

# **Approach to Health Impact Assessment (HIA) in the Hinckley & Bosworth Local Plan**

A supporting paper for  
Regulation 18 Consultation

July 2024

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## 1. Introduction

- 1.1 This document sets out the approach to Health Impact Assessment (HIA) and embedding health considerations into the Local Plan (LP) at Hinckley & Bosworth Borough Council (HBBC). It sets out how HIA is proposed to be undertaken as part of the statutory LP process and how the outcomes will be used to inform each subsequent LP stage. Specifically, this document has been prepared to support the Regulation 18 consultation stage of the local plan, consultation for which is likely to take place over the summer 2024.
- 1.2 This document also details the approach that has been taken to the development of health-related policies in the Regulation 18 local plan (please see strategic policy SP11 Health and Wellbeing which sets the threshold for individual HIA on certain types of development proposals). Health related infrastructure considerations can be found in the separate Infrastructure Capacity Study (ICS, phase 1 and 2)<sup>1</sup>.
- 1.3 The remainder of this document explains what HIA is, the health issues facing HBBC, a summary of planning and other policies and strategies of relevance, the methodology proposed for undertaking HIA as part of the local plan process and the links to other supporting LP documents including the Sustainability Appraisal (SA) and the Equality Impact Assessment (EqIA). Finally, the document sets out the next steps based on the recently updated Local Delivery Scheme (LDS,2024)<sup>2</sup>.

## 2. What is Health Impact Assessment (HIA)?

- 2.1 The World Health Organisation (WHO) defines HIA as:

*'a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects and minimizing its negative health effects. The approach can be applied in diverse economic sectors and uses quantitative, qualitative and participatory techniques'*<sup>3</sup>.

- 2.2 HIA in spatial planning: a guide for local authority public health and planning teams<sup>4</sup> (2020) states that '*HIA helps decision makers in local authorities and other stakeholders make choices about actions that best prevent ill – health, promote good health and reduce health inequalities* (paragraph 2,1). It goes on to state in paragraph 2.2 that '*When applied in the planning system, an HIA*

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<sup>1</sup> [Overview | Infrastructure Capacity Study | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](#)

<sup>2</sup> [Local Development Scheme \(LDS\) | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](#)

<sup>3</sup> [Health impact assessments \(who.int\)](#)

<sup>4</sup> [Health Impact Assessment in spatial planning - GOV.UK \(www.gov.uk\)](#)

*puts people at the heart of the process. It is an objective assessment tool for addressing the barriers and enablers for creating healthy places. An HIA can help identify a set of evidence based practical recommendations to promote and protect the health of local communities’.*

- 2.3 HIAs can also identify opportunities for co-benefits for numerous stakeholders. Examples are recommendations influencing location and quality of housing, active travel infrastructure, reductions in air pollution and improved access to services. Outcomes can span wider than just impacts on health and reductions in health inequality, and the HIA tool is a method of capturing this.
- 2.4 There is currently no statutory requirement for HIA. However, undertaking HIA helps ensure that health and wellbeing are being properly considered in planning policies and proposals. Within the context of the LP review at HBBC, the aim is to assess the main health and wellbeing impacts of policies and proposals in order to identify any opportunities for the emerging planning policies to maximise the benefits and avoid any potential adverse impacts.
- 2.5 The Public Health Department of Leicestershire County Council is also developing a programme of work to ensure health and health equality considerations are embedded within all policies, recognising the potential impact of many projects, policies and contracts on the wider determinants of health. This process includes embedding HIA and health considerations within policy and programme development across the County. The review of the LP for HBBC provides an ideal opportunity to start to explore how this can be integrated into the LP and emerging policies.

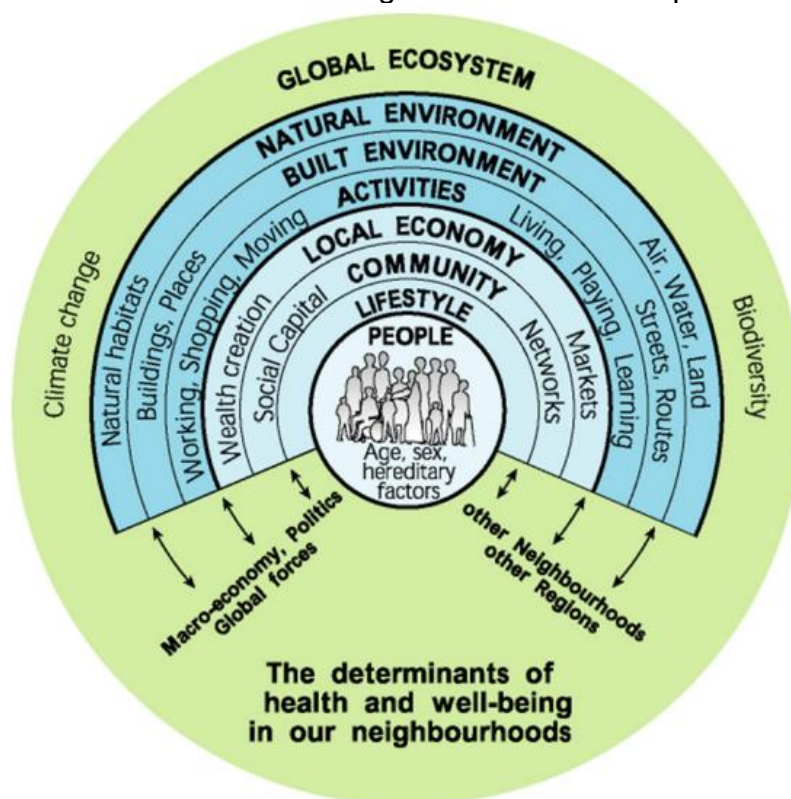
### **3. The wider determinants of health**

- 3.1 The 'wider determinants' or 'social determinants' of health describe non-medical factors which impact on an individual's health. These include where people were born, where they live and work, their age and any systems/legislation put in place to deal with health-related issues, including social, economic and environmental factors. These factors all impact on health and wellbeing at an individual and population level.
- 3.2 Health inequalities can result from these social inequalities. Action on health inequalities requires action across all the wider determinants of health. The Marmot review (2010) highlighted that reducing health inequalities is a matter of fairness and social justice throughout childhood, working age, older age and the end of life, identifying that inequality not only profoundly impacts people across their whole lifetime as discussed above, but also accumulates as we age. The issue of health equity in England was revisited by Marmot in 2020<sup>5</sup>, concluding that, 10 years on, health outcomes were getting worse for people living in more deprived districts and regions in England. Health inequalities were increasing, and population health is declining. These inequalities were deemed unfair and avoidable.

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<sup>5</sup> [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

3.3 As early as 1991 Dahlgren and Whitehead had begun to explore the wider determinants of health, developing a model mapping the relationship between the individual, their environment and health, with individuals placed at the centre and various layers of factors that influence their health surrounding them. Barton and Grant, developed upon this in 2006, creating the health map shown in figure 1 (below); a holistic model of the relationship between people, their quality of life and their local and global environment. These models provide an important framework for considering the wider health impacts of development.



**Figure 1:** *The determinants of health and wellbeing* (Barton and Grant, 2006).

3.4 The planning system plays an important role in creating healthy places - facilitating healthy housing; active travel; a healthy environment; improved air quality; and vibrant neighbourhoods. Health, wellbeing and safety are major issues on the local and national planning, health and social care agendas, and as such are closely interrelated and dependent. Health is about more than simply access to medical treatment and associated services; it is about enabling people to make healthier choices including everyday activity for all ages and abilities through the built environment as well as living in safe environments, feeling part of a community and being economically secure.

3.5 Local Plans and associated local planning policy and guidance (Supplementary Planning Documents and emerging Supplementary Plans) can act to secure and embed health considerations within the planning system.

## 4 The Local Plan

- 4.1 The current adopted local plan (2006 – 2026) for HBBC comprises the following Development Plan Documents (DPD's):
- a) Core Strategy (CS, adopted 15 December 2009)<sup>6</sup>,
  - b) Site Allocations and Development Management Policies (SADMPDPD, adopted 12 July 2016)<sup>7</sup>
  - c) Hinckley Town Centre Area Action Plan (AAP, adopted 21 March 2011)<sup>8</sup>, and
  - d) Earl Shilton and Barwell AAP (adopted 23 September 2014)<sup>9</sup>.
- 4.2 The adopted Local Plan is currently under review, with the aim of setting out land allocations and planning policies for the period 2020 to 2041. HBBC undertook Regulation 18 Issues and Options consultation in January 2018<sup>10</sup>, exploring matters which could potentially be addressed in the new Local Plan. This was followed by further Regulation 18 consultation on 'New Directions for Growth' in January 2019<sup>11</sup>, setting out further detail on potential spatial options for growth in the Borough. A final stage of Regulation 18 consultation was undertaken in June and August 2021, on a Draft Local Plan<sup>12</sup>.
- 4.3 The updated Local Plan was published at the Regulation 19 stage in February 2022<sup>13</sup>, for a six-week period of public consultation. However, this version of the plan was not submitted for examination. Instead, the Council has committed to undertaking further work on the evidence base to support the Local Plan, and in December 2022, adopted a revised Local Development Scheme<sup>14</sup>, with further revisions in January 2024. The timescales for the remaining stages of Local Plan preparation are shown in figure 2 below.

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<sup>6</sup> [Core Strategy | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/core-strategy)

<sup>7</sup> [Overview | Site Allocations and Development Management Policies DPD | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/site-allocations-and-development-management-policies-dpd)

<sup>8</sup> [Hinckley Town Centre Area Action Plan \(AAP\) | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/hinckley-town-centre-area-action-plan-aap)

<sup>9</sup> [Earl Shilton and Barwell area action plan \(AAP\) - post examination | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/earl-shilton-and-barwell-area-action-plan-aap-post-examination)

<sup>10</sup> [Scope, issues and options consultation | Local Plan review 2020 to 2039 - past consultations | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/scope-issues-and-options-consultation)

<sup>11</sup> [New directions for growth consultation | Local Plan review 2020 to 2039 - past consultations | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/new-directions-for-growth-consultation)

<sup>12</sup> [What was it all about? | Draft Local Plan consultation | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/what-was-it-all-about-draft-local-plan-consultation)

<sup>13</sup> [Local Plan Regulation 19 consultation | Local Plan Review Regulation 19 | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/local-plan-regulation-19-consultation)

<sup>14</sup> [Overview | Local Development Scheme \(LDS\) | Hinckley & Bosworth Borough Council \(hinckley-bosworth.gov.uk\)](https://www.hinckley-bosworth.gov.uk/overview-local-development-scheme-lds)

Stage	Target start date
Consultation on the Scope, Issues and Options	January – February 2018
Public Consultation on New Directions for Growth Paper	January – February 2018
Public Consultation on Draft Plan (Regulation 18)	June – August 2021
Public Consultation on submission draft (Regulation 19)	February – March 2022
Completion of Outstanding Evidence	December 2022 – February 2025
Public Consultation on Draft Plan (Regulation 18)	June – July 2024
Public Consultation on submission draft plan (Regulation 19)	January – February 2025
Submission to Secretary of State (Regulation 22)	By 30 <sup>th</sup> June 2025
Estimated date for examination	September 2025 – November 2025
Programmed date for adoption	January / February 2026

**Figure 2:** Current timetable for LP production LDS (2024)

## 5. Health issues in Hinckley & Bosworth

- 5.1 As part of the wider work around embedding health in all policies being led by LCC, the Leicestershire Public Health team have been able to develop borough / district-based data sheets for all Authorities in Leicestershire which are available on the Healthy Place Making Leicestershire, Leicester & Rutland portal<sup>15</sup>. These data sets explore the wider determinants of health and pull together all relevant data into one location which can be used as a source of evidence for the LP.
- 5.2 The information for HBBC is provided in Appendix 1 of this document and key points to note for HBBC include:
- There are 10 Lower Super Output Areas (LSOA) within HBBC that fall within the lowest (1 and 2) quintiles for the index of multiple deprivation. Spatially, these areas represent locations within Hinckley, Barwell and Earl Shilton;
  - The District profile for Hinckley and Bosworth shows trends on wider determinants and health behaviour data, children and young people’s health data as well as health outcomes and mortality information for the District. Although there are no indicators that are significantly worse than the England value there are 22 indicators that are similar to the England value.

<sup>15</sup> Health Impact Assessment - Healthy Place Making

- Health information presented at a District level can mask variances and health inequality differences at a lower level. Life expectancy at birth (upper age band 90 and over) females (2016-2020) for the District shows that Barwell and Hinckley Central are significantly worse than the England value 81.2 years and 79.3. Life expectancy at birth is significantly worse for Males too for Hinckley Central as well at 77 years.
- There are significant differences across the Borough noted in hospital admission data (see appendix 2). For example the gap in emergency hospital admissions for all causes, all ages is 77.0 per 100,000 in the MOSA of Market Bosworth, Barelestone, and Sheepy Magna, whereas the admissions rate is significantly higher in Desford and Newbold Verdon at 112.2 per 100,000.

## 6. Planning Policy Context and other Local Plans and Strategies

6.1 This part of the document sets out where health and health related issues are considered in national planning policy and guidance, and identifies other, locally important plans and strategies that need to be taken into consideration.

### **National Planning Policy Framework (NPPF, December 2023)**

6.2 'The purpose of the planning system is to contribute to the achievement of sustainable development, including the provision of homes, commercial development, and supporting infrastructure in a sustainable manner. At a very high level, the objective of sustainable development can be summarised as meeting the needs of the present without compromising the ability of future generations to meet their own needs. At a similarly high level, members of the United Nations – including the United Kingdom – have agreed to pursue the 17 Global Goals for Sustainable Development in the period to 2030<sup>16</sup>. *Achieving sustainable development means that the planning system has three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways (so that opportunities can be taken to secure net gains across each of the different objectives)*<sup>17</sup>. Economic, social and environmental objectives make up the three pillars of sustainability, with health forming a key consideration within the social objective<sup>18</sup>:

*'to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering well-designed, beautiful and safe places, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being'.*

6.3 Paragraph 11 sets out that plan making and planning decisions should apply a presumption in favour of sustainable development with paragraph 12 stating that

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<sup>16</sup> Paragraph 7, National Planning Policy Framework (NPPF), December 2023

<sup>17</sup> Paragraph 8, NPPF, December 2023

<sup>18</sup> Paragraph 8b, NPPF, December 2023

the presumption (in favour of sustainable development) does not change the statutory status of the development plan as the starting point for decision making.

