

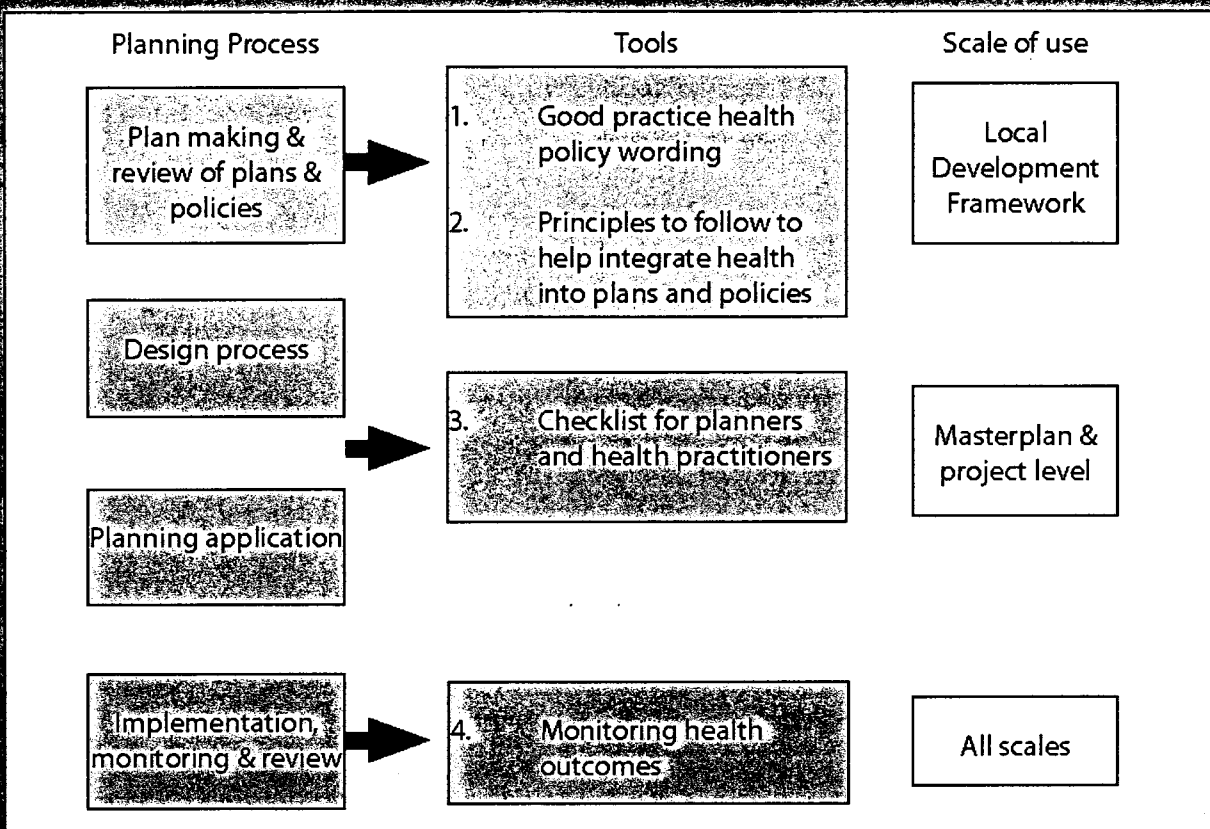
4 - A SPATIAL PLAN FOR HEALTH



4.1 INTRODUCTION

Part 3 provides evidenced links between spatial planning and health. Case studies were then used to explore how healthier outcomes could be delivered. We identified the lessons learnt from these case studies, aiming to move towards better practice.

Part 4 aims to provide a policy framework and set of tools to help planners and health practitioners address the recommendations arising from **Part 3**. The **Diagram** below summarises the tools that have been developed and illustrates their links to the planning system and the spatial scale at which they should be implemented.



