

Spatial Planning for Health

A guide to embedding the Joint Strategic
Needs Assessment in spatial planning



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Acknowledgements

Special thanks to Sorwar Ahmed for his expert contribution to the guide. Special thanks also to those who contributed to the four case studies and those who attended and contributed to discussions at the stakeholder roundtables.



The Hyde Group is a leading provider of affordable housing and makes a significant contribution to regenerating communities and improving people's quality of life.

It is one of the largest housing association groups working in England, owning or managing 45,000 homes in London, the South East and the East Midlands.

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The aims of the Town and Country Planning Association (TCPA) are to:

1. secure a decent home for everyone, in cohesive, well designed communities;
2. empower communities to influence decisions that affect their future; and
3. promote high-quality development through better planning of the use of our land.

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Foreword

Developing strong, healthy and vibrant communities is vital to ensuring the well-being of local people. This guide provides a framework to instil these principles at the beginning of the town planning process, utilising the Joint Strategic Needs Assessment to shape local decision making.

The health and well-being of communities cannot be an after thought. It must begin with the planning process, making best use of the information that is available. If a community has access to a health centre, healthy food outlets and well designed public space, it will be healthier, happier and more stable. It is the responsibility of planners, developers and policy makers to ensure all of our communities have access to amenities that will enable them to lead healthier lives.

In post-war Britain, housing and planning was part of the Department of Health. Inner city slums and poor homes were knocked down and rebuilt in the interest of public health. The challenges facing modern Britain are different from those 65 years ago, but the principles of linking improved health outcomes and planning and development remains the same. Implementing the recommendations of this report can help protect the communities of the future from ill health.

In a period of change for both health and planning, it is vital that local councils lead the way to embed the principles of this report. With greater responsibility for public health and planning, councillors can help to shape the long term future of the communities they serve.

Housing associations are not normally involved in spatial planning, but Hyde recognise that our aim to make a lasting difference to peoples lives begins in the planning process. The planning system is a vital tool in securing the long term well-being of our communities. The environment in which people reside has a real impact upon how they live, how they work and how they interact with others. Housing associations are not only one of the delivery agents of the planning process, but also know the impact that poor planning can have on people's lives. This report develops a way of considering health and well-being outcomes in the planning process and helps to solve some of the issues facing our communities today.

We would like to thank the Town and Country Planning Association for producing this report, and also express our gratitude to those involved in the roundtable discussions which provided energy and focus to the project.

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Executive Summary

Spatial Planning for Health: A guide to embedding the Joint Strategic Needs Assessment in spatial planning has been developed during a transformational period of structural reform for both the public health and town and country planning sectors. The fundamental relationship between planning and public health and the need for an evidence base to back up decisions will continue to exist regardless of new policy landscapes. In fact the task facing public health and planning practitioners and policy-makers is not necessarily looking at new ways of doing things but learning from how existing processes and arrangements can be improved to deliver shared health and well-being priorities for local communities. The Joint Strategic Needs Assessment (JSNA) of local health and well-being is a joint statutory process between the local authority and primary care trust. It provides an excellent opportunity to strengthen the process of spatial planning in helping to deliver sustainable development objectives.

Commissioned by the Hyde Group and developed by the Town and Country Planning Association (TCPA), the purpose of this guide is to:

- promote the contribution of well-planned developments in achieving long term health and well-being outcomes;
- promote the positive application of the JSNA in the planning process so that the JSNA as a method of engagement and an evidence-based tool can be fully understood and appreciated by planners and policy-makers;
- highlight the impacts and opportunities of the 'localism' agenda for both spatial planning and public health;
- promote embedding the JSNA in a supportive planning framework for delivering key health and well-being outcomes;
- make recommendations to inform improvements to the alignment of planning and health processes; and
- where possible, make use of, rather than duplicate, published guidance and advice from respected organisations.

Each local area will have its own set of challenges and opportunities for growth and regeneration. This guide for the JSNA and spatial planning will help to ensure these can be addressed, planned for and delivered to improve and sustain the health and well-being of people, communities and places. Furthermore, each local authority will have its own unique governance and working arrangements for embedding and sharing priorities. The guide will help to ensure these existing arrangements take advantage of networks and contacts already established by pooling resources, skills and data to inform a coherent approach to delivering sustainable communities and development. The leadership role of local authorities and their interaction with local communities will continue to be at the heart of the issue.

The key themes of **partnership working**, **community engagement**, and **evidence of effectiveness** should continue to underpin culture work to improve JSNA process and output, and their relationship to planning:

Recommendation 1

Corporate leadership: With local government taking a more proactive role and greater responsibility in health and well-being, elected members with portfolios in planning, regeneration, culture, health and well-being, as well as directors across all departments should take greater interest. Local leaders should seek to understand and shape the JSNA process to facilitate a better understanding of how council services and functions can improve local healthy development.

Recommendation 2

Engaging partners and local communities: The emerging new frameworks for town and country planning, the National Health Service reorganisation and greater role of local government in public health will require much improved communication channels among partners, council departments and local people. This means undertaking engagement and conversations as proactively and meaningfully as practical throughout the different, but often parallel, processes of strategic planning, commissioning and delivery to ensure the full benefits of the use of JSNA are realised, and that the JSNAs are of practical value of practitioners.

Recommendation 3

Making the best use of existing tools and mechanisms: Practitioners and policy-makers should consider making the most effective use of available statutory mechanisms and powers, some of which are highlighted in this guide, and where practical, aligning with existing processes and governance arrangements to deliver healthier outcomes in planning and development, including sustainability and health impact assessment.

Recommendation 4

Improving and co-ordinating data sources and quality: Responsible officers for the JSNA should consider developing shared local data and intelligence with other departments in the local authority or health organisation, including taking proactive actions to tailor the content to meet specific partner needs, local priorities, and finding innovative and accessible methods in presentation, dissemination and application. Opportunity to include additional indicators/ datasets to the datasets should be explored as part of tailor-fitting the JSNA. Opportunities should also be explored to integrate with other forms of statutory and best practice local assessments, such as the Local Economic Assessment, Strategic Housing Market Assessment, and Open Space Assessment.

Recommendation 5

Making the best use of the JSNA in planning decisions: Planning policy-makers should seek to fully understand the health and well-being determinants and their evidential links with spatial planning and the built environment. They should consider where and how data collected and presented in the JSNA can help to health-proof development plan policies and development proposals. Public health practitioners should promote the value and usefulness of the JSNA more proactively to partners.

Recommendation 6

Effective monitoring and review: Responsible officers for the JSNA should continue to monitor the relevance and use of the JSNA so that it will continue to be a useful and up to date tool for partners. Planning authorities should also consider using JSNA evidence to monitor against locally-agreed health indicators and spatial planning policies as part of their Annual Monitoring Report.

Recommendation 7

Improving skills and resources: Local authorities, professional bodies and skills support organisations should consider the skills level of practitioners in understanding the health impact of their decisions through provision of special training and Continuing Professional Development activities. The relevant Government departments should take an active interest in learning lessons from where, through the JSNA process, effective joint working between health and planning professionals has and can positively influence planning and development decisions.

1. Introduction

1.1 Purpose

This project was developed in the context of three major trends:

- a shifting policy emphasis towards ‘localism’ and local government receiving greater responsibility for public health;
- the recognition of the link between the built environment and people’s health and well-being;
- the changing roll, scope and function of JSNA; and
- the need for a robust evidence base to inform plan-making and planning decisions.

It was commissioned by the Hyde Group and has been produced by the Town and Country Planning Association (TCPA) in collaboration with cross sector stakeholders and the Department of Health.

This is the first project to examine the relationship between the Joint Strategic Needs Assessment (JSNA) and planning. It aims to demonstrate how planners and public health professionals in local authorities and local NHS organisations can utilise the JSNA to meet identified local health and well-being needs through the spatial planning process. This includes ensuring that there will be an appropriate policy framework to support the delivery of high quality health-care places with the supporting health services and facilities needed to tackle health inequalities in towns and cities. In particular, the report will highlight how the JSNA can help deliver local areas’ agreed priorities and aspirations as set out in their Sustainable Community Strategy, using the local development process to realise them spatially through planning policies, new

development and infrastructure delivery.

The purpose of this report is to:

- promote the contribution of well-planned developments in achieving long term health and well-being outcomes;
- promote the positive application of the JSNA in the planning process so that the JSNA as a method of engagement and an evidence-based tool can be fully understood and appreciated by planners and policy-makers;
- highlight the impacts and opportunities of the ‘localism’ agenda for both spatial planning and public health;
- promote embedding the JSNA in a supportive planning framework for delivering key health and well-being outcomes;
- make recommendations to inform improvements to the alignment of planning and health processes; and
- where possible, make use of, rather than duplicate, published guidance and advice from respected organisations.

1.2 Who is this guide for?

This practical ‘how-to guide’ was developed from the perspective of planners for local authority planners and policy-makers working in:

- spatial planning and public health policy,
- strategic delivery,
- regeneration and community services,
- housing, and
- development management.

It will also benefit planners in the private sector, public health practitioners in local NHS organisations, the proposed GP consortia, and voluntary and third sector community groups with an interest in taking a more proactive role in improving their local health and well-being.

1.3 Project Methods

This guide is an output of a programme of research and engagement activities which are available online along with further resources at www.tcpa.org.uk:

- detailed case study work to draw specific lessons from Brent, Northamptonshire, Sandwell and Wakefield (see **Background Paper 1**),
- two stakeholder roundtables bringing together key stakeholders from planning and health (see **Background Paper 2**), and
- a Strengths, Weaknesses, Opportunities and Threats assessment of emerging reform proposals for planning, decentralisation, the NHS and public health (see **Background Paper 3**).

