Public Health in Planning

Good Practice Guide

Town and Country Planning Association with

Angie Jukes (Stockport Council) and Chimeme Egbutah (Luton Borough Council)

July 2015

tcpa

merton

'There is a real opportunity for public health and planning to work together to support the development of health-enhancing environments where the healthier choice is the easier choice.'
Director of Public Health, London Borough of Haringey

'Town planning's inception in the 1940s emerged from decades of poor-housing quality, depravation and associated health issues. Pioneers like Cadbury tried to plan communities to overcome such detrimental health impacts by incorporating good planning into new design. This co-operation and synergy between planning and public health continues to this day, and we must not forget those fundamental reasons why we try to plan our towns and cities for the better physical and mental wellbeing of the nation.'
Development Control Manager, London Borough of Merton

'One thing the new – if fiendishly complex – system seems to be doing is spurring people to relationships not structures as a way of building public health strategies and systems.'
Director of Public Health, Hertfordshire County Council

'Planners have been trained to think about health impacts – it might not be called that but it is part of what you do when you're a town planner.'
A North East council Director of Public Health

'Planners have an important role in tackling public health issues – from making streets safer and more attractive to walk in and locating housing where there are services, to reducing car dependency and creating green spaces. Health services should be located sustainably, close to existing local amenities and accessible via active travel.'
Royal Town Planning Institute (RTPI)

Contributors:
Michael Chang (TCPA)
Chimeme Egbutah (Luton Borough Council)
Angie Jukes (Stockport Council)

The TCPA also acknowledges the contribution of Amy Potter and Kay Eilbert (Merton Council), Jin Lim (London Healthy High Streets Group and Southwark Council), Dr Katie Hunter (GLA), and Hilde Steinacker (TCPA) on research.

FOREWORD

Evidence points to the significant contribution of the influences on health – the conditions in which people are born, study, work and grow old form between 60-80% to what creates health. Healthcare is important when disease or disability arise to cure, manage or rehabilitate and along with genetics, makes up the remaining contribution.

With public health now a statutory responsibility for Councils, we have new opportunities to improve health through the multiple levers available in local government that shape these influences on health. One of these involves the planning process. The planning functions in local government are an important lever to shape the natural and built environment, which can contribute to positive health outcomes through green spaces, housing, transport, and our high streets and town centres. Improving health and wellbeing is a requirement of the National Planning Policy Framework and through Local Plans and planning development and management we can contribute to this.

This guide is a practical resource produced to help public health and planning colleagues identify where public health can contribute towards the planning process. The guide identifies opportunities to feed into the Local Plans, which set the land and development vision for each borough, national best practice and approaches to planning applications to protect health and to mitigate negative impacts.

We welcome this informative document and hope that all public health and planning colleagues will make use of it to create healthier boroughs to live, work and play in, and together, create a healthier London.

We would like to thank the Town and Country Planning Association, colleagues from Stockport and Luton Councils, Merton Council Public Health and Planning teams and members of the London Healthier High Streets group for their support and contributions to this work.

Dr Kay Eilbert — Director of Public Health — London Borough of Merton

Dr Jin Lim — Assistant Director of Public Health — London Boroughs of Lambeth & Southwark

Chair(s) – London Healthier High Streets

CONTENTS

SECTION 1: INTRODUCTION 5

SECTION 2: CONTEXT SETTING 6

SECTION 3: CONFORMITY WITH NATIONAL AND LONDON POLICY 9

1. The National Planning Policy Framework 2012 9
2. The London Plan 2015 11
3. Public Health Outcomes Framework 2012 12
4. Healthy Lives, Healthy People – update and way forward 2011 12
5. Healthy Lives, Healthy People – a call to action on obesity in England 2011 12

SECTION 4: PROMOTING HEALTH THROUGH LOCAL PLANNING 13

1. Template: Strategic Screening for Health 14
2. Process: Health in Local Plan-Making 16
3. Template: Policy Screening of Plans or Strategies 18

SECTION 5: ACHIEVING HEALTH THROUGH THE PLANNING APPLICATION PROCESS 21

1. Process: Health in Planning Application 22
2. Process: Public Health Response to Planning Application 24
3. Template: Public health comments 26
4. Template: Public Health Monitoring of Local Plans 31
5. Template: Monitoring Public Health Involvement in Planning Application 32

SECTION 6: GETTING PLANNING INTO PUBLIC HEALTH 34

1. Template: Embedding planning in the Joint Strategic Needs Assessment 34
2. Template: Embedding planning in the Joint Health and Wellbeing Strategy 36

APPENDIX 1: GLOSSARY 38

APPENDIX 2: SUMMARY OF KEY NATIONAL AND LONDON GUIDANCE AND REFERENCES 40

APPENDIX 3: SUMMARY OF PLANNING AND DESIGN STANDARDS CURRENTLY CONSIDERED IN PLANNING 42

APPENDIX 4: SUMMARY OF RELEVANT HEALTH EVIDENCE FOR PLANNING .. 47

SECTION 1: INTRODUCTION

This Guide was commissioned by London Borough of Merton Public Health in collaboration with the London Healthier High Streets Network, and has been developed by the Town and Country Planning Association (TCPA) with Angie Jukes (Stockport Council) and Chimeme Egbutah (Luton Borough Council) with engagement with the Merton public health and planning teams, and the London Healthier High Streets Network. It seeks to bring together and signpost to existing guidance on the planning process, and highlight existing good practice examples and first-hand advice from councils in varying levels of working relationship between public health and planning, and includes tried-and-tested processes.

The annexes and other supplementary materials available to download from www.tcpa.org.uk/pages/best-practice-in-planning-and-public-health-in-london-2015.html.

1. How to use the Guide

The Guide is not an exhaustive resource neither does it seek to promote a one-size-fits-all approach. It is a toolbox. It provides a series of Processes and Templates of different scope and purpose. The overarching message is that Boroughs should look to adapt elements of the guidance appropriate to their circumstances. Often more informal softer 'relationships' may prove to be more effective than establishing a formal process of involvement.

Where external documents or publications are referred to, they are either hyperlinked or links are provided in list of references in the Appendix. A list of abbreviations used and terms referred to is provided in the Glossary.

The use of this guidance should be supported by local training opportunities on planning and public health so that there is awareness of the purpose, limitations and opportunities of the planning system and where planning and public health can most effectively work together. A set of planning training slides are developed as part of this project and available online to download and adapt locally.

In considering the information and advice set out in this Guide, public health and planning officers in Boroughs should consider the following principles:

- **Proportionality -** *is what you wish to adopt and formalise proportional to the work commitment that may be required?*
- **Outcome-focused -** *establish what public health outcome/ priority / other common objective you wish to achieve together and whether it could be achieved through a formal/ informal process?*
- **Consensual and collaborative -** *have planners and public health officers / teams met and reached a common agreement about Public Health involvement?*
- **Subject to review -** *will there be opportunities to review the relationship regularly so that Public Health involvement continues to add value to the planning process?*

2. Target audience

The Guide is targeted at:

- local government public health officers wishing to better engage, either formally or informally, with planning colleagues, and
- local government planning officers wishing to have a greater understanding how and where proactive engagement and involvement of public health can be useful.