4.2 GOOD PRACTICE HEALTH POLICY WORDING

As discussed in section 4.1, a series of good practice policies have been developed which planners and health practitioners should refer to when preparing and commenting on LDF documents. The policy framework has been developed as if it were a section within a Core Strategy. However, the principles underpinning the good practice policies will be relevant to plans at all levels and spatial scales and could be applied to the wider LDF (for example if a specific Health DPD or Supplementary Planning Document is to be prepared). Thus, we recommend that the policies be cherry-picked and adapted as appropriate to local circumstances.

4.2.1 Considering options for health

Plans should demonstrate that all relevant policy options have been considered and assessed⁸⁴. How then does a LPA develop options for health? There are two key considerations which should be made in identifying these options, including:

- The use of a robust evidence base to identify health issues and develop health options and to provide a framework to test those options.
- The number, type and quality of healthcare facilities to be provided in the borough is likely to comprise options for health. For example, whether there should be a shift in the provision to focus resources on primary care facilities rather than acute facilities; whether there should be an increase in small local healthcare facilities or the provision of larger borough-wide facilities.



When policy options have been identified, SEA/SA provides an independent means of assessment. HIA can also be integrated into the SEA/SA process. See Section 2.2.1 for more information on SEA/SA and HIA.

Box 4.1 Testing the 'soundness' of the Core Strategy⁸⁵ in relation to Options

In preparing the plan, has the LPA used the evidence base and provision of healthcare facilities to identify relevant alternatives to the policies and strategies contained therein?

Do the options address the health issues pertinent to the local population?

4.2.2 How to incorporate health within the Core Strategy

The **Core Strategy** sets out the long-term spatial vision for the local authority and the strategic policies and proposals required to deliver the vision. PPS12³⁹ states that “...the policies prepared by the local planning authority should be founded on a thorough understanding of **the needs of their area** and the opportunities and constraints which operate within that area...”⁴⁰ Before drafting policies therefore, planners, in conjunction with other stakeholders, should think about the local context of their area and, in particular, set out:

- An **evidence-based profile** of the local area;
- The **issues** arising from the local profile that should to be addressed by the Core Strategy;
- A **spatial vision** of the area in the future; and
- A set of **spatial objectives** which fit the vision and address the identified issues.

The evidence-based profile, issues which should be addressed by the Core Strategy, spatial vision and spatial objectives will now be considered in turn to identify how health should be considered in their development.

An evidence-based profile

The profile should set out the context for the local authority including, for example, its area and population, economic base, transport links, and community and social facilities. Health should be drawn into this profile through, for example, health issues currently facing the local authority, the provision of and demand for authority-wide healthcare facilities (including the quality and type of these facilities), and links between socio-economic factors and health, specific to the local authority.

4.2 GOOD PRACTICE HEALTH POLICY WORDING

The profile must be **evidence-based** and **locally distinctive**. PPS12 states that: "LPAs should prepare and maintain an up-to-date information base on key aspects of the social, economic and environmental characteristics of their area. LPAs should keep under review the following matters:

- (i) the principal physical, economic, social and environmental characteristics of their area;
- (ii) the principal purposes for which land is used in the area;
- (iii) the size, composition and distribution of the population of the area;
- (iv) the communications, transport system and traffic of the area (including accessibility by public transport); and
- (v) any other considerations which may be expected to affect those matters."

Box 4.2 Testing the 'soundness' of the Core Strategy⁸⁷ in relation to the evidence-based profile

In preparing the profile, has the LPA:

- Set out health issues currently facing their area?
- Identified wider issues which may have indirect links to health and documented these links?
- Summarised the provision of and demand for authority wide healthcare facilities, specifically referring to the quality and type of these facilities?
- Provided a robust evidence base from which to draw out and monitor the health characteristics specific to their area?

Issues to be addressed

The profiles should be used to identify local authority-specific issues which need to be addressed. These should include health issues currently facing the borough in addition to wider issues which may have indirect links to health.

Examples of the range of issues which could be identified are set out below:

Health issues could include:

- The number of road traffic accidents in [borough x] is higher than the average number of road traffic accidents for other London boroughs.
- Life expectancy in [ward x], a deprived ward in the borough, is significantly lower than [ward y], one of the more affluent wards in the borough.
- There are high levels of hospital admissions for respiratory disease in the borough.