The work also involved identifying any parallel work by DH and others, including:

- *Jean Rollinson (LGID)* – JSNA in housing and support needs of vulnerable adults – publication expected late 2010,
- *The National Institute for Health and Clinical Excellence (NICE)* – Spatial Planning for Health guidance – publication expected in December 2011,
- *Colin Buchanan, rmjm (DH and CLG)* – Spatial Planning and Health research – publication expected in late 2010,
- Local Government Improvement and Development (formerly I&DeA), JSNA. Progress so far – published April 2009
- *North West Joint Improvement Partnership* – Relationship between commissioning and JSNA – published July 2010,

- *NHS London Healthy Urban Development Unit (HUDU)* – established to help the 31 NHS PCTs across London engage and be proactive in relation to the health and planning strategy agenda for London – ongoing.

1.4 Understanding the impact of reforms

The project and this guide are set in a period of significant institutional and cultural change for planners and public health professionals. At the time of writing, details on planning reforms are yet to be published but are expected in the autumn in the Localism and Decentralisation Bill and White Paper on sub-national growth, based on principles and intentions set out in Open Source Planning Green Paper¹ and the Structural Reform Plan².

Similarly, while health reforms have been outlined in the NHS White Paper, Equity and excellence: Liberating the NHS³ with subsequent detailed consultation proposals, a public health white paper is expected later in the year. This section attempts to undertake a limited exercise of horizon scanning and highlight the opportunities presented by the reforms from the perspective of improving integration of JSNA in the planning process. A Strengths, Weaknesses, Opportunities and Threats analysis of reforms' impact on health and planning is detailed in Background Paper 3.

The key messages for any policy and working landscape after the reforms, including the relationship between the JSNA and planning process and outputs, are the need, if not a greater need for:

- The retention of a long term forward vision of healthy communities and sustainable development,

Table 1. Opportunities presented by the Reform Proposals

Reform Proposal	Opportunities
Spatial Planning	
New National Planning Framework	Strengthen health references and policy linkages amongst agendas
Abolishing the regional tier of planning and housing, including the NHPAU	Strengthen local authorities' role in shaping functional places. Improve collection and co-ordination of locally-derived and tailored data.
Creating a new framework for sub-regional partnership	Integrate with existing LAA/ MAA partnerships or voluntary joint arrangements, and take advantage of the JSNA conducted at the upper-tier level
Giving local people the power and capability to engage in local plan-making (neighbourhood plans)	Strengthen locally-tailored solutions to delivering and shaping healthy sustainable places
Introducing a 'duty to co-operate' between local planning authorities	Improve communication and sharing of information among partners and stakeholders. Greater role of upper-tier authorities in strategic level planning and infrastructure delivery. Take advantage of the JSNA conducted at the upper-tier level
Joint Infrastructure Plans as part of local development plans	Improve co-ordination, accumulation and statutory importance of robust local evidence base of needs and provision (ie the JSNA), and joint-working of all stakeholders, including public health
NHS and Public Health	
Devolution of NHS commissioning responsibilities and budgets, including abolishing SHAs & PCTs	Strengthen spatial integration of evidence to meet health and well-being needs, and local development priorities
NHS commissioners supported and held to account for local outcomes	Improve the delivery of more equitable and effective outcomes with decisions based on needs contributing to improved health and well-being
An enhanced role for local authorities in increasing democratic accountability in health	Integration of evidence-based planning for health in local spatial planning and delivery processes to agreed priorities and vision
Local authorities leading a statutory health and wellbeing board with responsibility for JSNAs	Strengthen local authority role in public health, and enable co-ordinated service delivery with identified health and well-being needs and other agreed local priorities

- Strengthening working relationships, in particular in two-tier areas between the counties and district,
 - collaboration and co-ordination among planners and health professionals within the local authority,
 - decisions that are justified on robust evidence base and on the actual and projected needs of local communities and places,
 - understanding the holistic approach to place and community-based planning towards achieving sustainable development, and
 - improving transparency, accountability and responsibility for all those involved in shaping places and communities.
- ¹ Conservative Party, February 2010, Open Source Planning Green Paper
- ² CLG, July 2010, Structural Reform Plan
- ³ Department of Health, July 2010, Equity and excellence: Liberating the NHS

2. JSNA set in context

2.1 Policy Context

The Government's overarching objective for the planning system is that it should facilitate and promote sustainable and inclusive patterns of urban and rural development to help contribute to sustainable development. Planning authorities will play more of a role as a place-enabler and place-shaper rather than simply a regulatory role in controlling land use activities.

Readers are advised to note that the Government intends to streamline the Planning Policy Statements into a new national planning framework. Until which time the new national planning framework comes into force, the above documents will continue to have full legal force in the planning system.

Paragraph 2.2 of Planning Policy Statement 12: Local Spatial Planning highlights the advantage of spatial planning to councils and LSPs, which "underpins the wider corporate strategy of the council and LSP in that it:

Paragraph 5 of Planning Policy Statement 1: Delivering Sustainable Development aims to ensure development supports existing communities and contributes to the creation of safe, sustainable, liveable and mixed communities.

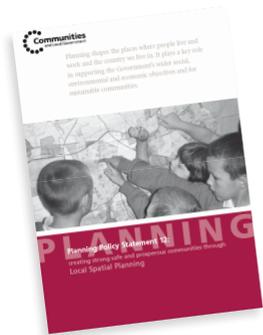
In addition, explicit references to the contribution of planning to meeting community health and well-being needs, and working with health partners can be found within the following national planning guidance:

- PPS 3: Housing
- PPS 9: Biodiversity and Geological Conservation
- PPS 10: Planning for Sustainable Waste Management
- PPG 13: Transport
- PPG 17: Planning for Open Space, Sport and Recreation
- PPS 23: Planning and Pollution Control
- PPG 24: Planning and Noise
- PPS 25: Development and Flood Risk
- PPS: Eco-towns. A Supplement to PPS1
- Draft PPS: Planning for a Natural and Healthy Environment
- Draft PPS: Development management

Strengthening the role and responsibilities for local government was introduced in the Local Government and Public Involvement in Health Act 2007. The supporting statutory guidance, *Creating Strong, Safe and Prosperous Communities⁴*, expects the JSNA to be taken into account in the preparation of Sustainable Community Strategies by upper-tier authorities. In two-tier areas, upper tier authorities will consult with district councils to ensure the evidential link to each SCS.



Planning Policy Statement 12⁵ sets out **a new approach to spatial planning at the local level to help co-ordinate development for the provision of health facilities**, and requires robust evidence base to justify planning policies. It also requires sound infrastructure planning to support the delivery of the Local Development Framework Core Strategy, where local planning authorities must explicitly set out what physical, social and green infrastructure is needed to support development, who will provide the infrastructure and when. It must be aligned with other strategies and investment plans.



2.2 What is a JSNA and what's in it?

The Local Government and Public Involvement in Health Act 2007 placed a duty on responsible local authorities (upper tier authorities) and PCTs to undertake a JSNA⁶. The responsibility to undertake this work lies jointly with the Director of Public Health at the PCT, the Director of Adult Social Services and the Director of Children's Services at the local authority. In two-tier areas, local arrangements should be made in consultation with district councils. The JSNA is a means to provide "the big picture" evidence base relating

to the **health and well-being needs and inequalities** of the local population in order to inform and enable local services to plan in accordance with locally-agreed priorities. It should inform and be taken into account in preparing the Sustainable Community Strategy.

The Department of Health 2007 JSNA guidance provides structured advice to the responsible local authorities and PCTs⁷ (see Annex 1 for the JSNA process).

- ⁴ HM Government, July 2008, *Creating Strong, Safe and Prosperous Communities. Statutory Guidance*
- ⁵ CLG, 2008, *Planning Policy Statement 12: Creating strong, safe and prosperous communities through local spatial planning*
- ⁶ Section 116 of the *Local Government and Public Involvement in Health Act 2007*
- ⁷ DH, 2007, *Guidance on Joint Strategic Needs Assessment*

2.3 Research findings about current practice

The desktop literature review, discussions with stakeholders and interviews with case studies found a number of barriers which exist currently in the development, practical application and benefits of the JSNA, as well as wider issues around the practical relationship between the work of public health and spatial planning officers. Key reference documents can be found in Section 7. The main messages are:

- The Marmot Review⁸ identified a lack of attention paid to health in the planning system, and recommended integrating planning, transport, housing, environmental and health policies, namely in a single planning guidance. This recommendation reflects the previous considerations of the Parliamentary Health Committee⁹ and the Royal Commission on Environmental Pollution¹⁰,

- On the issue of planning and the impact of fast food takeaways, LPAs are able to influence outlets through policies in development plans provided they are supported by a strong evidence base¹¹,
 - CLG research¹² found that within a range of 30-45%, LSPs did not recognise the usefulness of the JSNA as a policy lever or its effectiveness in improving health outcomes,
 - LGID research found JSNAs vary in content, format, style and length which may not help in raising awareness or easy integration with wider partners¹³,
 - JSNAs showed little evidence of engagement with other departments within the local authority and wider partners/stakeholders,
 - To some health professionals and health organisations, housing and planning are seen as non-priority,
 - There is a silo-culture and mentality of statutory sector organisations,
 - There are competing and conflicting priorities,
 - The challenge of institutional capacity – the skills and competencies – of staff and partners in PCTs, LSPs and local authorities for greater integration and joint-working, including sharing of data,
 - The process of the first iterations of the JSNA stimulated some degree of collaboration between planning and health, though in many cases not directly contributing the JSNA findings,
 - While there had been no direct involvement from some planning departments in the JSNA, the link to the sustainable community strategy and corporate priorities in health was often cited as common ground,
 - JSNA will be most useful to planners if presented spatially to address the impact of specific developments or areas of growth/regeneration,
 - A lack of understanding from planners about how practical and useful the JSNA can be in contributing to the planning process.
 - There is still much research and practical support work to be done centrally and locally to demonstrate the value and application of the JSNA in the planning process.
- ⁸ Marmot, M., February 2010, Fair Society, Healthy Lives –The Marmot Review. Strategic Review of Health Inequalities in England post-2010
- ⁹ Health Committee, 2009, Health Inequalities. Third Report of Session 2008-09
- ¹⁰ RCEP, Twenty-Sixth Report. The Urban Environment, March 2007
- ¹¹ The Government's Response to the Health Select Committee Report on Health Inequalities, May 2009, Para. 184
- ¹² CLG, 2009, Long term evaluation of local area agreements and local strategic partnerships Report on the 2008 survey of all English local strategic partnerships
- ¹³ Local Government Improvement and Development (previously I&DeA), 2009, Joint Strategic Needs Assessment. Progress so far

3. JSNA and its links to planning for health and well-being

The relationship between health, planning and the built environment is widely recognised (Barton & Tsourou, 2000¹⁴), as is the recognition that an unsustainable pattern of housing, economic development, land use and transport is considered a determinant of social exclusion and health inequalities. Though this relationship extends beyond physical factors and includes other non-planning-related issues, the role of planning in facilitating the pattern and scale of land use and development undoubtedly contributes – both as a cause and solution – to the level of health inequalities witnessed in many towns and cities today. Like spatial planning, health is cross-cutting and should not be viewed in isolation.

