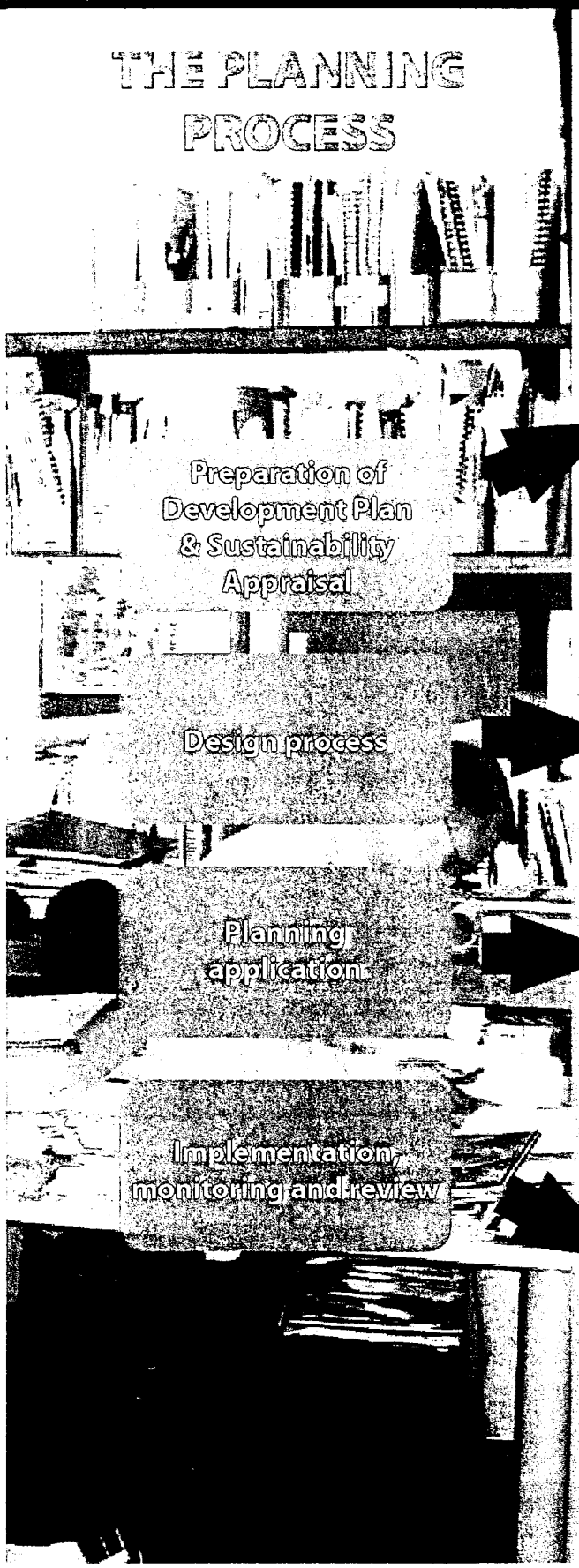


PLANNERS SHOULD

Integrate health into **ALL** policy and plan preparation to help meet **criteria** for a **sound** plan – see:

- Part 2: Why plan for health
- Part 4: A spatial plan for health

Be informed of the links between health and planning during pre-application discussions – see:

- Part 2: Why plan for health
- Part 3: Health and planning

Consider whether appropriate use has been made of measures to promote healthy communities in consideration of the planning application – see:

- Part 3: Health and planning
- Part 4: A spatial plan for health

Have a mechanism in place to monitor the health outcomes of policies – see:

- Part 4: A spatial plan for health

1.3 WHAT IS THE NHS HEALTHY URBAN DEVELOPMENT UNIT?

The NHS Healthy Urban Development Unit (known as "HUDU") was established in February 2004 to help the NHS to engage in urban planning. The primary goal of HUDU is to support all NHS organisations across London.

The aim of the HUDU is:

"To significantly improve the health of Londoners by creating healthy and sustainable communities across the capital. We do this through developing partnerships that enable health organisations to engage early, influencing the plan making process, and affecting the outcomes of planning applications. We aim to engender an effective response to London's future population growth – both in terms of health improvement and delivery of patient centred health care."

The Unit's work programme is set around three objectives:

- *Developing partnerships for health.*
- *Influencing the London urban planning agenda.*
- *Influencing urban development across London.*

