

## 2.5 HEALTH PLANNING TO MEET THE TESTS OF SOUNDNESS

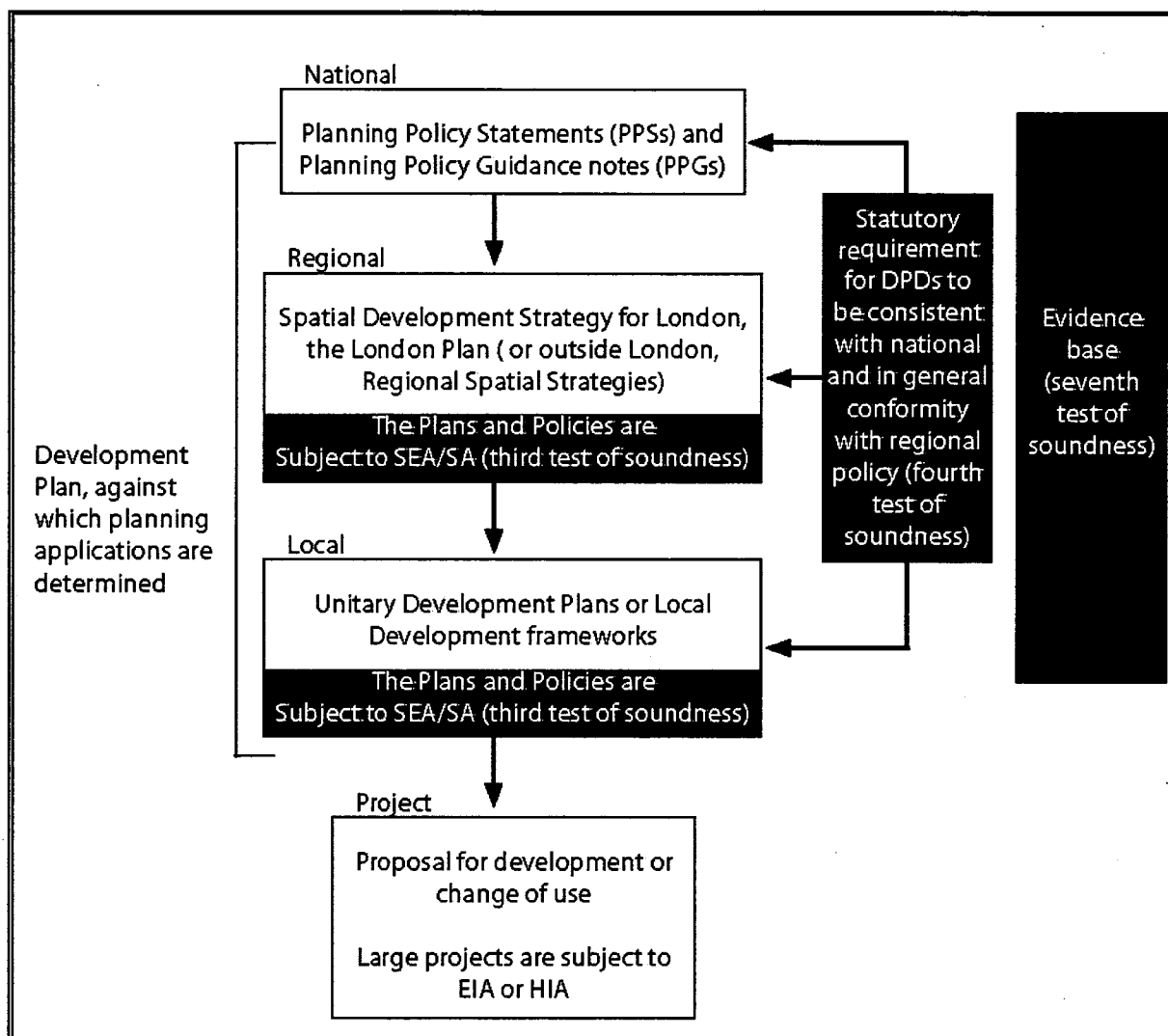
Planning decisions on proposals for development or change of use are determined using a planned system, as illustrated in the Figure over the page. The context for this system is provided by national planning policy set out in PPSs and PPGs<sup>22</sup>. National planning policy informs the statutory Development Plan, which is the starting point in the consideration of planning applications for the development or use of land. The Development Plan therefore provides the essential framework for determining planning decisions.

