

Health Impact Assessment

**Test Valley Local Plan 2042, Revised Regulation 18
June 2025**

1. Introduction

- 1.1. This document sets out a Health Impact Assessment (HIA) of the Test Valley Borough Council draft Local Plan 2042, Revised Regulation 18 document. There is no statutory requirement to undertake a HIA, but it is considered best practice and reflects the Council's commitment to improving health in the Borough.
- 1.2. The draft Local Plan Revised Regulation 18 sets out the spatial strategy for future development across Test Valley Borough and the residential site allocations. This follows previous consultations on the draft Local Plan at Regulation 18 (Stages 1 and 2). The public consultation on the draft Local Plan Revised Regulation 18 is taking place between 27th June and 5th September. As part of the public consultation, this document is available to view and comments on its contents are welcomed.
- 1.3. The Council are having to revisit the Regulation 18 stage to respond to the revised NPPF published in December 2024. A key focus of the revised NPPF is to significantly increase the delivery of housing nationally. This means the local housing need for Test Valley has increased by 78%. Therefore, the Revised Regulation 18 document focuses on housing needs and how the Council are seeking to meet this need through site allocations.
- 1.4. We previously consulted on a full draft Local Plan at the Regulation 18 Stage 2, in February to April 2024, and following the Revised Regulation 18 stage, a full draft Local Plan will be consulted on at Regulation 19 stage, prior to Submission of the Local Plan to Secretary of State for Examination.
- 1.5. In preparation for the draft Local Plan Regulation 18 Stage 1 and Stage 2, a HIA was undertaken which assessed the vision, objectives and strategic policies identified in the document. No negative health implications were identified in assessing the objectives and policies of the plan. This HIA document focusses on the content of the Revised Regulation 18 document, and at the Regulation 19 stage, it will be further updated to assess the full draft plan.
- 1.6. Alongside this, an Equalities Impact Assessment (EqIA) has been undertaken which has assessed the draft Local Plan at Regulation 18, Stages 1 and 2, and again at the current stage of plan preparation. No negative equality implications have been identified in assessing the content of the plan.
- 1.7. The HIA is a tool used to evaluate the potential health effects of a policy or plan. This HIA aims to identify positive and negative health and wellbeing impacts that may arise from the policies and proposals set out in the draft Local Plan. A HIA is also useful in highlighting health inequalities amongst different population groups. A HIA can provide recommendations that seek to maximise the positive impacts and minimise the negative impacts of a plan or policy, while maintaining a focus on addressing health inequalities. By bringing health considerations to the fore and by identifying health issues, or recommendations, HIAs add value to the planning process.
- 1.8. The HIA is presented in 5 parts:
 - Sections 1-2 set out the purpose of the document and its relationship to the draft local plan;

- Section 3 presents baseline health information;
- Section 4 assesses the proposed draft strategic policies and site allocation policies set out at this stage of the plan, against health issues and considerations; and
- Section 5 provides a summary of the assessment and conclusions. The Matrix containing the findings of the HIA is set out in the appendix.

2 Health and the draft Local Plan 2042

2.1 The World Health Organisation (WHO) defines health as a ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Health is therefore considered in this broad sense, with regard to mental and physical health and wellbeing, within this assessment.

2.2 There are several pre-existing factors that are very important to the health status of an individual. These include age, genetic make-up and gender. There are also other personal, social, economic, lifestyle and environmental factors, or health determinants that also influence our health. These may include the physical environment (e.g. air quality), income levels, employment (or unemployment), education, social support, access to healthcare services and healthy foods, access to green open spaces and our housing. These factors can be influenced by planning and by local plan policies.

2.3 There is an important link, therefore, between the planning process (both plan making and the implementation of plans) and health. This is recognised in both the National Planning Policy Framework (NPPF) and National Planning Practice Guidance. The revised NPPF outlines the social role the planning system plays in supporting the health & well-being of communities through the promotion and retention of community services, the setting of strategic policy to deliver health facilities and services and providing access to high quality open spaces and opportunities for sport, healthy lifestyles and recreation. Another key message is to ensure that developments create safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion.¹

2.4 In addition to the above, it is evident that social and economic circumstances such as poverty, unemployment and other forms of social exclusion strongly influence health. Improving these circumstances can help to significantly improve health. Accessibility to services such as the National Health Service (NHS), education, social services, transport, sports, community and leisure facilities influence the health of the population. There are also vulnerable population groups that have the potential to be disproportionately effected by the above factors, such as those with greater physical needs, children, older people, the chronically ill and the disabled.