1.4 AIMS AND OBJECTIVES OF THIS GUIDANCE

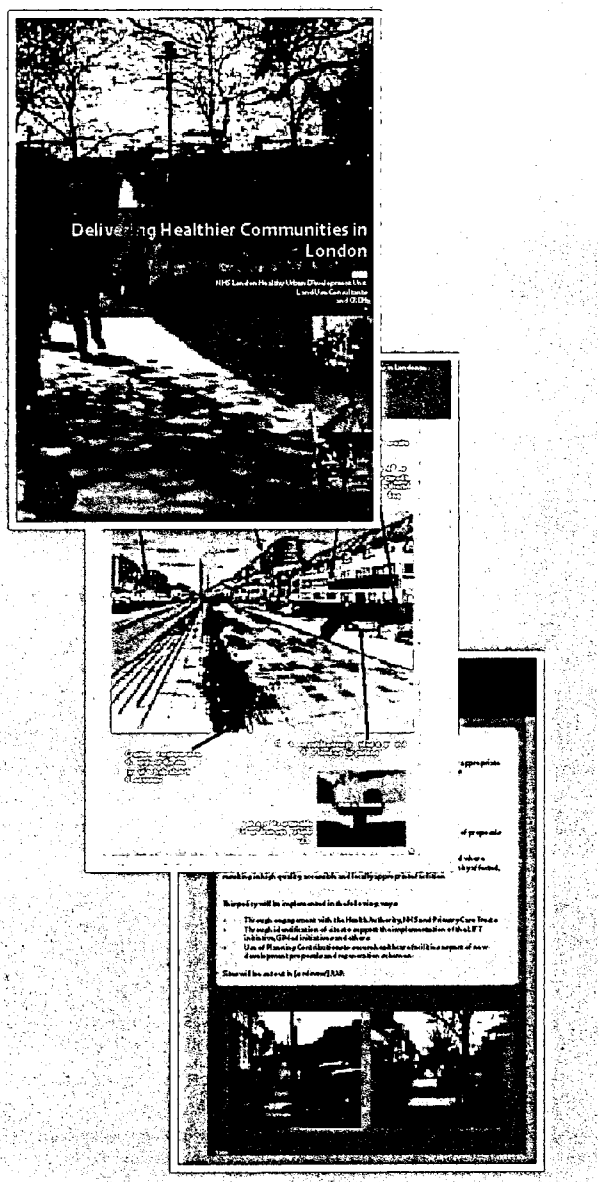
The over-arching aim of this guidance is:

"To integrate health and well-being into the planning process through the development of practical, easy-to-use guidance."

This will support health and planning practitioners in preparing policy frameworks and in designing interventions at various scales that will optimise the health outcomes for new and existing populations.

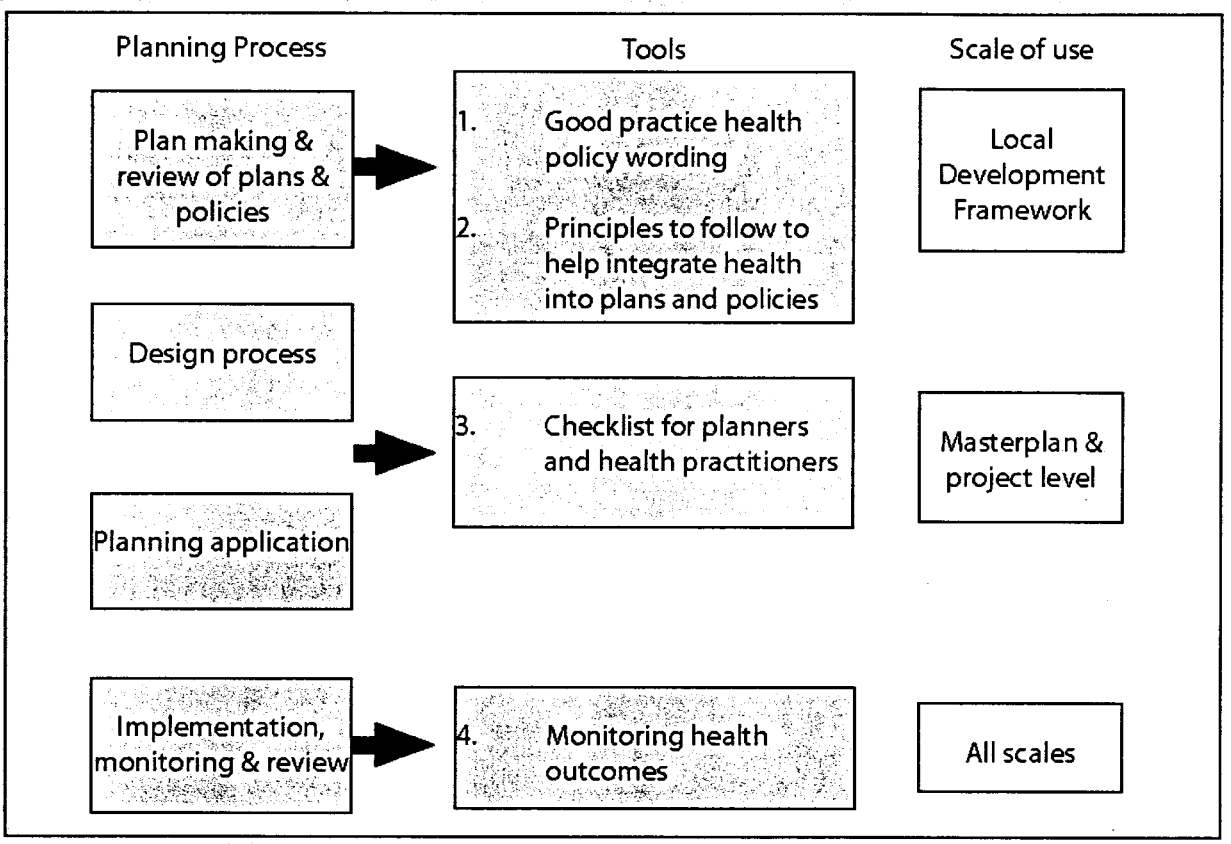
In particular, outputs from the guidance will:

- *Help meet challenges to planning for health.*
- *Help planners to meet the tests of "soundness" and prepare a "sound" plan.*
- *Provide evidence and case studies to support the links between planning and health.*
- *Provide good practice design principles for development at masterplan and project level scales.*
- *Provide good practice policies in support of healthier outcomes at a variety of planning scales.*
- *Provide indicators to monitor health out comes.*
- *Build on existing guidance.*



1.4 AIMS AND OBJECTIVES OF THIS GUIDANCE

The Figure below sets out the outputs from the guidance document and the planning scales at which these can be applied.