The range of evidence contained in the JSNA, tailored as it is to the needs of each local area – and the process of co-ordinating the evidence base – can help inform and influence key planning decisions in policy, plan-making and individual development schemes.

The key health and well-being determinants with unique contributions from planning, which the JSNA can inform through its evidence base (see Annex 2), can include¹⁵:

- **Housing**
- **Transport**
- **Physical activity**
- **Employment and skills training**
- **Education and early life**
- **Access to and provision of services**
- **Community safety**
- **Open space and public realm**
- **Air, water and noise quality**
- **Access to fresh food**
- **Climate change**

¹⁴ Barton, H. and Tsourou, C., 2000, *Healthy Urban Planning*

¹⁵ Adopted from Mayor of London, June 2007, *Health Issues in Planning. Best Practice Guide*

3.1 Housing

Individual dwellings in the private and social sectors have a role in helping to reduce health inequalities and improve the health of residents. The National Housing Federation (NHF) highlights that poor housing conditions increase the risk of severe ill health or disability by up to 25% during childhood and early adulthood¹⁶. Practical advice from Local Government Regulation (previously Local Authorities Coordinating Office on Regulatory Services or LACORS) to private sector housing teams on how to identify and promote the health impacts of poor housing identified the importance of incorporating the housing needs of private sector residents into the JSNA as part of a sound local evidence base¹⁷.

Housing can affect health in terms of:

- **Access** in and around the home, particularly for vulnerable and disabled groups of the community.
- **Provision** of adequate spaces for living and playing in and around the home, including the importance of front and back gardens or common public spaces.
- **Quality** of existing and new homes, including construction, internal environments and design quality.

Planning can help deliver the right environment for housing, for example the setting of locally-derived quality standards can improve health and well-being through good quality and affordable housing and neighbourhood surroundings. The Code for Sustainable Homes for example awards

credits under the health and well-being category where kitchens, all living rooms, dining rooms and studies achieve a minimum average daylight factor¹⁸, and where developments have complied with all the principles of Lifetime Homes, Lifetime Neighbourhoods¹⁹.

The first UK planning legislation, the Housing and Town Planning Act, in 1909 sought to prevent the development of poor quality housing by introducing a system of local town planning and minimum quality standards. The Mayor of London is seeking to introduce minimum housing space standards for all new private and public housing through the Draft Replacement London Plan and the new Housing Design Guide²⁰.

¹⁷ Local Government Regulation, March 2010, Including private sector housing in joint strategic needs assessments, www.lacors.gov.uk/lacors/ContentDetails.aspx?id=23383

¹⁸ The Code for Sustainable Homes Health and Well-being Hea 1: Daylighting

¹⁹ The Code for Sustainable Homes Health and Well-being Hea 4: Lifetime Homes

²⁰ Mayor of London, August 2010, London Housing Design Guide – Interim Edition

3.2 Transport

Transport opportunities in the built environment can have a range of positive and negative effects on people, communities and places²¹. Positive effects include opportunity for recreation and exercise (walking and cycling), and access to employment, education, shops, social support networks, health services and the countryside. Negative effects include effects on personal and household lifestyle choices, impact of transport infrastructure and modes of travel in terms of pollution, traffic injuries, noise, stress and anxiety, danger, land loss and planning blight, and physical segregation of established communities.

Making sure sub-regional and local transport strategies coherently address and embed health and well-being objectives can help to reduce and mitigate many of the negative effects while harnessing the benefits for all sectors of the community, as recognised by the Department for Transport/ Department for Health's Active Travel Strategy²².

The West Midlands Metropolitan Area Local Transport Plan (LTP3) will be a statutory document setting out the transport strategy and policies for the Metropolitan Area to 2026. The top 5 issues from respondents to the Vision and Issues document include considerations for environmental/emissions/carbon reduction issues on personal and environmental health, and to improve accessibility of public transport for less able users/social inclusion.

²¹ Health Development Agency, 2005, Making the case: improving health through transport

²² DfT and DH, 2010, Active Travel Strategy. Other references include advice from the Department of Transport and Department of Health on making the case to consider the health benefits of active travel for influencing the development of Local Transport Plans, www.gmpthealthandtransportgroup.co.uk

3.3 Physical Activity

The Department of Health²³ launched the Be Active, Be Healthy framework for the delivery of physical activity in 2009 to assist local authorities and PCTs to take a more proactive role in improving access to recreational opportunities. It cites evidence that leading an active lifestyle will significantly decrease the risk of coronary heart disease and obesity, hypertension, cancer, osteoporosis, depression and anxiety. Physical activity can help all of us to lead healthier and happier lives. Planning and development can make a powerful contribution with enabling policies to ensure new developments promote walking and cycling, provide adequate open space, and improve the quality of the public realm.

The JSNA evidence on burdens of ill health, for example, can help to identify local trends in obesity and physical activity habits of targeted population groups, and to target where specific and more proactive interventions are required for new developments and regeneration taking place.

Active Design²⁴ is a set of masterplanning and design guidelines produced by David Lock Associates for Sport England, supported by CABE, and the Departments of Health, and Culture, Media and Sports. It integrates the Design, Health and Transport agendas by providing illustrated guidance on delivering developments with good access to formal and informal, and recreational activities and destinations.

²³ DH, Be active, be healthy: a plan to get the nation moving, 2009, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_094359.pdf

²⁴ Sport England, 2007, Active Design. Promoting opportunities for sport and physical activity through good design, www.sportengland.org/facilities__planning/planning_tools_and_guidance/active_design.aspx

3.4 Employment and skills training

Social and economic deprivation is often an indicator and determinant of people's health and well-being. Unemployment is a significant risk factor for a number of health indicators. Unemployed people are found to have²⁵:

- Lower levels of psychological well-being which may range from symptoms of depression and anxiety through to self harm and suicide.
- Higher rates of morbidity – such as limiting long term illness.
- Higher rates of premature mortality, in particular for coronary heart disease and injuries and poisoning including suicide.

Embedding health and well-being evidence in the development or revision of sub-regional and local economic development strategies can help to address the social-economic causes of health inequalities through improving access to employment opportunities. Local Economic Assessments, a new duty on upper-tier authorities from April 2010, should be aligned with the JSNA and spatial planning.

²⁵ London Health Observatory, Employment and Unemployment www.lho.org.uk/LHO_Topics/Health_Topics/Determinants_of_Health/Employment.aspx

3.5 Education and early life

Health professionals have long known about the link between educational attainment and health outcomes, where poverty is often associated with groups with no or few educational qualifications. Health inequalities are also greater in areas where educational attainment is low. Planning can facilitate the delivery of, and good access to, well-designed pre-school and educational facilities in appropriate locations. The use of local data on children to target the services of Children's Centres through Children's Trusts Boards demonstrates how good evidence can contribute to the spatial targeting of resources.

3.6 Access to and provision of services

At the wider settlement and strategic development planning scale, delivering the sustainable communities agenda is often cited as a key objective by local authorities. This can be achieved by ensuring a good level of access to a range of social and community infrastructure, including facilities and services for health, education, culture and recreation, within a reasonable walking distance.

Good infrastructure planning is now a requirement for local spatial planning based on sound assessment of current and future need and provision, identifying costs, funding sources and responsibilities for delivery. This evidence will underpin policies for Section 106 developer contributions and/ or Community Infrastructure Levy or other tariffs. See Section 5.1 for more information on infrastructure planning and delivery.

3.7 Community safety

The physical environment has the ability to influence social behaviour, residents' quality of life and the community's well-being, in particular through actual incidence of crime and the perceived fear of crime. Studies examining the relationship between different building types and development layouts and the ability for control or surveillance of areas and streets have found that physical factors that correlate most strongly with crime rates are related to building heights, which in turn correlate highly with the number of apartments sharing the entry to a building; the size of the housing development; and the number of other social housing in the area. Community safety is particularly a concern for the most vulnerable groups of society, such as young children, physically and mentally-disabled and elderly, as well as those from the minority ethnic groups.

A Greater London Authority survey showed that nearly 50% of respondents recognise safety and crime has one of the top priorities in improving the city as a place to live and for improving their own health and well-being²⁷.

Planners can address these issues through the planning system by developing design guides or supplementary planning documents on for example Crime Prevention through Environmental Design (CPTED), secured by design (SBD) or Designing out Crime.

The Royal Borough of Kensington and Chelsea adopted its Designing out Crime Supplementary Planning Document²⁸ in January 2008. It provides guidance for developers and planners to ensure that all development proposals incorporate the principles of designing out crime. 'Safer Communities' is one of its Sustainable Community Strategy's seven key themes, and an objective in its Strategic Environmental Assessment/ Sustainability Appraisal.

²⁶ Newman, 1996, Creating Defensible Space

²⁷ GLA, 2003, Annual London Survey

²⁸ RBKC, Adopted January 2008, Designing out Crime SPD, www.rbkc.gov.uk/planningandconservation/planningpolicy/supplementaryplanning/designingoutcrime.aspx

3.8 Open space and public realm

CABE research²⁹ found that less than 1% of those living in social housing (21% of interviewees) reported using the green spaces in the housing estate they live in. The Urban Green Spaces Task Force reported in 2002 on the benefits, both quantitative and qualitative terms, of promoting healthy living and preventing illnesses by providing spaces for walking and cycling. It cited obesity as an increasing public health concern³⁰. The issue was raised again in February 2010, when Sir Michael Marmot published the review of England's health inequalities and proposed effective evidence-based strategies for reducing health inequalities. It set out an objective to 'create and develop healthy and sustainable places and communities', in which it recognised the role of green infrastructure in improving mental and physical health through access and opportunity for outdoor exercise³¹.