- 6.4 The planning system should be genuinely plan led<sup>19</sup>, and plans should:
- a) be prepared with the objective of contributing to the achievement of sustainable development;
  - b) be prepared positively, in a way that is aspirational but deliverable;
  - c) be shaped by early, proportionate and effective engagement between plan-makers and communities, local organisations, businesses, infrastructure providers and operators and statutory consultees;
  - d) contain policies that are clearly written and unambiguous, so it is evident how a decision maker should react to development proposals;
  - e) be accessible through the use of digital tools to assist public involvement and policy presentation; and
  - f) serve a clear purpose, avoiding unnecessary duplication of policies that apply to a particular area (including policies in this Framework, where relevant).
- 6.5 Paragraph 17 states that the ‘development plan must include strategic policies to address each planning authority’s priorities for development and use of land in its area’. ‘Policies to address non-strategic matters should be included in local plans that contain both strategic and non-strategic policies, and/or in local or neighbourhood plans that contain just non-strategic policies’ (paragraph 18). ‘The development plan for an area comprises the combination of strategic and nonstrategic policies which are in force at a particular time’ (paragraph 19).
- 6.6 Paragraph 20 of the NPPF sets out that strategic policies should set out an overall strategy for the pattern, scale, and design quality of places, and make sufficient provision for:
- a) housing (including affordable housing), employment, retail, leisure and other commercial development;
  - b) infrastructure for transport, telecommunications, security, waste management, water supply, wastewater, flood risk and coastal change management, and the provision of minerals and energy (including heat);
  - c) community facilities (such as health, education and cultural infrastructure); and
  - d) conservation and enhancement of the natural, built and historic environment, including landscapes and green infrastructure, and planning measures to address climate change mitigation and adaptation.
- 6.7 It’s easy to see how health is an overarching issue that needs to be taken into consideration in the preparation of the LP. Paragraph 34 sets out that plans should also ‘*set out the contributions expected from development. This should include setting out the levels and types of affordable housing provision required, along with other infrastructure (such as that needed for education, health,*

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<sup>19</sup> Paragraph 15, NPPF, December 2023

*transport, flood and water management, green and digital infrastructure)*'. The HBBC Infrastructure Capacity Study (ICS) Phase 1 and 2 sets out further information in relation to the health capacity in primary and secondary healthcare facilities in the borough which may have implications for some development coming forward in the LP.

6.8 Chapter 8 Promoting healthy and safe communities is a significant chapter in the NPPF with paragraph 96 stating that '*Planning policies and decisions should aim to achieve healthy, inclusive and safe places and beautiful buildings which:*

*a) promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;*

*b) are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of beautiful, well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and*

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

6.9 Paragraph 97 goes on to state that '*To provide the social, recreational and cultural facilities and services the community needs, planning policies and decisions should:*

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

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

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

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

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

- 6.10 Para 102 sets out that *'Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities, and can deliver wider benefits for nature and support efforts to address climate change.'*
- 6.11 Paragraph 108, promoting sustainable transport, chapter 9 of the NPPF sets out that *'The planning system should actively manage patterns of growth in support of these objectives. Significant development should be focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes. This can help to reduce congestion and emissions, and improve air quality and public health.'*
- 6.12 Paragraph 123, making effective use of land, chapter 11 sets out that *'Planning policies and decisions should promote an effective use of land in meeting the need for homes and other uses, while safeguarding and improving the environment and ensuring safe and healthy living conditions.'*
- 6.13 Chapter 11, paragraph 128 continues to state in relation to achieving appropriate densities that *'Planning policies and decisions should support development that makes efficient use of land, taking into account:*
- a) the identified need for different types of housing and other forms of development, and the availability of land suitable for accommodating it;*
  - b) local market conditions and viability;*
  - c) the availability and capacity of infrastructure and services – both existing and proposed – as well as their potential for further improvement and the scope to promote sustainable travel modes that limit future car use;*
  - d) the desirability of maintaining an area's prevailing character and setting (including residential gardens), or of promoting regeneration and change; and*
  - e) the importance of securing well-designed and beautiful, attractive and healthy places'.*
- 6.14 Chapter 12, achieving well designed and beautiful places, paragraph 135 sets out the role of design and design codes and states that *'Planning policies and decisions should ensure that developments:*
- a) will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development;*
  - b) are visually attractive as a result of good architecture, layout and appropriate and effective landscaping;*
  - c) are sympathetic to local character and history, including the surrounding built environment and landscape setting, while not preventing or discouraging appropriate innovation or change (such as increased densities);*

*d) establish or maintain a strong sense of place, using the arrangement of streets, spaces, building types and materials to create attractive, welcoming and distinctive places to live, work and visit;*

*e) optimise the potential of the site to accommodate and sustain an appropriate amount and mix of development (including green and other public space) and support local facilities and transport networks; and*

*f) create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience’.*

6.15. Chapter 15, Conserving and enhancing the natural environment under the section ground conditions and pollution, paragraph 191, states that ‘Planning policies and decisions should also ensure that new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development. In doing so they should:

a) mitigate and reduce to a minimum potential adverse impacts resulting from noise from new development – and avoid noise giving rise to significant adverse impacts on health and the quality of life’.

### **Planning Practice Guidance (PPG): Healthy and Safe Communities**

6.16 The design and use of the built and natural environments, including green infrastructure are major determinants of health and wellbeing. Planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population)<sup>20</sup>.

6.17 The PPG continues to set out the types of groups that plan makers can work with in the health and wellbeing system (Paragraph: 002 Reference ID:53-002-20190722). It also sets out that a healthy place is ‘*one which supports and promotes healthy behaviours and environments and a reduction in health inequalities for people of all ages. It will provide the community with opportunities to improve their physical and mental health, and support community engagement and wellbeing.*

*It is a place which is inclusive and promotes social interaction. The [National Design Guide](#) sets out further detail on promoting social interaction through*

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<sup>20</sup> Paragraph: 001 Reference ID:53-001-20190722 Revision date: 22 07 2019

*inclusive design including guidance on tenure neutral design and spaces that can be shared by all residents.*

*It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments'.<sup>21</sup>*

6.18 Paragraph: 004 Reference ID:53-004-20190722 (Revision date: 22 07 201) sets out how planning can create healthier food environments. It states that '*Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Planning policies and supplementary planning documents can, where justified, seek to limit the proliferation of particular uses where evidence demonstrates this is appropriate (and where such uses require planning permission). In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant. Planning policies and proposals may need to have particular regard to the following issues:*

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

6.19 The need for health facilities and other health and wellbeing impacts for consideration in plan making and planning decisions is set out in Paragraph: 005 Reference ID:53-005-20190722. This section of the PPG discusses the importance of discussing the emerging plan strategy with various health related stakeholders at an early stage and, including at pre application stage for any planning applications. It also sets out that HIA can be an important tool to use where there are expected to be significant impacts from a development.

### **Planning Practice Guidance (PPG): Plan Making**

6.20 Paragraph: 046 Reference ID: 61-046-20190315 (revision date: 15 03 2019) states that 'Strategic policy-making authorities can work with public health leads and health organisations to understand and take account of the current and projected health status and needs of the local population, including the quality

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<sup>21</sup> Paragraph: 003 Reference ID:53-003-20191101

and quantity of, and accessibility to, healthcare and the effect any planned growth may have on this. Authorities will also need to assess the quality and quantity of, and accessibility to, green infrastructure, education, sports, recreation and places of worship including expected future changes, and any information about relevant barriers to improving health and well-being outcomes. Strategic policy-making authorities may consult any relevant Health Impact Assessments and consider their use as a tool for assessing the impact and risks of development proposals’.

### **Other guidance documents**

#### Joint Strategic Needs Assessment (JSNA)for Leicestershire (2022 - 2025) <sup>22</sup>

6.21 Joint Strategic Needs Assessment (JSNA) analyse the health needs of populations. This informs and guides the commissioning of health, well-being and social care services. The JSNA also underpins health and well-being strategies. JSNA is produced to help improve the physical and mental health and well-being of individuals and communities.

#### Leicestershire Joint Health and Wellbeing Strategy (2022 – 2032)<sup>23</sup>

6.22 Leicestershire's Joint Health & Wellbeing Strategy is a plan to improve the health and wellbeing of children and adults in the county and to reduce health inequalities. The strategy is driven by the Joint Strategic Needs Assessment (JSNA), the overarching assessment of the health and wellbeing needs of our population across the wider health and social care economy.

#### Public Health Outcomes Framework:<sup>24</sup>

6.23 The Public Health Outcomes Framework sets out a vision for public health, that is to *‘Improve and protect the nation’s health, and improve the health of the poorest fastest’*. The framework focuses on the two high level outcomes to be achieved across the public health system and beyond. These are; increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

6.24 These outcomes reflect the focus they wish to take, not only on how long people live, (life expectancy), but also on how well people live (healthy life expectancy). The focus is also on reducing differences between people and communities from different backgrounds.

6.25 The area search results and report for HBBC can be found here [Public Health Outcomes Framework - Area search results - OHID \(phe.org.uk\)](#)

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<sup>22</sup> [Joint Strategic Needs Assessment \(JSNA\) | LSR Online \(lsr-online.org\)](#)

<sup>23</sup> [Joint Health & Wellbeing Strategy | LSR Online \(lsr-online.org\)](#)

<sup>24</sup> [Public Health Outcomes Framework - OHID \(phe.org.uk\)](#)

Healthy Place Making Leicestershire, Leicester & Rutland<sup>25</sup>

6.26 This is an online resource delivered by Active Together and sets out several health themes with numerous design guides and useful resources on health, along with a number of case studies. It also includes a section on HIA and provides local health data for the districts of Leicestershire and Rutland which can be used to inform any HIA required as a result of development.

**Local Plans and Strategies of relevance**

The Hinckley and Bosworth Community Health and Wellbeing Plan (2023 – 2026)<sup>26</sup>

6.27 We have developed a plan to improve Hinckley Community Health Services to enable us to deliver more patient care. Public engagement went live on the 23<sup>rd</sup> January 2023 running until 6<sup>th</sup> March 2023. The vision is to:

- Build a new Community Diagnostic Centre (CDC) in Hinckley on the Hinckley and District Hospital (Mount Road) site. The CDC would provide MRI and CT scanners, Plain Film X-Ray machine and Ultrasound. It will also have phlebotomy rooms and outpatient/procedure rooms and two Endoscopy rooms with supporting accommodation.
- Create a Day Case Unit that provides the day-case services that are currently on the site of Hinckley and District Hospital (Mount Road) plus additional procedures. Speciality services that would be delivered include General Surgery, Gynaecology, Ophthalmology, Orthopaedic Surgery, Pain Management, Plastic Surgery, Podiatric Surgery, Urology and Vascular Surgery. There are a number of options being considered in regard to the development of a Day Case Unit:
  1. Remodel the existing Hinckley and District Hospital to provide appropriate accommodation for the day case service only, in part of the building following reconfiguration and refurbishment.
  2. Build a standalone Day Case Unit on the existing Hinckley and District Hospital site
  3. Co-locate a Day Case Unit with the CDC on the Hinckley and District Hospital site
- Move the Adults Musculoskeletal Physiotherapy and Children's Therapy facilities from the Portacabin on the Mount Road site into the Hinckley Hub, Rugby Road, Hinckley
- Undertake some renovation of Hinckley Health Centre including improving paint work
- Ensure that community services in Hinckley are financially sustainable.

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<sup>25</sup> Welcome to Healthy Place Making - Healthy Place Making

<sup>26</sup> [Hinckley and Bosworth CHWB Plan 2023-26 V9 no comments.pdf \(hbhc.loc\)](#)

## **7. Health Impact Assessment Methodology**

7.1 This section of the document sets out how HIA is intended to be undertaken as part of the local plan process and also provides further information in relation to HIA on individual planning applications as set out in policy SP11 in the Regulation 18 local plan.

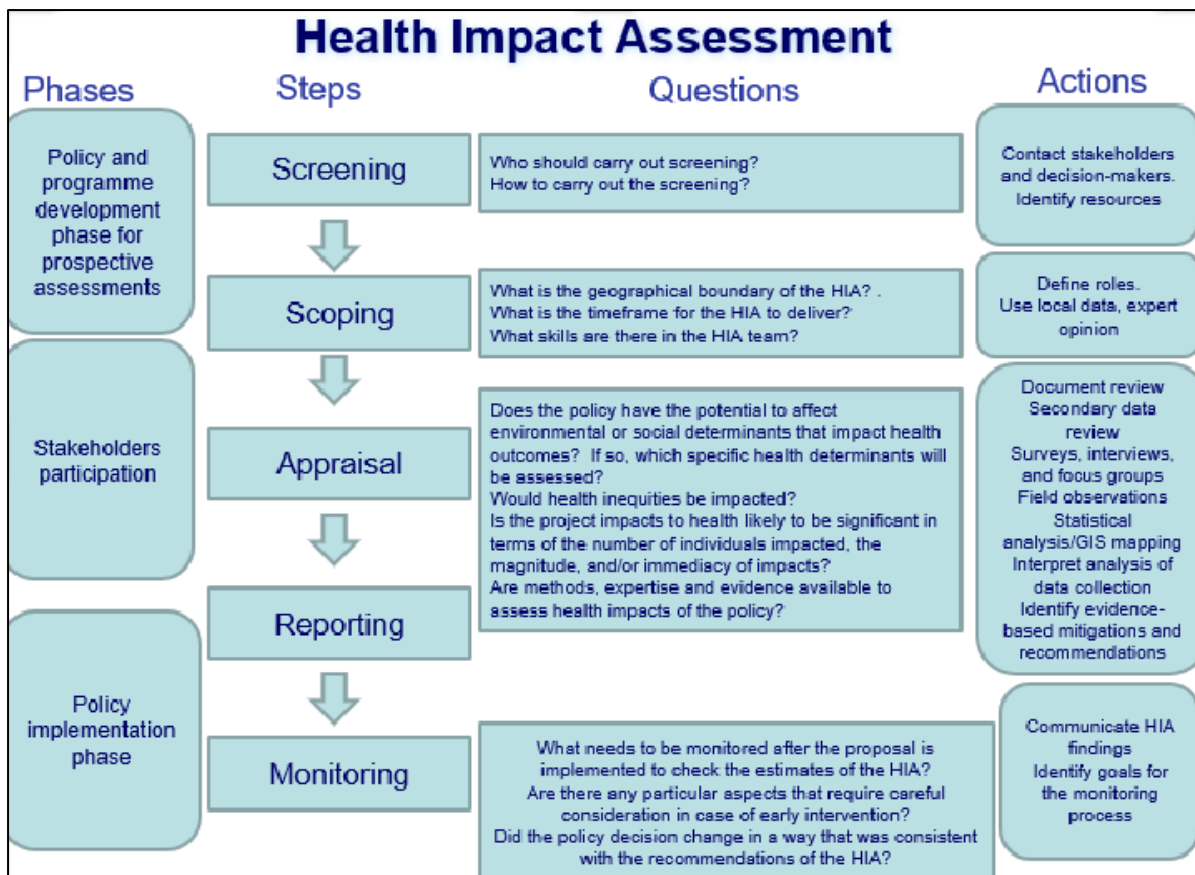
### **Local Plan Health Impact Assessment (HIA): Strategic HIA**

7.2 The built environment has a crucial role to play in creating development and environments that help to support the health and wellbeing of our residents. To ensure that the Hinckley and Bosworth Local Plan and policies within the plan influence and promote health and wellbeing throughout, it was agreed that a strategic health impact assessment would be undertaken prior to the Regulation 19 pre-submission stage of the planning process.