SECTION 2: CONTEXT SETTING

What is planning?

When 'planning' is used, in this context, it refers to the statutory planning system for the sustainable use and development of land through setting policies and deciding whether to grant or decline planning permission for new development. Some may use the terms 'spatial planning' or 'land use planning'. It is a statutory function of a local planning authority as set out in the Town and Country Planning Act 1990[1] (as amended). It is important to make sure you appreciate the statutory underpinning and limitations of planning powers and duties. The National Planning Policy Framework (NPPF) provides the most appropriate reference point for understanding planning. Paragraph 7 says that planning plays an economic, social and environmental role and sets out a range of policy areas to help deliver on this role.

Who are planners?

When you refer to a 'planner' you may actually be addressing a professional working in different stages of the planning process, sector and even profession. In the context of this document, a planner in a local planning authority is someone working in:

- **Strategic planning/ planning policy** – Public Health will be engaging these planners on developing policies in the Local Plan and other planning documents, such as Supplementary Planning Documents.
- **Development management** – Public Health will be engaging these planners involved in assessing planning applications and directly engaging applicants/ developers.

What is the planning process?

This Guide is primarily concerned with two statutory functions of the planning process:

1. **Plan making**: This is the process of developing the local plan and policies and other statutory and non-statutory planning documents.
2. **Development management:** This is the process of preparing and making a decision on a planning application for different types of development.

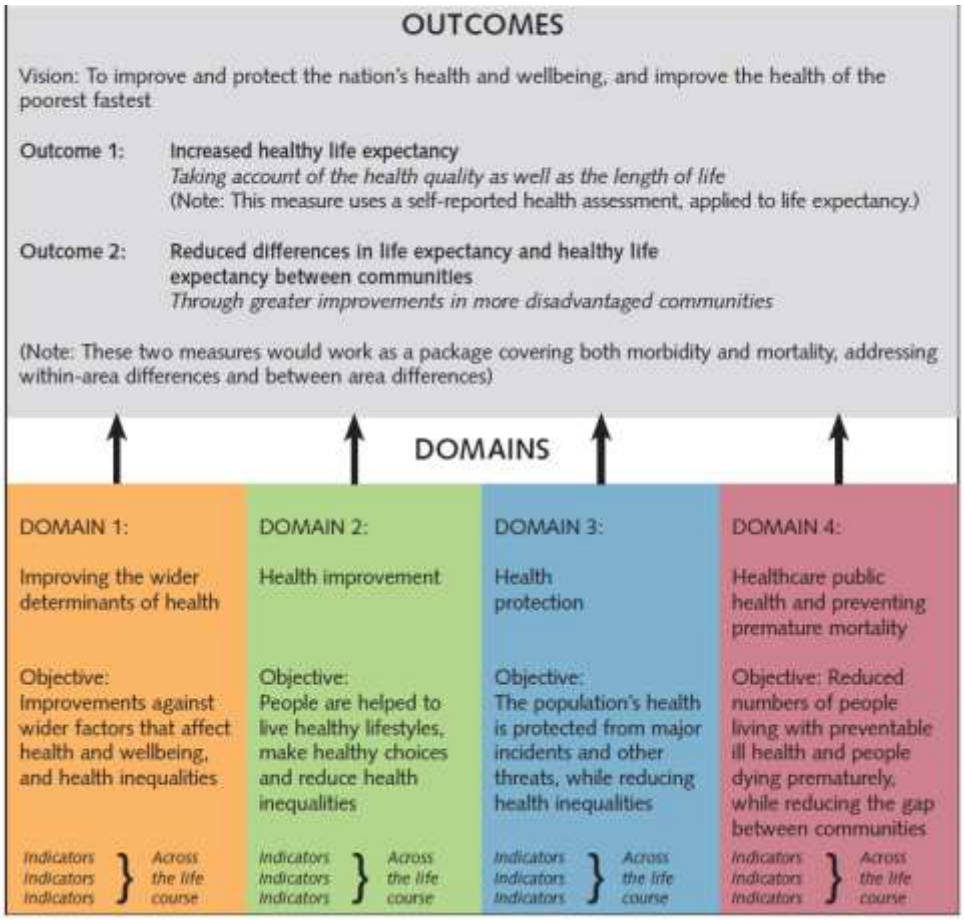
There will be many statutory assessments required as part of the evidence base for plan-making or information requirements submitted for a planning application. They provide convenient hooks to include health considerations. They include but are not limited to:

- **Sustainability Appraisal (SA)** assesses the extent to which the emerging plan or policy will help to achieve relevant environmental, economic and social objectives.
- **Environmental Impact Assessment (EIA)** assesses the impacts for proposals and submitted as an environmental impact or sustainability statement for an application.
- **Environmental assessments** for air quality, transport, noise impact, town centre health check, biodiversity and landscape, and climate change impacts.
- **Design and Access Statement** explains the design principles that have been applied to the development, and demonstrates how the proposed development's context has influenced the design and approach in relation to accessibility issues. It is a requirement of planning applications for major development.

[1] See http://www.legislation.gov.uk/ukpga/1990/8/contents

Where are the hooks in public health?

The key mechanism for linking planning and health at the operational level should be the Public Health Outcomes Framework. The indicators under the Domains should be the areas where Public Health seeks to influence and assist planning in plan-making and monitoring for improvements to health and wellbeing.



Source: Department of Health 2012 (Updated 2015)

Diagram 1. Where are the main areas of interaction between planning and public health?

