

The Council consulted statutory and other consultees on the draft Health Impact Assessment Toolkit in line with the approved 2018 Statement of Community Involvement (<https://www.sefton.gov.uk/sci>). The consultation period ran from 4 March 2026 to 19 April 2026.

Nine responses were received, from:

- Canal & River Trust
- David Barton
- Groundswell
- Homes England
- Mersey Forest
- Merseyside Police
- National Highways
- Natural England
- NHS Property Services

The table below summaries the main issues raised by consultees ('summary of comment'), and how these issues have been addressed in the Toolkit ('Council response').

Who made the comment?	Comment	Council Response
Canal & River Trust	The table at page 8 outlines the main themes to be considered, and the canal can support the following themes: • Promoting physical activity and active travel – canal network work can provide sustainable active travel routes and consider access to the canal, which is well designed, safe, inviting and has natural surveillance • Air Quality, noise and impact on neighbourhood amenity • Social inclusion and mental health • Climate change adaptation and mitigation	Noted. The canal network has explicitly been recognised as an example of blue infrastructure in the category, 'Promoting physical activity and active travel'. From that moment on, reference is made to blue infrastructure.
Canal & River Trust	It is important that the canal network is recognised as a multi-functional blue green asset within the HIA process, specifically in relation to: • Promoting physical activity and active travel: towpaths provide traffic free, accessible routes that support everyday walking, wheeling and cycling, helping to embed physical activity into daily life and encourage sustainable travel. • Social inclusion and mental health: canals offer familiar, non-clinical spaces that support sense of place, belonging and social connection, alongside well-evidenced benefits for stress reduction and positive mental wellbeing. • Reducing health inequalities: in areas of higher deprivation, canals often represent one of the most accessible forms of	See above.

	green blue space, providing free, local opportunities for movement, relaxation and nature connection. In Sefton, this is reflected through Community Roots activity, which uses the canal corridor to deliver inclusive walking, paddling, volunteering and learning opportunities aimed at tackling poorer health outcomes and strengthening community connection. • Nature connection: regular contact with waterways supports everyday engagement with nature, which is increasingly recognised as important for mental wellbeing, stress reduction and preventative health outcomes, particularly in urban settings. • Place of learning and discovery: canals provide accessible environments for informal learning and engagement with heritage, ecology and the natural environment, supporting lifelong learning and community connection. • Climate change adaptation and mitigation: the canal corridor contributes to biodiversity, urban cooling and wider blue green infrastructure, alongside opportunities for nature recovery and environmental sustainability.	
Canal & River Trust	Given the levels of deprivation and poor health profiles across parts of Sefton, it would be helpful for HIAs to explicitly prompt consideration of how development proposals can: • Retain and enhance access to walking and wheeling routes, including towpaths and Public Rights of Way, where appropriate. • Improve access and connectivity to the canal network as part of inclusive active travel and green infrastructure networks.	Noted. The following question has been added to the section 'Promoting physical activity and active travel' How will the development retain and enhance access to walking and wheeling routes, including canal towpaths and Public Rights of Way, where appropriate?

	• Ensure waterside routes and spaces are well designed, safe, welcoming and well overlooked, with natural surveillance to encourage sustained, everyday use. • Recognise and safeguard the ecological, recreational and learning value of canals, reflecting their role as unique environments that support health, wellbeing, education and nature recovery.	
David Barton	The multiple benefits of Traditional Architecture are both physical and mental as proven in vast studies undertaken by organisations, such as Historic England, etc.	Noted.
David Barton	Carbon studies should become a prime feature used to restore and reconstruct old historic buildings that provide far more than visually pleasing streetscapes now as backed by hard science.	This comment is not relevant to the scope of this document.
Groundswell	Section 1 Recommendation: Include a statement on the links between the built environment, regeneration, and health. These are widely outlined in the Bootle Area Action Plan. Including this will help align your policy to your goals and what we know about how health and place are connected. An example of possible text could be: “The places where we are born, grow, live, and work can be both harmful and protective for our health and wellbeing. Clean air, good quality housing, access to parks and green spaces, public transport, access to shops, arts and cultural opportunities, school and health services all make a difference to our physical and mental health. Unfortunately, some areas have more unhealthy environments, which means people living in these areas can experience poorer health. By improving urban places, we have an opportunity to improve the health of communities in most need.”	Agreed. The following text has been added: “There is a strong relationship between the built environment and health. The places where we are born, grow, live, and work can be both harmful and protective for our health and wellbeing. Clean air, good quality housing, access to parks and green and blue spaces, public transport, access to shops, arts and cultural opportunities, school and health services all make a difference to our physical and mental health.”