7.3 A strategic HIA will help to ensure that the Local Plan for Hinckley and Bosworth is sufficiently robust to maximise health gains and where there is a risk of negative impacts, to mitigate against this. The strategic HIA will identify recommendations and improvements for policies within the Local Plan to improve health and wellbeing outcomes for the local population.

7.4 The approach to undertaking strategic HIA is set out in figure 3 below. During the scoping stage a HIA stakeholder workshop will take place, this is anticipated to be during the formal regulation 18 consultation. This will provide an opportunity to capture insights and comments from a range of stakeholders on potential health impacts of the plan, policies and allocations. This will then feed into the final strategic HIA report to ensure that the policies and allocations made within Local Plans have positive health outcomes for local residents and the community.

7.5 The strategic HIA report will then be available to help inform any changes that may be necessary to the plan at the draft submission stage (Regulation 19).



**Figure 3: Approach to strategic HIA ([Health impact assessments \(who.int\)](#))**

7.6 Leicestershire Public Health colleagues have been involved in the in the initial screening of strategic sites included in policy SP02 of the consultation draft plan. All the strategic sites identified will require the submission of a HIA at the planning application stage. Appendix 3 shows the outcome of that exercise.

### Health Impact Assessments (HIA) on development proposals

7.6 To ensure that all new development contributes towards opportunities for healthy living and the overall wellbeing of the Borough’s residents, health impact assessments can be used as an objective tool to assess and consider potential health impacts. HIA can help to inform the master planning and design process and helps to avoid negative health impacts and ensure positive health outcomes for the community.

7.7 Policy SP11 of the current local plan consultation draft (regulation 18) sets out the Councils strategic health and wellbeing policy and includes a requirement for ‘...major development, or other development likely to have a potentially significant health impact in relation to either its use and/or location will be accompanied by a Health Impact Assessment (HIA)....’. Appendix 4 includes the policy wording identified in the regulation 18 consultation draft.

7.8 Proposals on development likely to have a potentially significant health impact in relation to either its use and/or location (as identified by local screening tool, Appendix 5 ) will be required to submit a Health Impact Assessment (HIA). This

requirement will be confirmed using the Councils most up to date HIA screening tool.

- 7.9 There is a Leicestershire template and guidance for HIAs, and the Borough Council expects/requires that this template is used.
- 7.10 HIAs will objectively measure the potential impact and demands of the development proposal upon the existing services and facilities and developers should demonstrate how the conclusions of the HIA have been considered in the design of the scheme. The level of information required should be proportionate to the scale and nature of the development proposed.
- 7.11 Where significant impacts are identified, measures to mitigate the impact will be required within the HIA.

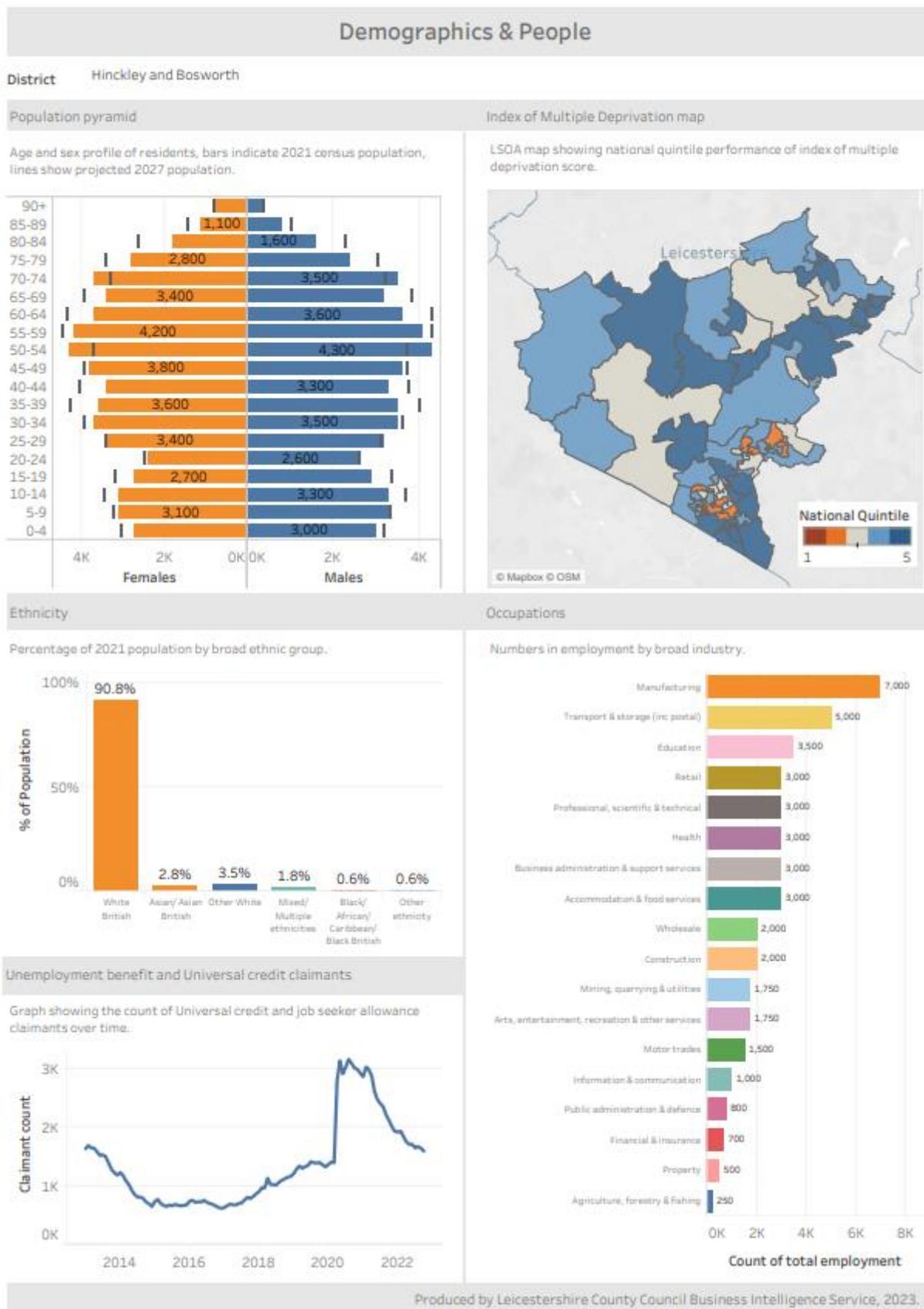
## **8. Links to the Sustainability Appraisal and Equality Impact Assessment**

- 8.1 Much of the data in relation to the strategic HIA overlaps with the Sustainability Appraisal (SA) and the Equality Impact Assessment. Both of these documents are available on the consultation pages for the regulation 18 draft local plan.

## **9. Next Steps**

- 9.1 Once the stakeholder workshop has been undertaken during the regulation 18 consultation, the full HIA report will be made available to inform the next stage of local plan consultation as set out in the current LDS (see paragraph 4.3 and figure 2 above).

**Appendix 1: HBBC Health Information<sup>27</sup>**



<sup>27</sup> Health Impact Assessment - Healthy Place Making

# Approach to Health Impact Assessment in the Hinckley & Bosworth Local Plan



Produced by Leicestershire County Council Business Intelligence Service, 2023.

# Approach to Health Impact Assessment in the Hinckley & Bosworth Local Plan

## Children and Young people

Compared To England Value Or Goal

■ Not compared    
 ■ Significantly better    
 ■ Significantly lower    
 ■ Significantly worse    
 ■ Similar

### Early years

The proportion of low birth weight of term babies for Hinckley and Bosworth in 2021 is 2.5%, this is similar to the England value of 2.9%.



The proportion of women smoking at time of delivery for Hinckley and Bosworth in 2021/22 is 9.9%, this is similar to the England value of 9.1%.



The infant mortality rate for Hinckley and Bosworth in 2019 - 21 is 3.5 per 1,000, this is similar to the England value of 3.9 per 1,000.



The rate of premature births (less than 37 weeks gestation) for Hinckley and Bosworth in 2019 - 21 is 85.9 per 1,000, this is similar to the England value of 77.9 per 1,000.



### Wider determinants

The prevalence of overweight children (including obesity) in Reception for Hinckley and Bosworth in 2021/22 is 20.1%, this is similar to the England value of 22.3%.



The prevalence of overweight children (including obesity) in Year 6 for Hinckley and Bosworth in 2021/22 is 33.9%, this is significantly better than the England value of 37.8%.



The percentage of physically active children and young people for Hinckley and Bosworth in 2021/22 is 55.5%, this is significantly better than the England value of 47.2%.



The percentage of children in absolute low income families (under 16s) for Hinckley and Bosworth in 2021/22 is 15.7%, this is similar to the England value of 15.3%.



Pupil absence for Hinckley and Bosworth in 2020/21 is 4.0%, this is significantly better than the England value of 4.6%.



The average attainment 8 score for Hinckley and Bosworth in 2021/22 is 50.2, this is not compared to the England value of 48.7.

### Outcomes

The percentage of 5 year olds with experience of visually obvious dental decay for Hinckley and Bosworth in 2021/22 is 17.7%, this is significantly better than the England value of 23.7%.



The rate of admission episodes for alcohol-specific conditions - Under 18s for Hinckley and Bosworth in 2018/19 - 20/21 is 29.6 per 100,000, this is similar to the England value of 29.3 per 100,000.



The rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) for Hinckley and Bosworth in 2021/22 is 40.8 per 10,000, this is significantly better than the England value of 84.3 per 10,000.



The under 18s conception rate for Hinckley and Bosworth in 2021 is 14.0 per 1,000, this is similar to the England value of 13.1 per 1,000.



The percentage of physically active children and young people is not presented for Blaby, Harborough and North West Leicestershire due to a small sample size.

Produced by Leicestershire County Council Business Intelligence Service, 2023.

# Approach to Health Impact Assessment in the Hinckley & Bosworth Local Plan



# Approach to Health Impact Assessment in the Hinckley & Bosworth Local Plan

## Metadata

### Demographics

Population pyramid- 2021 census population estimates Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

2018 based population projections <https://www.ons.gov.uk/releases/nationalpopulationprojections2018based>

Index of Multiple Deprivation Map-IMD 2019 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Ethnicity Graph 2021 census- <https://www.ons.gov.uk/releases/ethnicgroupnationalidentitylanguageandreligioncensus2021inenglandand-wales>

Occupations graph-Business Register & employment survey data 2022-NOMIS

Jobseekers & UC claimants graph-Job seekers allowance and Universal credit claimants 2013-2022-NOMIS

### Wider determinants & Health behaviours

All Indicators From OHID fingertips-<https://fingertips.phe.org.uk/>

### Children & Young People

All Indicators From OHID fingertips-<https://fingertips.phe.org.uk/>

### Health outcomes & Mortality

All Indicators From OHID fingertips-<https://fingertips.phe.org.uk/>

Produced by Leicestershire County Council Business Intelligence Service, 2023.

**Data Linked to HIA Tool Areas: LCC Public Health & Hinckley & Bosworth**

**Health and behaviour**

[Life expectancy, diet, physical activity, healthy weight, mental wellbeing, use of alcohol, smoking and substance misuse, sexual activity, other risk-taking activity]

**Life Expectancy:**

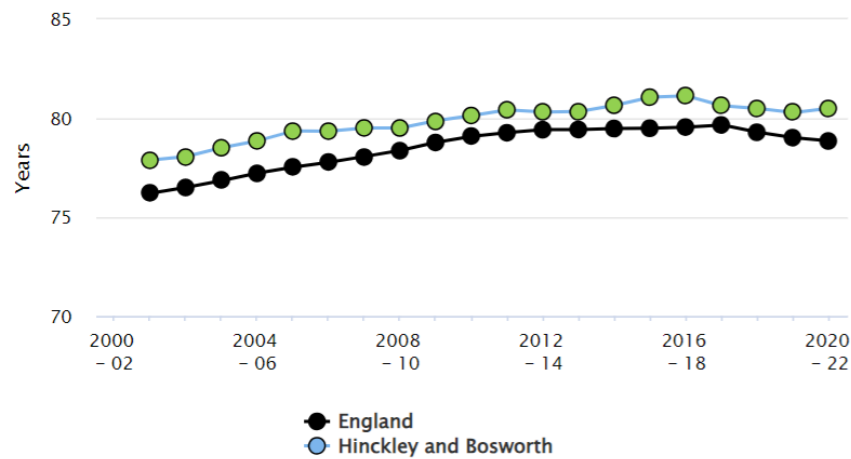
Indicator	Period	Recent Trend	Count	Hinc & Bos				Region England		England	
				Value	Value	Value	Worst	Value	Value	Range	Best
Life expectancy at birth (Male, 3 year range)	2020 - 22	-	-	80.5	78.6	78.9	73.4			83.7	
Life expectancy at birth (Female, 3 year range)	2020 - 22	-	-	83.3	82.4	82.8	79.0			86.3	

Fingertips shows life expectancy as statistically similar to average for England for females and significantly better for men.