1.5 HEALTH AND HEALTHIER COMMUNITIES

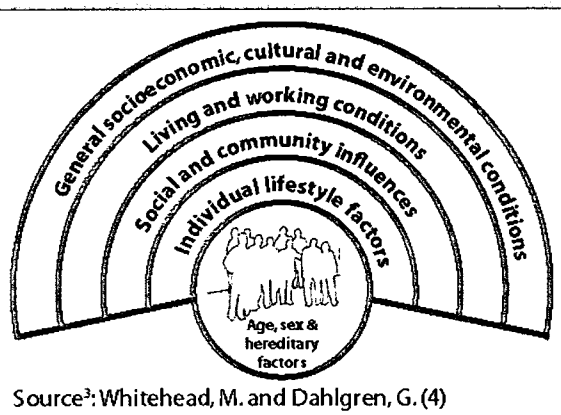
1.5.1 What is Health?

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"*[1]

This definition recognises that health comprises a wide range of factors and moves away from the traditional focus on health treatment to one of prevention and cure. This ties in with one of the key principles of the Public Health White Paper [2] which aims to create an environment which will enable people to make healthier choices.

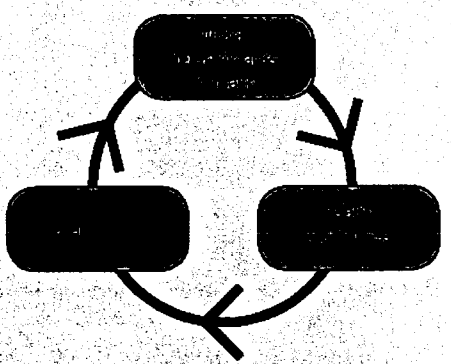
The Diagram below sets out the main determinants of health. Many of these health determinants relate to aspects of the urban and built environment which could be influenced through urban planning.



Source[3]: Whitehead, M. and Dahlgren, G. (4)

The main determinants of health

By considering the wider determinants of health such as socio-economic, environmental and cultural conditions, one is moving away from a focus on the health of an individual towards the consideration of "healthier communities".



1.5.2 Health in London

The health of Londoners is influenced by socio-economic factors which are unique to the city. These include London's large and ever increasing population placing great pressure on healthcare facilities, and persistent inequalities in health between the most affluent and most deprived London boroughs and between London's diverse ethnic groups.

The need to plan for health in London is not new; indeed early public health legislation was established to address failings in London's housing infrastructure. The timeline over the page sets out the historic context for health and planning in London.

1.5 HEALTH AND HEALTHIER COMMUNITIES

1.5.3 Timeline

In recent years, health has moved increasingly higher up the London planning agenda. The London Plan* includes an overarching objective "...to make London a healthier and better city for people to live in...". Furthermore, organisations such as HUDU have been established with the explicit aim to help health practitioners engage and participate in urban planning.

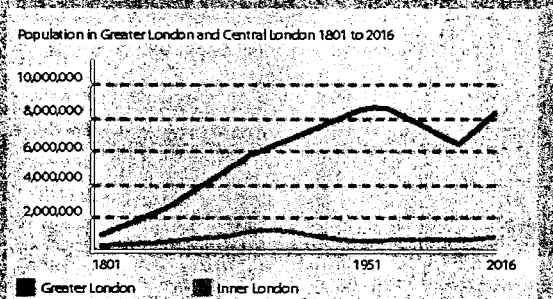
Part 2 of the Guidance, Why Plan for Health?, sets out the key drivers behind planning for health including the National, Regional and Local policy context.

1845 Importance of access to open spaces identified early on – Establishment of Victoria Park in East London for impoverished East Londoner's.