Groundswell	Section 1: Recommendation: Better align your definition of HIA with other standards and HIA tools. Include wellbeing outcomes. Examples include the World Health Organisation definition as outlined in the 2020 Public Health England guidance, nuanced examples from the Wales Health Impact Assessment Support Unit (WHIASU) (see pg11, Health Impact Assessment: A practical guide for voluntary best practice in Wales), or from the Society of Practitioners of Health Impact Assessment (SOPHIA).	Noted. The definition has been amended to align with the provided examples, particularly the definitions provided by SOPHIA and the World Health Organisation. Paragraph 1.3 has been amended to read as below. A Health Impact Assessment (HIA) is a combination of processes, methods and tools used to systematically judge the potential, and sometimes unintended, effects of a proposed project, plan or policy on the health of a population and the distribution of those effects within the population. The HIA also produces recommendations to enhance the health benefits of the project/policy/program and to mitigate potential harms. When applied in the planning system, a HIA puts people at the heart of the process.
Groundswell	Section 2 2.5 recommendation: The statement would be stronger if linked back to life expectancy (i.e., “the most deprived areas of Sefton live X years shorter lives”)	Agreed. Paragraph 2.5 has been amended with the following text added: Life expectancy varies by 11.6 years in men and 11.1 years in women from the most to least areas deprived areas of Sefton.
Groundswell	Section 2 2.6 recommendation: The term “strongly positive” is quite technical and may not be helpful for the general public. We suggest	Noted. The text has been simplified and reads as follows:

	revising this to be clearer, such as “Obesity rates are higher in the more deprived areas of Sefton”.	“In Sefton, there is a strong relationship between obesity and deprivation, with obesity rates typically higher in the more deprived areas of the Borough.”
Groundswell	Section 2 2.7 recommendation: The numbers in the village result in a village of over 100 people (e.g. 71 adults and 38 children of which these numbers seem to be a numerator of a higher denominator). Some adjustments are needed or revise to using percentages instead.	Agreed. This paragraph has been removed to avoid confusion. Other changes made to section 2 of the document mean that the loss of this data does not reduce the importance of the report’s content.
Groundswell	Section 2 Recommendation: Include additional evidence on relevant health outcomes and exposures (the wider determinants of health) to support thinking around the multiple pathways to better health for those completing the HIA. Examples include asthma (or air quality), physical activity, access to green space, access to health care, housing quality, and food environment.	Noted. The Council’s Public Health team are able to provide those completing the HIA with further relevant health outcomes and exposures. A link has also been provided to the Local Insights tool.
Groundswell	Section 3 Recommendation: Highlight additional policy context from national bodies and policies (e.g. National Planning Policy Framework).	Agreed. Policy context has been added to reflect how the NPPF and the NPPG seek to address health issues.
Groundswell	Section 4 4.1 recommendation: Focusing on how HIAs are done well (those standards) and then how the Council aim to make them less onerous centres this policy on the quality of an HIA and what it can do for the community. As it is written, we are concerned that the focus is less on how HIAs can improve health outcomes. We suggest additional introductory text such as “HIAs should be proportionate to the proposed development”. It is essential to clarify what this means for developments that barely exceed the threshold versus developments that are on the top end of the	Noted. Paragraph 4.1 has been amended to read as follows: Health Impact Assessments are intended to put health and people at the heart of the development process. Without wanting to introduce an overly onerous process that would slow down the development process, the Council propose that most proposals that exceed the thresholds set out above will have