Whilst the life expectancy at birth (3-year range) for males has remained significantly better than the average for England in data since 2000/02, there have been fluctuations for females as shown in this trend data:

Life expectancy at birth (Male, 3 year range) New data

[Show confidence intervals](#) [Show 99.8% CI values](#)

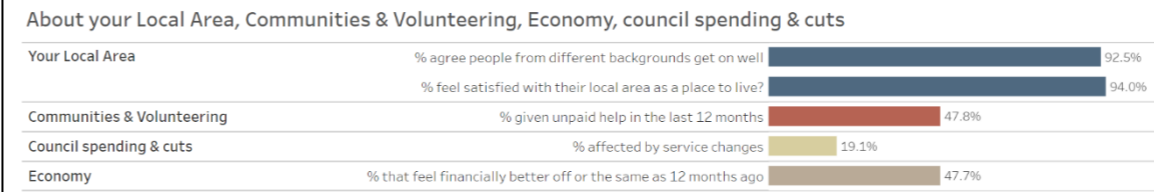


**Community and Social Data**

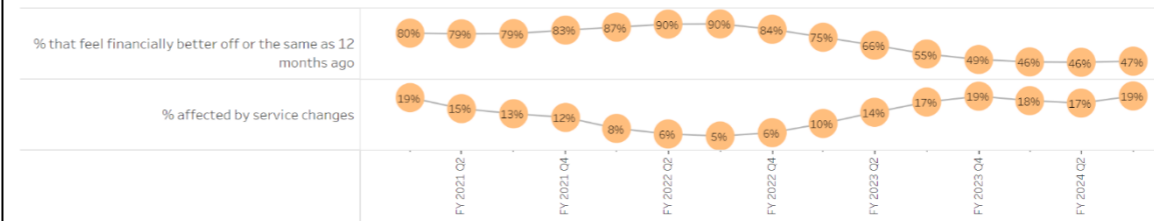
[Social support & networks, neighbourliness, sense of belonging, local pride divisions in community, social isolation, peer pressure, community identity, cultural and spiritual ethos, racism, crime, other social exclusion]

**Community Insights:**

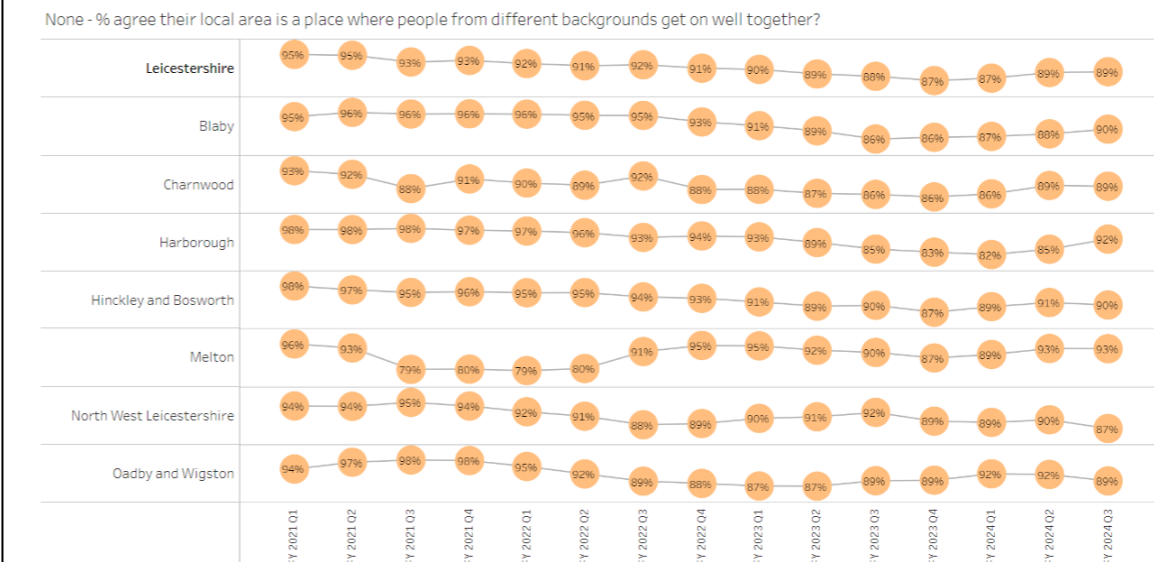
The Leicestershire Insight Survey for H&B gives the following data:



With data around economy, Council spending and cuts



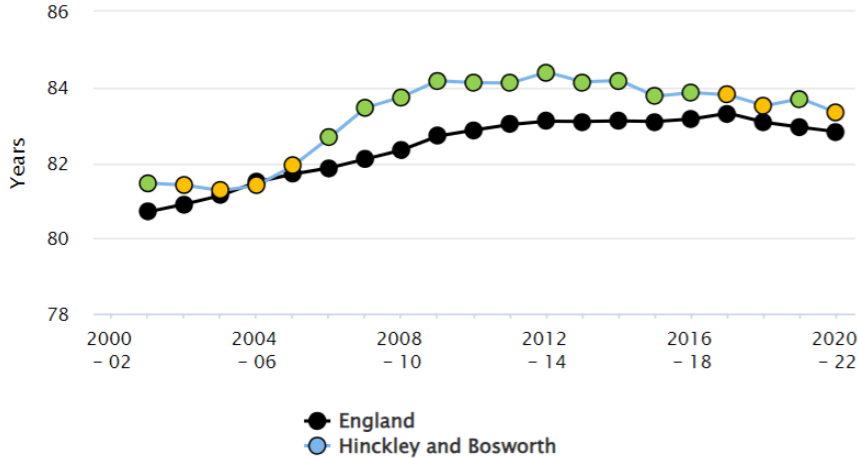
With data showing the below trend around cohesion:



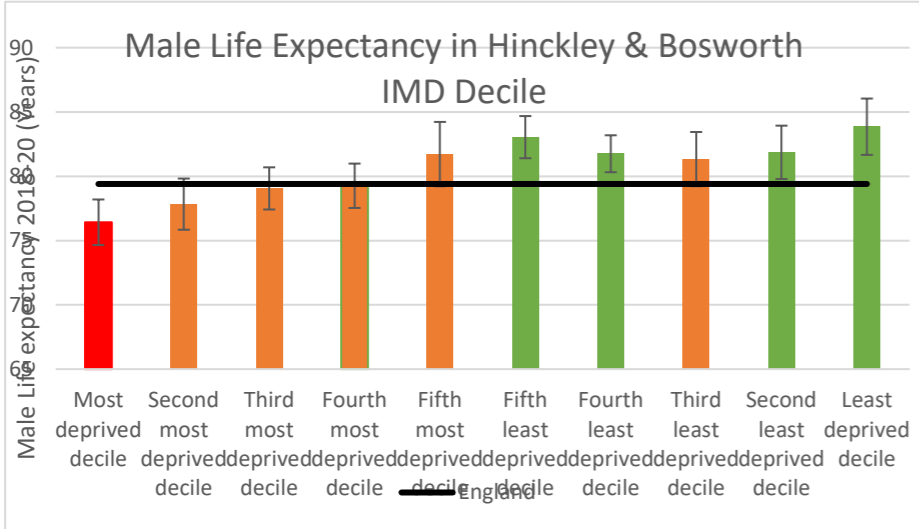
Source: <https://public.tableau.com/app/profile/r.i.team.leicestershire.county.council/viz/LeicestershireInsightSurveyPublic/Changeovertime?publish=yes>

Life expectancy at birth (Female, 3 year range) New data

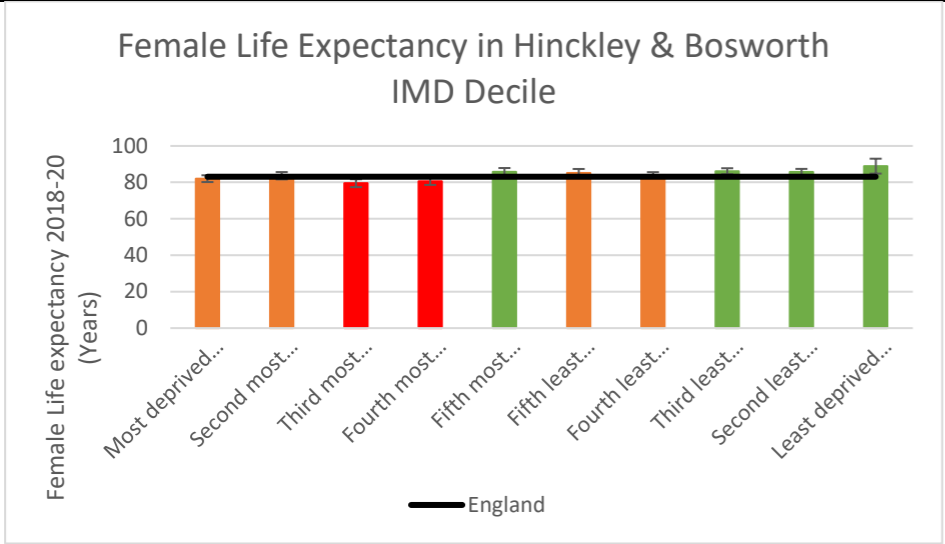
[Show confidence intervals](#)   [Show 99.8% CI values](#)



**Inequalities in life expectancy (based on deprivation):**



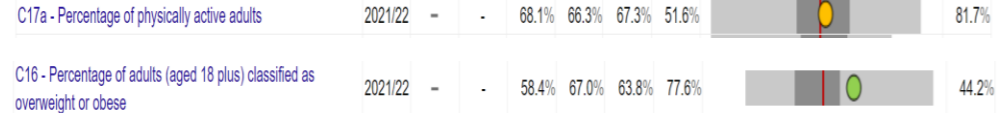
Above you can see that life expectancy in the most deprived is significantly worse than England.



A more **mixed picture** is found with the data for females above. Inequalities in life expectancy are complicated to unpick and understand, but this gives us an indication of the presence of inequality within the population.

Indicator	Period	England	Leicestershire	Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston
A02a - Inequality in life expectancy at birth (Male)	2018 - 20	9.7	6.0	1.7	7.1	2.3	7.0	4.0	8.3	8.3
A02a - Inequality in life expectancy at birth (Female)	2018 - 20	7.9	4.9	-1.4	9.2	-1.4	7.0	4.1	5.9	5.8

**Physical activity and healthy weight:**



The rate of physically active adults is 68.1% which is similar to the England average of 66.3% and the East Midlands Region 67.3% this is an increase to the 2020/2021 data where Hinckley and Bosworth rate was 61.5%.

Overweight or obese adults for Hinckley and Bosworth stands at 58.4% which is significantly better than the Regional rate of 67.0% and the England average of 63.8%. This is a significant improvement on the previous rates of Overweight or obese adults for Hinckley and Bosworth which was 68.5% in 2020/2021 which at the time was significantly worse than the average for England.

*There is trend data for adults cycling in the wider determinants data sheet.*  
*The information for overweight and obese children is on in the wider determinants data sheet.*  
*Fingertips data also shows significantly better than the average for England levels of obesity at year 6.*

**Loneliness:**

Fingertips shows the percentage of adults who feel lonely often/ always or some of the time is statistically similar to England and Regional levels of adults who experience loneliness.

Indicator	Period	Hinc & Bos		Region England		England		Best
		Recent	Count	Value	Value	Value	Worst	
Loneliness: Percentage of adults who feel lonely often / always or some of the time	2019/20	-	-	21.29%	22.70%	22.26%	36.28%	11.27%

C09b - Year 6 prevalence of overweight (including obesity) (10-11 yrs) 2022/23 395 31.7% 36.4% 36.6% 47.1% 19.7%

**Fast Food Outlet Density – Public Health England 2016**

Guidance purposes only density may have increased/decreased since project

LA name	Count of outlets	Rate per 100,000 population
Blaby	67	68.7
Charnwood	141	79.5
Harborough	59	65.4
Hinckley and Bosworth	106	96.5
Melton	40	78.5
North West Leicestershire	80	81.3
Oadby and Wigston	47	83.9

Highest density rate per 100,000 population in Leicestershire

2016 Ward name	Total fast food outlets
Ambien	0
Barlestone, Nailstone and Osbaston	3
Barwell	7
Burbage St Catherines and Lash Hill	4
Burbage Sketchley and Stretton	6
Cadeby, Carlton and Market Bosworth with Shackerstone	4
Earl Shilton	15
Groby	3
Hinckley Castle	24
Hinckley Clarendon	7
Hinckley De Montfort	8
Hinckley Trinity	0
Markfield, Stanton and Fieldhead	6
Newbold Verdon with Desford and Peckleton	8
Ratby, Bagworth and Thornton	3
Twycross and Witherley with Sheepy	0

Highest numbers of outlets located in the Hinckley Castle area

**Mental health and wellbeing**

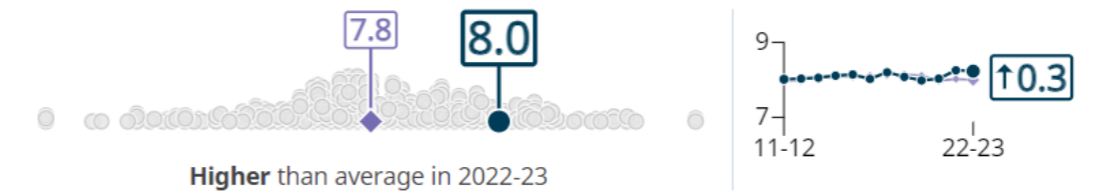
Rates are higher than England average for prevalence of depression (QOF prevalence) in adults in 2022/23 data, but this is not an anomaly amongst other Primary Care Networks within the West of the county:

**Wellbeing:**

- Hinckley and Bosworth
- Average (median) of all local authorities
- All other local authorities

Change areas Options

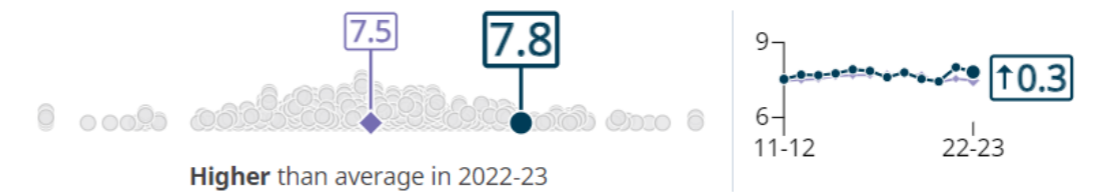
**Feeling life is worthwhile, score out of 10**