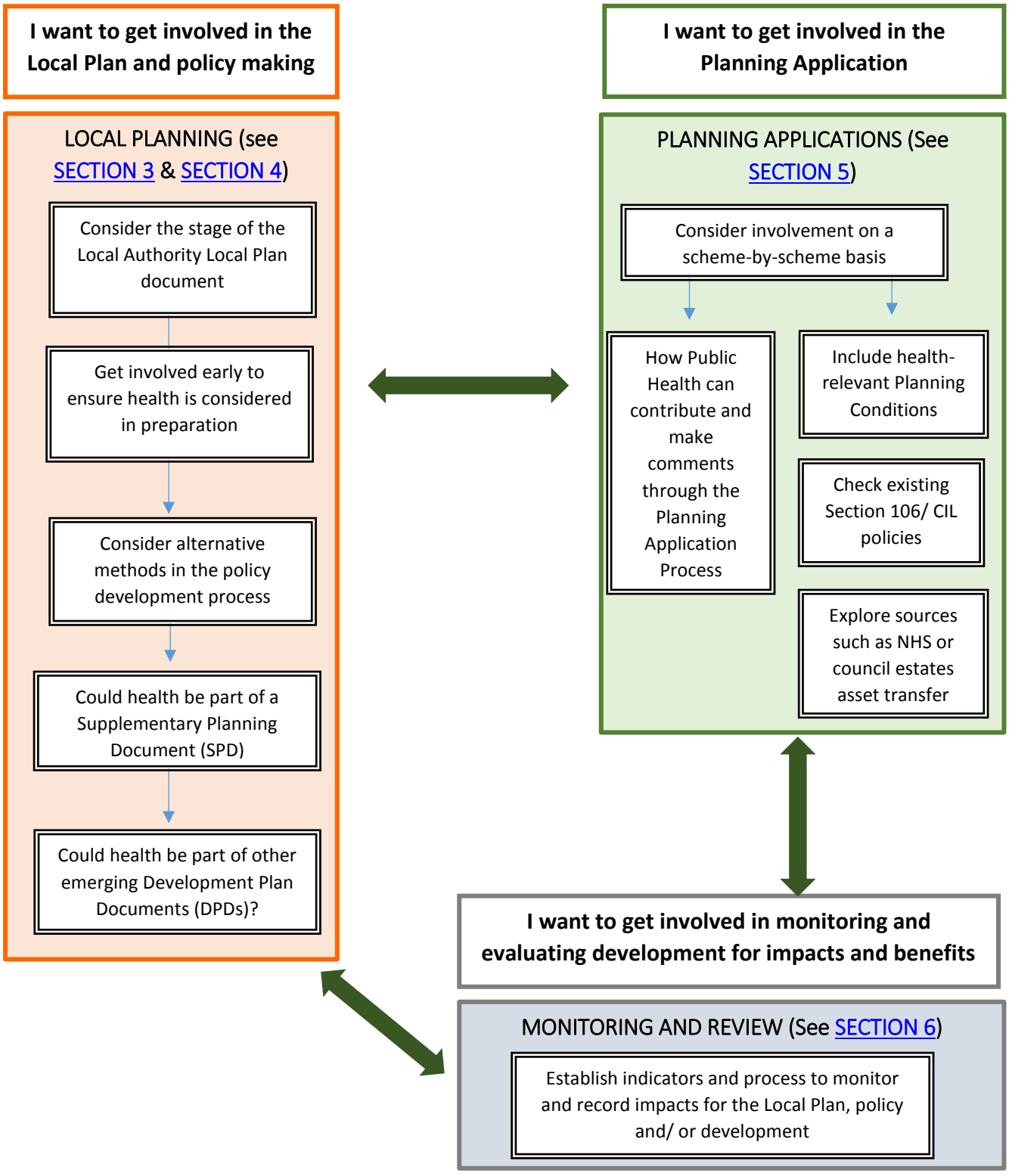
What planners can do:	**What public health specialists can do:**
• Review local plan for compliance with NPPF policies • Engage public health on major planning applications • Involve health in infrastructure planning • Require health impact assessments (HIAs) for certain types of planning applications • Measure planning's influence on health & wellbeing outcomes	• Focus on topics that matter locally • Utilise your portfolio holder (for health and wellbeing) • Focus on topics that planners can influence. • Provide data and evidence that is both relevant and functional
What planners and public health practitioners working together can do: • Encourage the Directors to forge a stronger working relationship on key shared issues • Help elected members to understand the links between planning and public health • Develop a collaborative evidence base • Engage clinical commissioning groups (CCGs) and NHS England • Understand each other's language and identify common objectives – have meet and greet meetings	

Adapted from TCPA Reuniting Health with Planning handbook (2012)

Quick Start to Public Health Involvement in Planning

This Quick Start illustrates a series of potential pathways, with reference to the rest of this guide where you can find more detailed guidance on process and templates for more effective Public Health involvement in the various plan-making and planning application processes.

Diagram 2: Flowchart of engagement with the planning process



SECTION 3: CONFORMITY WITH NATIONAL AND LONDON POLICY

This section highlights key national policy frameworks and strategies which should be considered and reflected in Local Authorities strategies around planning, and health and wellbeing. All national planning documents published by the Department for Communities and Local Government (DCLG) as well as from other departments and agencies, such as Natural England, Sport England and Public Health England, are material consideration and form the evidence base. Where relevant, they should be referenced when developing planning policies and providing a response to planning applications.

1. The National Planning Policy Framework 2012

The National Planning Policy Framework (NPPF) sets out polices that Local Planning Authorities should take into account in Local Plans and making planning decisions. Promoting health is explicitly stated in the NPPF but also implicitly in other policies linked to the wider environmental determinants of health, such as transport, housing, climate change and air quality. Public Health should work with Planning colleagues to ensure health is considered when developing local policies which conform to the NPPF.

Diagram 3. What the NPPF means for Public Health

POLICY	PUBLIC HEALTH OPPORTUNITIES
Core Planning Principles – Paragraph 17 Take account of and support local strategies to improve health, social and cultural wellbeing for all	Priorities and actions set out in the Joint Health and Wellbeing Strategy (JHWS) would be included and considered.
Strategic priorities for Local Plans - Paragraph 156 Deliver the provision of health, security, community and cultural infrastructure and other local facilities	Setting out requirements and needs for healthcare infrastructure and services is required for Local Plan policies.
Health and wellbeing evidence – Paragraph 171 Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being.	Evidence set out in the Joint Strategic Needs Assessment should be used to help inform Local Plan policies. The evidence should be appropriate and relevant to planning for the built and natural environments, including in the high streets and town centres.
Sustainable transport – Paragraph 35 Developments should be located and designed where practical to give priority to pedestrian and cycle movements, and have access to high quality public transport facilities; create safe and secure layouts which minimise conflicts between traffic and cyclists or pedestrians and establishing home zones	Active travel, physical activity and sustainable transport are recognised in planning, Public Health should look to where they can add value and work together with transport planning colleagues in responding to Planning.
Good design – Paragraph 58 Developments create safe and accessible environments	Achieving good design is a statutory duty on local planning authorities in Local

where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion	Plans. Evidence and support from public health on these issues will help inform wider design frameworks and standards, including on active design.
Promoting healthy communities - Paragraph 69 Achieve places which promote opportunities for meetings between members of the community who might not otherwise come into contact with each other, including through mixed-use developments, strong neighbourhood centres and active street frontages	A key chapter with an explicit health and wellbeing title but it is wide ranging and public health needs to look at specific policies to prioritise key issues relevant to the Borough.
Open space and recreation needs – Paragraph 73 Robust and up-to-date assessments of the needs for open space, sports and recreation facilities and opportunities for new provision	Contributing to the local assessment of needs around leisure, play and recreational facilities would be key to ensure public health consideration of local needs.
Environmental pollution – Paragraph 123 Avoid noise from giving rise to significant adverse impacts on health and quality of life as a result of new development; mitigate and reduce to a minimum other adverse impacts on health and quality of life arising from noise from new development.	Public Health could assist in identifying vulnerable communities/ population groups for Planning when considering air and noise pollution issues, e.g. use of maps to show relationship between pollution and health outcomes. It could be related to transport, certain premises or where new developments will be built.
Health and Wellbeing Planning Practice Guidance (PPG) What are the links between health and planning? • supports people of all ages in making healthy choices, • helps to promote active travel and physical activity, • promotes access to healthier food, • promotes high quality open spaces and opportunities for play, sport and recreation	Public Health needs to understand the advice given to Planners about who and how to engage Public Health. This section of the PPG highlights a range of public health issues to consider in local plan and making decisions on planning applications, including opportunities for healthier lifestyles.