The development of local open space strategies as recommended by CABE can help to deliver many benefits, including contributing to the creation of healthy places, improve social inclusion, and improve opportunities for recreation and play. For individual homes and developments, the Code for Sustainable Homes also awards credits under its health and well-being category for developments which provide outdoor space (private or semi-private) that is³²:

- of a minimum size that allows all occupants to sit outside
- allows easy access to all occupants, including wheelchair users
- accessible only to occupants of designated dwellings

London Borough of Sutton adopted its Open Space Strategy³³ in February 2007 with a key objective and actions to 'encourage healthy lifestyles by ensuring there is a network of accessible open spaces that provide a range of sporting and recreational activities'. It presented statistical findings on level of open space provision, accessibility, and demand for and use of open space.

²⁹ CABE, 2010, Community Green: Using local spaces to tackle inequality and improve health

³⁰ DTLR, 2002, Green Spaces, Better Places. Final report of the Urban Green Spaces Taskforce

³¹ Marmot, 2010, Fair Society, Healthy Lives – The Marmot Review

³² The Code for Sustainable Homes Health and Well-being Hea 3: Private space

³³ Sutton, Adopted February 2007, Open Space Strategy, www.sutton.gov.uk/index.aspx?articleid=1364

3.9 Air, water and noise quality

Improving the amenity of the environment, mainly in urban areas, in terms of ensuring clean air, clean water and minimising the impact of excessive noise will have a positive impact on the health and well-being of people, communities and places. We are aware that high levels of air pollution are known to particularly affect those with cardiovascular and respiratory conditions, and poor water quality can affect the most vulnerable groups. The planning system has the task of guiding development to the most appropriate locations as well as managing land uses such as separating residential areas from major sources of pollution generating activities like road, rail and air transport and certain types of industrial development.

Planning policy guidance supports pollution management frameworks. For example, Planning Policy Guidance 24 notes that the impact of noise can be a material consideration in the determination of planning applications. The Active Travel Strategy highlights that strategies to reduce carbon emissions and air pollution through a focus on promoting active travel modes such as walking and cycling can also have major health benefits³⁴. For individual dwelling and developments, the Code for Sustainable Homes awards credits under its health and well-being category for achieving higher standards of sound insulation than those given in Approved Document E of the Building Regulations³⁵.

Dudley Metropolitan Borough Council is currently consulting on its draft Air Quality Action Plan for Dudley³⁶. Based on assessments and monitoring of air quality levels in the borough, it has identified 15 key locations for improving air quality by reducing NO2 concentrations. The Action Plan also sets out a number of actions where air quality will become key considerations in local planning and regeneration decisions.

³⁴ DfT and DH, 2010, Active Travel Strategy

³⁵ The Code for Sustainable Homes Health and Well-being Hea 2: Sound insulation

³⁶ Dudley MBC, February 2010, Draft Air Quality Action Plan, www.dudley.gov.uk/environment--planning/pollution-control/air-quality/air-quality-action-plan-consultation

3.10 Access to fresh food

The findings of the Foresight report Tackling Obesity: Future Choices³⁷ on food and drink accessibility and availability noted that as eating habits become more unstructured, the availability of, and access to, 'food on the go' is an important consideration. The follow-up work from Local Government Improvement and Development³⁸ analysed the implications of the report for local government. Both identified the importance of the built environment and the ability planning has to improve access to healthier lifestyles.

In order to improve access to fresh fruit and vegetables and contribute to physical activity and mental well-being, planning can help to facilitate the release and use of land for community allotments as part of a wider strategy for healthy urban living, retailing, green infrastructure planning and regeneration. Planning can also work with other local controls, such as licensing and trading standards, to control access to unhealthy food outlets such as mobile fast food traders or hot food take-aways. In a recent High Court case³⁹, it was ruled

that the proximity of a proposed fast food takeaway to a school was a material planning consideration to be taken into account when making a decision on planning permission. This now sets a precedent for local planning authorities to consider how planning decisions impact on locally-set health and well-being priorities, e.g. in local Healthy Weight/Obesity Strategies and School Food Strategies.

Food mapping is one method used to describe and measure a community's level of food security and is goes beyond producing spatial maps describing physical and economic access to food. For example, as part of its Health Action Zone project, Sandwell used Geographical Information Systems to produce food access maps which can help inform proactive planning and regeneration solutions.

³⁷ Foresight, 2007, Tackling Obesities: Future Choices – Project Report

³⁸ Sheffield Hallam University, 2008, Tackling Obesities: The Foresight Report and Implications of Local Government, I&DeA

³⁹ Regina (Copeland) v. Tower Hamlets LBC, 11 June 2010

3.11 Climate change

The impact of climate change on communities and places will be profound, ranging from extreme rainfall and flooding events to coastal sea rises, to severe heat waves from rising temperatures. The UK Climate Impacts Programme's latest projections (CP09) indicate that average summer temperatures may rise between 1.2 and 1.6°C by 2020 and average winter rainfall may increase between 3 to 7%⁴⁰. In areas not well adapted to climate change, the impact and consequences will be more significant, in particular for certain sectors of the community with greater

vulnerability and exposure to risks, such as the disabled and elderly, as well as for the location of developments, such as social housing estates, in flood risk areas or in densely populated metropolitan centres.

Adapting to climate change is a priority and key consideration for planning authorities in developing spatial planning documents and making planning decisions. There is considerable scope for spatial planning decisions to consider the linkages between adapting to climate change and planning for more sustainable travel, including active modes of travel (walking and cycling). This can address several policy objectives in a more integrated way, for example when considering developments for the most vulnerable groups of society, including care homes and social housing.

The Green and Blue Space Adaptation for Urban Areas and Eco-towns (GRaBS)⁴¹ project is developing an interactive, web-based 'Vulnerability and Risk Assessment Tool' to assess vulnerability of urban places (and their residents) to climate change impacts, with an additional assessment of patterns of spatial risk where suitable data is available. The tool aims to aid spatial planning decision-making and thereby facilitate a sustainable pattern of urban development which is well adapted to the effects of climate change.

⁴⁰ UK Climate Projections 2009 <http://ukclimateprojections.defra.gov.uk/content/view/892/689/>

⁴¹ www.grabs-eu.org.uk

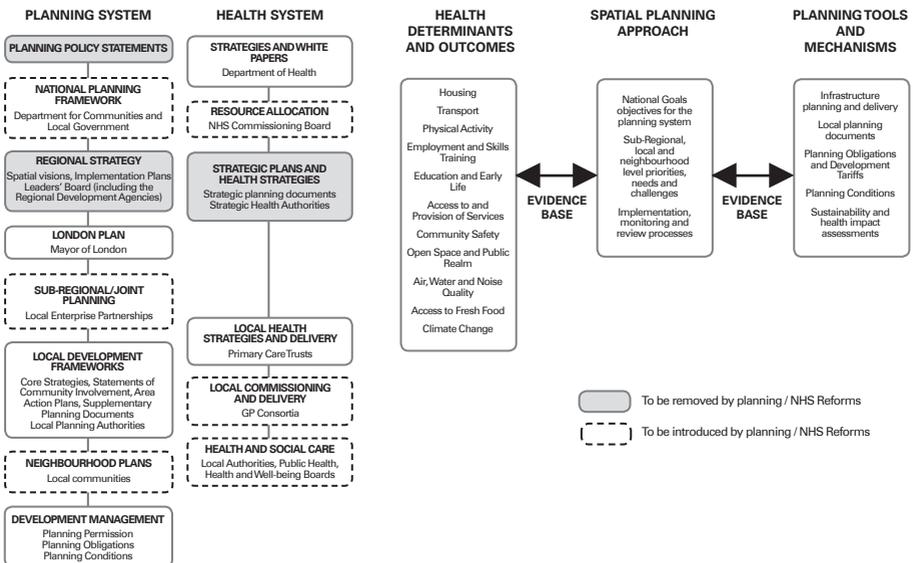
4. Supporting Health and Well-being Evidence-base in Spatial Planning and Development

Planning for the health and well-being of new and existing communities must be tackled at different spatial planning scales. As highlighted in Section 3, key health and well-being determinants can range from the individual dwelling to a housing development to the scale of a neighbourhood, town and region. Interactions within and among each spatial scale will present different challenges to planning and public health practitioners. That requires a co-ordinated evidenced-based approach to forward planning at the sub-regional, local and neighbourhood scales, development management of individual schemes, and monitoring and review of both policies and completed schemes. (See Figure 1.)

There is no prescribed list for the evidence base in spatial planning and development. The Planning Inspectorate advises “it is not possible to be prescriptive about the content of the evidence base because the evidence required will depend on the content and nature of the DPD. Local circumstances will also be directly relevant”⁴² In accepting the spatial planning approach to tackling health and well-being issues, the opportunities exist to coherently work to an evidence base of shared indicators, including those presented in the JSNA.

⁴² Planning Inspectorate, Revised February 2010, Local Development Frameworks. Examining Development Plan Documents: Soundness Guidance, www.planning-inspectorate.gov.uk/pins/appeals/local_dev/ldf_testing_soundness_feb10.pdf

Figure 1. Delivering on health and well-being outcomes through the joint health and planning evidence base



4.1 National

National recognition of the role of spatial planning in ensuring the health and well-being of communities and places across the country should be retained and explicitly set out in the new national planning framework and be consistent with sustainable development objectives. A national planning framework, which sets out national planning policies, priorities and areas for investment, should express health objectives in the planning system in a holistic and coherent way. Planning policies and decisions on nationally-significant infrastructure and development, for example, should explicitly consider health implications based on robust evidence.