2.5 A range of environmental issues can also impact the health and safety of the population and can be impacted by planning and plan policies. Risks and barriers to our health and quality of life include air pollution and noise, flood risk, traffic and road safety.

2.6 The draft Local Plan Revised Regulation 18 includes a revised draft spatial strategy and an updated Boroughwide housing requirement, together with draft site allocation policies.

¹ NPPF (2021) paras 92-93: <https://www.gov.uk/government/publications/national-planning-policy-framework--2>

These are published for consultation, prior to the preparation of a Regulation 19 Local Plan. The local plan policies will be used to determine planning applications

2.7 The HIA seeks to ensure that the policies in the draft Local Plan 2042 are embedded with health and wellbeing objectives, where possible, to actively promote all aspects of health gain for the local population, reduce health inequalities, and not actively damage health. The Local Plan is one of many tools that can assist with addressing the wider determinants of health and encourage the development of healthy places.

2.8 This HIA looks at health in its broadest sense, using the determinants identified by the London Healthy Urban Development Unit (HUDU) and the Rapid Health Impact Assessment tool² as a framework for the assessment.

2.9 The 11 determinants of health and wellbeing are set out below and are used within the HIA matrix:

- Housing quality and design
- Access to healthcare services and other social infrastructure
- Access to open space and nature
- Air quality, noise and neighbourhood amenity
- Accessibility and active travel
- Crime reduction and community safety
- Access to healthy food
- Access to work and training
- Social cohesion and lifetime neighbourhoods
- Minimising the use of resources
- Climate change

Borough Profile

Population

2.10 Test Valley has a total population of 137,499 and an overall population density of approximately 2.10 people per hectare (ONS). Although the geography of the Borough is mainly rural, approximately 66.7% of all residents live in the towns of Andover and Romsey. These figures are based on the Hampshire County Council's Small Area Population Forecast (SAPF) for 2025³ and the Test Valley Borough Profile (2023)⁴.

2.11 According to the Census (2021)⁵, the age profile of the Borough is as follows: 21.99% young people (aged 0-19), 22.63% young adults (20-39), 39.44% middle aged (40-69) and 15.95% older adults (70+). This is forecast to increase to 21.49 % young people (aged 0-19), 18.66% young adults (20-39), 39.80% middle aged (40-69) and 20.05% older adults (70+) by 2029⁶. In comparison, Hampshire is forecast to have a population

² <https://www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2019/10/HUDU-Rapid-HIA-Tool-October-2019.pdf>

³ Hampshire County Council's Small Area Population Forecast (SAPF) for 2025

⁴ <https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts>

⁵ Available here: [Age by single year - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/agebyingleyear/2021)

⁶ Hampshire County Council's Small Area Population Forecast (SAPF) for 2022.

composed of 21.58% young people (aged 0-19), 21.09% young adults (20-39), 38.94% middle aged (40-69) and 18.39% older adults (70+) by 2029⁷.

- 2.12 According to these figures, from the Census (2021) and Small Area Population Forecast (2023-2030), Test Valley has an ageing population. It has an above average number of older adults (70+) and slightly above average number of middle aged people. The number of young people (0-19) and young adults are lower than the Hampshire average.
- 2.13 There are 59,255 dwellings in the Borough, which is forecast to increase to 61,236 by 2030⁸.

General Health

- 2.14 The health of people in Test Valley is generally good, although there are variations in the Public Health England data and in health indicators across the Borough. Average life expectancy for both men and women in Test Valley is higher than the England average⁹. Life expectancy for males is 81.0 across the Borough, and it is 83.8 for women (PHE data 2021). Life expectancy is marginally lower in some of the town wards in the Borough and is higher in the more rural wards.
- 2.15 At the 2021 Census, 84.7% of residents in Test Valley said they felt that they were in very good or good health. This is higher than the average for the South East (83.99%). 3.85% of the population rated their health as bad or very bad, which is lower than the average for the South East (4.23%).

Employment

- 2.16 According to the 2021 Census, 70.43% of Test Valley residents aged 16-74 are economically active, higher than for the South East of England, where the figure is 50.67% of residents. This includes people in full time, part time and self-employment, those who are actively seeking a job, and full-time students. The remaining 29.57% of residents aged 16-74 are economically inactive, compared to 30.75% of people in England. This includes people who are retired, long-term sick or disabled, or who look after the home and family. A further 18.19% of responses for Test Valley said that the Economic activity status does not apply, compared to 18.58% of responses in the South East.
- 2.17 In terms of the nature of work and jobs in Test Valley, the sector of the economy employing most people in Test Valley is wholesale and retail trade, followed by manufacturing and real estate services¹⁰.