	threshold. Clarify the difference between a desktop and rapid HIA and/or clarify when a Desktop HIA versus a Rapid HIA are required. See the definitions from WHIASU: “A Desktop HIA exercise can take hours or a day and can encompass a small number of participants around a table using existing knowledge and evidence to assess a proposal, policy or plan. “A Rapid HIA can take days or weeks and usually includes the establishment of a small steering group and often uses the approach of a participatory stakeholder workshop – it typically involves a brief investigation of health impacts, including a short literature review of quantitative and qualitative evidence and the gathering of knowledge and further evidence from local stakeholders. We recommend that Desktop HIAs are only for developments on the bottom end of the threshold, and an additional screening process is employed to determine which developments need to undertake a Rapid HIA. We recommend a comprehensive HIA be required for proposals of units 200 or more or buildings of 5000m² rather than the 500-unit threshold (see more detailed recommendations outlined in 4.3).	to complete a desktop assessment using the template provided in Appendix A. Furthermore, the definition of a Desktop HIA has been added to paragraph 4.4.
Groundswell	Section 4 4.2 recommendation: All HIAs should be “designed for the proposal in question”, not only comprehensive or full HIAs. The text needs to be adjusted as it does not follow standard HIA practices. If it was a ‘Health Note’ or a checklist exercise, then it would not be designed for the proposal in question. We are concerned that the wording in	Agreed. The wording of the policy has been amended to ensure that it is clear that the HIA process is not intended to be a checklist exercise that will lead to generic HIAs. The highlighted text below shows the changes that have been made to paragraph 4.2, also

	this section will lead to overly generic rapid or desktop HIAs. This is undertaken in the scoping phase of HIA and in the case of this SPD, could be operationalised within the tool by taking onboard the recommendation in 5.1 that all sections should be included in reporting even if it is only to state why it is not of concern.	taking into account comments from Groundswell above regarding the proportionality of a HIA. “Health Impact Assessments should be proportionate to the proposed development and designed for the development in question. On very large schemes (see below), we would expect a more rigorous, and detailed HIA process should be undertaken. A comprehensive HIA is more in-depth than a desktop HIA and can take months to complete.”
Groundswell	Section 4 4.3 recommendation – We recommend that all developments that fall under the NPPF definition of a “major development” undertake a screening or checklist process at the beginning of the planning phase which will then indicate what kind of HIA is required and demonstrate how health is being considered in development and design of the proposal. Thresholds for rapid and full HIAs should be reconsidered. Ensuring a full HIA is required for developments of 200 dwellings or more would ensure better planning and development for health outcomes. 500 dwellings as a threshold for a rapid or full HIA is much higher than examples we see in other policies, and consideration for how requirements differ across such a wide breadth of development sizes is essential (i.e. through a screening process). Some examples include:	Noted. The threshold for developments which must be accompanied by a Health Impact Assessment is set out in Bootle Area Action Plan policy BAAP10 and this document is therefore required to apply these same thresholds. The threshold for requiring a full HIA has been reduced from 500 dwellings to 200 dwellings to better reflect what is considered best practice and better align with examples from elsewhere. Whilst the Council has not added a formal screening process for a Rapid HIA, applicants have been encouraged to engage with the Council’s Public Health team at the earliest

	- Northumberland requires a screening process for proposals of 100 or more dwellings / 10,000sqm of floor space or larger to determine if either a rapid or a full HIA is necessary. All major development under NPPF definition require the Healthy Planning Checklist (as part of the screening process). - South Cambridgeshire requires a full HIA for proposals of 100 dwellings and 5,000 sqm or more floorspace; an extended screening or rapid HIA required for proposals of 20 to 100 dwellings or 1,000 to 5,000sqm or more of floorspace. - Both Wigan and Coventry have a comprehensive health toolkit process (more detailed than the tool provided here) which may be useful for amendments to this policy. A distinguishing factor between desktop and rapid HIAs is that desktop HIAs do not require stakeholder engagement. Without a more clarity around a rapid or full HIA process, this policy will likely not fulfil key opportunities to understand how best to regenerate the Bootle area by engaging with community and the people who live and work there. For developers undertaking work of this level, the cost of an HIA will be a very small fraction of their total investment. We also know that regeneration/development is more successful when it meaningfully engages the community. It can also be less costly to developers and councils. Having the community involved from the start reduces likelihood of costly planning negotiations, builds trust, and can better inform more meaningful destinations for developer contributions (and reduces internal workloads). Being clear about the role of stakeholder engagement, how it can benefit the developer and council, and the level of HIA	opportunity to improve the outcomes of their HIA.
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	expected is necessary. Resources from New Local can be found here: https://www.newlocal.org.uk/publications/constructingconsensus/. Additional evidence here and here.	
Groundswell	Section 4 4.5 recommendation – We welcome inclusion of the construction phase. We recommend including loss of green and open space and walking and cycling transportation infrastructure as examples as well to highlight their importance.	Noted. Paragraph 4.6 has been amended to read as follows: ‘When completing the HIA tool, developers should consider the health impacts throughout the construction period (e.g. noise and air pollution, loss of green and open space, and loss of walking, wheeling and cycling infrastructure), as well as of the proposed development when completed and in use.’
Groundswell	Section 4 Recommendation: Clarifying how the council will review and consider the reports would be useful. Here is some example text from Nuneaton and Bedworth Borough: “The Council will apply a proportionate review process, focusing on developments with higher potential health impacts. For developments where a Screening Assessment is submitted, Officers will expect to see evidence of how the outputs informed key design choices, such as street layouts, amenity provision or transport links.” Additional clarification on when, how, and if to consult with the public health team at Sefton would be helpful.	Agreed. The following text has been added: The Council will apply a proportionate review process, focusing on developments with higher potential health impacts. HIAs will be reviewed using established assurance review frameworks such as the Wales Health Impact Assessment Support Unit framework for HIA. This same framework can be used by the author of the HIAs to ensure that the HIA is of high quality.
Groundswell	Section 5 5.1 recommendation - We suggest that these themes and questions are not exhaustive but provide a minimum of what is expected to be considered for each proposal.	Agreed. The following text has been added to reflect this.