2. The London Plan 2015

The London Plan is the development plan for all of London. It sits under the NPPF but above the Borough Local Plans. It is reviewed on a regular basis by the Greater London Authority as and when changes to national policy or key evidence base require policy revisions. There is no regular timetable for review but it would be expected that a full review will take place after the next election of the London mayoralty in 2016. This will be a prime opportunity for public health to get involved. Public health should work with planning colleagues to ensure health is considered when developing local policies which conform to the London Plan.

Diagram 4: What the London Plan means to Public Health

POLICY	WHAT IT MEANS TO PUBLIC HEALTH
POLICY 3.2 IMPROVING HEALTH AND ADDRESSING HEALTH INEQUALITIES	Impacts of major developments should be considered through a HIA. Public Health can also support and health-proof Local Plans.
POLICY 3.5 QUALITY AND DESIGN OF HOUSING DEVELOPMENTS with minimum space standards	Public Health can help ensure Local Plans and decisions promote good housing design including minimum housing space standards.
POLICY 3.6 CHILDREN AND YOUNG PEOPLE'S PLAY AND INFORMAL RECREATION FACILITIES	Public Health can help ensure adequate play provision is integrated in new developments and requirements set out in local policies.
POLICY 3.16 PROTECTION AND ENHANCEMENT OF SOCIAL INFRASTRUCTURE & POLICY 3.17 HEALTH AND SOCIAL CARE FACILITIES	Public Health can help ensure Planning assesses the needs for community infrastructure including healthcare, and make provision in developments. An approach is set out in the Social Infrastructure SPG (May 2015).
POLICY 5.9 OVERHEATING AND COOLING	Public health can contribute evidence on excess winter or heatwave deaths to inform climate change adaptation.
POLICY 5.10 URBAN GREENING	Public health can help build evidence base of where and how much access to urban green spaces can help vulnerable groups.
POLICY 6.10 WALKING	Public health can help provide evidence of physical activity/inactivity and perceptions of poor built environment for walking and active travel more broadly.
POLICY 7.14 IMPROVING AIR QUALITY	Public Health can work with transport colleagues to provide evidence of vulnerable groups and priority areas for actions to improve air quality.
POLICY 7.18 PROTECTING OPEN SPACE AND ADDRESSING DEFICIENCY	Public health can help ensure new development provide adequate play and open spaces and Local Plan policies include strong policies on access and provision of open space.

POLICY 7.22 LAND FOR FOOD	Public health can help ensure opportunities are provided as part of new development for urban farming/ allotments or other innovative arrangements to access healthier foods.

3. Public Health Outcomes Framework 2012

There are synergies between monitoring planning and those Domains and indicators under the Public Health Outcomes Framework. PHOF data is updated regularly. Public Health can help ensure indicators and results in the Local Plan and the Authority Monitoring Report reflect published PHOF data. The data can be used to help support Public Health comments if the scale is relevant and specific to the development proposal. For the latest indicators, please go to www.phoutcomes.info.

Diagram 5: What the Public Health Outcomes Framework means for Public Health and Planning

DOMAIN	WHAT IT MEANS TO PUBLIC HEALTH
1. Improving the wider determinants of health **2. Health Improvement** **3. Health Protection** **4. Healthcare public health and preventing premature mortality**	Public Health can ensure that indicators on general health and wellbeing, people's lifestyles and health protection issues that are relevant to planners (e.g. child poverty, fuel poverty, pollution, access to open space, education attainment etc) are reflected in the JSNA and ultimately in Local Plans.

WHAT IT MEANS TO PLANNING
Planners can consider aligning monitoring indicators in the Authority Monitoring Report with the PHOF and share resources with Public Health for annual review on implementation and progress on key topics.

4. Healthy Lives, Healthy People – update and way forward 2011

Relevant strategies from the Department of Health can and should be referenced as part of the Local Plan. *Healthy Lives, Healthy People* is the public health strategy for England published as a command paper in 2011. Although it does not set out detailed policies, it can be material consideration and taken into account in Local Plan preparation and/or comments on planning applications.. It references the role of Health and Wellbeing Boards in taking into account local strategies including local planning policies.

5. Healthy Lives, Healthy People – a call to action on obesity in England 2011

A call to action on obesity in England is the obesity strategy for England published in 2011. Similarly with the public health strategy, although it does not set out detailed policies, it can be material consideration and taken into account in Local Plan preparation and/or comments on planning applications. It references the role of local authorities through application of planning rules, synergies with transport plans and use of green spaces.

SECTION 4: PROMOTING HEALTH THROUGH LOCAL PLANNING

1. What is the Local Plan

The Local Plan is the primary planning document for:

- setting out the vision for the Borough for the next 15-20 years linking with wider corporate priorities set out in the Community Strategy,
- setting out policies on land use and development including housing growth, regeneration, transport, built and natural environment,
- providing further guidance through Supplementary Planning Documents or advice notes when assessing planning applications, and
- assessing planning applications against.

2. What issues should Public Health seek to promote?

Public Health should seek to promote a range of issues considered in the planning process (those national and London policies set out in Section 3) where the health impacts or opportunities for improving health and wellbeing can be maximised. These issues could be on active travel, access to fresh and healthy food, air quality, fuel poverty or housing quality, and will vary between areas.

2. What documents make up the Local Plan?

A number of statutory and non-statutory planning documents comprise a Borough's Local Plan, and these are generally:

- **London Plan** – Boroughs are subject to policies set out by the Mayor,
- **Local Plan: Strategic Policies plan** – overall strategic spatial vision, objectives and policies for the Borough,
- **Development Management Policies plan** – detailed policies for Planners to assess planning applications against to support delivery of the Local Plan,
- **Other area based plans such as Site Allocations Plan and Area Action Plans**,
- **Supplementary Planning Documents (SPD) or Supplementary Planning Guidance (SPG)** - further guidance to support delivery of the Local Plan on topics at the discretion of Planners, such as design, and in some Councils on fastfood takeaways. This is a non-statutory document and is considered 'guidance' not 'policy'. Therefore the way it is taken into account in decision-making is restricted. It does not go through the same stringent process of development and sign off as the Local Plan.

3. Is it regularly reviewed?

There is no required timescale for developing a Local Plan. Timescales for developing a Local Plan vary between 3-5 years from start to finish – gathering evidence, considering different options and scenarios, the formal examination in public by the Planning Inspectorate then formal adoption by the council. This is a statutory process and requires significant political and resource commitment to undertake. Costs are associated with commissioning of assessments to understand the various dynamics within a Borough such as housing needs, environmental and transport assessments, including a Sustainability Appraisal.