**Happiness, score out of 10**



**Life satisfaction, score out of 10**



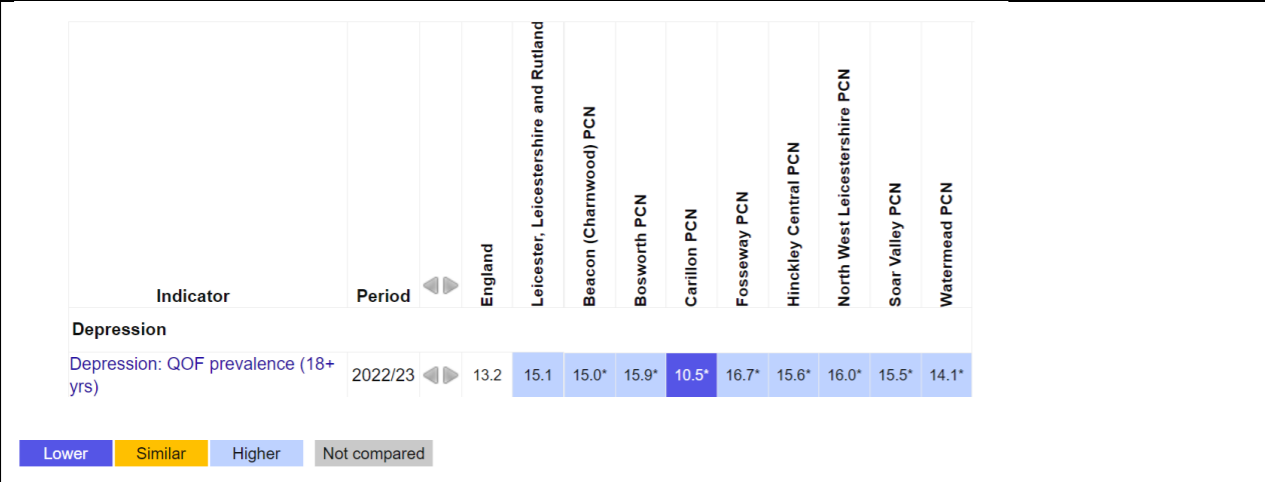
<https://explore-local-statistics.beta.ons.gov.uk/areas/E07000132-hinckley-and-bosworth/indicators#health-and-wellbeing>

**Population change between 2011 and 2021 (ONS data):**

In Hinckley and Bosworth population size **increased by 8.1%** in this period, from around 105,100 in 2011 to 113,600 in 2021. This is **higher than the overall increase for England (6.6%)**

Looking at age breakdown England demonstrated increases of:

Approach to Health Impact Assessment in the Hinckley & Bosworth Local Plan



Source: OHID National General Practice Profiles: <https://fingertips.phe.org.uk/profile/general-practice/data#page/0/gid/2000003/pat/167/par/E38000201/ati/204/are/U51667/yrr/1/cid/4/tbm/1>

Primary Care Network data on Fingertips shows a higher prevalence for dementia than England for Bosworth and Fosseway PCNs, with figures within the West of the county as follows:

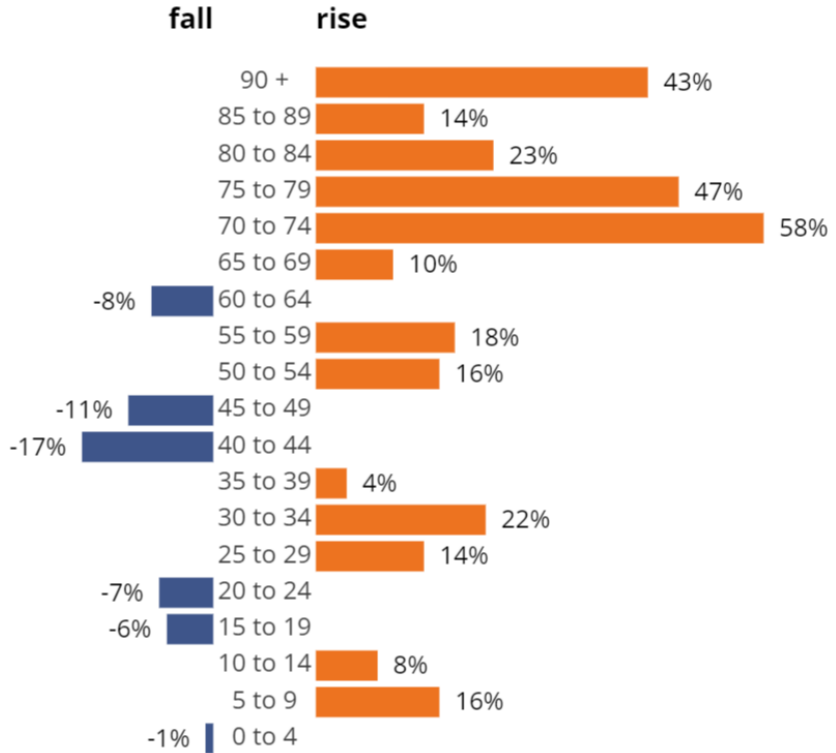
Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	↗	430,857	0.7	0.7	0.7
NHS West Leicestershire CCG	↗	3,088	0.8	0.7	0.8
Beacon (Charnwood) PCN	↗	329	1.0*	0.8	1.1
Bosworth PCN	↗	309	0.9*	0.7	1.1
Watermead PCN	↗	282	0.9*	0.7	1.0
Fosseway PCN	↗	379	0.8*	0.7	1.0
Hinckley Central PCN	↘	316	0.8*	0.7	1.0
Soar Valley PCN	↗	374	0.7*	0.6	0.9
North West Leicestershire PCN	↘	796	0.7*	0.6	0.8
Carillon PCN	↘	280	0.5*	0.4	0.6

Source: Quality and Outcomes Framework (QOF), NHS Digital

- 20.1% in people aged 65 years and over
- 3.6% in people aged 15 to 64 years
- 5.0% in children aged under 15 years.

In **Hinckley and Bosworth**, there was an increase of:

- 31.4% in people aged 65 years and over
- 1.7% in people aged 15 to 64 years
- 7.4% in children aged under 15 years



Source: <https://www.ons.gov.uk/visualisations/censuspopulationchange/E07000132/>

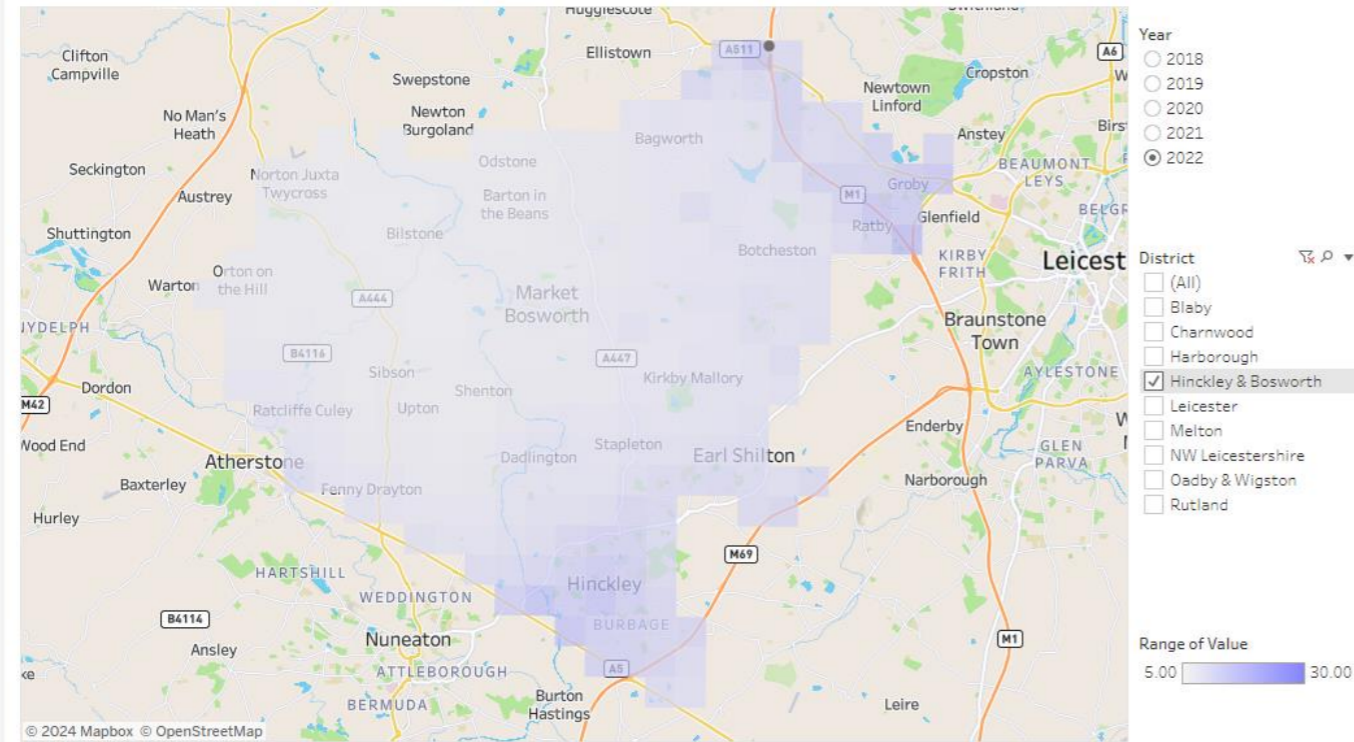
**Environment**

[Built environment, neighbourhood design, retail offer, healthy food, housing quality/type, noise, air/water quality, green & blue space (access and use), community safety, smell/odour, road safety, connectivity, Cycling and walking & active/public transport, access to services\*, climate change\*]

**Air Quality:**

LLR Modelled Background Pollution Data with AQMA locations

Modelled Background Data for NO2



Source: DEFRA Modelled Background Pollution Data (2022). Data plotted by 1km OS grid. <https://uk-air.defra.gov.uk/data/pcm-data>  
Produced by the Business Intelligence Service, Leicestershire County Council, 2023.

**Economic conditions**

[Unemployment, income, economic (in)activity, type of employment/sector, earnings for residents and those who work locally]

**Earnings: residents and those who work in Hinckley and Bosworth:**

Data from NOMIS shows Hinckley and Bosworth **residents'** wages (for those working full time) are **lower** than **national** comparisons. When looking at the county, the LLEP tells us that other than in Harborough and North West Leicestershire, figures are below the national average for residents in the boroughs and districts in Leicestershire.

Source: <https://www.nomisweb.co.uk/reports/lmp/la/1946157144/report.aspx?town=hinckley>

Earnings by place of residence (2023)			
	Hinckley And Bosworth (Pounds)	East Midlands (Pounds)	Great Britain (Pounds)
<b>Gross Weekly Pay</b>			
Full-Time Workers	655.2	640.2	682.6
Male Full-Time Workers	722.7	687.8	728.3
Female Full-Time Workers	577.8	571.1	628.8
<b>Hourly Pay - Excluding Overtime</b>			
Full-Time Workers	16.21	16.13	17.49
Male Full-Time Workers	17.52	16.98	18.15
Female Full-Time Workers	14.97	14.88	16.64

Source: ONS annual survey of hours and earnings - resident analysis  
Notes: Median earnings in pounds for employees living in the area.  
[view time-series](#) [compare other areas](#) [query dataset...](#)

Earnings by place of residence is higher in Hinckley and Bosworth in comparison to the East Midlands figure but lower than the overall figure for Great Britain.

Earnings for those **working** full time **within** the borough are below:

Earnings by place of work (2023)			
	Hinckley And Bosworth (Pounds)	East Midlands (Pounds)	Great Britain (Pounds)
<b>Gross Weekly Pay</b>			
Full-Time Workers	621.6	623.6	682.6
Male Full-Time Workers	650.2	669.5	728.3
Female Full-Time Workers	521.3	559.2	629.1
<b>Hourly Pay - Excluding Overtime</b>			
Full-Time Workers	15.26	15.62	17.49
Male Full-Time Workers	15.96	16.36	18.14
Female Full-Time Workers	13.47	14.42	16.65

Source: ONS annual survey of hours and earnings - workplace analysis  
Notes: Median earnings in pounds for employees working in the area.  
[view time-series](#) [compare other areas](#) [query dataset...](#)

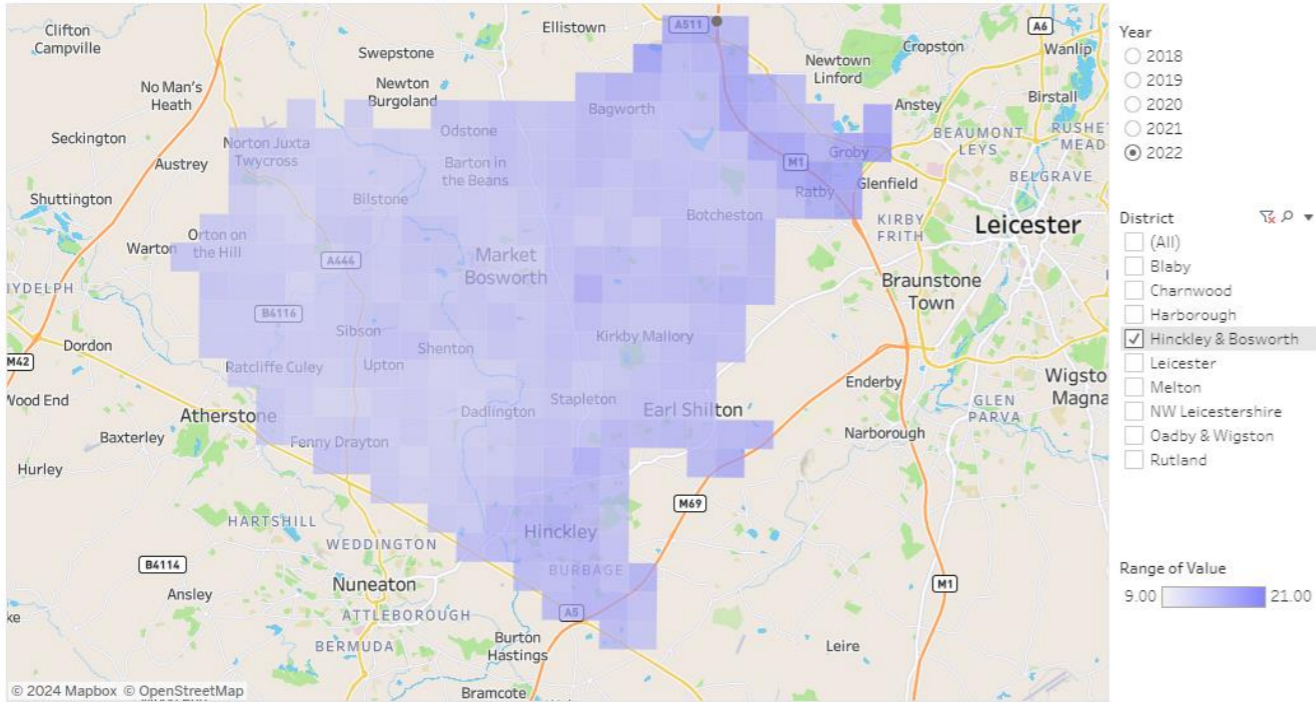
Earnings by place of work is lower in Hinckley and Bosworth in comparison to the East Midlands figure and the figure for Great Britain

Much more information around earnings by Hinckley and Bosworth resident and workplace, comparison figures and charts and trends over time are shown within the Annual Economic Profile 2022

<https://llep.org.uk/app/uploads/2022/10/Hinckley-Bosworth-Annual-Economic-Profile-2022.pdf>