		The list of themes provided is not exhaustive, and is instead a minimum for what the Council would expect to see considered. All themes should be considered in any HIA submitted, even if it is only to state why it is not of concern.
Groundswell	Section 5 5.2 recommendation - Depending on the type of development, it may be more useful to organise reporting based on key elements of the project (phases and/or infrastructure elements) rather than by health themes. Many of the themes here overlap and ensuring a minimum is met whilst making reporting more flexible could result in a less onerous and repetitive approach for those preparing the reports.	Following consultation with the Council's Public Health team, HIAs are now no longer expected to be submitted in the form of a report, instead being encouraged to submit their HIA in the form of the table provided in the Toolkit. This is partly to reflect the approach taken by other Local Authorities across the country. Consistency in the format of submissions would also allow for better monitoring and review of the submissions.
Groundswell	Section 5 5.3 recommendation – Distinguish between rapid and desktop (see comments on 4.1; state that these should meet the minimum standards of HIA as outlined in SOPHIA's Minimum Elements and Practice Standards: https://hiasociety.org/HIA-Guidance-and-Tools . As this policy is written, it is unclear what level of HIA is being required/requested. Stakeholder engagement, for example, would constitute new research. Both rapid and desktop HIAs require a certain level of stakeholder engagement and this needs to be clarified here. Additional recommendation - A suitably qualified individual should undertake the HIA reporting. If the council is not willing to include this requirement, then this SPD requires much clearer guidance on	Noted. Clarification has been offered as to the level of HIA that is required. The Council have also added an additional paragraph setting out the following: HIAs should include a brief description of who is completing the HIA, including their relevant qualifications and experience. The Institute of Environmental Management and Assessment (IEMA) provide guidance about competencies for health impact assessments.

	how to approach scoping (e.g. supporting creation of logic models to determine the key health and wellbeing areas), assessment (particularly interpretation of existing data), and the council should consider a clearer screening process to identify which developments need which level of HIA (as outlined in the examples from Wigan and Coventry).	
Groundswell	Section 5 5.4 recommendation - It is unclear which plans and data are being referenced. Are these plans and data related to the proposal or the council? This section could be used to demonstrate how other reports and data required for proposals (e.g. traffic analyses) can be used in the HIA process.	Noted. Additional clarity has been added and paragraph 5.5 now reads as follows: Evidence included in the HIA report should include reference to the relevant site plans to demonstrate how the proposed development seeks to address each of the identified health issues, whether to mitigate negative impacts or accentuate positive ones. Sources for data could include, but not limited to, Council documents, such as the Health and Wellbeing strategy, the Office for National Statistics (ONS) and Health Profiles provided by the Department of Health and Social Care. Where relevant, developers should also include policy compliance in their report, reflecting policies at both a local and national level, in addition to any SPDs.
Groundswell	Section 5 Recommendations: Overall, it is important to clarify that the questions in the table are not exhaustive. There are few areas we feel are missing from the table that should be included:	Agreed. The way in which that safe, accessible, and attractive green and blue spaces and infrastructure can assist in achieving the goals of each of the three chapters has been added. In addition to this,