While there is no requirement to a review an adopted Local Plan, it can be reviewed to reflect changing national policy or evidence circumstances. This will be the time and opportunity for Public Health to get involved in the processes.

1. Template: Strategic Screening for Health

Aim

To ensure a standardised process of considering health impacts so that they are fully reflected and considered throughout the strategic and development planning processes by the local authority.

Diagram 6: The 'Strategic Screening for Health' template

APPLICATION	HIA TYPE^	LEAD IMPLEMENTER*
Major Infrastructure Project Nationally-significant infrastructure projects with Local Impact Reports	Full HIA	Local Authority
Strategic planning application Development proposals referred to the Mayor or consulted by authorities	Rapid HIA	Applicant
Major EIA or non-EIA planning application 'Major' developments likely to have significant effects on the environment or health and wellbeing.	Rapid HIA	Applicant
Other application with health impacts Developments likely to have an effect on health and wellbeing	Desktop HIA	Applicant
New Local Plan or other planning documents+ Preparing the new Local Plan including suite of other planning documents	Rapid HIA	Local Authority
Review of Local Plan or other Development Plan Documents (DPD) Reviewing existing Local Plan including suite of statutory planning documents	Desktop HIA	Local Authority
New/ Review of Neighbourhood Plan Preparing a new or reviewing existing Neighbourhood Plan	Desktop HIA	Local Authority
New or review of a SPD/ SPG Preparing or reviewing a current SPD/SPG. Prioritise those SPD/ SPG prepared for development sites.	Rapid HIA	Local Authority
[Borough-specific application]	*[HIA type]*	*[Who]*

Source: GLA Social Infrastructure SPG, May 2015, Figure 13

* The Lead Officer for carrying out the HIA should be determined and agreed internally.
^ See Page 61 of the GLA Social Infrastructure SPG for description of different types of HIAs

Description

This 'Screening for Health' template provides an essential 'prevention' intervention at the beginning of the planning process to identify where the potential health issues may arise, in order that health impacts are avoided, reduced or mitigated, and that health and wellbeing is promoted across all aspects of the planning function. The process applies to planning policies and plans, and planning applications. It is taken from the GLA's 2015 adopted SPG Social Infrastructure guidance for Health and Social Care. Boroughs should seek to adapt this framework appropriate to their respective circumstances, capacity and resources led by Public Health in agreement with planning teams.

Step-by-step actions

1. Determine and specify the types of 'Application' of the Screening process depending on local circumstances.
2. Determine the 'HIA Type' according to what is agreed to be appropriate and proportionate to the 'Application' most relevant to your Borough.
3. Determine who will lead on screening according to the capacity of your Public Health and/ or planning teams, or current requirement on the Applicant.
4. Determine whether implementing this Screening process will require any policy changes in the Local Plan and/ or producing further guidance to the Applicants.
5. Determine whether this process can be integrated into the existing statutory assessment processes, such as the Sustainability Appraisal for Local Plan and Neighbourhood Plan preparation and the Environmental Impact Assessment Screening of a proposed development.

What this process does not do is provide guidance on how to do a HIA as there are different approaches to a HIA from a comprehensive assessment to a checklist. Public Health professionals have knowledge about the sources and methods for conducting an HIA.

Examples of current practice

Example 1: Gloucestershire County Council Scorecard: Strategic collaboration for health (2014) The scorecard applies to the delivery of health responsibilities in upper-tier unitary councils and in two-tier counties. It will help in identifying and resolving some of the barriers as well as seizing the opportunities created by the public health responsibilities of local authorities
Example 2: Greater London Authority Social Infrastructure Supplementary Planning Guidance (2015) The GLA sets out guidance for Boroughs when implementing the London Plan policies locally. Section 5 sets out guidance for Health and Provision of Health and Social Care. Figure 13 suggests an approach to using different HIAs for different planning purposes.
Example 3: Wakefield HIA for Planning Pathway Wakefield is developing a pathway for applicants to determine whether, using their HIA Screening Tool, a HIA is required to be submitted as part of a planning application. It sets out guidance and who should be undertaking the work.

2. Process: Health in Local Plan-Making

Aim

To ensure public health involvement in the plan-making process resulting in appropriate local planning policies for health and wellbeing.

Diagram 7: The 'Health in Local Plan-Making' template

(A) PLAN-MAKING STAGE	(B) WHAT IT MEANS FOR PUBLIC HEALTH
Stage 1: Issues and options, and collecting evidence Initial scoping of planning issues, draft vision and strategy, place-based policies and development allocations, and commissioning and compilation of evidence	• Make contact with planning teams • Submit evidence to planners on health and healthcare provision needs from the JSNA • Seek to include health-specific policies. *See examples provided below.* • Get involved in the council's external and internal consultation activities
Stage 2: Initial draft local plan First draft published for public consultation after taking into account Stage 1 work	• Get involved in and contribute to public consultation to help raise awareness • Check issues reflect those set out in the JHWS, the NPPF (see TCPA Reuniting Health with Planning 2012 NPPF and health and wellbeing checklist) and London Plan • Contribute and align a HIA on the draft local plan with the Sustainability Appraisal process
Stage 3: Publication and submission of Local Plan Submission of the draft to the Planning Inspectorate, with representations from the public on the soundness test in the NPPF and legal compliance	• Check policies conform to NPPF policies (see TCPA Reuniting Health with Planning 2012 NPPF and health and wellbeing checklist) • Provide supporting evidence when required in a form that the council planners can use in the Examination in Public process (*See Appendix 4*)
Stage 4: The Examination in Public Formal examination, taking the format of a series of topic discussions led by the Planning Inspector	• Attend sessions and assist the council planners with supporting evidence in discussions of relevant policies if required
Stage 5: Further changes to the Local Plan On recommendation by the Planning Inspector, revisions may be needed before the next stage.	Enquire if there is any further evidence that can be supplied to aid revisions.
Stage 6: Local authority adoption The point at which it comes into force and becomes the statutory development plan	• No action required by officers
Stage 7: Monitoring and plan review The local authority is required to monitor progress on implementing policies in the local plan in an Authority Monitoring Report	• Help to include measurable outcomes on health in line with JHWS monitoring • Submit health and health inequalities data from the JSNA for the Report

Source: TCPA Planning Healthier Places, 2013, Diagram 2

Description

The process for developing a new or reviewing a draft Local Plan (any development plan document as opposed to a Supplementary Planning Document) is a statutory process with set stages. Therefore involvement and engagement of Public Health in the process can be planned in advance with the knowledge of timescales set by the planning team. A Local Plan typically sets out policies for the next 15-20 years with opportunities for review if determined necessary due to changing national policy or evidence base. A review process undergoes the same statutory rigour as a full plan development. The misalignment of timescales with the short term JHWS should be recognised. Once adopted, it would not be possible to amend or change policies in a Local Plan without going through a review process.