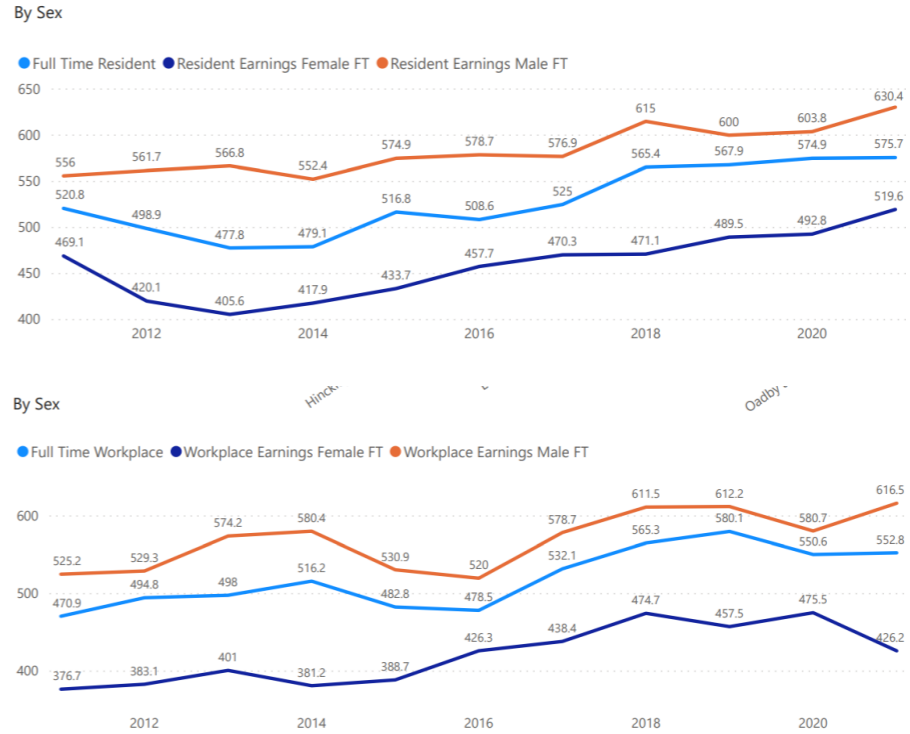
LLR Modelled Background Pollution Data with AQMA locations

Modelled Background Data for PM10



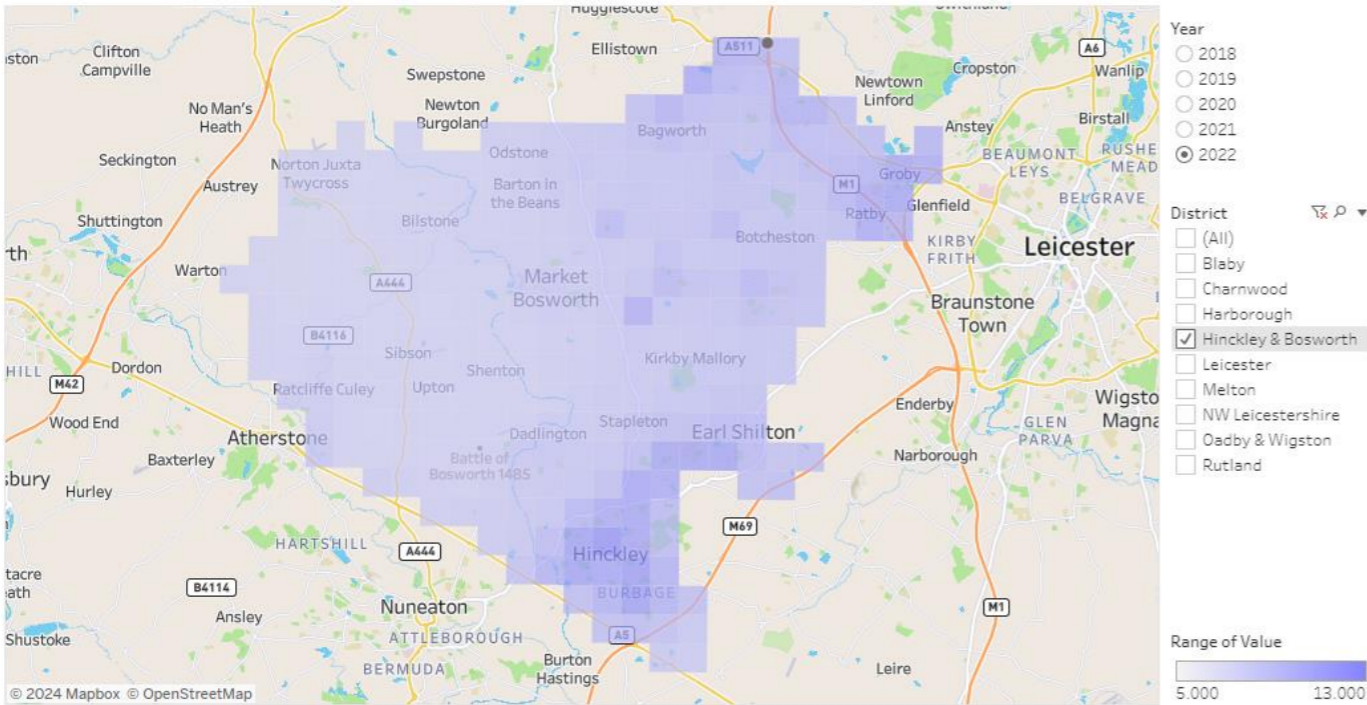
Source: DEFRA Modelled Background Pollution Data (2022). Data plotted by 1km OS grid. <https://uk-air.defra.gov.uk/data/pcm-data>  
Produced by the Business Intelligence Service, Leicestershire County Council, 2023.

This document has a wealth of information and graphics around the economic parameters of Hinckley and Bosworth. The document also highlights disparities within male and female earnings for both residents and those that work in the borough.



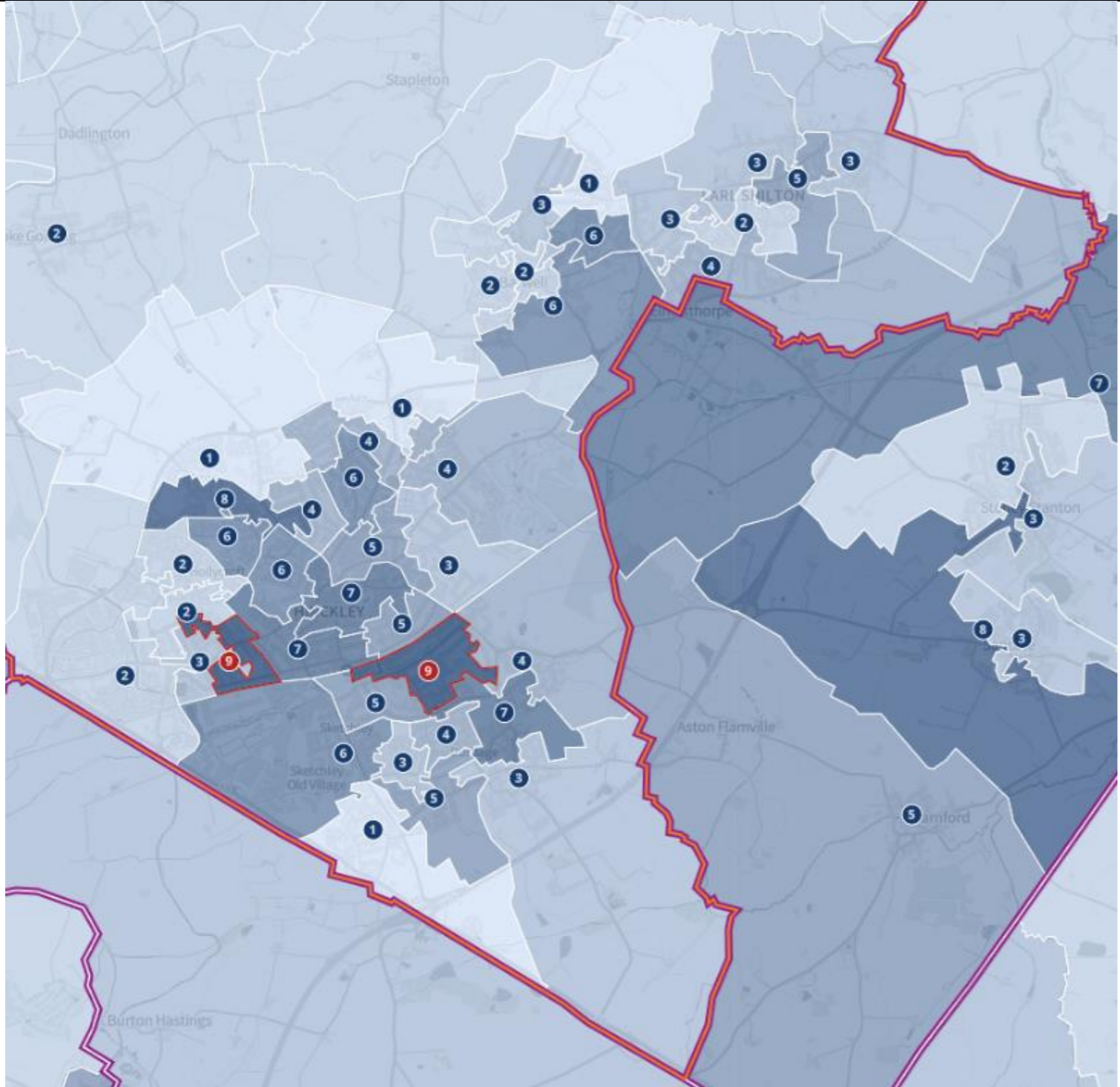
LLR Modelled Background Pollution Data with AQMA locations

Modelled Background Data for PM2.5

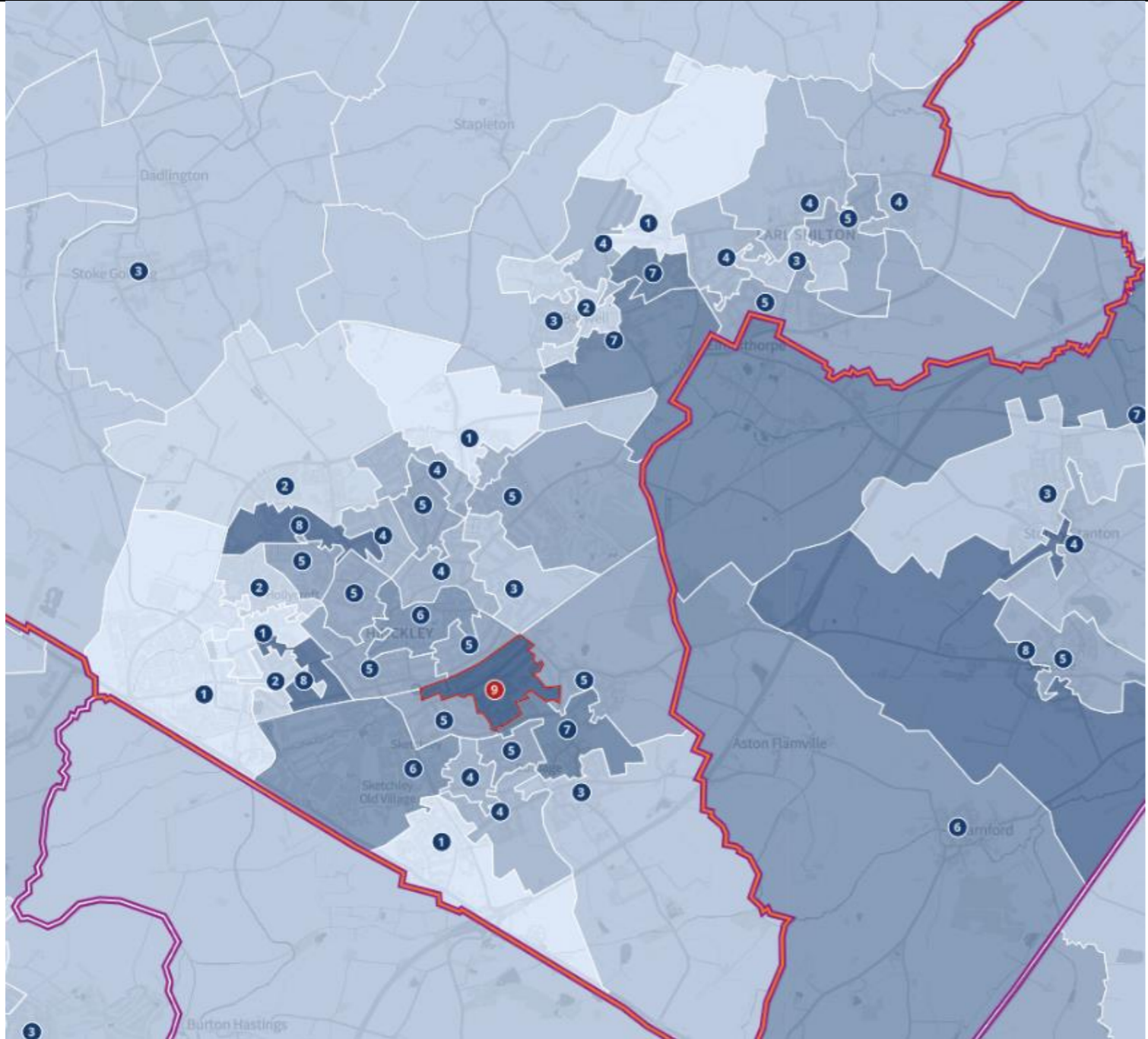


Source: DEFRA Modelled Background Pollution Data (2022). Data plotted by 1km OS grid. <https://uk-air.defra.gov.uk/data/qcm-data>  
Produced by the Business Intelligence Service, Leicestershire County Council, 2023.