Wider issues which may have indirect links to health include:

- There are high levels of unemployment in [ward x].
- There is a lack of affordable housing in the borough.
- There are poor public transport links in some areas of the borough.
- There is a low number of sports and leisure facilities and open and green spaces per 1000 population in the borough.

4.2 GOOD PRACTICE HEALTH POLICY WORDING

Spatial vision

The spatial vision should present the plan's key areas of future focus in as concise a manner as possible, taking into account the issues arising from the profile. Where relevant, health should be integrated into the overall vision for the area, both in terms of direct health outcomes and wider outcomes which may have indirect links to health. The vision may include aspirations such as:

- ◊ A healthy place to live and work;
- ◊ A safe, prosperous and fair borough; and
- ◊ Equal access for all to homes, jobs, leisure and sports services, and community and healthcare facilities.

Although the spatial vision may consist of high-level aspirations, local authorities should consider how these relate to development and use of land on the ground. In relation to health, this would mean understanding how the health issues currently facing the borough (as identified from the local profile) can be managed through the planning process. For example, hospital admissions for respiratory disease may be particularly high in specific wards due to poor quality housing and/or road traffic pollution. Dealing with these issues may involve targeting regeneration to particular housing estates and/or introducing measures to reduce traffic levels.

The vision for the borough should be linked to the Community Strategy. PPS12 states that *"...the LDF should be a key component in the delivery of the community strategy... setting out its spatial aspects where appropriate and providing a long-term spatial vision..."*⁸⁸ Furthermore, the fifth test of soundness, (under the Conformity heading) requires DPDs to have regard to the authority's community strategy.

Box 4.3 Testing the 'soundness' of the Core Strategy⁸⁸ in relation to the spatial vision

In preparing the spatial vision, has the LPA:

- Integrated direct health aspirations?
- Integrated wider aspirations which may have indirect links to health and documented the links between these aspirations and health?
- Related health and wider aspirations to development and use of land on the ground?
- Had regard to the authority's community strategy?

Strategic objectives

The objectives should illustrate, in a meaningful way, how the strategy contributes to the outcomes outlined in the spatial vision²⁰. Given that health should be integrated into the vision, health should form one of the overall strategic plan objectives.

An example of how health may be incorporated as a strategic objective is outlined below. This example sets out the generic requirements which all local authorities should strive for when aiming to promote health and well-being. There will inevitably be authority-specific health issues which will need to be included. Boroughs should work in partnership with PCTs from the outset to help identify these.

To set a spatial planning framework for the improvement of [*borough x's*] community health and well-being for everyone. This will be achieved through the following objectives:

1. To ensure health inequalities are addressed through equal access for all to homes, jobs, sports and leisure facilities, open and green space, social and community, and healthcare facilities.
2. To ensure that the potential health impacts of development and regeneration are identified and addressed at an early stage in the planning process.
3. To ensure that the design and management of new developments and regeneration schemes promote and maintain healthy lifestyles.
4. To encourage physical activity, e.g. through the provision of opportunities to walk and cycle in the design of new developments and regeneration schemes.
5. To provide opportunities to improve physical and mental well-being through the provision of high quality open & green spaces and sports and recreation facilities.
6. To avoid mental health effects arising from direct exposure to or fear of exposure to crime/criminal activity through appropriate design in new developments and regeneration schemes.
7. To avoid the public health impacts related to climate change, such as overheating, through adaptation and mitigation measures.

4.2 GOOD PRACTICE HEALTH POLICY WORDING

Setting objectives correctly and effectively is critical to the formulation of good policies. Objectives should:

- be different to aims/aspirations, which are high-level, over-arching visions;
- provide the means to achieve success;
- be SMART:

S Specific = language used is appropriate and free from jargon

M Measurable = what evidence will be used to prove that the objective has been achieved?