### In London, the statutory Development Plan consists of:

- The Spatial Development Strategy prepared by the Mayor of London, which is called the London Plan; and
- Unitary Development Plans or, under the Planning and Compulsory Purchase Act 2004, Development Plan Documents (DPDs) for the local planning authority (LPA) in which the planning decision is made. DPDs are one of a number of documents that make up Local Development Frameworks (LDFs).



## 2.5 HEALTH PLANNING TO MEET THE TESTS OF SOUNDNESS



### The Plan-led system

Note: tests to assess the soundness of a Plan are in dark blue

The Planning and Compulsory Purchase Act 2004 requires policies in Local Development Documents to be sound and sets out nine tests which should be used to assess the soundness of the Plan. These tests are summarised in the box below and their links to the plan-led system are shown above.

### TESTS OF SOUNDNESS

**ALDPD will be sound if it meets the following tests:**

#### Procedural

- ii. it has been prepared in accordance with the local development scheme;
- iii. it has been prepared in compliance with the statement of community involvement, or with the minimum requirements set out in the Regulations, where no statement of community involvement exists;
- iiii. the plan and its policies have been subjected to sustainability appraisal;

#### Conformity

- iv. it is a spatial plan which is consistent with national planning policy and in general conformity with the London Plan and it has properly had regard to any other relevant plans, policies and strategies relating to the area or to adjoining areas;
- v. it has had regard to the authority's community strategy;

#### Coherence, consistency and effectiveness

- vi. the strategies/policies/allocations in the plan are coherent and consistent within and between development plan documents prepared by the authority and by neighbouring authorities, where cross boundary issues are relevant;
- vii. the strategies/policies/allocations represent the most appropriate in all the circumstances, having considered the relevant alternatives, and they are founded on a robust and credible evidence base;
- viii. there are clear mechanisms for implementation and monitoring; and
- ix. the plan is reasonably flexible to enable it to deal with changing circumstances.

Adapted from tests of soundness set out in PPS 12: Local Development Frameworks (ODPM, 2004).<sup>306</sup>

The tests of soundness can be linked to health both in terms of the consideration of health impacts and the promotion of healthier outcomes, (evidently health is just one of the aspects which planners should take account of when aiming to prepare a sound plan).

The links between health and the tests of soundness include:

- The third test of soundness which requires the Plan and its policies to be subject to Strategic Environmental Assessment (SEA) and Sustainability Appraisal (SA). The SEA Directive requires authorities to assess the likely significant effects on *'the environment, including on issues such as...human health'*. Government guidance on SA suggests that maintaining and enhancing human health should be an objective against which the Plan and its policies are appraised.

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).<sup>11</sup>

- The fourth test of soundness which requires the Plan to be consistent with national planning policy and in general conformity with the London Plan. This policy framework requires DPDs to provide access to health facilities, deliver healthier communities and support the promotion of health through provision for physical activity. Policies at the local level are therefore expected to have a wide scope encompassing these factors, providing a statutory requirement for development and regeneration projects to reflect such requirements.

- The fifth test of soundness which requires the Plan to have had regard to the Community Strategy. Boroughs should take note of the high-level vision set in the Community Strategy and the health issues identified.

- The seventh test of soundness which requires that the strategies, policies and allocations in Development Plan Documents are appropriate, having considered the relevant alternatives, and are based on a robust and credible evidence base. This guidance document includes good practice text for health policies and provides evidence (and sources of evidence) to support health and health-related policies. The evidence is necessarily of a general nature, but it provides strong pointers as to what evidence needs to be assembled at the local level.

- The eighth test of soundness which requires the plan to have clear mechanisms in place for implementation and monitoring. The need to monitor policy outcomes is critical to ensure that targets and objectives can be met. Boroughs must have this in mind during policy formulation.