1848 Passing of the Public Health Act to improve unsanitary conditions. Establishment of a General Board of Health.

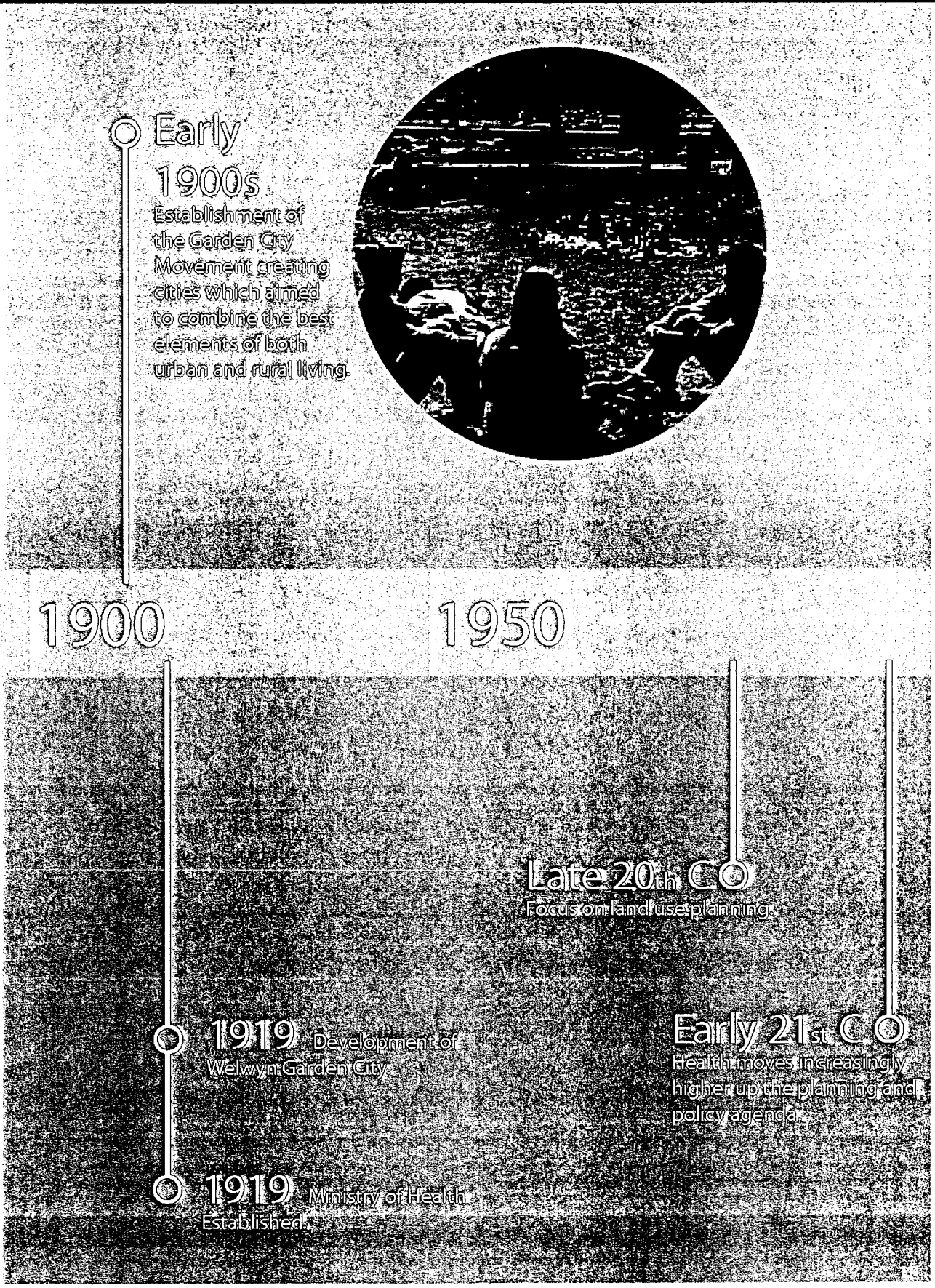
1850

1801 – 1901 Huge growth in the population of England and Wales from 8.9 – 32.5 million



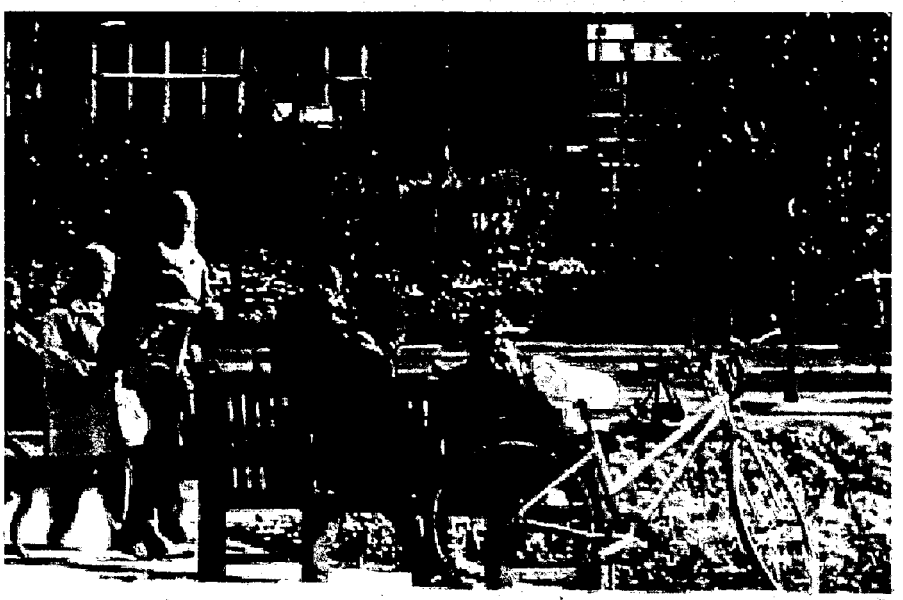
1840s Epidemics of water-borne diseases such as cholera, particularly in high density cities such as London.

1875 Specifications of minimum housing standards in terms of street width, dwelling design and construction as part of the consolidating Public Health Act.


Early 1900s
Establishment of the Garden City Movement creating cities which aimed to combine the best elements of both urban and rural living.
1900
1950
Late 20th C
Focus on land use planning.
1919 Development of Welwyn Garden City
Early 21st C
Health moves increasingly higher up the planning and policy agenda.
1919 Ministry of Health Established.

1.5 HEALTH AND HEALTHIER COMMUNITIES

1.5.4 What are Healthier Communities?



It is difficult to find a widely agreed definition of a "**healthy community**" in existing literature and guidance. Furthermore, definitions are provided at a variety of different scales e.g. at the level of the city or the neighbourhood. It is however, possible to draw together some useful conclusions from these differing studies and concepts.