A Achievable = outcomes of objective can actually be met

R Realistic = it is clear who will deliver the objective and how it will be funded

T Timely = A deadline for completion of objectives should be set to make it measurable

SMART Objective

Health Issue: Child injuries and fatalities from road-based transport.

Objective: To reduce the number of child pedestrian injuries and accidents from road-based transport.

Aims: The borough should aim to exceed the national level target (by 2010, a 50% reduction in child pedestrians killed or seriously injured versus 1994-1998 levels).

How to Achieve: Through the introduction of traffic calming measures, Homezones etc. Focus on wards where child pedestrian injuries and accidents are highest.

How to measure: Monitor the number of child injuries and fatalities on an annual basis. Data should be collated between wards to identify ward level differences.

Box 4.4 Testing the 'soundness' of the Core Strategy in relation to objectives

In preparing the strategic objectives, has the LPA:

- Integrated health as an overall strategic plan objective?
- Correctly and effectively set objectives, in line with the principles set out above?

4.2.3 How to incorporate health within the Core Strategy Policies

Within the Core Strategy, health may feature either as a cross-cutting theme or as an individual section within the plan:

- Health as a **cross-cutting theme** would enable the traditional topic-based approach of plan-writing to be followed so that health is considered under each topic heading (e.g. housing, employment, transport, etc). The health issues specific to the local area will need to be identified at the outset. The health issues should then be linked to appropriate plan topic(s) and reflected in objectives and policy. Section 4.2.5 discusses health as a cross-cutting issue further.
- Incorporating health as an **individual topic** is likely to more closely align the structure of the Core Strategy with that of the Community Strategy. Whilst there is wide diversity in the form and content of Community Strategies, a survey of 28 strategies identified health/well-being as the most popular theme to be included¹⁰⁶. Whilst this approach may explicitly set out the links between health and spatial planning, it may result in policy overlap between topics of the Plan and confusion to readers who are used to more traditional Plan layouts.

The approach to integrating health within the Core Strategy will depend on many factors, such as local circumstances, experience, time available and the involvement of others. Whichever approach is chosen, policy development should follow the steps outlined above:

Evidence → Issues → Vision → Objectives → Policy

Health as an individual topic section

This guidance document follows a topic-based approach to the development of health policies.

This reflects the selectivity adopted in Part 3 (policies have been developed around the chosen public health issues). The policies also develop the evidence base provided in Part 3 - where strong links are identified between the public health issue and spatial planning factors these are reflected within health policy.

Following the individual health policies, good practice wording for overarching health policies is provided, which focuses around healthcare provision, designing for health and minimising the health impacts of development. The example policy, "Designing for Health aims" to draw together a series of principles to follow in the design of new developments and regeneration schemes which will help to deliver healthier outcomes. This policy could be applied to a range of public health issues.

The policy framework provided below should help planners to generate policies which are appropriate to their local circumstances.

4.2 GOOD PRACTICE HEALTH POLICY WORDING

FORMULATING POLICIES FOR HEALTH

Health and well-being are major issues on the national agenda. Health is more than access to medical treatments and services; it also extends to prevention and cure and centres on enabling people to make healthier choices.

This topic of the Core Strategy relates to the important issues connected with creating and maintaining healthier communities. The task of the LDF is to set a spatial planning framework which will facilitate positive improvements to the borough's health and well-being and supports the borough's spatial vision and spatial objectives.

This topic includes eight policies:

Example policy 1: Mental health

Example policy 2: Obesity and cardiovascular disease

Example policy 3: Respiratory disease

Example policy 4: Excess winter (cold) and summer (heat) mortality

Example policy 5: Injuries

Example policy 6: Healthcare provision

Example policy 7: Designing for health

Example policy 8: Health impacts

This introduction to the topic should be grounded in evidence; it should set out the borough's current situation with regard to health and well-being.