# 3 - HEALTH AND PLANNING





## 3.1 INTRODUCTION

This section provides evidence linking public health issues to factors which may be influenced by spatial planning. Five public health issues have been chosen and the chapter is structured around each of these. The chosen public health issues are:

- Mental health.
- Obesity and cardio-vascular disease.
- Respiratory disease.
- Excess winter (cold) and summer (heat) mortality.
- Injuries.

These public health issues have been chosen based on the significance of the public health impact and on the basis of an initial scoping exercise to identify potential links between health and planning. There are, of course, other major public health issues (e.g. cancer), but only those where risk factors may be modified by spatial planning are addressed. The detailed evidence reviews are provided in Appendices 3.2-3.6.

Where strong links between the public health issue and spatial planning factors are identified within the evidence base, case studies are provided which aim to explore the different means by which planning can have an effect. These "interventions" may include the application of national policy or specific changes in the physical or built environment. The case studies which have been included provide examples of where health is an indirect outcome of policy or design. Finding case studies where health was planned to be a direct outcome has been difficult in practice.

Win/Wins and Conflicts/Constraints are identified for each case study.

### Win/Wins

- Win/wins are achieved where an intervention may deliver multiple benefits e.g. for more than one public health issue and/or wider benefits e.g. for economic development or sustainability.

### Conflicts/Constraints

- Conflicts/Constraints may arise when interventions have negative impacts e.g. an intervention may address one public health issue but impact directly or indirectly on another. Other impacts e.g. cost involved or time to implement are also identified.

Following on from the evidence base and case studies, a suite of recommendations are provided for each public health issue. These recommendations can be applied at a number of different spatial planning scales e.g. at the LDF level or project level (during the design of site layouts or buildings) and guide the development of the planning tools provided in Part 4: A Spatial Plan for Health.



## 3.2 MENTAL HEALTH

### 3.2.1 Evidence Base

Depression and anxiety are important public health problems occurring in 15-30% of the UK population and accounting for approximately 20% of GP consultations in the UK.

Taking account of individual characteristics (e.g. age, socio economic status), there is still substantial variation in rates of Common Mental Disorders (CMD) between households. This variation can be related to factors operating at a level between ward and household (a 'neighbourhood' effect). This 'neighbourhood' effect is being increasingly researched but is currently not well understood.

The factors which appear to be most strongly associated with the lowest ratings for mental health are:

- Density and escape i.e. feeling dissatisfied with available green space, and/or social facilities or feeling overcrowded.
- Design, for example:
  - a) not liking the look of the estate or road etc or
  - b) high rise and deck access dwellings which are a risk in particular to mothers with young children.
- Physical incivilities, for example
  - a) vandalism to property
  - b) low external beautification
  - c) poor property maintenance
- Housing quality e.g. damp.
- Fear of crime i.e. feeling unsafe to go out.
- Neighbour noise, although an individual's trait anxiety may itself affect noise sensitivity.

***Spatial planning can markedly affect the following risk factors::***

- ***Neighbourhood Quality***
- ***Housing Design and Density***
- ***Housing Quality***
- ***Fear of crime***

Residents whose homes have been flooded experience psychological distress for considerable periods of time after the flood event.

***Spatial planning can minimise the risks of flooding through design and careful location of vulnerable land-uses.***

See Appendix 3.2 for more information on the evidence base underpinning the links between mental health and spatial planning.

## 3.2 MENTAL HEALTH

### 3.2.2 Case Studies

This section deals with each spatial planning factor listed in Section 3.2.1 in turn and provides case studies of possible 'interventions' to address the mental health issues where applicable and available.

### 3.2.3 Neighbourhood Quality

Neighbourhood quality can comprise a number of different elements, however, the evidence gathered as part of this study has demonstrated that 'escape' facilities i.e. open and green space and/or social facilities are particularly important. Studies<sup>31</sup> have shown that there is less prevalence of mental ill health among people living in built areas with access to gardens than among those with no such access. Open spaces can also be important in facilitating physical exercise and longevity<sup>32</sup> and recent studies have shown a causal relationship between physical activity and reduced levels of depression<sup>34</sup>.