Of particular relevance is the 'The WHO European Healthy Cities Network'[3] which consists of a network of cities from around Europe committed to implementation of the Healthy Cities concept. The networks are designated on a five year phase basis – Phase IV (2003 – 2008) has three core themes (healthy ageing, healthy urban planning and health impact assessment). The inclusion of healthy urban planning as a core theme in this current phase of the network is an important driver behind this guidance and the recommendations arising out of it.

The WHO defines a healthy city as:

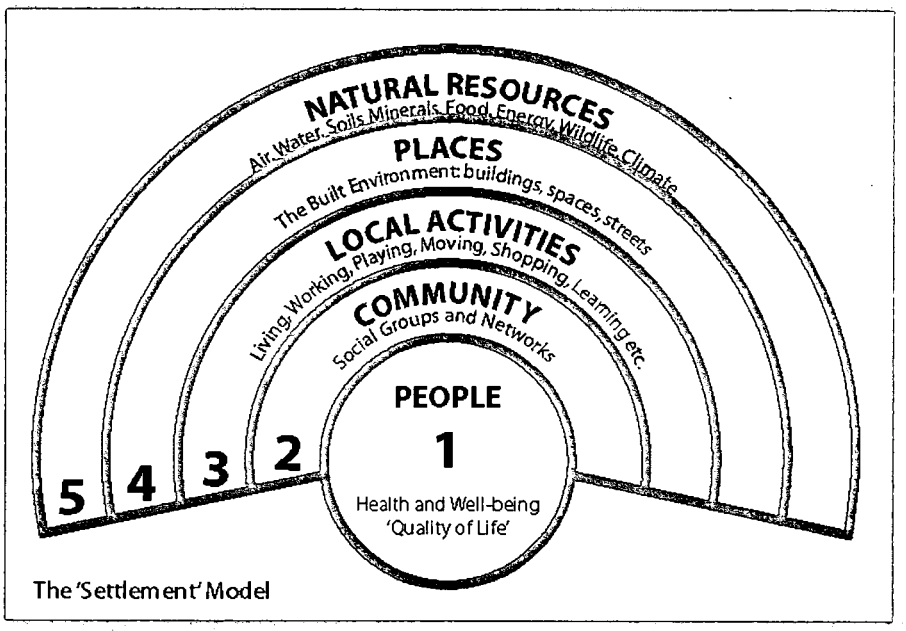
> ***"...one that is continually creating and improving the physical and social environments and expanding the community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."***

The WHO expands upon this definition and sets out the key qualities of a healthy city. *These are set out below:*

- *A clean, safe physical environment of high quality.*
- *Stable and sustainable ecosystems.*
- *A strong, mutually supportive, integrated and non-exploitative community.*
- *A high degree of participation and control by inhabitants over decisions affecting their lives, health and wellbeing.*
- *Basic needs of all inhabitants met (in terms of food, water, shelter, income, safety and employment).*
- *Access to a wide variety of experiences and social and cultural resources.*
- *A diverse, vital and innovative urban economy.*
- *Enabling connections with the cultural and biological heritage of the various urban inhabitants.*
- *An urban form that is compatible with enhancement of all the other specified characteristics.*
- *An optimum level of appropriate public health and care services accessible to all*
- *High levels of positive health outcomes and low levels of morbidity.*

1.5 HEALTH AND HEALTHIER COMMUNITIES

1.5.5 The use of a 'Settlement' Model to define Healthier Communities



Source: Barton, H; Davis, G and Guise, R (2003) Shaping Neighbourhoods, Spon, London.