4.2 Sub-regional scale

Spatial planning at the sub-regional level enables the strategic co-ordination and identification of needs, provision gaps and opportunities for improving health and inequalities. Often, major medical facilities will service patient catchment areas which extend beyond the administrative boundaries of individual local authorities and local NHS organisations. Effective sub-regional planning has an important role to play in establishing policies to enable access to a wide range of community facilities to ensure sustainable communities, strategic land allocations, and planning for infrastructure needs. These could include planning for the improvement in quality and levels of accessibility to strategic health facilities, such as hospitals, in co-ordination with transport and strategic projects.

In two-tier areas, the opportunity for embedding the JSNA at the spatial planning scale above individual local areas should be a viable, necessary, and, if not already, contributing to the way forward. For single-tier areas, there do already exist statutory powers in place to enable

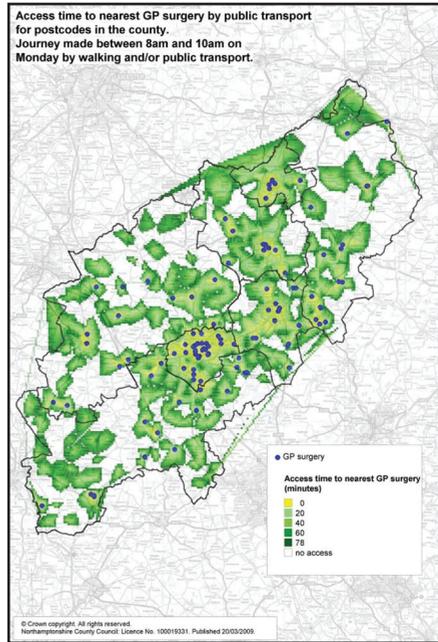
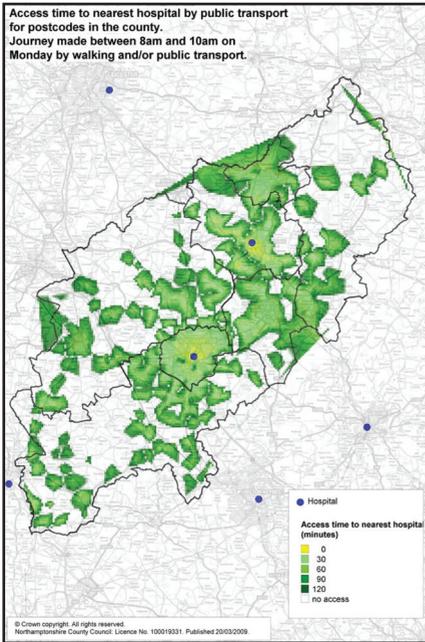
joint working for joint development plans between local authorities under Section 28 of the Planning and Compulsory Purchase Act 2004, and PPS12. The new 'duty to co-operate' and Local Enterprise Partnership arrangements to be introduced by the planning reforms will also provide excellent opportunities to address the health and well-being agenda. The London HUDU suggests that the use of MOU's (Memorandum of Understanding) can provide a formalised and embedded process via which joint working can be progressed, citing an example of the MoU between the PCT and London Borough of Greenwich⁴³.

Key issues for consideration:

- For all planning authorities in two-tier areas, are there existing mechanisms for joint-working, such as joint health and well-being boards or other place-based task groups, which can be strengthened?
- For authorities in single-tier areas, are there common and shared health and well-being priorities and challenges with other local authorities?
- What evidence is currently available in the JSNAs, which can be used to complement evidence for plan-making to support more effective integrated sub-regional spatial planning? Are there any gaps or areas of duplication?

⁴³ See http://www.healthyurbandevelopment.nhs.uk/documents/news_and_events/Greenwich_MOU.pdf

⁴⁴ See <http://northamptonshireobservatory.org.uk/projects/projectdetail.asp?projectid=114>



The 2009 Northamptonshire Joint Strategic Needs Assessment⁴⁴ spatially disaggregates data for access to the nearest general hospital facilities (left) and GP surgeries (right) by public transport. Providing access to these facilities is important to allow those with and without access to the private car to access health appointments and receive treatment, as well as to consider the spatial implications of planning and locating new communities.

4.3 Local and neighbourhood scale

The largest opportunity to make a difference in improving the health and well-being of people and communities lies at the local and neighbourhood (and ward) levels. The Sustainable Community Strategy will continue to play a crucial, if not a greater, role in a corporate approach to local area planning. Correspondingly, the local spatial planning approach, with its suite of planning documents, should continue to underpin the bringing together of different services to support integrated planning for places and spaces through the process of infrastructure planning and delivery. Future reviews of first generation JSNAs to produce more location-specific profiles should enable a more targeted

approach to planning interventions to help improve local health and well-being for issues such as access to quality primary care services, but also for softer issues such as access to fresh food, reducing obesity, and health links to deprivation, air and noise pollution.

Most importantly, the integration of the JSNA into mainstream spatial planning must also include alignment with, and considerations for the potential contribution to, a number of existing needs-based assessments conducted at the local scale. This would ensure a coherent local assessment of challenges, opportunities, needs and infrastructure and service provision. A sample of assessments is presented in Table 2.

Table 2. Summary of aligning the JSNA with other assessments

Strategic Housing Market Assessment⁴⁵ (PPS 3)	Open Space Assessment⁴⁶ (PPG17)	Flood Risk Assessment⁴⁷ (PPS25)	Local Economic Assessment⁴⁸ (LDEDC Act 2010)
<ul style="list-style-type: none"> • housing need/ demand • future demographic trends • needs of specific groups: homeless, BME groups, disabled people, older people 	<ul style="list-style-type: none"> • existing and future needs • audits of existing open space and facilities, use of existing facilities, access, costs and opportunities for new provision 	<ul style="list-style-type: none"> • vulnerability of those that could occupy and use the development, • effects of a range of flooding events including extreme events on people 	<ul style="list-style-type: none"> • environment • spatial context • demography • inclusion • employment/ skills • enterprise & business • land and buildings

The move towards greater devolution of plan-making powers to local communities in the form of neighbourhood plans means that there will be more of an incentive to have particular regard to the views and perspectives of local people. Local authorities and communities will need to take a greater role in carrying out meaningful engagement with hard to reach groups as well as with delivery partners. The JSNA should contain information on user perspectives on satisfaction with the home and neighbourhood and access to primary care. Surveys conducted to acquire such information had been included as part of Place Surveys, as well as through the Issues and Options public consultation stage of the LDF Core Strategy development process.

Key issues for consideration:

- What are your corporate priorities?
- What and where are the key health and well-being priorities in your area?
- Are these priorities included in the JSNA and used as evidence base in your local plans? Are there gaps?

- Does the JSNA present evidence to suggest that urban design standards or benchmarks are required for new developments, which should be adopted in local planning policy and used to inform infrastructure delivery plans?
- Is there duplication in evidence collected in planning and the JSNA, and how this could be eliminated?
- What are the mechanisms and processes for involving local communities and delivery partners in local decision-making, and how can these be streamlined to reduce consultation fatigue?
- Is there scope to align future JSNA reviews with reviews of your LDFs?

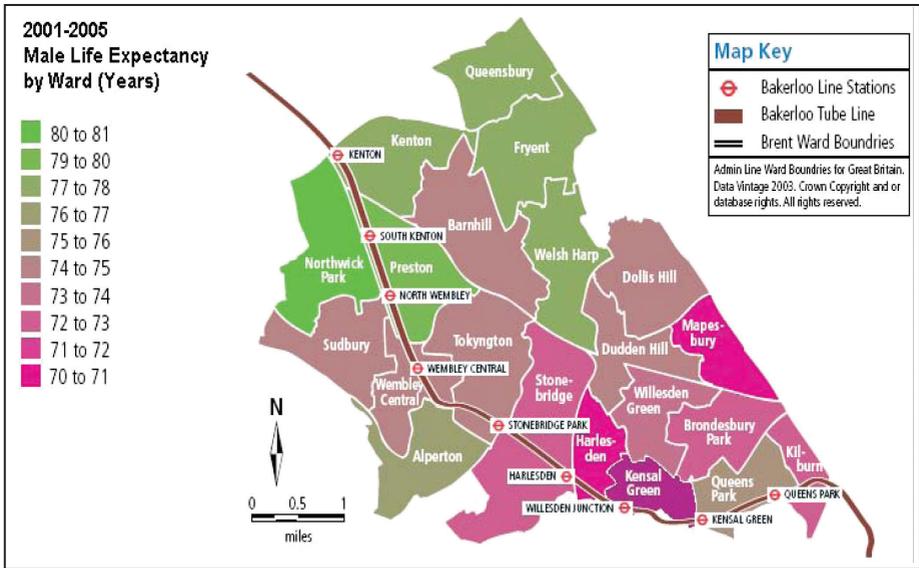
⁴⁵ CLG, PPS3: Housing, Revised June 2010. See research by CLG on Housing, care, support: a guide to integrating housing-related support at a regional level, 2008

⁴⁶ CLG, PPG17: Planning for Open Space, Sport and Recreation, 2002

⁴⁷ CLG, PPS25: Development and Flood Risk, Revised March 2010, Annex E: The Assessment of Flood Risk

⁴⁸ Improvement and Development Agency and Planning Advisory Service, How to do a Local Economic Assessments, October 2009

⁴⁹ See www.brentpct.nhs.uk/files/BrentJointStrategicNeedsAssessment2008.pdf



The 2008 Brent Joint Strategic Needs Assessment¹⁹ illustrates the differences in health within Brent by examining male life expectancy along the Bakerloo Line. A journey of 3.5 miles from Harlesden, which has the lowest life expectancy for men, to south Kenton, where male life expectancy is approximately nine years higher. Using information in the JSNA, the planning department is examining the spatial link to the quality of development and local environments, and access to primary care services, and looking to express potential planning interventions in local policy.