Places and facilities to 'escape' to are important in urban, high density areas such as London. Where space is at a premium the need to maximise such places and facilities in new and regeneration schemes is critical.

In London such facilities include allotments. Wiltshire<sup>33</sup> notes that allotments can have a positive effect on both physical and mental well-being and provide opportunities for horticultural therapy for people with physical and mental health problems. Demand outstrips supply in most London boroughs, so existing allotments should be protected and new areas provided where possible.

Spaces which allow contact with nature e.g. parks, allotments, gardens, and green roofs need to be safeguarded and included within the design of new schemes and/or regeneration schemes. Louy<sup>35</sup> discusses the importance of nature to children and how a lack of interaction may result in Nature Deficit Disorder (NDD).

Open and green spaces also provide an opportunity for communal play and social interaction. Studies have demonstrated that parents of young children in large multiple dwelling units often cope with the paucity of nearby play spaces by keeping children inside their apartments. Such restrictions heighten intrafamilial conflict, minimise play opportunities with others, and remove a primary avenue for parents to get to know their neighbours<sup>37</sup>, all of which may compound mental health problems.



See Section 3.3 for more information on allotments.

The case study below provides an example of where neighbourhood and community features were included as part of scheme design.

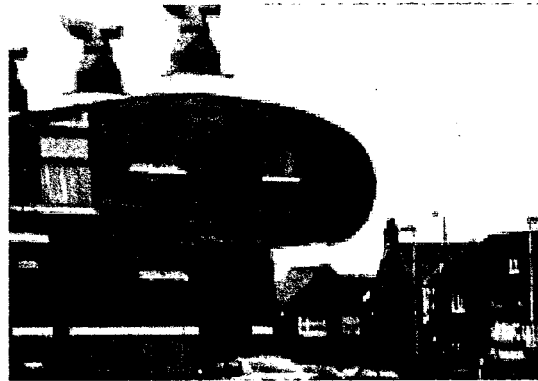
## Case study 1: Beddington Zero Energy Development (BedZED), London

The BedZED development in South London included a number of features aimed at enhancing the immediate neighbourhood such as first storey gardens, an on-site playing field, community centre, nursery and allotments. Walkways link up the terraced houses providing opportunities for neighbours to interact.

An initial Quality of Life Survey (conducted between January to March 2007) provided positive results of residents use of community facilities. Of the 23 households questioned (23% of households at BedZED), the majority (74%) use the community centre. Other facilities (e.g. allotments, nursery, sports field and village square) are used by approximately 25% of respondents. It is notable that 87% of respondents consider community facilities to be better than where they previously lived.

The majority of residents like their immediate neighbourhood i.e. at BedZED, but disliked the wider Hackbridge area. Reasons cited included anti-social behaviour, graffiti and vandalism.

BedZED was developed by the Peabody Trust, in partnership with Bioregional Development Group and designed by Bill Dunster Architects.



Source: BioRegional

### Win/Wins

- Provision of community and social facilities in new and regeneration schemes provide escape facilities and opportunity for community interaction.
- Facilities such as allotments also provide opportunities for physical activity and access to healthy food, both with positive health outcomes.

### Conflicts/Constraints

- Provision of facilities will not necessarily mean residents use them. Section 3.3 Obesity and Cardiovascular Disease discusses the importance of the quality of space and the development of initiatives to encourage their use.
- New developments and/or regeneration schemes need to consider the wider neighbourhood i.e. outwith the immediate regeneration area as any health benefits will depend on this wider context.

See Section 3.3 Obesity and Cardiovascular Disease

## 3.2 MENTAL HEALTH

### 3.2.4 Housing Design and Density

House type (e.g. high-rise dwellings) and floor level have been linked to poor mental health. High-rise, multiple dwelling units are harmful to the psychological well-being of mothers with young children and possibly that of young children themselves<sup>33</sup>. High rise dwellings also tend to reduce the opportunity for social interaction.