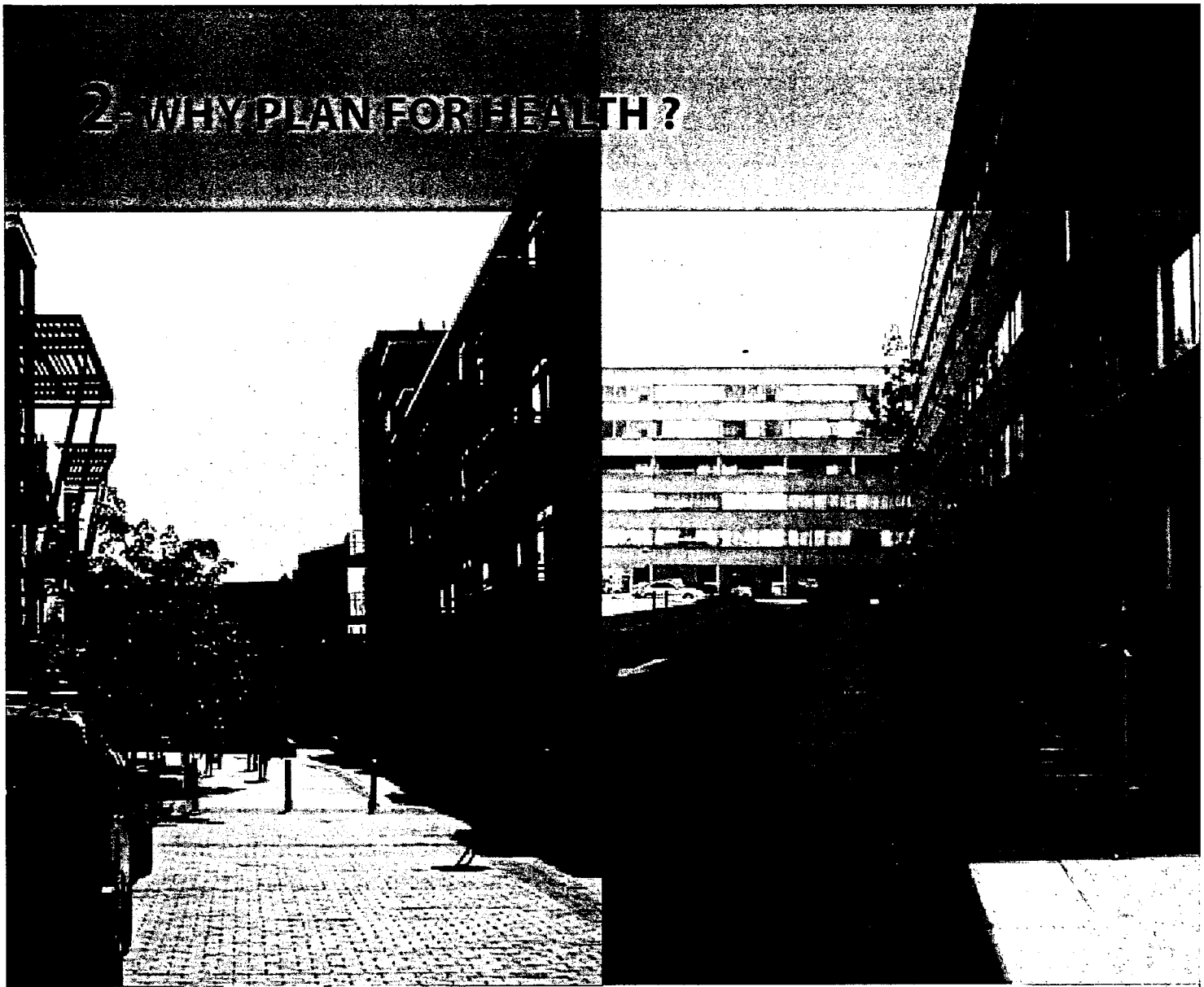
The qualities of a healthy city as defined by the WHO can be neatly brought together in the diagram above. This diagram has been adapted from the Health Determinants diagram referred to in **Section 1.5.1** above. Barton *et al*[7] converted this diagram into a 'settlement' model, which places people as the key focus of the model; the health of, well-being and quality of life experienced by people thus forms the focal point of urban planning. Ultimately, individual actions and behaviour will have a critical bearing on individual health, however, planning can help create the right environment to encourage healthier behaviour.

The diagram radiates outwards highlighting people's reliance on local **communities** and **social groups** which in turn require a shared purpose and shared **activity**. Such **activities** are reliant on appropriate places i.e. adapted spaces and means to reach these activities.

Planners and designers exert a direct influence on 'Places' i.e. the Built Environment: Buildings, Spaces and Streets.

The inclusion of 'Natural Resources' at tier 5 indicates the role of the natural environment in sustaining life as a whole.

It is important that health considerations are taken into account at the earliest opportunity in the planning and design of the built environment to help foster healthier communities. This guidance will identify the key links between aspects of the built environment and health to focus planning policy and design. For example, healthier communities are likely to be found in 'Places' which are dense, comprise mixed uses, are well-connected by all modes of transport (particularly public transport) and with good access to high quality green infrastructure.



2- WHY PLAN FOR HEALTH ?

07

2.1 INTRODUCTION

This section provides a context for the consideration of health in the planning process. First, it sets out the Health Policy Context (e.g. the European policies, plans and programmes driving the health agenda), followed by the National context including Department of Health (DH) 'White Papers'. The second section provides an outline of the England's Plan-Led system and the statutory and non-statutory health drivers therein.

Planning for health is important not only from a legislative perspective, but also in relation to costs. Promoting healthy lifestyles, avoiding health impacts and tackling health inequalities throughout the planning process will result in major cost savings to society. By focusing on the prevention of public health issues the need for costly treatments can be avoided. This frees up money which boroughs can re-allocate to other priority areas.

The Wanless Report[1] examined future trends and identified factors to inform the long-term financial and resource needs of the NHS to 2022. The review considered three scenarios varying in relation to a number of factors including the extent to which people protected, promoted and managed their own health. The 'fully engaged' scenario assumes people are highly engaged in personal health management and focus is on health prevention. The report concluded that there is a health expenditure gap of around £30 billion (by 2022/23) between the best and worst health scenarios. This means that £30 billion could be saved by shifting from a culture of little engagement in personal health to one of individual management and control. This saving relates to half of the current NHS expenditure.

Planning can help create the right circumstances to enable people to engage more in personal health prevention and management.

Positive planning and management of health can also help reduce the burden of health inequalities (pertinent given the Mayor of London's forthcoming Health Inequalities Strategy) and improve economic productivity. The Confederation of British Industry (CBI)[2] estimated that workplace absence cost British business nearly £11 billion in 2000.

2.2 HEALTH POLICY

2.2.1 European Context

One of the outcomes of the Finnish Presidency of the European Union (May to December 2006) was the publication of the document Health in All Policies[x] and its subsequent adoption and promotion by the EU. This considered the role of Health Impact Assessment (HIA) in policy formulation.

What is Health Impact Assessment?

A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, programme or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.

Adapted from the Gothenberg Consensus Paper (1999), by the International Association of Impact Assessment.