Education

⁷ Hampshire County Council's Small Area Population Forecast (SAPF) for 2022.

⁸ Dwelling Forecasts for all Districts in Hampshire, available here: [Population estimates and forecasts | Hampshire County Council \(hants.gov.uk\)](https://population.estimates.and.forecasts.hants.gov.uk)

⁹ Local Authority Health Profile 2019, Public Health England, published March 2020 [E07000093 \(phe.org.uk\)](https://phe.org.uk)

¹⁰ Source: Test Valley Economic Assessment and Forecasts: ONS, Oxford Economics

- 2.18 Educational provision in Test Valley is good and the population is relatively well educated and skilled. 83.30% of people living in Test Valley have at least a Level 1 qualification or above (at least one GCSE or equivalent qualification), a figure which is higher than the English average of 79%. However, around 14.1% of Test Valley's residents between the ages of 16 and 74 have no academic, vocational or professional qualifications compared to the England average of 18.2%. In addition, 34.7% of Test Valley's residents have a level 4 qualification or above, which is equivalent to at least an undergraduate degree. This is higher than the average for England, which is 33.80%. These figures are based on the ONS Census data, 2021.

Race

- 2.19 White ethnic people make up 96% of the population in Test Valley. This is higher than South East at 90%, and much higher than the national average of 86%. In Test Valley, 'other ethnic groups' account for 4% of the population. 88% of people were born in the UK, 6.4% in the EU and 5.6% from elsewhere. These figures are based on the ONS Census data, 2011.

Deprivation

- 2.20 The English Indices of Deprivation 2019¹¹ provide a relative measure of deprivation at a localised level (Lower Super Output Areas (LSOAs)) across England, based on information relating to income, employment, health and disability, education, crime, barriers to housing and services and living environment, which can be combined into an overall Index of Multiple Deprivation (IMD). These highlight the links between deprivation and poorer health outcomes, driven by complex interacting environmental, social and behavioural factors. The Index indicates that Test Valley is one of the 20% least deprived local authorities in England. However, there are pockets of deprivation in the Borough. The IMD index (based on 2019 data) of multiple deprivation was highest in the Andover wards of Romans and St Marys. Impacts of deprivation may be associated with an increased risk of depression and poor general health.

- 2.21 Around 9.6% (2,040) children in Test Valley Borough live in low income families. The Indices of Child Poverty (or Income Deprivation Affecting Children Index 2019 (IDACI)) measures the proportion of children, aged 0 to 15 years, living in income deprived families. In Test Valley, while deprivation is low overall, there are raised levels of child poverty in the Andover wards of St Mary's and Romans. Growing up in poverty can damage children's health and well-being and may adversely affect future health and life chances as adults.

Obesity

- 2.22 The prevalence of children classified as being overweight or obese is increasing nationally and childhood obesity is a particular concern, in that obesity at earlier ages tends to result in people staying obese for longer, with negative health implications. Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.

¹¹ Local Health Indicators, Public Health England <https://www.localhealth.org.uk>

- 2.23 According to a Hampshire County Council report from the average obesity prevalence was 22% of all 4–5-year-olds in academic Year R with the prevalence in Test Valley being consistently higher than the Hampshire average. While in academic Year 6 obesity prevalence was 1 in 6 of all 10–11-year-olds (approximately 1850 across Hampshire) with the prevalence in Test Valley being consistently lower than the Hampshire average.

Other Lifestyle Factors

- 2.24 Lifestyle is a key component in determining the health of the population. For example, a lack of physical activity, unhealthy diet, high alcohol consumption or smoking can have a big impact on the health picture of an area.
- 2.25 The rate for adult hospital admissions due to alcohol-related harm in Test Valley (2019-2020) was 924 per 100,000 population, which is higher than the average for England (644) and also higher than in previous years. The rate for self-harm related hospital admissions was 224.1 per 100,000 population, which is higher than the average for England (192.1) and again, higher than in previous years. This represents 260 admissions per year. According to PHE data, around 9.2% of adults in Test Valley smoke, which is below the national average (13.9%).
- 2.26 The rate for adults that are killed or seriously injured on roads in Test Valley, at 65.3 per 100,000 population, is significantly higher than the England average (42.6), for the period 2015-2017. Rates of statutory homelessness are lower in Test Valley than the England average.