4.4 Development management

At the development level, decisions made on individual development proposals support the delivery of key priorities and outcomes. The development management process is complex but opportunities exist for both the JSNA as health evidence and local NHS organisations to be influential in the outcome of decisions. These opportunities exist, for example, in the masterplanning process, pre-application conversations, consultation on planning applications, and playing a role in delivery and implementation. Many planning authorities have arrangements to circulate

a weekly list of planning application to Statutory Consultees, while others have made it a requirement for health impact assessments to be carried out for all new developments, such as in Northamptonshire. The onus is on public health practitioners to ensure they have a process and necessary capacity to deal with these applications in a timely manner, in particular for large-scale strategic developments. The opportunity to use the JSNA as independent evidence to highlight to the decision-makers – planners and elected members – the spatial implications of developments in deciding planning applications will be very powerful indeed.

The London HUDU's Health and Urban Planning Toolkit⁵⁰ sets out steps to identify how health should be integrated into development management functions of the local authorities. It encourages the PCTs to set up its own system for engaging and informing the planning applications process.

⁵⁰ HUDU, 2007, Health and Urban Planning Toolkit, http://www.healthyrbanddevelopment.nhs.uk/documents/engagement_toolkit/HUDU_Health_and_Urban_Planning_Toolkit_Main_Report.pdf

Key issues for consideration:

- What are the mechanisms and processes for informing, consulting and involving the local NHS organisations in decisions on planning applications?
- How are local health impacts taken into account in development proposals in the context of the picture painted in the JSNA?

- Are planning decisions taken in alignment and consultation with the priorities and commissioning strategies and plans of the local NHS organisations?

4.5 Monitoring and review

An effective monitoring and review framework is required to assess against the implementation of local planning policy objectives and indicators, and the delivery of key infrastructure items by delivery partners. The Annual Monitoring Report (AMR) will continue to be the most effective mechanism for ensuring the accountability of planning decisions by reporting progress against the policies and related targets in local development documents and core output indicators, indicating how infrastructure providers have performed against the programmes for infrastructure set out in support of the core strategy.

Under Section 6.8 of Brent's Core Strategy (adopted July 2010), it sets out an indicator for monitoring its performance for securing GP floorspace in areas of growth. The under-provision of GPs is identified as a key local spatial issue.

STRATEGIC OBJECTIVE 5			
Meeting social infrastructure needs – by securing provision for needs arising from new housing development, especially the provision of new education, health and community facilities, constructing at least three new secondary and three new primary schools in the borough and providing community facilities to meet the needs of Brent's diverse community.			
Delivery Agencies: Brent Council, Developers, PCT, DfES, Emergency Services, Utility Companies, other boroughs through joint working.			
Performance Measure	Target	Monitoring Point	Specific Policies to be Monitored
Local Output Indicators:			
Health Facilities – facilities to meet GP service needs as set out in IIF	To met target for GP facilities related to population growth needs	Secure floorspace for 1 GP per 1500 new population. When: Annually	CP7, CP8, CP9, CP10, CP11 and CP12

For core output indicators for health-related topics, CLG's Best Practice Guide for LDF monitoring sets out the requirement to report against "Percentage of new residential development within 30 minutes public transport time of a GP, hospital, primary and secondary school, employment and a major health centre"⁵¹.

Key issues for consideration:

- In supporting the delivery of health planning policies, have you set out performance indicators to measure progress against?
- What mechanisms and processes are in place to redress any targets not being met? Is there a need to review policy?
- What mechanisms and processes are in place to engage with public health delivery partners on implementation and monitoring?
- Do the timescales for producing AMRs/ policy reviews align with the JSNA review process? If not, what appropriate actions will be necessary to ensure a certain level of consistency and alignment?

⁵¹ CLG, 2005, Local Development Framework Monitoring: a Good Practice Guide, Table 4.4, Transport 3b, www.communities.gov.uk/documents/planningandbuilding/pdf/147438.pdf

5. Making the Best Use of Planning Tools and Mechanisms

While planning is not the panacea to solving all health and well-being issues, it is a powerful lever and major contributor in influencing the wider determinants of health. This section highlights the potential to make the best use of current planning powers and mechanisms to support health and well-being outcomes through the planning system, for examples through financial contributions for providing new facilities and contributing to running costs, preventing developments in inappropriate locations or requiring high quality, specific design standards or assessments to be undertaken.

5.1 Infrastructure planning process

The proper planning of the provision of new healthcare infrastructure **based on actual and projected needs of the population with a local place vision** is crucial in sustainable local communities but also in the context of sound investment and commissioning. Potential health components to the infrastructure delivery evidence base can include public service uses such as health centres and hospitals⁵². In the spirit of spatial planning, the infrastructure planning and delivery process must include relevant partners from public health, care services and the local NHS organisations, as well as other services for education, culture, sport and utilities. Good infrastructure planning must underpin all spatial planning documents, and follow the process below:

- Identify local communities' needs
- Assess the capacity and quality of existing infrastructure and forecast future demands
- identify any gaps in provision
- secure sites for future provision or re-organisation of existing provision
- assess sources of funding, and consider options for addressing shortfall
- develop new models of joint or shared provision, which use land and existing facilities effectively
- regularly monitor the delivery of services, availability against demand and quality of provision.

There are common datasets in the JSNA that are shared with planning data, including population growth, housing, environments, and access to services. In particular the Services domain of the JSNA core dataset can help to inform where primary and secondary care facilities are and the level of accessibility to these by public and private transportation. In combination, these should be aligned to help establish current and future needs, as well as inform the establishment of any gaps in current provision.

Further information on good infrastructure planning is provided by the support work of the Planning Advisory Service at www.pas.gov.uk/pas/core/page.do?pageld=109617, and the Infrastructure Delivery Planning Community of Practice website at www.communities.idea.gov.uk/c/1694510/home.do?id=1694510&x=135&y=9.

Health infrastructure is covered in Chapter 15 of Wakefield's Infrastructure Study (2010). It cites the JSNA as part of the evidence base. The JSNA forecast growth levels for patient numbers up to and including 2017 across the district, and the study identifies capacity in the new hospital at Pinderfields and Pontefract to accommodate the anticipated growth in the city and major towns. In the South East of the district, it expects to review the demands in the medium to long term on GP services with an increasing community focus on service delivery, which may affect requirements and need for additional provision.

⁵² CLG, 2005, Local Development Framework Monitoring: a Good Practice Guide, Table 5.2, <http://www.communities.gov.uk/documents/planningandbuilding/pdf/147438.pdf>

5.2 Local planning documents

It is clear that many local authorities have recognised the opportunities to use the framework of local planning documents to give more detailed guidance on national planning policy or policies in the local Core Strategy. With local government set to take on a greater public health role, now is the opportunity to take forward local plans which seek to 'health-proof' planning policies and decisions on new development. This can be achieved by setting locally-distinctive policies, focusing on a specific growth or regeneration area, or giving more detailed local guidance on specific issues. A summary of relevant documents, with the current Local Development Framework and the JSNA contribution to the evidence base and justification, is presented overleaf.

South Cambridgeshire's Development Control Policies DPD⁵³ has a number of health-oriented policies for sustainable development, design of new development, development criteria, infrastructure and new developments, and contributions. For example Policy DP/1-3 requires all planning applications for major development to submit a Sustainability Appraisal and a Health Impact Statement.

Waltham Forest's Fast food Takeaways Supplementary Planning Document⁵⁴ (adopted March 2009) was developed as a result of community feedback into the Sustainable Community Strategy, which showed significant dissatisfaction with both the staggering number of local hot food takeaways and their subsequent impact on the vibrancy and quality of town centres and health impacts of those premises.

⁵³ South Cambridgeshire, Adopted July 2007, Development Control Policies DPD

⁵⁴ Waltham Forest, Adopted March 2009, Fast food Takeaways Supplementary Planning Document

Table 3: Example of supporting health outcomes through local planning documents

Potential Applications	JSNA core dataset contribution	Examples
Core Strategy DPD – Overall vision, strategic objectives for the area, a delivery strategy for achieving these objectives with locations for strategic development indicated on a key diagram; and arrangements for managing and monitoring delivery.		
- future reviews	Demography, Socio-environmental, services	Brent (2010) Wakefield (2009)
Development Control DPD – Topic-based policies and criteria against which planning applications for the development and use of land and buildings will be considered.		
- Standards of provision relating to a range of land uses - Assessment requirements for design and sustainability	Socio-environmental context, burdens of ill-health, access to health services, behaviour	South Cambridgeshire (2007) Brent (Preferred Option) Richmond (Pre-submission)
Area Action Plan DPD – Planning framework for areas/ neighbourhoods where significant change with a focus on implementation.		
- deliver planned growth areas - stimulate regeneration - protect areas - focus the delivery of area based regeneration initiatives	Demography, local area, socio-environmental context, employment, burdens of ill-health, access to health services, behaviour, user perspectives	Central Wakefield (2009)
Supplementary Planning Documents – Local planning authorities and other bodies to provide greater detail on the policies in development plan documents		
- Design standards	Demography, living arrangements, economic, transport, burdens of ill-health, behaviour	Salford (2008) Corby (2009)
- Planning obligations		Milton Keynes (2005) Sandwell (2009)
- Fast food takeaways		Waltham Forest (2009) Salford (2007)
Statements of Community Involvement – Identify and explain the process and methods for community and delivery stakeholder involvement through the different stages of plan preparation, including in pre-application and planning obligations.		
- future reviews	Demography, user perspectives	North Somerset (2007)

*Further guidance is provided by London HUDU's Health and Urban Planning Toolkit, Step 7

Milton Keynes' Supplementary Planning Document Social Infrastructure Planning Obligations⁵⁸ provides a clear evidence base on identifying existing health facilities capacity in Appendix 9 and 10, and sets out the level of contributions below:

Contribution to Healthcare Sought from different dwelling sizes

Reform Proposal	Opportunities
Number of Bedrooms in Dwelling:	Contribution Sought:
Studio	£836
1 bedroom	£932
2 bedroom	£1425
3 bedroom	£1952
4-4+ bedroom	£2315

5.3 Planning obligations and development tariffs

More than £13 million for health services in direct payment and an estimated £1.5 million in in-kind contributions were secured from Section 106 planning obligations in 2007-08⁵⁵. The provision of new healthcare facilities should be considered as part of a wider package of social and community infrastructure to support additional demands placed from new development. Recent changes to the use of planning obligations and the introduction of the voluntary Community Infrastructure Levy as a development tariff system illustrate the extent to which new development should be seen to contribute to the capital and maintenance costs of new healthcare services:

- The use of planning obligations must be necessary to make the development acceptable in planning terms, directly related to the development, and fairly and reasonably related in scale and kind to the development⁵⁶.