The role of HIA is becoming increasingly important as a decision-making tool in the UK at policy, plan, programme and project level although it remains non-statutory. The DH recently published Draft Guidance on SEA and Health. This will help practitioners integrate health considerations within statutory assessment processes.

For more information on how to consider health in SEA, see Draft Guidance on Health in Strategic Environmental Assessment: Consultation Document (Department of Health, 2007)[xi].

The Health Issues in Planning: Best Practice Guidance (June 2007)[xii] provides a section on HIA in London. This includes details of where HIA has been used in practice, and further sources of information for those intending to use HIA.

Part 4 of this document provides an example of how HIA may be integrated into health policy.

2.2 HEALTH POLICY

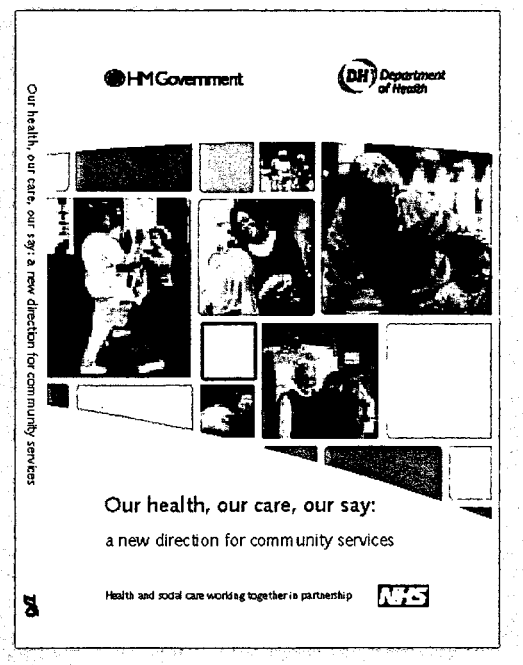
2.2.2 National Health Policy

Health Policy in England is set by the Department of Health (DH) with an aim to *"...improve the health and well-being of the people of England..."* This includes setting national standards, shaping the direction of the National Health Service (NHS) and social care services, and promoting healthier living.

The NHS was established in 1948 with a founding principle to *"...improve health and prevent disease, not just provide treatment for those who are ill..."*

This principle has formed one of the core focuses of recent DH White Papers in addition to tackling inequalities and empowering communities to make better health choices. Key DH White Papers are listed below:

- *Saving Lives: Our Healthier Nation - Action plan (July 1999).*[13]
- *Tackling Health Inequalities: a programme for action (2003).*[14]
- *Securing good health for the whole population - Report to the Treasury (Wanless, 2004).*[15]
- *Choosing Health: making healthier choices easier (November 2004).*[16]
- *Our Health, our care, our say – White Paper (2006).*[17]



To help meet the White Paper commitments, the Office of the Deputy Prime Minister (ODPM) established Local Area Agreements (LAA) in 2005 with a primary objective to deliver genuinely sustainable communities through better outcomes for local people. LAAs can help promote healthier communities and narrow health inequalities by providing a framework to support and maintain different initiatives and services (such as health, education and housing).

A Local Area Agreement[18] is a three-year agreement, based on local Sustainable Community Strategies, that sets out the priorities for a local area agreed between Central Government, represented by the Government Office (GO) and a local area, represented by the local authority and other key partners through Local Strategic Partnerships (LSPs).

They are structured around 4 blocks (or policy fields): Children and Young People; Safer and Stronger Communities; Healthier Communities and Older People and Economic Development and Enterprise.

The DH is also committed to a number of Public Service Agreements (PSAs)[19] to help meet policy proposals. These cover the period 2005 – 2008 and are outlined below:

- **Objective I: Improve the health of the population. By 2010 increase life expectancy at birth in England to 78.6 years for men and 82.5 years for women.**
  - **1. Substantially reduce mortality rates by 2010 (with particular reference to deaths from heart disease and stroke and related diseases, from cancer and from suicide and undetermined injury).**
  - **2. Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth.**
  - **3. Tackle the underlying determinants of ill health and health inequalities (with particular reference to adult smoking rates, childhood obesity and improving sexual health).**
- **Objective II: Improve health outcomes for people with long-term conditions.**
- **Objective III: Improve access to services.**
- **Objective IV: Improve the patient and user experience.**

2.2 HEALTH POLICY

2.2.3 Health in London

Regional Public Health Groups are part of the Department of Health and are co-located in each of England's nine Government Offices. They work alongside public health colleagues in NHS, local authorities and other agencies to improve and protect their local population. This involves addressing all determinants of health such as diet, housing the economy, transport and mental health and factors that create health inequalities within their region.

The NHS in England is split into 10 Strategic Health Authorities (SHA), including NHS London. NHS London is responsible for ensuring that the capital's health services deliver world-class care by:

- Developing and implementing a strategy for health and healthcare in London.
- Holding local organisations (see below) to account for the quality of care which they provide.
- Ensuring capacity through the development of the workforce, technology and buildings.

NHS London manages the performance of 31 primary care trusts, 25 acute trusts, 9 mental health trusts and the London Ambulance Service. The 10 Foundation Trusts in London have greater freedom to manage their own affairs and improve services.

There are 31 PCTs in London, generally aligned to each of the London Boroughs.
The three main functions of a Primary Care Trust are:

- Engaging with its local population to improve health and well-being.
- Commissioning a comprehensive and equitable range of high quality, responsive and efficient services, within allocated resources, across all service sectors.
- Directly providing high quality responsive and efficient services where this gives best-value.