Mental Health

- 2.27 1 in 5 of the working-age population has a mental health condition in the UK. A range of social risk factors are linked to poor mental health, including poverty, migration, extreme stress, exposure to violence, emergency and conflict situations, trauma, and low social support which are all linked to an increased risk and specific disorders. PHE data reveals that the estimated prevalence of common mental health disorders in Test Valley is at 13.3% of the adult population, which is below the National (16.9%) and Regional (14.8%) average.

Health Infrastructure

- 2.28 Access to available health and social infrastructure and services, including primary and secondary healthcare, education and community facilities has been found through research to have a direct positive effect on human health. Leisure activities and facilities can have a positive effect on people's physical, social, emotional and cognitive health. Access to healthcare facilities in both physical and digital form is a central to improving social inclusion and reducing health inequalities. Local healthcare services are often best placed to deliver personalised care and can support social prescribing.
- 2.29 The Hampshire, Southampton and Isle of Wight Integrated Care Board covers Test Valley Borough and commissions GP practices and some services in hospitals. There are two hospitals within the Borough, located in Romsey and Andover, which have separate structures and which are run by different NHS Trusts. There are five GP practices in Andover, three in Romsey and one each in Broughton, North Baddesley and

Stockbridge. There is a broad provision of social and health infrastructure across Test Valley, including care services, social support and wellbeing provisions. Access to these health and social provisions is more challenging in our rural areas.

Open Space

- 2.30 Access to public open space in the Borough is considered to be good, particularly within and around the settlements. Across Test Valley Borough, the Council owns and manages over 400 hectares of land which is categorised as green space. This includes formal parks, green corridors, informal open space, nature reserves and countryside sites, play areas, suitable alternative natural green space (SANG), cemeteries, trees and woodland. The Council maintains a Public Open Space Audit which periodically reviews the level and range of open space and sports pitch provisions that area available across the Borough, in relation to the ward and parish populations¹².
- 2.31 There has been significant investment in the provision of new and improvement of existing leisure facilities in Test Valley in recent years. In Andover the new £16m Andover Leisure Centre opened in April 2019 and new playing fields with pavilions have been provided at Augusta Park/East Anton, Picket Twenty and Picket Piece. In Romsey, the Rapids swimming complex has undergone refurbishment, a new playing field for football and community building has been provided at Abbotswood. The Ganger Farm development has provided a new large-scale outdoor sports hub with a pavilion, two rugby pitches, one adult football, three junior football and two artificial grass pitches. At Knightswood Leisure Centre in Valley Park, the Council has invested in improved drainage to the sports pitches as well as upgrades to the tennis courts a new gym and refurbished changing rooms.
- 2.32 Artificial and floodlit pitches are available for evening and all-weather use at locations across the Borough and there is wide spread provision of parks, recreational open space, play areas and informal open space across the Borough. Test Valley is also very well served with nine accessible nature reserves for walking (including two in Andover), The Test Way, Clarendon Way and other long-distance paths and an extensive bridleway network providing many miles of off-road walking and mountain biking trails. The lanes around the villages provide excellent road cycling either recreationally or as part of a cycling club.¹³

Housing

- 2.33 There are currently over 59,255 homes in the Borough of Test Valley (2022)¹⁴. Approximately 70.4% of people in Test Valley live in a property which they own (either outright or with a mortgage or loan). This is higher the English average, which is 63.3%. 14.4% of residents rent their property from a Housing Association, lower than the

¹² Public Open Space Audit: [Evidence Base - Leisure | Test Valley Borough Council](#)

¹³ Test Valley Borough Sports Facilities Strategy and Playing Pitch Strategy 2020 – 2036

¹⁴ Small Area Population Forecasts 2022 to 2029 available here: [Population estimates and forecasts | Environment | Hampshire County Council](#)
[Population estimates and forecasts | Environment | Hampshire County Council](#)

equivalent figure for England of 17.7%. 12.9% of residents privately rent their property; this figure is lower than the national average of 16.8%¹⁵.