- Local authorities can adopt the Community Infrastructure Levy to secure contributions for 'medical facilities' subject to the adoption of a charging schedule based on the infrastructure planning work⁵⁷. The significant difference to planning obligations is that the CIL is an authority-wide tariff, not linked to mitigating the impact of individual developments.

Engagement with public health practitioners, local NHS organisations and local communities will be necessary to identify the scale and types of facilities required, and arrangements for delivery and operation. The fundamental basis for calculating and setting planning obligations' policies and standard charging levels for healthcare facilities and services must be based on an assessment of actual and projected local needs and provision, which the JSNA can help to inform. It may be that the evidence suggests no contributions are required from new developments, as is the case in Sandwell's Planning Obligations SPD.

A clear mechanism for spending received monies must also be established to ensure they are spent in the areas where needed. The London HUDU developed a model (commonly referred to as the HUDU Model) to calculate indicative health contributions arising from development proposals. The HUDU Model is available to the PCT and Local Planning Authorities. Please see: www.healthyurbandevelopment.nhs.uk/pages/s106_for_health/s106_for_health.html

⁵⁵ CLG, 2010, *The incidence, value and delivery of planning obligations in England in 2007-08. Final report, Table 3.4*

⁵⁶ CLG, March 2010, *New Policy Statement for Planning Obligations: Consultation*

⁵⁷ CLG, 2010, *Community Infrastructure Levy Guidance, Charge setting and charging schedule procedures*

⁵⁸ Milton Keynes, *Adopted September 2005, Supplementary Planning Document Social Infrastructure Planning Obligations*, www.miltonkeynes.gov.uk/planning-policy/documents/Social_Infrastructure_Planning_Obligations_SPD.pdf

5.4 Planning conditions

Adverse impacts on people and places on health and well-being grounds, based on robust science and evidence, should be a material planning consideration in development proposals. The JSNA core datasets on obesity, for example, can help to identify locations where certain developments will significantly impact on the health conditions of particular groups. However if mitigation measures are required, the use of planning conditions can help to build them into enhancing development, for example the imposition of operational hours to limit noise pollution, requirement for sustainable travel plans or approval of details, in terms of design, landscaping, access, layout and scale (reserved matters). Planning conditions should only be imposed where they are necessary and reasonable, as well as

enforceable, precise and relevant both to planning and to the development to be permitted⁵⁹. It is recommended to refer to advice set out in Circular 11/95 and the Planning Inspectorate's model conditions, and consult with your legal team and the Planning Inspectorate.

⁵⁹ Circular 11/95: *Use of conditions in planning permission*

5.5 Planning conditions

Promoting and facilitating sustainable development is a key role of the spatial planning system. European requirements⁶⁰ for the strategic environmental assessment (SEA) of the likely impact of proposed policies and strategies across a range of environmental issues, including human health, have been extended by the UK government into a sustainable development approach. This aims to ensure that spatial planning can contribute to the UK Sustainable Development Strategy, by adopting a sustainability approach that incorporates SEA into a wider assessment of sustainability impacts. UK legislation⁶¹ introduced the requirement for the Sustainability Appraisal⁶² (SA) of new plans, policies and strategies. Planning Policy Statement 1 sets out how the planning system should establish a framework for ensuring that sustainable development objectives can be delivered by integrating them with environmental, social and economic considerations, including the health and well-being of communities.

Sustainability appraisals can be used to ensure that potential health and well-being impacts are properly considered at a strategic level when developing new plans and strategies. The JSNA provides an evidence-base of a wide range of potential indicators against which SAs can be undertaken. It is important that the health and well-being objectives of plans and programmes are identified at an early stage

and used to inform the SA at the Scoping Stage. The broad nature of the SA enables it to be used comprehensively to assess a wide range of potential health and well-being impacts.

As there is no statutory requirement for Health Impact Assessments (HIAs), they can be employed flexibly and in a targeted way. At a strategic level, HIA requirements can be incorporated into the methodology for SEA/SA of major plans, programmes and strategies. Specific HIAs can also be undertaken of LDF development plan documents or supplementary planning documents. They should be considered for all major development proposals, and can also be useful for smaller development proposals to encourage a more comprehensive consideration of the potential contribution of development to health and well-being objectives, rather than purely its negative impacts. There is no standard methodology for HIAs but further guidance and resources are provided by the Department for Health⁶³.

Strategic: In publishing the Draft Replacement London Plan (Spatial Development Strategy for Greater London), the Mayor of London undertook an Integrated Impact Assessment. The approach fulfils the requirements for Sustainability Appraisal (SA), Strategic Environmental Assessment (SEA), Equalities Impact Assessment (EqIA), Health Impact Assessment (HIA) and Community Safety Impact Assessment (CSIA). The IIA also fulfils the range of health and inequalities, climate change and sustainable development duties placed on the Mayor by the Greater London Authority Act 1999.

⁶⁰ EU Directive 2001/42/EC Strategic Environmental Assessment

⁶¹ Planning and Compulsory Purchase Act 2004, s.19(5)

⁶² CLG, 2005, Sustainability Appraisal of Regional Spatial Strategies and Local Development Frameworks Guidance

⁶³ See www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Healthassessment/DH_647

Development: A HIA was submitted with outline planning application to East Northamptonshire District Council for development of up to 700 dwellings, 7.5 hectares of employment land, land for the expansion of the existing schools and public open space in West Irthlingborough. The aim of this HIA is to assess the potential positive and negative health and wellbeing impacts on the existing communities around the proposed development and the communities that are likely to live and work in the new development, and identify measures to remove or mitigate the negative impacts and enhance the positive impacts. The HIA assessed the following Health Impact Indicators, many of which have evidence accessible in the JSNA:

Category	Health Impact Indicator
<i>Environmental Influences</i>	
Land Contamination	Risk of contamination above accepted levels
Flood Risk	Risk of flood
Air Quality	Air quality
Noise and Vibration	Noise and vibration levels
<i>Social and Economic Influences</i>	
Population Demographics	N/a
Housing and Households	Proportion of homes judged unfit to live in
Crime	Burglary Rate per 1000 population
Health Rates	% of road accidents – occupants killed or seriously injured Life Expectancy at birth Infant mortality rate Proportion of people with self assessed good health
Opportunities for Education and Training	Education provision
Economy and Employment Levels	Levels of employment
Access to Transport, Services and Facilities	Available facilities
Community Cohesion and Social Inclusion	–

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Case Study 1: Sandwell

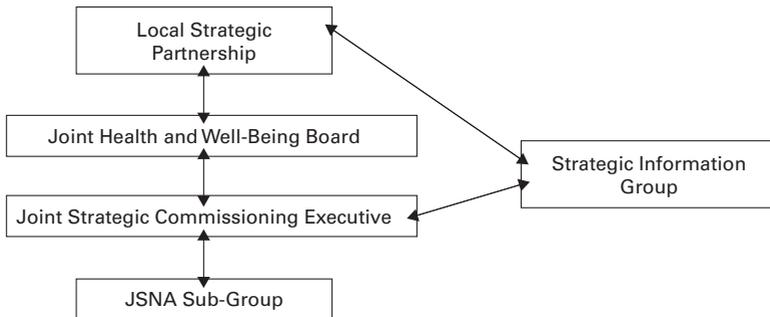


**Victoria Park,
Smethwick**
Image courtesy of Sandwell PCT

Sandwell Metropolitan Borough is located in the West Midlands region of England and includes the towns of West Bromwich, Smethwick and Wednesbury. Sandwell and three other local authorities (Dudley, Walsall and Wolverhampton) are working together on a joint core strategy for the Black Country sub-region. The Black Country has consistently low levels of participation in sports and physical activity across the Black Country (16%) compared to both national (21%) and regional (19.3%) averages. Linked to this, health deprivation, measured as part of the local Indices of Multiple Deprivation, is also high, particularly in the traditional heart of the Black Country.

Sandwell's first Joint Strategic Needs Assessment was published in September 2008, led by a dedicated project board and supported by Research Sandwell. The main successes of the first JSNA are collating different information and from different sources into one coherent document, such as on coronary health disease and alcohol, as well as using the process to raise awareness among partners.

Figure 2. Sandwell's JSNA Governance Arrangement



To improve the application and relevance of the JSNA, it is currently revising the JSNA to be more concise and quicker to meet specific commissioning. Partners recognise the increasing value of the JSNA to contribute data for spatial planning tools. For example through the Sandwell Healthy Urban Development Unit (SHUDU) feeding into discussions in the preparation of planning documents such as the Supplementary Planning Document for Fast Food Takeaways.

Contacts

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Case Study 2: Wakefield

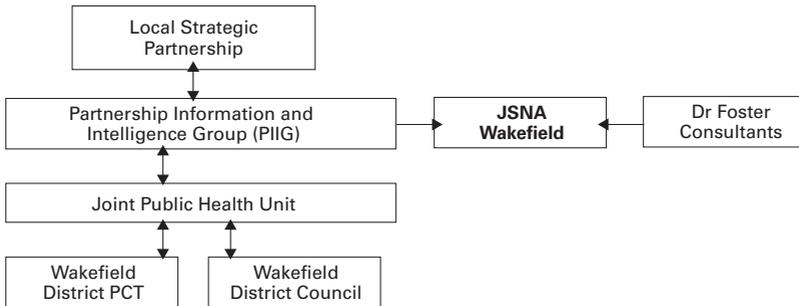


**Wakefield LDF Core Strategy cover
Image courtesy of Wakefield DC**

The metropolitan district of Wakefield has a population of approximately of 315,000. Wakefield forms part of the Leeds City Region designated as a growth point. The IMD shows that Wakefield is ranked the 54th most deprived local authority area in England and 34% of the district’s population lives in areas that are amongst the 10% most deprived nationally. The highest levels of deprivation are spatially concentrated in pockets of urban areas, particularly parts of Wakefield and Castleford. A range of JSNA indicators suggests a significant proportion of the population have health problems.