	<u>Increasing access to green space is associated with fewer preventable deaths in deprived communities.</u> Encouraging safe, accessible, and attractive green and blue spaces and infrastructure is important for multiple aspects of health: promoting physical activity and active travel, restorative and stress relieving, providing places for social connection, improving air quality. Therefore, it is essential to include in the table. This can be added to multiple sections: ○ Promoting physical activity and active travel ○ Air Quality, noise and impact on neighbourhood amenity ○ Social inclusion and mental health	the following questions have been added to each of the following chapters: <u>Promoting physical activity and active travel</u> How does the development promote access to safe, accessible, and attractive green and blue spaces? <u>Social inclusion and mental health</u> Will the proposal improve the accessibility and quality of green and blue spaces and infrastructure?
Groundswell	Section 5 Promoting physical activity and active travel theme recommendation: Sustainable travel is mentioned only as a part of one of the questions. Public transport could explicitly be added to this theme as an important part of sustainable travel, widening access to services and opportunities for groups with limited mobility or access to private vehicles, as well as a contributor to active travel.	Noted. The following questions has been added to the relevant section. How will the development link to existing public transport networks to widen access to services and opportunities for groups with limited ability or access to private vehicles?
Groundswell	Section 5 Air Quality, noise and impact on neighbourhood amenity theme recommendation: Qualify “What open space/play space will be provided on-site?” with an additional question: “How will open space/play space be designed and located in a way that is inclusive and accessible to those who need it the most?”	Agreed. The suggested additional text has been added to the relevant section.
Homes England	No representations	N/A

Mersey Forest	p.8 Access to health and social care and other social infrastructure: there are opportunities to make connections here to green social prescribing e.g. What impact can the development have to encourage greater use of green social prescribing? Can it create green spaces that can be used for this purpose? Can it contribute to green prescribing services?	Noted. The following question has been added: How can the development enable access to practices supporting people to engage in activities to improve their mental and physical health e.g. green social prescribing?
Mersey Forest	p.8 Promoting physical activity and active travel: Suggest that the highlighted text is added into the following sentence: “Good, well-lit, attractive and tree-lined routes to local shops and services can encourage people to walk or cycle short trips, and connect to other walking routes.” Also recommend an additional question: What tree-lined walking and cycling routes will be provided to encourage active travel, and allow contact with nature whilst going about every day activities?	Noted. The highlighted text has been added.
Mersey Forest	Encourage the toolkit to promote tree planting that aspires to meet the 3:30:300 ambition. Every home can see 3 trees, every neighbourhood has 30% tree cover, and everyone lives within 300m of an accessible green space with trees. Tree planting could be targeted in areas to improve the houses that meet all three components as most houses in Sefton only meet the 3 component or the 3 and 300 components.	This comment is beyond the scope of this document. The HIA toolkit is intended to provide developers with guidance on the general issues that should be considered, as opposed to providing a tree planting strategy. The Bootle Area Action Plan already highlights the importance of tree planting, in particular policies BAAP8 and BAAP24.
Mersey Forest	Air Quality, noise and impact on neighbourhood amenity: Recommend an additional question explicitly about the use of vegetation and trees to minimise exposure to poor air quality and noise.	Noted. The use of vegetation and trees to minimise exposure to poor air quality and noise has been incorporated into this section.
Mersey Forest	Healthy food environment: Recommend that this is expanded to include providing opportunities for food growing in public and private spaces through, for example, including fruit and nut trees in	Noted. The toolkit currently includes a question regarding providing opportunities