Step-by-Step actions

- Find out the status of your Borough's current Local Plan.
- If it is adopted already, then enquire when the next review will take place, and seek to prioritise your short term actions on the planning applications process.
- If it has not been adopted yet, enquire at what stage the process is at– see Column (A) in diagram 7 above. Please note that there may be additional non-statutory processes at the start for additional public consultation or evidence gathering.
- Find out opportunities to influence development of any other planning documents, such as Supplementary Planning Documents or strategies for open space/ green infrastructure, sustainability and design.
- Undertake the actions as suggested in Column (B) in diagram 7 above, in consultation with your planning team and/ or other council departments such as transport, sustainability, housing etc on timescales and deadlines for making submissions.

Examples of Local Plan policies

Example 1: Croydon Local Plan Strategic Policies (April 2013) SP5.2 Health and wellbeing

SP5.2 The Council and its partners will create and safeguard opportunities for healthy, fulfilling and active lifestyles by:
a. Working in partnership with the health authorities to improve health in Croydon;
a. Ensuring new developments provide opportunity for healthy living by the encouragement of walking and cycling, good housing design, sufficient open space and opportunity for recreation and sound safety standards;

SP5.3 The Council and its partners will encourage the creation of healthy and liveable neighbourhoods by:
d. Ensuring the provision of a network of community facilities, providing essential public services; and
e. Protecting existing community facilities that still serve, or have the ability to serve, the needs of the community

Example 2: Haringey Development Management Policies (Draft 2015) DM56 Hot Food Takeaways

A. The council will not grant planning permission for hot food takeaway shops that fall within an exclusion zone of 400 meters of the boundaries of a primary or secondary school as shown on Map 5.1.

Example 3: Newcastle and Gateshead Core Strategy (March 2015) Policy CS14 Wellbeing and Health

- Requiring development to contribute to creating an age friendly, healthy and equitable living environment through:
  - Creating an inclusive built and natural environment,
  - Promoting and facilitating active and healthy lifestyles,
  - Preventing negative impacts on residential amenity and wider public safety from noise, ground instability, ground and water contamination, vibration and air quality,
  - Providing good access for all to health and social care facilities, and
  - Promoting access for all to green spaces, sports facilities, play and recreation opportunities.
- Promoting allotments and gardens for exercise, recreation and for healthy locally produced food.
- Controlling the location of, and access to, unhealthy eating outlets.

3. Template: Policy Screening of Plans or Strategies

Aim

To ensure a proactive process of assessing health impact or 'health proofing' of council plans or strategies.

Diagram 8: The 'Policy Screening' template

(A) WILL THE POLICY HAVE AN EFFECT ON:	(B) DESCRIPTION AND CONCLUSIONS
Reduce inequalities among different groups, and improve employment opportunities?	*Description of health impact & outcome (neutral, positive + or negative -)*
Promote healthier high streets including access to healthy and affordable food, safe and sociable alcohol environment	-
Promote physical safety, reduce level of and fear of crime in communities	-
Provision of and accessible educational opportunities for all ages	-
Promote opportunities for healthy lifestyles, including access to open space, opportunities to reduce physical inactivity	-
Provision, affordability & quality of housing	-
Promote sustainable and affordable modes of transport and supporting infrastructure	-
Contributing to climate change adaptation and mitigation, and reducing health impacts	-
Promote and improve mental wellbeing factors	-
Support healthy beginnings for children and young people	-
Add/ remove [Borough-specific]	-

Not favouring further HIA | **Favouring further HIA**

Source: Adapted from Luton Borough Council

Description

There are existing local authority statutory requirements to understand the impact of proposed plans or strategies, such as Sustainability Appraisals and Equalities Impact Assessment. There is a case to proactively consider promotion of health and wellbeing as part of these requirements and determine whether more detailed health-specific assessment is required. This would ensure that health and wellbeing is adequately built into the final adopted plans, strategies and programmes, especially where they relate to development/ regeneration of specific neighbourhoods or areas. Boroughs should seek to adapt this process appropriate to their respective circumstances, capacity and resources, and come to agreement who should lead on this process.

There are also similarities to requirements for a 'health checklist' submitted by applicants as part of planning applications. This is where applicants assess the development proposal for potential health impacts or benefits in accordance with a pro forma developed by the local authority.

Step-by-step actions

1. Determine whether this process can be integrated into the existing processes, such as the Sustainability Appraisal or Integrated Impact Assessment.
2. Determine who should lead on undertaking or co-ordinating this process.
3. Ensure you select an emerging or draft policy, plan or strategy. Doing a retrospective screening on an adopted document may be ineffective but could highlight gaps and opportunities to inform future reviews.
4. Determine what health impacts/ priorities/ outcomes you wish to assess against under Column (A) in Diagram 8.
5. Undertake the screening assessment and note findings under Column (B) in Diagram 8.
6. Conclude whether a further HIA should be recommended and what type.
7. Agree actions or changes that will be required.
8. Monitor whether changes are delivered in the strategy, plan or development.

What this process does not do is provide guidance on how to do a HIA as there are different approaches to a HIA from a comprehensive assessment to a checklist. Similarly there are different approaches to a healthy planning checklist, examples of which are presented below.

Examples from current practice

Example 1: London Healthy Urban Planning Checklist (2014) A collaborative initiative between councils and health agencies to develop a checklist of health issues to mainstream into the decision-making process.
Example 2: Sandwell Health Urban Planning and Development Toolkit (in progress) It aims to promote healthy urban planning by ensuring that the health and wellbeing implications of local plans and major planning applications are consistently taken into account
Example 3: Wakefield Rapid Health and Wellbeing Impact Assessment for Planning Tool The HIA for planning tool is divided into three sections grouped under variety of themes to be worked through sequentially - **Impact Description**, **Impact Type**, I**mpact Certainty**, then **Recommendation**. It is proposed to roll this out across the Leeds City region.

(page left blank)

SECTION 5: ACHIEVING HEALTH THROUGH THE PLANNING APPLICATION PROCESS

1. What is the planning application process?

The process validates information submitted by individuals or developers as part of an application, considers an application for development against policy and seeks to reach a mutually beneficial balance between adverse impacts and benefits to the environment.

2. What is the role of a health checklist?

A Borough can set out requirements for applicants to submit additional information, including requiring a completed HIA or an assessment according to a health checklist. Deciding whether to adopt a checklist should consider the cost impact to the applicant and whether there is Public Health capacity to assist validating the assessment when submitted.

3. How are decisions made?

A case officer will assess all the planning application information submitted. Comments from consultation with the public, statutory agencies as required by planning law and from environmental health, transport, environment to name a few. Public Health should be consulted as a non-statutory consultee. The application will be assessed against NPPF, London Plan and Local Plan policies, and other 'material considerations' – any matter which is considered relevant to the proposal by the case officer. After considering the above, the case officer will make a recommendation to decline permission or approve with conditions. For major applications, the decision will be taken by the Planning Committee on this recommendation.