MENTAL HEALTH

Depression and anxiety are important public health problems occurring in the range of 15 to 30% and they account for approximately 20% of GP consultations in the UK. Key factors associated with poor mental well-being include lack of 'escape facilities' (such as green space and social infrastructure), a sense of overcrowding, fear of crime and dissatisfaction with existing living conditions and the local area (e.g. high rise, deck access dwellings, poor quality housing and neighbour noise). Allotments are cited as 'escape facilities' that have a positive effect on both physical and mental well-being.

There is also evidence demonstrating that residents whose homes have been flooded experience psychological distress for considerable periods of time after a flood event.

New developments and regeneration schemes can help to reduce the incidence of mental health problems through provision of good quality green space and social infrastructure, designing to avoid crime and fear of crime, involving local communities in regeneration schemes and ensuring developments are of a high quality and are appropriate to their location.

Proposals should incorporate innovative means to manage and maintain open and green spaces and encourage long-term use. E.g. through the use of S106 funding to provide on-site wardens.

Avoiding development in areas at risk of flooding or designing site layout and buildings to minimise flood risk may help reduce flood-related psychological distress.

Example strategic objective 1: Mental Health

To set a spatial planning framework for addressing the borough's mental health problems. This will be achieved by:

1. Protecting and enhancing the borough's open and green spaces through the implementation of the Open Space Strategy.
2. Integrating open space provision within new developments and regeneration schemes.
3. Protecting and enhancing the borough's social and community infrastructure.
4. Integrating social and community infrastructure within new developments and regeneration schemes.
5. Designing new developments to avoid crime and fear of crime.
6. Involving local communities in regeneration and development schemes to ensure design takes account of community health concerns.
7. Designing site layout and buildings to minimise flood risk.

4.2 GOOD PRACTICE HEALTH POLICY WORDING

Example policy 1: Mental health

The borough will aim to reduce the incidence of mental health problems through the provision of good quality, accessible open and green spaces and social infrastructure, involving local communities in the design of development and regeneration schemes; designing out crime in new developments and designing to minimise flood risk.

Open and green space

The borough will protect and support a diverse and multi-functional network of open and green spaces through the:

- Identification of a network of strategically and locally important green space areas in Site Allocations Development Plan Documents and Area Action Plans.
- Identification and designation of open space sites, e.g. Green Belt, Metropolitan Open Land in the Site Allocations Development Plan Documents and Area Action Plans.
- Identification of current areas of open space deficiency through the preparation of an Open Space Strategy.

Support will be given to:

- Proposals and activities that protect, retain or enhance existing open and green spaces; lead to the provision of additional open and green spaces or improve access to existing areas, particularly by non-car modes.
- Proposals which incorporate innovative measures to manage and maintain open and green spaces and encourage long-term use.
- Major development proposals which help meet the increasing demand for open spaces.
- Development proposals which include provision for allotments as a means to provide multiple health and sustainability benefits.
- Development proposals which include innovative means to incorporate open space, e.g. through the provision of green roofs, wildlife gardens or play space created as a result of traffic calming.

There will be a presumption against:

- Development on existing open or green space.
- Inappropriate development of Metropolitan Open Land or Green Belt Land, i.e. development that damages the open function of the space.

Community and social infrastructure

The borough will undertake an assessment of local infrastructure to identify areas of deficiency and to plan for projected population increase and demographic changes. This will be in conjunction with local strategic partnerships, healthcare organisations and others.

All those proposing new development and regeneration schemes will:

- Identify the social infrastructure needs of the development (Social and Economic Impact Assessments may be required for large residential sites)
- Consult the local community on their social and community requirements
- Provide facilities with in easy access by walking/cycling or public transport
- Provide facilities which are accessible to all sectors of the community

Support will be given to proposals which seek to promote long-term community involvement in the ownership and management of new development and regeneration schemes.

Proposals involving the loss of community and social infrastructure will only be permitted where adequate alternative provision is made to meet the needs of the community affected, resulting in high quality, accessible and locally appropriate facilities.