And also gives us areas with high vulnerability to key pollutants with scores of 9 and 10 (out of 10) being high around Hinckley, first nitrogen dioxide:



And also PM2.5- a particular public health concern for risk of harm:

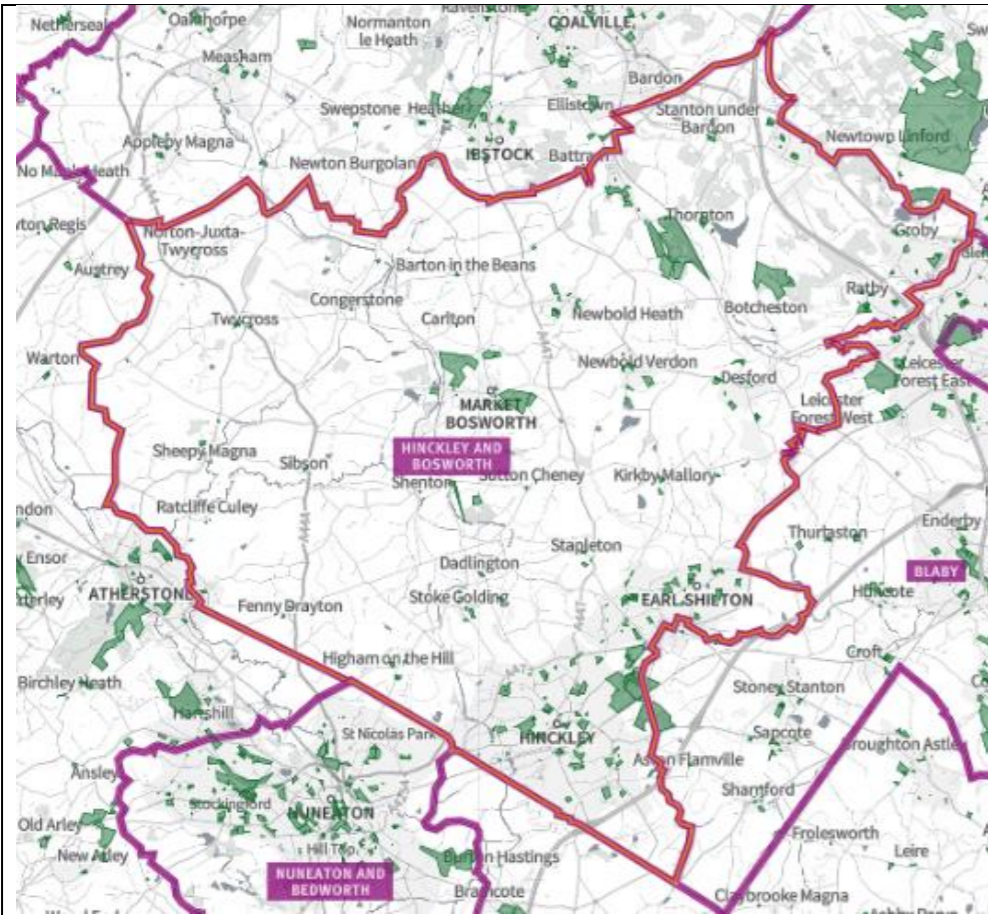


© Air Pollution Vulnerability Indicator  
 UKHSA has developed a PIVOT indicator to represent population level vulnerability to air pollution at LSCA level. This is a ranking of the level of vulnerability from low (1-2) to high (9-10) decile scores. This is based on the population characteristics (% of young people (<16 years) and older adults (65+ years)), Levels of Deprivation (Index of multiple deprivation scores), location of vulnerable populations (day hospitals, schools, care homes and child care facilities) and the concentration of air pollution (NO2 and PM2.5) modelled for 2018.  
 This is a pilot indicator and subject to change.  
 Key:  
 1 and 2 low vulnerability  
 3 and 4 low vulnerability  
 5 and 6 low vulnerability  
 7 and 8 low vulnerability  
 9 and 10 high vulnerability

Source: <https://app.shapeatlas.net/place/E54000015#13/52.5378/-1.3654/l-avipm/b-E07000132/sc-pc/m-LA,ml-LA/rh-0,rdr-t>

**Access to green space:**  
 Shape Tool map-access to green space across the borough:

**Types of employment:**



**Access to public green space in Great Britain:**

District	Average distance to nearest park or public garden or playing field (m) in 2020	Average size of nearest park or public garden or playing field (m2) in 2020
Blaby District	1448.03	76303.31
Charnwood	815.07	272870.66
Harborough District	2830.43	113098.10
<b>Hinckley and Bosworth District</b>	<b>1165.31</b>	<b>428237.75</b>
Melton District	2077.97	153039.54
North West Leicestershire District	1299.87	76783.95
Oadby and Wigston District	688.32	101175.68

District	Median size of nearest park or public garden or playing field (m2) in 2020	Average number of parks or public gardens or playing fields within 1,000 m radius in 2020
Blaby District	10993.49	1.25
Charnwood	26384.47	1.45
Harborough District	36447.53	1.15
<b>Hinckley and Bosworth District</b>	<b>32855.53</b>	<b>1.52</b>
Melton District	40951.62	1.60

Top employing sectors include **manufacturing, retail and professional, technical and scientific occupations.**

See also Wider Determinants Data sheet 2022

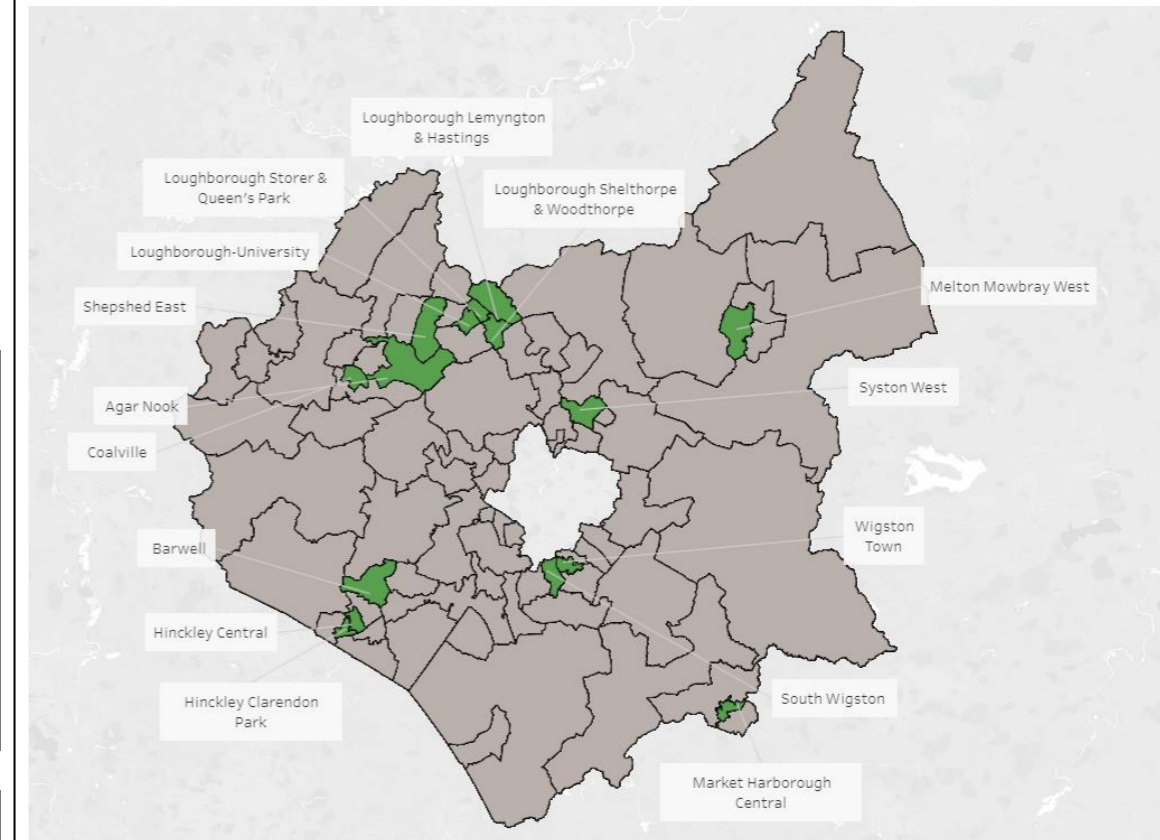
See also LLEP Economic Profile 2022

<https://llep.org.uk/app/uploads/2022/08/Hinckley-Bosworth-Annual-Economic-Profile-2022-1.pdf>

**Health Inequalities Joint Strategic Needs Assessment (2023):**

Areas of Concern as identified by the 2023 Health Inequalities JSNA in Hinckley and Bosworth are as follows:

- The neighbourhoods (middle layer super output areas) identified as high risk in terms of potential health inequalities are Hinckley and Bosworth: Barwell, Hinckley Central and Hinckley Clarendon Park



North West Leicestershire District	36419.14	1.46
Oadby and Wigston District	16803.61	1.59

<https://www.ons.gov.uk/economy/environmentalaccounts/datasets/accesstopublicgreenspaceingreatbritain>

**Vulnerable groups identified from data**

- Older people- due to the ageing population (growing at a faster rate than England) and dementia prevalence.
- Adults with low level diagnosis, or at risk of, depression
- Adults classified as, or at risk of becoming overweight or obese and at risk of associated disease
- Those inactive, less active and experiencing barriers to becoming active
- Adults who work and live within the borough on low income or with barriers to employment and ‘good work’,
- Those identified as particularly vulnerable to impacts of air pollution i.e. pregnancy, children and young people, older people and those with long term health conditions within higher polluted areas and areas with higher vulnerability levels for Nitrogen Dioxide and PM 2.5
- Groups experiencing inequality through deprivation and inequality of life expectancy throughout the population
- Areas with higher rates of fuel poverty such as Earl Shilton

**Local Plan Considerations**

A standalone health and wellbeing strategic policy, based on the template provided could include and be supported by more detailed policies covering local priorities such as above, including:

- HIA requirement triggers or thresholds for HIA, to be conducted alongside planning applications and/or masterplans to consider the local picture as health inequalities are evident within the borough.
- Considerations around air quality in the context of inequality groups most at risk of harm
- Prioritisation of walking and cycling and active and sustainable modes of transport
- Provision of access to green spaces, open spaces and natural environment for recreation, physical activity and sustainable growing spaces, to support physical activity, mental health and social wellbeing.
- Access to ‘good’ employment within the borough and skills and education provision for residents to support them to find ‘good’ work
- Access to services and facilities including health facilitating services.
- Considerations around fast food outlets i.e. density, location and restrictions.
- Good design to encourage community cohesion and social interaction
- High quality, affordable, healthy homes that meet the identified needs of the local population based on health-related data and population demographics, that can support residents throughout the lifecycle.

**Sickness Absence:**

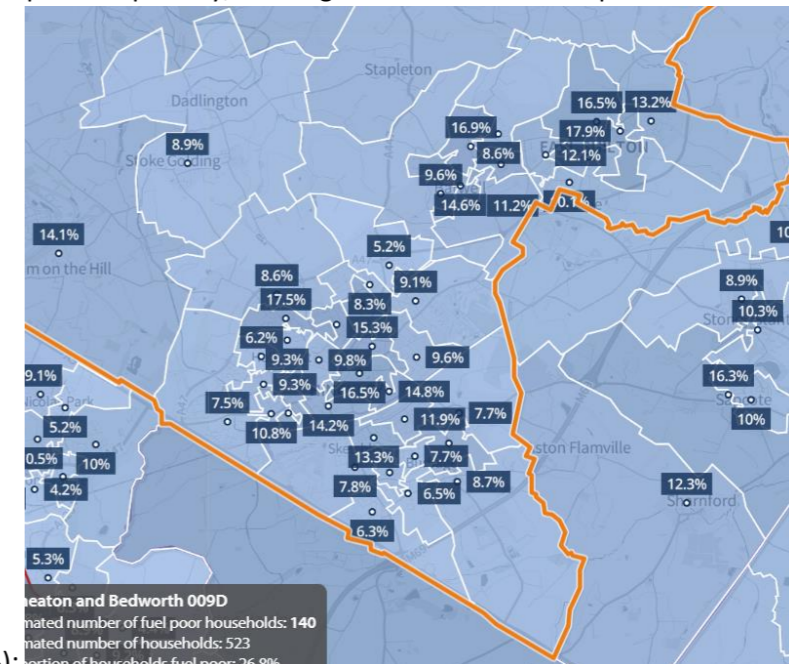
Fingertips data shows levels statistically similar to the average for England on **lost days** and percentage of adults who had **time off sick** in the last week.

Indicator	Period	Hinc & Bos		Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Sickness absence - the percentage of employees who had at least one day off in the previous week	2018 - 20	-	-	2.3%	1.9%	1.9%	6.4%		0.2%
Sickness absence - the percentage of working days lost due to sickness absence	2018 - 20	-	-	1.1%	1.0%	1.0%	4.0%		0.0%

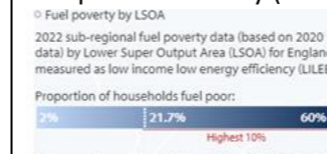
Source: <https://fingertips.phe.org.uk/search/sickness>

**Fuel Poverty:**

The Shape tool provides a map of fuel poverty, with higher levels recorded in part of Earl Shilton (17.9%)



and part of Hinckley (17.5%):



Explore more here: [https://app.shapeatlas.net/place/E54000015/10/52.5550/-1.3335/l-fp/b-E07000132/sc-pc/m-LA,ml-LA/rh-0\\_rdr-t](https://app.shapeatlas.net/place/E54000015/10/52.5550/-1.3335/l-fp/b-E07000132/sc-pc/m-LA,ml-LA/rh-0_rdr-t)

Appendix 2: Indicator table showing disease and poor health and cause of death and life expectancy<sup>28</sup>

### Indicator table-Diseases & Poor health

District: Hinckley and Bosworth

Fingertips Significance: ■ Better ■ Similar ■ Worse

	Emergency hospital admissions for all causes, all ages, standardised admission ratio	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD), standardised admission ratio	Emergency hospital admissions for coronary heart disease, standardised admission ratio	Emergency hospital admissions for hip fracture in persons 65 years and over, standardised admission ratio	Emergency hospital admissions for intentional self harm, standardised admission ratio	Emergency hospital admissions for Myocardial Infarction (heart attack), standardised admission ratio	Emergency hospital admissions for stroke, standardised admission ratio	Hospital admissions for alcohol attributable conditions, (Broad definition)	Hospital admissions for alcohol attributable conditions, (Narrow definition)
	2016/17 - 20/21	2016/17 - 20/21	2016/17 - 20/21	2016/17 - 20/21	2016/17 - 20/21	2016/17 - 20/21	2016/17 - 20/21	2016/17 - 20/21	2016/17 - 20/21
Barwell	98.8	94.3	81.6	154.5	85.5	98.3	123.4	96.5	100.6
Burbage Sketchley & Stretton	80.0	62.9	66.5	88.8	54.2	72.9	74.0	73.3	71.3
Burbage St Catherines	96.8	104.4	84.9	144.6	73.6	90.4	114.2	95.5	90.3
Desford & Newbold Verdon	112.2	77.2	103.0	124.7	74.2	118.1	105.4	92.6	94.3
Earl Shilton	84.8	79.2	103.3	151.8	72.9	103.9	108.4	79.7	91.0
Groby East	77.6	70.4	70.1	94.6	54.1	76.4	119.6	67.2	83.0
Groby West & Ratby	85.9	75.3	54.2	95.8	64.5	62.7	95.3	86.9	94.1
Hinckley Central	107.9	147.2	74.6	152.0	92.0	91.1	114.3	104.7	110.3
Hinckley Clarendon Park	94.2	96.3	88.7	94.8	88.7	70.8	101.7	85.5	82.6
Hinckley East	78.2	54.4	67.6	152.5	86.1	71.1	82.7	74.1	88.4
Hinckley West	93.0	91.8	64.0	99.0	87.1	61.2	96.7	94.7	93.1
Market Bosworth, Barlestone & Sheepy Magna	77.0	42.3	68.0	114.2	27.0	82.9	91.9	66.1	70.2
Markfield & Thornton	86.4	77.1	71.8	92.4	43.4	66.3	106.8	76.1	72.1
Stoke Golding, Higham & Fenny Drayton	84.7	64.1	69.6	127.5	56.2	65.2	122.5	80.3	70.5