4. How can Planning Conditions be imposed for health?

Planners will wish to approve developments unless the impacts outweigh the benefits and therefore will seek to impose Planning Conditions to ensure the impacts can be reduced or mitigated through specific measures carried out by the applicant. Further information is set out later in Section 3 of this specific chapter of the Guide.

5. How can Section 106 be required for health and what is the Community Infrastructure Levy?

Section 106 planning obligations are financial or in-kind contributions by developers for measures to mitigate impact of development. Many councils have a policy in the Local Plan with a SPD to set out formulas or specific approaches for different issues such as healthcare, education, public realm and affordable housing. Further information is provided later as part of the 'Public Health response to planning applications' and the Glossary.

The Community Infrastructure Levy (CIL) is a levy charged to developers on new development to help fund infrastructure. CIL provides developers with more certainty about the amount of financial contribution at the start of the process and allows councils to identify a Regulation 123 list (list of projects they wish to fund). The Government has not specified what can or cannot constitute CIL infrastructure, so Public Health should explore costed infrastructure to include in the List.

Section 106 should only be for measures provides on-site while contributions under CIL can be spent in other parts of the Borough. Developers must not be double-charged.

6. Why is consideration of 'viability' important in the planning process?

The NPPF makes clear that viability and assessing the cumulative burden on developers are key tests of policy-making and decision making. The costs on applicants, but also the potential benefits of a healthy development, should be included in understanding development viability.

1. Process: Health in Planning Application

Aim

To ensure that public health involvement is recognised and valued through the planning application process from the start to the end.

Diagram 9: The 'Health in Planning Application' template

(A) STAGE	(B) SUGGESTIONS ACTIONS
Stage 1: Pre-application discussion Advice given by planners to Applicants before making a planning application	• Seek to agree with planners an arrangement for notifying Public Health on discussions • Highlight the need for health impact assessment when necessary, and the support or expertise that Public Health can offer
Stage 2: Submission and validation Planners check the application for validation, including information requirements from the local validation list	• Ensure that advice is provided to the validation officer on the scope of health information requirements, if required by Local Plan policy • Ensure that a HIA or checklist assessment is included if required in Local Plan policy for certain sizes of developments.
Stage 3: Publicity and consultation A statutory consultation period of 21 days for the public to make comments	• Ensure that local Healthwatch groups are aware of emerging developments in their area • Help them to make a submission to raise any planning issues in relation to health • Read other peoples comments to support and evidence common themes.
Stage 4: Statutory consultation Consultation with statutory and non-statutory consultees with 21 days to respond	• Ensure Public Health is a non-statutory consultee • Suggest if the development can be made acceptable through planning conditions or Section 106 • Submit comments to planners within the consultation period • *See Public Health Response process*
Stage 5: Consideration The case officer will make a recommendation or to be considered by Planning Committee	• If to be considered by the Planning Committee, attend the meeting with your planning officers.
Stage 6: Planning decision A decision is made for either unconditional approval with conditions, or refusal	• Ensure that recommended planning conditions and/or Section 106 measures are included in the planning decision notice
Stage 7: Appeal (if submitted)	• Assist planners with evidence if health impacts are a key issue
Stage 8: Development commencement and enforcement	• Work with the council's planners in enforcement to ensure compliance with the planning decision.

Source: TCPA Planning Healthier Places (2013) Diagram 3

Description

The process of submitting, considering and making a decision on a planning application is a statutory process of many stages in which Public Health have multiple opportunities to engage.

Step-by-step actions

- Ensure you are included as a non-statutory consultee by your Development Management team, so that you can be informed when planning applications are submitted and consulted.
- If the planning application has not been submitted yet, ensure you have conversations with your Development Management team to inform you about any pre-application discussions/ opportunities with applicants for important/ prioritised proposals.
- Determine the scale and scope of your contribution at each stage of the application process – see column (A) in diagram 9 above – and where you can add value or be effective in ensuring the proposal takes into account health considerations.
- Undertake the actions as suggested in column (B) in diagram 9 above in consultation with your planning team and/ or other council departments such as transport, sustainability, housing etc on timescales and deadlines for making submissions.

Health Impact Checklist

One action you could consider is to develop a new or adopt an existing health checklist for applicants to submit as part of the planning application. This is only if the council does not currently have a HIA planning policy requirement for major developments

- Speak to the Planning Policy team or check your Local Plan to determine if there is currently a policy to require a HIA for certain types of development,
- If not, speak to the Development Management team to discuss the pros and cons of including a health checklist. You may be able to justify a rapid or full HIA to be included as a requirement in the local information list, depending on the type of development. Generally those applications classified as Major would be subject to additional assessments,
- Public Health should be aware of Government guidance on validation in the Planning Practice Guidance which avoids over-burdening applicants, adding to the cost of applications and delaying the planning process.

Examples of current practice

Example 1: London Healthy Urban Development Unit Healthy Urban Planning Checklist (2014) A checklist developed to ensure health and wellbeing issues are embedded into major planning applications and submitted as part of an application.
Example 2: Wakefield HIA for Planning Pathway Wakefield is developing a pathway for applicants to determine whether, using their HIA Screening Tool, a HIA is required to be submitted as part of a planning application. It sets out guidance and who should be undertaking the work.

2. Process: Public Health Response to Planning Application

Aim

To strengthen and formalise a Public Health Response process to planning applications to ensure Public Health is consulted, engaged and involved in making decisions on a planning application.

Diagram 10: The 'Public Health Response' process

Source: With thanks to Stockport Council

Description

The Borough Public Health team should be a non-statutory consultee on planning applications. It should be agreed with the Planning team whether Public Health will be consulted on all applications or specific application types – i.e. major developments, residential, change of use to A5 takeaways, schools, healthcare or Housing in Multiple Occupation (HMO). This process identifies an outline process for non-statutory consultation of Public Health on an application. It is based on the Stockport 2015 Public Health Consultation on Planning Applications – Process Map.

This process promotes a proactive consultative relationship between Public Health and Development Management. It reinforces commitment from the Planning team to understand applications that require Public Health input. It enables the internal Public Health process to identify and respond to a specific planning application appropriately and proportionately to facilitate sustainable development

Step-by-Step Actions

Step 1: Set up Internal Process	• **Consider the existing process and mechanisms, including policy requirements for submitting HIA information**
Step 2: Check Mail Box	• **How will the Planning Case Officer screen applications?** • **Who will be the designated Lead Officer - PH?**
Step 3: Screening	• **PH to undertake screening of submitted HIA information, AND according to a Checklist of health impacts** • **Is a response required?**
Step 4: Prepare PH response	• **Seek relevant input from others on key health impacts** • **What Planning Conditions/ S106 would you seek?** • **Prepare a response with recommendations**
Step 5: DPH Consult & Check	• **Is a feedback process required, appropriate and proportionate to the planning application?**
Step 6: Respond to Planning	• **What kind of response will you submit? Recommend APPROVAL with Conditions or REFUSAL?**
Step 7: Record	• **Record summary responses as part of monitoring.**

Examples of current practice

Example 1: Stockport Council Public Health Consultation on Planning Applications – Process Map (2015) Angie Jukes at Stockport established an internal process to guide both the Public Health and Planning Teams through the proposed activity of inviting public health commentary on planning applications.	**Example 2: Bristol City Council 'Bristol Health and Planning Protocol'** It was originally developed by Stephen Hewitt in the Healthy Urban Team to establish a protocol between the Council and NHS Bristol to help ensure health and wellbeing are properly considered in the assessment of certain planning applications.