Studies have also shown that people living in deck access buildings have significantly higher risk of depression than those living in other housing types, even after adjusting for socio-economic status, floor of residence and structural problems<sup>34</sup>.

High-rise, deck access housing should be avoided in new developments and regeneration schemes.

In relation to housing density the evidence generally indicates that high density living can increase mental health problems, however, there are arguments to suggest that high-density living, particularly high household density, may in fact have positive effects, leading to increased social ties and more co-operation<sup>35</sup>.

PPS 3<sup>41</sup>: Housing sets out 30 dwellings per hectare (dph) as the national indicative minimum density for housing schemes but notes that "...LPAs may wish to set out a range of densities across the plan area rather than one broad density range..." Further guidance on how boroughs can determine housing mix and density for individual sites is provided in the Mayor's Housing SPG<sup>42</sup>.

The lack of space in London and demand for homes generally (both market affordable and socially affordable) is likely to push up density in both new and regeneration schemes. Thus, there will continue to be a requirement for high density housing in London.

Planning for better quality high density housing development will help reduce mental health issues.

The Commission for Architecture and the Built Environment (CABE) publication – Better Neighbourhoods: Making Higher Densities Work (©) provides a short and useful guide to designing better high density developments. The guide sets out five key areas to focus on when designing high density developments.

These are; parking, privacy, mixed uses, mixed communities and management and are summarised in the table overleaf.



Design Area	Design Suggestions	Health Benefits
Parking	<p>High density developments should be focused in areas well served by public transport to minimise parking. [25 units per ha or 100 persons/ha is the minimum density for a bus service].</p> <p>Where parking is necessary this should be carefully integrated to avoid cars dominating the public realm.</p> <p>Underground or multi-storey parking becomes viable at densities over 100 dph. Intelligent design should be employed at lower densities.</p>	<p>Good public transport will enable people, particularly from deprived communities to access local facilities e.g. for exercise or social interaction.</p>
Privacy	<p>Acoustic and visual privacy is often a problem with higher density living. Overlooking can be designed out and inclusion of noise insulation will mitigate noise pollution.</p>	<p>Reduced noise levels will reduce anxiety.</p>
Mixed Uses	<p>The location of higher density housing should be planned in accordance with other types of uses, e.g. open/green spaces, and commercial, social and community facilities. This could be achieved by focusing development in existing town centres.</p>	<p>A mix of uses will enable people to interact more in the community improving mental health, and facilitate participation in physical activity.</p>
Mixed Communities	<p>Higher density housing should be a mix of household types and tenures. This is particularly important in regeneration schemes in deprived areas to help regenerate the area as a whole.</p> <p>Ensuring homes are designed as Lifetime Homes will help meet accessibility requirements (Lifetime Homes has 16 standards which apply to both the interior and exterior of the home, e.g. car parking width, approach gradients, etc).</p>	<p>A mix of household types and tenures will help to reduce health inequalities e.g. deprived communities in 'sink' estates.</p> <p>Providing homes which are accessible for all will reduce inequalities.</p>
Management	<p>Higher density housing requires ongoing management at block and neighbourhood levels if standards are to be maintained (e.g. to deal with graffiti, litter, crime). An agreement on standards and service charges should form part of the planning application.</p>	<p>Management agreements are key to ensuring the long-term success of regeneration schemes and new development and to promote long term health benefits.</p>

## 3.2 MENTAL HEALTH

CABE undertook an audit of higher-density housing schemes in 2004 and noted that despite the drive towards improved design, the number of exemplary higher-density housing schemes are still rare.

Local Planning Authorities will need to be proactive and forward thinking to ensure that higher-density development in new and regeneration schemes meet all possible criteria to avoid negative health issues and plan for long term healthy outcomes. The use of developer planning obligations can be used to secure 'escape' facilities e.g. open spaces. Schemes in new locations (i.e. without a ready supply of mixed uses) will need to be phased carefully to ensure that non-residential uses are in place prior to residents moving in. This will help deliver healthier outcomes from the outset.

High density development can be achieved in traditional building styles e.g. through conversion of Victorian terrace houses. This makes use of existing housing stock and provides a steer away from high-rise, overcrowded developments.