<sup>28</sup> <https://public.tableau.com/app/profile/r.i.team.leicestershire.county.council/viz/LeicestershireInequalitiesJSNA/Definitions?publish=yes>

## Indicator table-Cause of death & Life Expectancy

District

Hinckley and Bosworth

■ Better
 ■ Similar
 ■ Worse

	Deaths from all cancer, all ages, standardised mortality ratio Persons	Deaths from all cancer, under 75 years, standardised mortality ratio (SMR) Persons	Deaths from all causes, all ages, standardised mortality ratio Persons	Deaths from all causes, under 75 years, standardised mortality ratio Persons	Deaths from causes considered preventable, under 75 years, standardised mortality ratio Persons	Deaths from circulatory disease, all ages, standardised mortality ratio Persons	Deaths from circulatory disease, under 75 years, standardised mortality ratio Persons	Deaths from coronary heart disease, all ages, standardised mortality ratio Persons	Deaths from respiratory diseases, all ages, standardised mortality ratio Persons	Deaths from stroke, all ages, standardised mortality ratio Persons	Life expectancy at birth, (upper age band 90 and over) Female	Life expectancy at birth, (upper age band 90 and over) Male
	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20	2016 - 20
Barwell	111.8	102.2	117.6	100.4	99.1	103.1	98.9	89.2	126.0	95.6	81.2	78.8
Burbage Sketchley & Stretton	82.7	87.7	68.1	71.1	61.1	75.7	64.3	83.4	67.7	65.4	86.3	84.6
Burbage St Catherines	100.9	124.8	97.1	99.8	102.6	102.0	111.2	106.8	82.6	113.3	83.8	80.5
Desford & Newbold Verdon	102.5	86.9	100.0	87.6	72.5	90.2	84.9	95.9	91.8	89.2	82.7	80.6
Earl Shilton	87.6	82.2	101.4	90.8	107.9	95.6	105.9	88.1	89.5	68.8	83.2	80.3
Grobby East	72.5	82.3	68.9	70.3	72.3	93.4	80.2	93.4	24.6	106.8	89.8	82.4
Grobby West & Ratby	95.4	104.9	76.4	91.0	87.9	81.9	97.5	71.6	80.0	78.4	85.7	82.5
Hinckley Central	109.5	108.5	138.2	123.0	124.8	119.0	125.0	122.0	131.6	114.6	79.3	77.0
Hinckley Clarendon Park	101.4	96.8	92.5	103.5	106.2	94.7	129.0	92.0	94.9	74.8	84.7	79.8
Hinckley East	77.6	77.3	68.3	59.5	66.0	62.4	39.1	70.9	57.1	25.4	87.9	82.4
Hinckley West	98.3	77.2	88.7	85.5	90.5	82.8	79.2	69.6	95.1	82.6	84.1	81.5
Market Bosworth, Barlestone & Sheepy Magna	84.5	71.5	87.6	72.1	68.9	89.0	82.4	72.2	79.6	96.2	85.9	80.9
Markfield & Thornton	88.7	82.8	87.0	84.0	81.8	108.3	110.7	100.6	113.5	90.1	84.4	81.8
Stoke Golding, Higham & Fenny Drayton	117.9	118.3	100.3	82.8	73.6	97.9	72.7	73.9	76.1	94.9	83.8	81.5

**Appendix 3: Strategic sites HIA requirements**

Site	Postcode	Index of Multiple Deprivation Decile	Income Decile	Employment Decile	Education Decile	Health and Disability Decile	Crime Decile	Barriers to Housing and Services Decile	Living Environment Decile	Income Deprivation Affecting Children Index Decile	Income Deprivation Affecting Older People Index Decile	Road traffic	Air Pollution	Population Projection	REG 18 allocation? (Y/N)	HIA required (Y/N) & why?
LPR31	LE10 3EF	8	8	8	5	6	5	9	10	8	7	This area is vulnerable to road traffic noise from the A47 to the south	This is not an AQMA  This area has low vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02. Site proposed to be allocated for 530 dwellings. The site will be proposed as an extension of the existing site under construction at 'Hinckley West' which was allocated for 850 dwellings (ref HIN02) in the adopted Site Allocations and Development Management Policies DPD.	Yes, size of site
LPR200	LE9 7FB	7	8	6	4	7	7	7	8	7	9	This area is vulnerable to road traffic noise from the A47 to the	This is not an AQMA  This area has medium vulnerability to NO2	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02.	Yes, size of site

												north and the M69 to the south	and PM2.5 pollution			
LPR16	le103ja	10	10	10	8	10	6	10	8	10	10	This area is vulnerable to road traffic noise from the M69 and A5 to the west	This is not an AQMA This area has medium vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Not allocated	Yes, size of site
AS237	LE9 7FB	7	8	6	4	7	7	7	8	7	9	This area is vulnerable to road traffic noise from the A47 to the south	This is not an AQMA This area has medium vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02. Site is also allocated in the current core strategy and has recently been granted planning permission under ref no's ref 21/01511/OUT and 23/00330/OUT	Yes, size of site
AS237		5	4	4	2	7	5	8	5	5	5	As above	As above	As above	As above	Yes, size of site
AS237		3	3	2	1	5	2	9	6	4	3	As above	As above	As above	As above	Yes, size of site
AS58	LE9 8EY	6	6	6	3	6	7	10	3	5	5	This area is vulnerable to road traffic noise from Ashby road to the west	This is not an AQMA This area has low vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02 Site is also allocated in the current core strategy and has an application pending under ref no 12/00295/OUT	Yes, size of site

												and Hinckley Road to the South				
LPR151	LE9 9JU	9	10	9	9	6	9	3	9	10	9	There are no obvious road traffic noise concerns	This is not an AQMA  This area has medium vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Not allocated	Yes, size of site
LPR206	CV10 OTU	5	7	7	7	7	7	1	1	8	7	This area is vulnerable to road traffic noise from the A5 to the south	This is not an AQMA  This area has low vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Not allocated	Yes, size of site
AS1029	LE10 1YG	8	7	6	6	7	9	3	10	8	6	This area is vulnerable to road traffic noise from the A47 to the south and A447 to the East	This is not an AQMA  This area has low vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02, allocated in conjunction with AS1029, as1031A & B and LPR199. LPR 47 and 48 is adjacent. Part of the site already has been granted outline planning permission (ref 22/00318/OUT) , as shown hatched in the map accompanying the LP. Live applications are also	Yes, size of site

																		pending on the site (refs 23/00432/OUT and 24/00264/OUT)	
A1029 and AS1031A	LE10 3DA	9	10	9	7	9	10	3	9	10	10	This area is vulnerable to road traffic noise from the A47 to the south and A447 to the East	This is not an AQMA  This area has low vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02, allocated in conjunction with AS1029, as1031A & B and LPR199. LPR 47 and 48 is adjacent. Part of the site already has been granted outline planning permission (ref 22/00318/OUT) , as shown hatched in the map accompanying the LP. Live applications are also pending on the site (refs 23/00432/OUT and 24/00264/OUT)	Yes, size of site			

LPR47 & LPR48	LE10 3EA	8	8	8	5	6	5	9	10	8	7		This is not an AQMA  This area has low vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02, allocated in conjunction with AS1029, as1031A & B and LPR199. LPR 47 and 48 is adjacent. Part of the site already has been granted outline planning permission (ref 22/00318/OUT) , as shown hatched in the map accompanying the LP. Live applications are also pending on the site (refs 23/00432/OUT and 24/00264/OUT)	Yes, size of site
AS1031B & LPR199	LE10 1SW	9	10	9	7	9	10	3	9	10	10	This area is vulnerable to road traffic noise from the A47 to the south and A447 to the East	This is not an AQMA  This area has low vulnerability to NO2 and PM2.5 pollution	Hinckley and Bosworth in 2042: 138707 people (+17.9%)	Yes, see policy SP02, allocated in conjunction with AS1029, as1031A & B and LPR199. LPR 47 and 48 is adjacent. Part of the site already has been granted outline planning permission (ref 22/00318/OUT) , as shown hatched in the map	Yes, size of site





**Appendix 4: Local Plan Consultation Draft (Regulation 18): Policy SP11: Health and Wellbeing.**

***SP11 Health and Well-being***

***Development proposals will promote, support and enhance positive mental and physical health and wellbeing and thus contribute to reducing health inequalities. Where any potential adverse impacts are identified, they will need to be addressed and mitigated in an appropriate manner.***

***Proposals for major development, or other development likely to have a potentially significant health impact in relation to either its use and/or location, will be accompanied by a Health Impact Assessment (HIA) having regard to the most up to date guidance from the Office for Health Improvement and Disparities (OHID) , and/or locally adopted standard procedures. The level of information required should be proportionate to the scale and nature of the development proposed. Development proposals should demonstrate how the conclusions of the HIA have been taken into account in the design of the scheme.***

***Development that would have an unacceptable impact on the health or wellbeing of existing or new communities will not be permitted.***

Good health is not just the absence of illness it also relates to a person's level of physical and mental health, and the extent to which individuals in a society are enabled to live healthy and flourishing lives. One of the Borough Council's priorities in the Corporate Plan (2024 – 2028) under the theme 'People' is to '*help people to stay healthy, happy and active and continue to provide initiatives that support children and young people, older people and our vulnerable residents*'. In order to do this, we have stated that we will do the following which have links to the Local Plan:

- Improve the quality existing homes and increase the availability of affordable housing,
- Work to prevent all forms of homelessness, support workplace health initiatives,
- Promote and deliver a wide range of health preventative health interventions,
- Maximise opportunities to participate in physical activity working with sports and health partners,
- Deliver housing related health projects; and
- Be proactive in tackling emerging community safety threats, work with partners to prevent and reduce incidence of violence, including domestic violence.

Over the last two decades, government policies have aimed to tackle the clear and growing evidence of a rising tide of avoidable ill-health and the continued health gap between those most and least deprived. The National Planning Policy Framework (NPPF, 2023) is the government's overarching planning framework which brings together health and planning. This gives emphasis to health and sets out the government's requirements for the planning system as far as it is relevant, proportionate and necessary to do so. The NPPF identifies in Chapter 8 a requirement for planning policies and decisions to "enable and support healthy lifestyles, especially where this would address identified local health and wellbeing needs".

A healthy place is one which supports and promotes healthy behaviours and environments whilst reducing health inequalities for people of all ages. Healthy places should also provide communities with opportunities to improve their physical and mental health, support community engagement and wellbeing in inclusive ways, whilst promoting social interaction. The NPPG suggests the use of Health Impact Assessment (HIA) can be useful tool where there are expected to be significant impacts.

Tackling health and well-being is a multi-agency approach. The Joint Health and Wellbeing Strategy (2022 – 2032) was prepared by the Leicestershire Health and Wellbeing Board, and is made up of local councillors, GPs, health and social care officials and representatives of patients and the public. This Strategy outlines the Leicestershire Health and Wellbeing Board's approach to reducing health inequalities and improving health and wellbeing outcomes for the people of Leicestershire. One of the commitments in the strategy is to '*collaborate with the Leicestershire planning system and developers to explore a new approach the design of our residential, employment and town centre environments to increase active travel, green infrastructure and reduction in motorised transport*'. The strategy also seeks to embed a health and equality in all policies approach by partners and across a range of wider determinants of health. This approach is sits hand in hand with the production and preparation of the Local Plan, along with providing justification and evidence for the policy approach around HIA.

The Local Plan has a crucial role to play in ensuring that opportunities exist for people to be able to make healthier lifestyle choices and address health inequalities. Research has shown that socio-economic and physical environments can determine up to two thirds of health outcomes in our populations. Focusing on these 'wider determinants of health' such as our homes and the wider built environment is essential for improving population health and wellbeing and reducing inequalities.

A HIA gives the opportunity to ensure the creation of sustainable developments for the community by:

- Demonstrating that health impacts have been properly considered when preparing, evaluating and determining development proposals;
- Ensuring developments contribute to the creation of a strong, healthy and just society;

- Helping applicants to demonstrate that they have worked closely with those directly affected by their proposals to evolve designs that take account of the views of the community;
- Identifying and highlighting any beneficial impacts on health and wellbeing of a development scheme; and
- Identifying and acting to minimise any negative impacts on health and wellbeing of a development scheme.

A HIA is required for all major development, or other development likely to have a potentially significant health impact in relation to either its use and/or location. Leicestershire County Council are working to establish a standard HIA procedure for Leicestershire around health considerations in planning and have been working closely with HBBC to prepare a supporting paper for the Local Plan setting out the approach to HIA as part of the statutory plan making process and in developing more detailed HIA policy. This work will continue throughout the Local Plan process and the collaboration around HIA matters is set out further in the Duty to Cooperate.

**Appendix 5: Proposed HIA screening tool for planning applications in HBBC.**

QUESTION		NO	YES	ACTION
1)	Is the site allocated for development in the adopted Development Plan?			If yes, refer to requirements around HIA identified in the development plan and complete Leicestershire Standard HIA.
2)	<p>HIA will be required on sites that meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Residential developments of 10 or more dwellings;</li> <li>• Sites/non-residential development with a site area greater than 1ha;</li> <li>• Sites that are located within an area of concern around health inequality - See JSNA MSOA areas of concern mapped below</li> <li>• Sites that are located within a declared AQMA. <i>See map B in Leicestershire HIA guidance;</i></li> <li>• Physical Inactivity hotspots <i>See map C in Leicestershire HIA guidance;</i></li> <li>• Children and young people overweight and obesity hotspots? <i>See map D in Leicestershire HIA guidance.</i></li> </ul>			Leicestershire Standard HIA to be completed
3)	Does the scheme involve a hot food takeaway, gambling/gaming establishment or does the <b>scheme health improving facilities</b> (community centre, leisure centre)			If yes, please inform Public Health.