4.2 GOOD PRACTICE HEALTH POLICY WORDING

Design and the reduction of crime

Design of all developments and regeneration schemes should reduce the opportunity for crime. Support will be given for proposals which meet the principles below:

- Provide places with well-defined routes, spaces and entrances that provide for convenient movement without compromising security.
- Provide adequate and natural surveillance of adjacent streets and spaces e.g. by maximising active frontages in development design.
- Create a sense of ownership by providing a clear distinction between public and private spaces.
- Promote activity that is appropriate to the area, providing convenient access and movement routes.
- Avoid the creation of gated communities.
- Provide places that are designed with future management and maintenance in mind to discourage crime in the long-term. The involvement of local communities in long-term management and maintenance will be particularly supported.

Designing to avoid flooding

All those proposing new development and regeneration schemes **will** aim to avoid areas at risk of flooding or areas likely to increase the risk of flooding elsewhere.

If new development or regeneration schemes are in areas at risk of flooding, the following should be undertaken:

- (i) Carry out a site survey to determine which Sustainable Urban Drainage Systems (SuDS) will be appropriate for use on the site.
- (ii) Incorporate water courses throughout the site.
- (iii) Set development back from existing flood defences.
- (iv) Orientate infrastructure according to flood risk vulnerability.

Boroughs will take opportunities to address social and environmental inequalities and help manage existing flood risk through river restoration and opening up culverts.

Principles set out in **Example policy 7: Designing for health** and **Example policy 8: Health impacts** should be adhered to when designing and determining planning applications.

OBESITY AND CARDIOVASCULAR DISEASE

One of today's biggest public health problems is the obesity epidemic, linked to a rising incidence of diabetes. Obesity and diabetes are risk factors for coronary heart disease. In England, 15% of children between the ages of 2 and 10 are obese and the prevalence of children that are obese and overweight is increasingly steadily.

This trend can be addressed by encouraging physical activity. New developments and regeneration schemes can be designed to encourage more active lifestyles by providing good quality, accessible open spaces and sports and recreation facilities, and by encouraging walking and cycling. In addition to addressing obesity and diabetes, these interventions will also tackle cardiovascular disease and musculoskeletal conditions. There is evidence that leisure time physical activity is associated with reduced risk of cardiovascular disease in middle-aged and older men and women.

Example strategic objective 2: Obesity and cardiovascular disease

To set a spatial planning framework for addressing the borough's obesity problem and cardiovascular disease. This will be achieved by encouraging physical activity through:

1. Protection and enhancement of the borough's open and green spaces through the implementation of the Open Space Strategy.
2. Integration of open space provision within new developments.
3. Protection and enhancement of the borough's sport and leisure facilities through the Sports Facilities Strategy and Playing Pitch Strategy.
4. Provision of appropriate facilities for sports and recreation in development proposals.

4.2 GOOD PRACTICE HEALTH POLICY WORDING

Example policy 2: Obesity and cardiovascular disease

The borough will tackle obesity and address cardiovascular disease by encouraging physical activity. This will be achieved through the provision of good quality, accessible open and green spaces and sport and recreation facilities.

Open and green space

The borough will follow the requirements set out in [Example policy 1: Mental health in protecting and enhancing open and green spaces](#).

Sport and recreation facilities

The borough will enhance sport and recreation facilities by identifying locations for the delivery of major new facilities in Site Allocations Development Plan Documents and Area Action Plans.

Support will be given to:

- Proposals and activities that protect, retain or enhance existing sports and recreation facilities; lead to the provision of additional facilities or improve access to facilities, particularly by non-car modes.
- Development proposals which provide appropriate facilities for sport, recreation and children's play to meet the needs of the development.
- Development proposals for new sport, recreation and children's play facilities, or for the enhancement of existing facilities, provided that:
 - There is no demonstrable harm from noise, lighting, transport or environmental impacts.
 - The development contributes to meeting identified shortfalls in provision or enhancing the quality of provision of sport and recreation facilities.
 - The development is accessible by sustainable modes of transport, especially walking and cycling.

There will be a presumption against any development that involves the loss of a sport or recreation facility, except where it can be demonstrated that there is currently an excess of provision, or where alternative facilities of equal or better quality will be provided as part of the development.