	landscaping, provision of community orchards, allotments, fruit trees in gardens, etc.	for food growing. This has been amended to include the examples provided.
Mersey Forest	P9. Social inclusion and mental health: Welcome that this mentions the links to nature. Refer back to 3:30:300. Feel that this section needs to go further in order to facilitate every day nature connection, not just access to open spaces, but to access trees immediately on doorsteps, street trees, and within neighbourhoods. It should also encompass peoples agency in the care of green spaces, for example through the support of Friends of Groups that foster social interaction whilst also looking after local spaces.	Noted. The text has been amended to: 'Will the proposal improve everyday access to nature?' Regarding the need to address peoples' agency in the care of green spaces, this is beyond the scope of this toolkit, however the following question is included: 'How will the proposal promote the integration of existing and new communities and promote social interaction?'
Mersey Forest	P10. Climate change adaptation and mitigation: Welcome much of the content. Consideration of 3:30:300 is important here. Trees on doorsteps, streets and in neighbourhoods can help shade buildings and provide evaporative cooling, keeping neighbourhoods cooler. Green walls and roofs also have a role to play. Whilst native vegetation is important in urban areas and should be encouraged, planting does not need to be strictly native and indeed, these may not be the most climate resilient. SuDS and Natural Flood Management approaches should be promoted for the multiple benefits they bring alongside reducing flood risk – including improving health in other ways.	Noted. The following text has been added: Does the proposal integrate design features including: - Designing ventilation systems for efficient heating and cooling - Using energy-efficient lighting and appliances - Installing water-saving plumbing fixtures - Landscaping with native vegetation and passive solar energy - Tree-lined streets helping to shade buildings and provide evaporative cooling - Minimising harm to the natural habitat With regards to the management approaches to mitigating flood risk, this is already a policy

		requirement introduced in the Bootle Area Action Plan BAAP1 – section 9.
Merseyside Police	At the table beneath paragraph 5.4, in the row concerning ‘Reducing Crime’ in the ‘Health Issue’ column, please can a sentence be added signposting people to contact the Merseyside Police Designing Out Crime Team for advice on this matter?	Noted. Text has been added to direct people to contact the Designing Out Crime Team.
Merseyside Police	Please can the Merseyside Police Designing Out Crime team be added as a contact in Section 6?	Noted. The email address has been added as a further contact in Section 6.
National Highways	No comment	N/A
Natural England	No comment	N/A
NHS Property Services	Section 3: Policy Context, reference should be made to highlight the supportive nature of the National Planning Policy Framework and specifically the Planning Practice Guidance empowering HIAs to be undertaken in certain developments with significant impacts.	Agreed. Policy context has been added to reflect how the NPPF and the NPPG seek to address health issues.
NHS Property Services	BAAP10 Healthy Bootle sets out the strategic triggers which is an adaptation of the ‘major’ definition for residential set at 30+ dwellings and a direct adoption for non-residential at 1000sqm. It would be useful for the note to provide further clarification on what types of non-residential developments the Council wishes to prioritise that meet local health needs and priorities within the Bootle AAP.	This toolkit is designed to offer advice to developers regarding what the Council would expect to see included in any HIA submitted. The scope of this note does not extend to what types of non-residential development the Council wishes to prioritise.
NHS Property Services	The note sets out further specific triggers for those developments expected to go through a ‘bespoke’ HIA process. It is unclear what is meant by ‘bespoke’ as the HIA process is consistent across all HIA types. If there are expectations for wider engagement and consultation during the HIA assessment stage, it would be essential for the Note to provide guidance on this.	Noted. Further guidance has been added to the note setting out the expectations for a full HIA and how an applicant should approach this.
NHS Property Services	On the main assessment table, the format and process for conducting the HIA on the basis of the table is not clear and does not follow good practices.	Agreed. Further columns have been added to the table to reflect similar toolkits that are available with other local authorities. It has

		been clarified that desktop HIAs should be submitted using the table.
NHS Property Services	The questions presented in the Note should be consistent with our wider advice and engagement with the Council and NHS to ensure the assessment and findings of the HIA are not in conflict or done in isolation from the wider infrastructure planning process.	Noted.
NHS Property Services	The Note currently lacks any authoritative references and signposting to useful and relevant guidance and good practice advice from government and industry bodies. This includes guidance from Public Health England (now the Office for Health Improvement and Disparities) and from IEMA (now Institute of Sustainability and Environmental Professionals/ISEP). NHSPS is also publishing strategic guidance to support the quality of HIA in planning which can be a useful reference. Signposting to advice provides the planning applicants with clear guidance on the Council's expectations for quality and impactful HIA that can improve the development.	Noted. The Council's Public Health team has advised on additional guidance and some key links have been added to the toolkit.