### 3.2.5 Housing Quality

Aspects of housing quality such as internal dampness are associated with common mental health conditions. The role of planning in dealing with such issues is limited, however, by ensuring all new homes meet required standards (e.g. Building Regulations ②, Code for Sustainable Homes) ③ then the standard of housing constructed will be improved. Ensuring maintenance and management agreements are in place in new and regenerated housing schemes will help address problems when they do arise and maintain a high standard of housing quality.

Boroughs should endeavour to identify neighbourhoods and housing estates associated with poor quality housing. This may form part of planned estate renewal and regeneration and the achievement of Decent Homes Standards. PCTs could assist in this process (e.g. Identifying where GP visits are highest in relation to mental health, linked to poor quality housing). This will provide a focus for regeneration of existing neighbourhoods and housing estates.



② See <http://www.planningportal.gov.uk/>

③ See [www.planningportal.gov.uk/uploads/code\\_for\\_sust\\_homes.pdf](http://www.planningportal.gov.uk/uploads/code_for_sust_homes.pdf)



## 3.2 MENTAL HEALTH

### 3.2.6 Fear of Crime

Fear of crime is strongly associated with mental health problems<sup>48</sup>. This is a particular problem for existing developments and tends to disproportionately affect minority groups. Fear of crime can profoundly affect the quality of individual's lives by causing both mental distress and social exclusion<sup>49</sup>.

National planning policy e.g. PPS 1<sup>47</sup> Sustainable Development aims to:

*"...promote communities which are inclusive, healthy, safe and crime free, whilst respecting the diverse needs of communities and the special needs of particular sectors of the community..."*

The need to "design out crime" is emphasised in other national PPSs e.g. PPS 6<sup>48</sup>: Town Centres and within the Mayor's London Plan (e.g. Policy 4B1: Design Principles for a Compact City and Policy 4B.51 Safety, security and fire prevention and protection).

The ODPM publication Safer Places: The Planning System and Crime Prevention (April 2004) <sup>49</sup> sets out 7 attributes of safer places that are particularly relevant to crime prevention which should be incorporated in design. These are:

- **Access and Movement:** places with well-defined routes, spaces and entrances that provide for convenient movement without compromising security.
- **Structures:** Places that are structured so that different uses do not cause conflict.
- **Surveillance:** Places where all publicly accessible spaces are overlooked.
- **Ownership:** Places that promote a sense of ownership, respect, territorial responsibility and community.

- **Physical Protection:** Places that include necessary, well-designed security features.
- **Activity:** Places where the level of human activity is appropriate to the location and creates a reduced risk of crime and a sense of safety at all times.
- **Management and Maintenance:** Places that are designed with management and maintenance in mind to discourage crime in the present and the future.

Secured by Design <sup>50</sup> provides a series of Design Guides on how to design out crime and provides information on construction companies and architects who are registered as Secured by Design providers.

Redesigning an urban environment to make it safer has been shown to bring financial benefits as well as positively contributing to the health of the local community. For example, improving the street environment, through better lighting in Dudley and Stoke-on-Trent showed that for every £1 spent on lighting, £27-47 was saved in tangible losses from crime<sup>51</sup>.

See [www.communities.gov.uk/pub/1724/saferPlacesThePlanningSystemandCrimePrevention\\_id1144724.pdf](http://www.communities.gov.uk/pub/1724/saferPlacesThePlanningSystemandCrimePrevention_id1144724.pdf)

④

See [www.securedbydesign.com](http://www.securedbydesign.com)

⑤

## Case study 2: Russell Square

Russell Square is a public open space in Bloomsbury, North London first opened in the 18th century. In the 1970s, park maintenance and investment was cut back resulting in the square becoming overgrown and unsafe.

In 1994 Camden Borough Council commenced restoration of the square with financial support from the Heritage Lottery Fund.