Air Quality

- 2.34 Poor air quality and airborne pollutants are linked to health and wellbeing, and can be associated with certain health conditions, including asthma. Local Authorities are required under the Environment Act 1995 to assess air quality periodically and where necessary declare AQMAs (Air Quality Management Areas) and produce Air Quality Action Plans. Road traffic has been identified as a key source of air pollution within Test Valley, and therefore the assessment of air quality focuses mostly on the road network, though industrial or domestic sources must also be considered. The most recent review of local air quality, completed in June 2022¹⁶, indicated no expected exceedances of current UK Air Quality Objective levels in the Borough of Test Valley. Consequently, there are no Air Quality Management Areas (AQMAs) in the Borough. The latest Air Quality Status report 2024 sets out that the Council are working in partnership with Public Health Hampshire and Hampshire County Council to complete an air quality strategy which is separate to that of Defra's Local Authority strategy. The most recent update is a survey completed in February 2025. The Council will continue to carefully monitor areas identified at risk from poor air quality, such as in the vicinity of the Southampton Urban Area.

3 Health Impact Assessment

- 3.1 A variation of the NHS Healthy Urban Development Unit's Rapid Health Impact Assessment Matrix; it was designed to help ensure that health is properly considered within planning, and that where possible development plans and proposals have a positive rather than a negative influence on health. Test Valley has used this method to identify the possible health impacts of proposals and policies within the Local Plan, including recommend mitigation actions. The Matrix is set out at Appendix 1.
- 3.2 The evaluation is presented using the evaluation framework of positive impact (+), neutral impact (N), or negative impact (-), which is explained further in Appendix 1.
- 3.3 The assessment criteria are set out below:
1. Housing quality and design
 2. Access to healthcare services and other social infrastructure
 3. Access to open space and nature
 4. Air quality, noise and neighbourhood amenity
 5. Accessibility and active travel
 6. Crime reduction and community safety
 7. Access to healthy food
 8. Access to work and training
 9. Social cohesion and lifetime neighbourhoods
 10. Minimising the use of resources

¹⁵ Test Valley Borough Profile 2021, TVBC.

<https://www.testvalley.gov.uk/aboutyourcouncil/corporatedirection/about-test-valley-the-facts-and-figures/boroughprofile>

¹⁶ Test Valley Borough Council 2022 Air Quality Annual Status Report, available here: [Air Quality | Test Valley Borough Council](#)

11. Climate change

- 3.4 The Health Impact Assessment will continue to evolve as the Local Plan progresses through consultation. It is therefore important that the HIA continues to be undertaken alongside plan preparation to ensure that any impacts are identified and acted upon, as necessary, and incorporated within the draft Local Plan.

4 Summary and Conclusions

- 4.1 The draft Local Plan sets out how development will be planned and delivered across Test Valley. Previous public consultation on a full draft plan has taken place in early 2024 which identified how the Council aimed to achieve this. However, since this took place, national policy has shifted, with a significant increase in housing being required to be planned for. In Test Valley, the housing need has increased by 78%. This draft Local Plan (Revised Regulation 18) identifies how the Council is seeking to meet the Government's increase in housing need for the borough of Test Valley. We have sought to publish this as quickly as possible to be clear to our communities about how we aim to meet this need, to help safeguard against speculative development in the future and to coordinate the delivery of the necessary infrastructure. This Revised Regulation 18 document focuses solely on those matters related to addressing our increase in housing needs. This includes updating our draft spatial strategy, housing requirement and the sites needed to accommodate this.
- 4.2 The draft Local Plan Revised Regulation 18 has the potential to make a positive impact on the health and well-being (physical and mental) of the population of the Borough, with some policies making a greater contribution than others. No negative health implications have been identified in assessing the draft policies at this stage.
- 4.3 The Local Plan will make a positive contribution towards meeting the specific and overall housing needs of the Borough. This will enable a variety of housing types and tenures, including affordable housing and housing for older people. The plan proposes to deliver sufficient housing to meet the identified need. The Council has sought to allocate homes in settlements which have access to existing services and facilities. This is beneficial as it ensures longer term use of existing facilities which will continue to support vibrant and thriving communities. This is particularly useful for those rural areas where services and facilities may be currently underutilised by smaller groups and at risk of closure, or do not have current funds to facilitate any upgrades. The site allocation policies can also help to deliver enhancements to infrastructure, facilities and services where appropriate. Moreover, good quality, well designed and accessible housing, including new affordable housing, can also help tackle health inequalities and enhance living conditions.