2.3 HEALTH CONSIDERATIONS IN NATIONAL PLANNING POLICY AND GUIDANCE

Sustainable development is the core principle underpinning planning[2.1]. The Government sets out **five guiding principles** for sustainable development in Securing the Future: *Delivering UK Sustainable Development Strategy*[2.1]. One of the five principles is to **ensure a strong, healthy and just society**, which aims to meet the diverse needs of all people in existing and future communities, promoting personal wellbeing, social cohesion and inclusion, and creating equal opportunity for all.

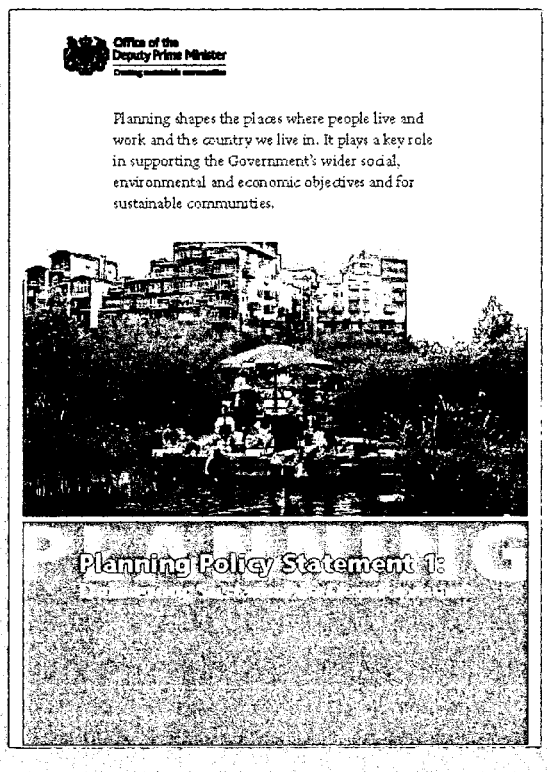
National planning policy sets out a number of requirements for spatial plans to minimise health impacts and to promote healthy outcomes. It indicates that **health is a material planning consideration** in the determination of proposals for development or change of use. *PPS1: Delivering Sustainable Development* requires development plan policies to protect human health and address accessibility for all members of the community to a range of facilities including health, leisure and community services. Development plans should also deliver safe, healthy and attractive places to live, and support the promotion of health and wellbeing by making provision for physical activity.

More specific guidance on these requirements is set out in topic based planning policy statements (PPS). These are summarised in Appendix 1.

Other relevant and recent national plans and reports include the Royal Commission on Environmental Pollution (RCEP) Report on the Urban Environment[2.2] and the Sustainable Development Commission's (SDC) review of government progress on Sustainable Communities[2.3].

The RCEP report sets out the key issues facing the urban environment, including the role the environment has to play in health and wellbeing. Much of the evidence and recommendations arising out of the report are reinforced in this guidance document.

The SDC report recognises the need for better co-ordination between housing, health, education and employment policy with a specific recommendation for planning guidance to integrate health issues into housing design (taking account of the differing needs of the elderly, the young etc).



2.4 HEALTH CONSIDERATIONS IN REGIONAL PLANNING POLICY: THE LONDON PLAN

In London, the Mayor has a statutory duty to promote the health of Londoners. In exercising its general powers, the Greater London Authority (GLA) Act 1999 requires the GLA to promote improvements to the health of people in Greater London, in addition to contributing towards the achievement of sustainable development in the UK (para. 30 (5)). In preparing or revising the Mayor's Strategies[2,3], the GLA Act requires the Mayor to have regard to the effect which the proposed strategy would have on the health of people in Greater London (para. 41 (4b)).

Health features throughout the London Plan and its Draft Further Alterations, from reference to health considerations in the Mayor's objectives to specific policies seeking to promote healthy outcomes and avoid negative health impacts. The London Plan seeks to protect and enhance existing healthcare and other community facilities and support the provision of additional healthcare in boroughs. It also includes specific policies to:

- Promote public health.
- Ensure developments have regard to health impacts.
- Improve London's open environment.
- Tackle health inequalities.
- Ensure health is taken into account in the preparation of Community Strategies.

Health is considered more directly and comprehensively in the Draft Further Alterations to the London Plan. For example, the second Mayor's objective has been revised to 'make London a *healthier* and better city for people to live in.'

There are a number of Supplementary Planning Guidance (SPG) and Best Practice Guidance (BPG) documents which sit alongside the London Plan and provide additional information on how to integrate health benefits into development and regeneration projects. These include *Sustainable Design and Construction* (May 2006)[4] and *Accessible London: Achieving an Inclusive Environment* (April 2004)[5] SPGs and *Health Issues in Planning: Best Practice Guidance (June 2007).*[6,7]

The requirements and guidance for health considerations as set out in the London Plan, its Draft Further Alterations and accompanying documents are provided in Appendix 2 . This summarises the direct and indirect links between development or regeneration and either promoting healthy outcomes or avoiding health impacts. The HUDU Watch Out for Health Checklist[2,8] and the Health Issues in Planning: Best Practice Guidance also detail London Plan policies which have indirect links to health.

It is recognised that mechanisms exist for sub-regional or transboundary planning within London. For example, East London boroughs from the East London Waste Disposal Authority are working jointly to produce a Waste Development Plan Document.

This document could be equally applied to planning at this level.