be rejected as not valid or given low weight in the planning determination.

The following criteria will be used, and the expectation is that all criteria should be met.

Requirement	Signpost and discuss how requirement met by the HIA (proposal proponent to complete)	Grade (Medway Public Health to complete)	
The HIA was commenced sufficiently early in the proposal's development to be influential.		Choose an item.	<input type="checkbox"/>
The HIA was led by a competent expert.		Choose an item.	<input type="checkbox"/>
The HIA was fully completed.		Choose an item.	<input type="checkbox"/>
The HIA appropriately and clearly characterised the proposal.		Choose an item.	<input type="checkbox"/>
The HIA appropriately characterised the area and populations affected.		Choose an item.	<input type="checkbox"/>
The HIA appropriately identified the relevant wider determinants of health influenced by the proposal.		Choose an item.	<input type="checkbox"/>
The HIA identified and engaged with relevant stakeholders or drew on evidence of the views of such stakeholders about the proposal (e.g. by including wider consultation feedback).		Choose an item.	<input type="checkbox"/>
The HIA identified limitations and areas of uncertainty and took reasonable steps to include proportionate evidence summaries, (e.g. from the scientific literature or public health data).		Choose an item.	<input type="checkbox"/>
The HIA tool was completed satisfactorily in a coherent way consistent with knowledge of the proposal, public health and impact assessment.		Choose an item.	<input type="checkbox"/>
The HIA is realistic and balanced in neither overreporting the proposal's beneficial effects, nor underreporting the proposal's adverse effects.		Choose an item.	<input type="checkbox"/>
The HIA shows how it has been successful in advocating for and securing recommendations to improve the proposal from a public health perspective.		Choose an item.	<input type="checkbox"/>
The HIA appropriately considers other cumulative proposals likely to affect the same population concurrently or sequentially.		Choose an item.	<input type="checkbox"/>
The HIA appropriately considers the combined effects across the proposal's influences on the wider determinants of health in reaching an informed evidence-based professional judgement as to the likely significance of the proposal for population health and health inequalities.		Choose an item.	<input type="checkbox"/>
The HIA identified appropriate next steps following the HIA report's completion.		Choose an item.	<input type="checkbox"/>





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