Wakefield’s Joint Strategic Needs Assessment was published in 2008. The JSNA forms the background work to the new Joint Public Health Unit, established in September 2008 to ‘extend and widen the JSNA and embed health knowledge’. The Partnership Information & Intelligence Group is also an important entity as it enabled the sharing of information and data across LSP and partners, including colleagues from the planning department, housing and police.

Figure 3. Wakefield’s JSNA Governance Arrangement



As a result of the JSNA process and identifying the need to better engage planners by improving their understanding of the relevance of health in planning policy and development plans, the JPHU produced a paper to specifically look at the issue of planning for fast food outlets - Planning and Health. While the JSNA was not available during the development of the LDF Core Strategy, many of the key messages are reflected. The JSNA is now used on all sites identified in the Site Allocations Development Plan Document. Other areas of work include regular contact in the development of the green space strategy and local travel plans.

Contacts

Liz Blenkinsop, Service Manager Joint Public Health Unit
Neville Ford, Spatial Planning Manager

Case Study 3: Northamptonshire

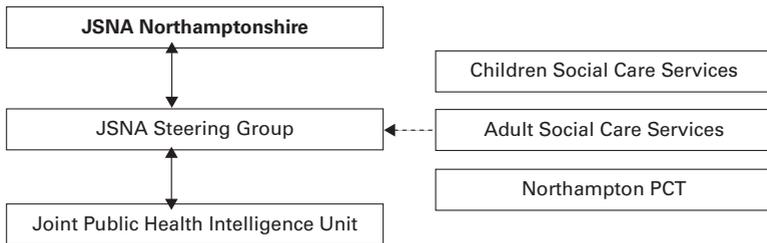


Kettering Market Place
Image courtesy of Northamptonshire County Council

Northamptonshire is situated in the East Midlands. It is a two-tier area with lower-tier seven districts. The County also forms part of the Milton Keynes South Midlands (MKSM) key growth area. The county has a population of approximately 683800. As part of the MKSM Sub-regional Strategy, Corby, Kettering, Wellingborough and East Northamptonshire will accommodate much of the growth in the area, and deliver 52,100 new homes and 43,800 new jobs over the period 2001-2021.

The Northamptonshire JSNA was first published in 2008 and the second iteration was published in 2009. It is a living document which will be regularly updated both to ensure the data and analysis is current and relevant and to include more analysis of areas identified as a priority by those agencies involved.

Figure 4. Northamptonshire’s JSNA Governance Arrangement



While there are no formal arrangements between the spatial planning functions and the JSNA structure, there is an ongoing process of consultation and engagement through the delivery vehicle and with the JPU, particularly around infrastructure planning. In North Northamptonshire, a Wider Policy Team of Planning Policy Managers of each district and the County Council meets monthly. Its role is to undertake joint evidence base work as well as undertaking wider consultation and engagement work. There is also a Place Shaping Steering Group working on the joint core strategy review, on which different service providers and local authorities sit. Current work on a Developer Contributions Supplementary Planning Document has seen greater engagement and sharing of evidence base from a range of service providers, including health.

Contacts

Andrew Dutton, Partnerships and Integration Manager

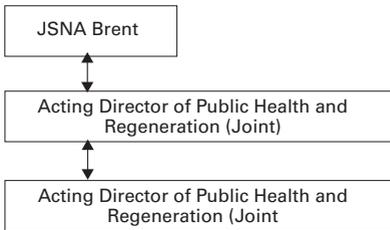
Karen Horner, Principal Planner, North Northamptonshire Joint Planning Unit

Case Study 4: Brent

The London Borough of Brent in north-west London has a population of approximately 279,000 with major town centres of Wembley and Kilburn as well as Harlesden and Willesden Green. Brent has also been recognised as the “most ethnically diverse local authority in the country” with black and ethnic minorities constituting a majority of the population. But it is within 15% of the most deprived boroughs nationwide and has the third lowest average annual income in the capital. The most deprived residents have the lowest income levels, highest unemployment levels, poor and overcrowded housing and the worst health outcomes. A number of regeneration programmes are underway to address these and many other local challenges.

Brent’s current JSNA was published in 2008, and was developed by the joint working of two lead officers, each from the PCT and Local Authority, both reporting to the Health and Well-Being Steering Group.

Figure 5. Brent’s JSNA Governance Arrangement



With the planning functions of Brent currently undergoing a re-organisation to integrate the regeneration and major projects teams with the development arms of housing and schools, there is a hope that this will help to improve joined-up working in the future, including with the PCT. One key area of collaboration was in the planning to address the under provision of healthcare provision in the form of doctors’ surgeries, which has been identified as a key challenge in the Core Strategy. While not directly informed by the JSNA, an Infrastructure and Investment Plan was developed in 2009 setting out the main infrastructure items to be required and costs by growth or regeneration area, including for health and education facilities, green infrastructure, public open space and transport. Planners hope to engage more positively with the PCT to ensure that planning policies to enable the provision of much-needed GP surgeries in key regeneration areas are implemented successfully.

Contacts

- Simon Bowen, Acting Head of Public Health and Regeneration
- Martin Cheeseman, Head of Housing and Community Care
- Dave Carroll, Head of Policy and Projects

Annex 1: The Joint Strategic Needs Assessment

Defining JSNA: The key focus of the JSNA is to understand current and future health and well-being needs, and existing provision over the short term (3-5 years) and long term (5-10 years), and inform commissioning decisions to address these needs.

Undertaking JSNA: Though there is no prescribed arrangement, contributions from a wide range of stakeholders and local partners are required throughout the process of collection of data, design, use and feedback. JSNAs should be reviewed in accordance with local timescales but at the very least aligned with three-yearly Local Area Agreement (LAA) cycles.

JSNA Content: The core dataset provides the minimum data requirements for JSNA as it informs the local Sustainable Community Strategy and links with other plans and strategies.

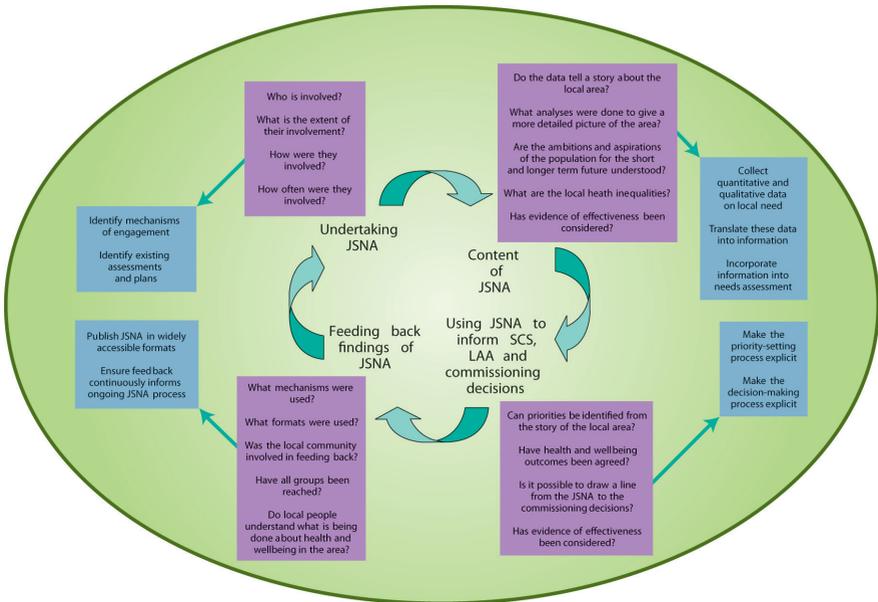
The guidance provides an indicative list of indicators (core datasets) to assist partnerships in preparing their JSNA⁶⁴. Core datasets are further divided into sub and sub-sub-domains to

measure particular needs or relate to particular groups, such as age-groups and older people. The core datasets include indicators on:

- Demography: population numbers, migration, disability and households,
- Social and Environmental Context: housing, transport and employment,
- Lifestyle/ risk factors: eating habits, physical activity and obesity,
- Burden of ill health: respiratory, mental health and road accidents,
- Services: social care and health services access, and user perspectives

Using the JSNA: the JSNA is a tool to inform more effective and targeted service provision and priorities for commissioning; and for spatial planning, identify gaps in current and future provision in line with local/county-wide housing growth and regeneration targets.

⁶⁴ DH, 2008, The JSNA Core Dataset



Source: Department of Health, 2007, Guidance on Joint Strategic Needs Assessment

Annex 2: Contribution of JSNA Core Datasets to Spatial Planning for Addressing Key Health and Well-being Determinants

Core Datasets	Demography				Social & Environmental Context				Lifestyle / Risk		Burden of ill-health							Services										
	Population	Births	Ethnicity	Disability	Religion	Migrant Pop.	Local Area	Poverty	Living arrange	Economic (employment)	Environment	Voice (satisfaction)	Behaviour	Other (Obesity)	Misc (All causes)	Diabetes	Circulatory	Cancer	Respiratory	Infectious	Dental health	Mental health	Trauma	Musculoskeletal	Social care	Health services	Voice (user perspective)	
Determinants																												
Housing																												
Transport																												
Physical Activity																												
Employment & skills training																												
Education and early life																												
Access to & provision of services																												
Community safety																												
Open space & public realm																												
Air, water & noise quality																												
Access to fresh food																												
Climate change.																												

Most Relevant
 Somewhat Relevant
 Not Directly Relevant

This table should be read in conjunction with the most up to date Department of Health's JSNA Core Dataset guidance and relevant health research on cause-effect links with planning and the built environment, such as from NICE.



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