Key to matrix codes:

Code/Colour	Health Impacts identified
+	Health Impact is likely to be positive (i.e. may improve health, prevent deaths/prolong lives, reduce/prevent the occurrence of acute or chronic diseases or enhance mental wellbeing)
N	Health Impact is likely to be neutral (i.e. no significant health effects or effects)
-	Health Impact is likely to be negative or present barriers to health (i.e. could lead directly to ill health, deaths, acute or chronic diseases or poor mental ill health)

The assessment criteria:

1. Housing quality and design
2. Access to healthcare services and other social infrastructure
3. Access to open space and nature
4. Air quality, noise and neighbourhood amenity
5. Accessibility and active travel
6. Crime reduction and community safety
7. Access to healthy food
8. Access to work and training
9. Social cohesion and lifetime neighbourhoods
10. Minimising the use of resources
11. Climate change

	HIA assessment (based on HUDU's Rapid Health Impact Assessment Matrix)											Explanation, evidence, comments
	1	2	3	4	5	6	7	8	9	10	11	
Sustainable Spatial Strategy (Chapter 3, SS3, SS5 and SS6)	+	+	+	+	+	+	+	+	+	+	+	<p>The spatial strategy (supported by the spatial hierarchy) seeks to support a sustainable pattern of development across the Borough. The spatial strategy seeks to direct development towards the most sustainable communities, i.e. those that are served by the widest range of facilities, services, public transport options and amenities. This can help to retain and enhance facilities and services within the settlements and in new neighbourhoods. This policy approach also seeks to encourage sustainable, healthy and active lifestyles for those living or working in the Borough.</p> <p>Since the introduction of the revised NPPF in December 2024, additional sites and rural housing allocations have been included in the spatial strategy. For more rural areas, the strategy is to continue to sustain vibrant and thriving communities through delivering appropriate growth at the more sustainable rural settlements. This brings benefits through supporting existing facilities and communities, and delivering enhanced facilities, whilst also maintaining the rural character of settlements.</p> <p>A large-scale expansion at Weyhill is proposed. This would enhance the settlement by enabling a primary school to be provided and improve the range of services and facilities available at Weyhill. By delivering appropriate levels of growth at the more sustainable settlements, development can bring additional population to help sustain existing facilities.</p>

	HIA assessment (based on HUDU's Rapid Health Impact Assessment Matrix)											Explanation, evidence, comments
	1	2	3	4	5	6	7	8	9	10	11	
												<p>This strategy is likely to benefit health for all, and particularly for the less mobile, disabled, elderly, or those with very young children who may benefit most from access to community facilities, services and amenities, play spaces, etc. The availability of a range of local cultural and community provisions in a community can also promote social cohesion, which has benefits for health. Access to open spaces and nature can increase opportunities for outdoor exercise and social life.</p>
<p>Strategic Allocations Policies (Chapter 4, Policies NA4-8, NA11-25, SA4-SA8, SA18-SA27)</p> <p><i>(Policy SA7 includes C2 units extra care accommodation)</i></p>	+	+	+	+	+	+	+	+	+	N	N	<p>These policies allocate sites for new residential development to meet the Borough's housing needs. The site allocation policies should bring benefits to health and wellbeing and include criteria that are specific to the sites and their location.</p> <p>Residential site allocations provide opportunities for homes and new neighbourhoods to be developed adjacent to existing settlements. As part of new developments, there may be infrastructure improvements secured, such as public open spaces, greenspace and active travel connections. Financial contributions will be secured, where appropriate, towards improvements to healthcare facilities, educational provision, and transport enhancements. Employment Skills Plans (encouraging greater access to training) will be secured on the larger developments which can bring positive benefits for training, employment opportunities, wellbeing and health.</p> <p>The provision of a range of housing types, including specialist housing and affordable housing, will be sought to meet</p>

	HIA assessment (based on HUDU's Rapid Health Impact Assessment Matrix)											Explanation, evidence, comments
	1	2	3	4	5	6	7	8	9	10	11	
												<p>identified needs, including care home provision. Enhanced community facilities may be secured to support new development, and helping to retain and enhance a range of services and facilities (such as exercise classes, day nurseries, healthcare and complementary services) which can be beneficial for physical and mental wellbeing. This can also help build stronger and more resilient communities and social networks.</p> <p>The residential site allocation policies across the more rural settlements will reflect the local character and communities of the borough. Many rural settlements provide local services and facilities, and have functional links to wider parts of the Borough and beyond, including Andover, Chandlers Ford, Salisbury and Southampton. Site allocation policies at the more rural communities can bring health and wellbeing benefits, at a smaller scale, including through enhanced facilities and services (including open spaces, play areas, active travel enhancements and improvements to green space).</p>