Much of the restoration work aimed to reduce anti-social behaviour within the square and to make maintenance easier. For example, path surfaces now comprise bound gravel which can easily be maintained by mechanical sweepers. Vegetation within the square is regularly mown and pruned by maintenance teams and a gardener is employed during weekdays providing on-site surveillance as well as maintenance. Lighting columns provide safety lit areas on dark days and at twilight. This is reinforced by gating and closure of the square between dawn and dusk.

Russell Square demonstrates a number of the attributes discussed above – Access and Movement (clear paths), sense of Ownership (provided by the railings and locked gate), Physical Protection (provided by the locked gates) and Management and Maintenance (employment of a full-time gardener and regular maintenance teams).

### Win/Wins

- Open spaces will be used more readily if fear of crime is reduced providing space for people to unwind and relax.

### Conflicts/Constraints

- Long term funding will be required for upkeep and maintenance.



## 3.2 MENTAL HEALTH

### Case study 3: Regeneration of Swanley's, Northview Estate, West Kent

The original estate was constructed in the 1970s, comprising ten blocks of three storey housing. By the mid-1990s the estate had degenerated with antisocial behaviour concentrated in outside areas.

West Kent Housing Association began a programme of regeneration in the 1990s focusing on external landscaping and inclusion of security features within the residential properties. The scheme was completed in 1997 and involved close working between the architects (Fry Drew Knight Creamer), the Housing Association and a local resident steering group.

#### Notable features within the regeneration package included:

- Defined outside spaces e.g. parts of the communal areas given to ground floor areas and other areas given distinct uses such as children's play area.
- Low fence along the road frontage.
- Secure storage areas for refuse and bicycles.
- Secure entrance to flats with entrance canopy.
- Good quality lighting.

The scheme addresses a number of the attributes defined earlier – Surveillance, Ownership, Physical Protection and Management and Maintenance.

Landscaping was designed in such a way to screen the estate (and clearly establish it as private). The estate is clearly visible from within, providing natural surveillance all around. The landscaping had matured by 2007.

Maintenance is undertaken by a resident who is employed as a caretaker by the Housing Association. Paid and professional help is provided when required.

Crime figures were measured pre and post scheme completion. An 80% reduction in crime (including criminal damage, theft from motor vehicles and theft offences) was recorded between September 1996 and September 2000.

### Win/Wins

- Including simple design features in existing residential developments can help design out crime and reduce fear of crime.
- Involving local residents in maintenance can reinforce ownership and create a sense of empowerment, improving self-worth and overall mental health.
- Clearly setting out ownership gives responsibility to residents and provides incentives to maintain private space in good order.

### Conflicts/Constraints

- Long term funding will be required for upkeep and maintenance.



Before



After

Before and after photographs of Northview Estate.

## 3.2 MENTAL HEALTH

### Recommendations: Planning for Mental Health

#### Open and Green Space

- Developers and planning authorities should aim to include adequate "escape facilities" such as open and green spaces within new developments and regeneration schemes.
- Allotments are important as "escape facilities" and can provide multiple health and sustainability gains. Planning authorities should look for opportunities to include these in new developments/regeneration schemes.

#### Community and Social Infrastructure

- Maximise opportunities for social interaction through the inclusion of social and community facilities within new developments and regeneration schemes.

#### Design and Reduction of Crime

- New developments/regeneration schemes should aim to "design-out" crime.
- "Escape facilities" such as open spaces should be designed to avoid the likelihood of crime (e.g. follow Secured by Design principles).
- Estate regeneration schemes/new developments should take account of the conditions of the surrounding areas as wider problems may offset immediate health gains.

#### Design Quality and Type

- Boroughs should work with PCTs to identify neighbourhoods/housing estates where housing quality and/or design is having negative effects on public health.
- The design of high density development should take account of privacy, mixed uses, mixed communities and management.

#### Management and Maintenance

- Phasing of development in new and regeneration schemes will be important to ensure that health gains are secured from the outset e.g. provision of open spaces/community facilities before residents move in.
- Management and maintenance is critical to the long term success of new developments and regeneration schemes and to optimise health outcomes. Involvement of local residents in long term maintenance can engender empowerment and a sense of pride in surroundings.
- Developer contributions could help secure long term management funding.