3. Template: Public health comments

There is no perfect or one-size-fits-all public health response to any planning application. On many issues, there are overlapping objectives with transport, open space, housing and sustainability colleagues. There are basic considerations in structuring a response to be had to ensure that responses are:

- relevant to planning through identifying appropriate policies and evidence, explicitly linking any recommendations to the policy context (NPPF, London Plan, Local Plan),
- adopt a proactive stance to improve development proposals through realistic and practical recommendations,
- refer to the site, context and the submitted details (including objecting to findings in applicant's Design and Access Statement or Environmental Impact Assessment),
- submit a concise and planning-related response, and
- that assist your Planning team's relationship and negotiation with Applicants in bringing forward a sustainable development.

Diagram 11: The Public Health Response template

Diagram: Public Health Response

1. Executive Summary	Set out overall recommendation and state scope of consultation and engagement with relevant experts/ officers.
2. Planning considerations	• If the Applicant did not submit a HIA because there is no policy requirement, use a Checklist of health issues in planning as the basis for assessing the development against and identifying significant health issues • If the Applicant submitted a HIA as part of a policy requirement, use the relevant health issues referred to in guidance to ensure consistency.
2.1 Health issue (s)	• Detail public health comments ○ **Highlight relevant local evidence** – summarise evidence of impact or area-specific statistics, and analyse the potential implications of the development proposals. • List relevant Policies ○ **Conformity with National Policy** – quoting relevant paragraphs from the NPPF and other relevant strategies from relevant departments and agencies. ○ **Conformity with the London Plan** - quoting relevant London Plan policies. ○ **Conformity with the Local Plan** – quoting relevant policies from the 'adopted' Local Plan, making sure you are referring to the most up to date document. Consult Planning colleagues to check the status of any emerging draft plans or policies as their weight in decision-making will depend on their stage in the process.
3. Recommendation and Reasons	Set out overall recommendation for **Refusal** or **Approve** (generally with Conditions), supported by recommending list of planning conditions with associated reasoning to address health issues identified above.

Example comments

An example is presented with suggested policy linkages and proposed solutions for changes to the proposal. They are illustrative only, should not be seen to be appropriate for all types of development, suitable for all site contexts, that which would be automatically accepted by the Planning Case Officer or in a standard format appropriate to that of your council.

Active Travel Non-compliance with policy impacts (e.g. not connecting cycle routes / pedestrian routes)	**Comments** The Borough benefits from having an accessible and safe cycling route through the area around the application site, and the Borough's Design Guide for major developments sets out design guidelines for maximising the use of the public realm for pedestrian access. The proposed design and layout set out in the submitted masterplan and Design and Access Statement do not meet requirements and maximise the use of the local cycle network for active travel. The local population already rank below the local average for physical activity and general self-reported health. Trips under one mile make up 75% of all trips in the Borough of which only 10% of trips under one mile were walking trips. New development should reflect the fact that the built environment can have major impacts on residents' ability to be active. Without further improvement to the layout to offer greater and more direct access for new and existing residents to a local rail station by bike or on foot, poor health outcomes will continue to be prevalent.
Green Space Non-compliance and lack of access or provision of green/ open space	**Comments** As well as providing opportunities for exercise, access to green infrastructure helps to reduce stress level and improve mental health, whilst contributing to improved air quality and to the reduced incidences of respiratory illness, as well as allowing for adaptation to the effects of climate change. Communities in the Ward already suffer from above average mental and physical health disabilities. Evidence show that doing physical exercise outdoors in a natural environment was either important or very important in how people felt. The development will have a significant built environment footprint but under-provides space for green space and informal play areas as set out in the Local Plan. **Reasons, Recommendations and Relevant Policies** LACK OF CONNECTIVITY The development lacks safe and direct connection to existing transport and access networks for pedestrians and sustainable transport to accord with objectives in PolicyCS4: Sustainable Transport. It is recommended the proposal be amended to take into account good design principles for movement and connectivity in the Design Guide. INADEQUATE CONSIDERATION OF ACCESS The development provides inadequate consideration of safe and secure access for pedestrians and the community through the site and to transport modes to accord with objectives in Policy CS10: Design and Safety. It is recommended the proposal revises its approach to access to take into account security and access issues raised by the Security by Design Officer.

	INADEQUATE PROVISION OF OPEN SPACE: The development significant under-provides for green open space and spaces for play and recreation which will result in negative physical and mental health and wellbeing to accord with Policy CS1: leisure, recreation and open space and CS14: A healthy city. It is recommended the design is revised to incorporate more multi-functional green spaces and provision of play opportunities.
Change of use to A5 Fastfood Takeaways Outlets Impact on local obesity and proximity to specified activities.	**Comments** Obesity is one of the major public health challenges we face in the Borough. The National Child Measurement Programme for reception and Year 6 children for the Borough shows that since 2006/7 there has been an increase in the number of children classified as overweight or obese. Whilst the trend has leveled off in recent years, this is still a concern as the Borough remains above the England average. Adult data are modeled from surveys and 2012 data suggest that 60.3% of adults are either overweight or obese. This is similar to the England average. Local evidence taken from the 2013 Schools Health Related Behaviour questionnaire shows that, across the Borough, 3.56% of secondary school children participating in the survey bought their lunch from a takeaway or other food shop. When asked "How often do you eat Takeaways / Fast Food", 11.3% answered "2-3 days per week" and 5.86% answered "on most days". The proposed development, located in ABC Ward that has high levels of deprivation, and in close proximity to the Secondary School, would provide greater access and opportunity for people, and especially children, to eat unhealthily. From the proposed site, according to Google Maps, the main entrance of the nearby Secondary School is approximately 500 metres on foot, with the nearest point of the campus being about 400metres distant from the proposed site. However, there are few, if any other food outlets within that distance of the school, which may increase the profile and impact upon students of a fastfood takeaway outlet. **Reasons, Recommendations and Relevant Policies** The Director of Public Health has concluded that the proposal does not accord with Local Plan policy and national guidance and is therefore recommended for refusal. WITHIN HEALTHY ACTION ZONE EXCLUSION ZONE The site falls within the exclusion zone set out in Policy DM56 of the Local Plan Development Management Policies Plan. IMPACT ON LOCAL OBESITY The opening of an unhealthy fastfood takeaways outlet selling deep fried foods would contribute to the obesity of the local population. This is contrary to Government commitments in the Healthy Lives, Healthy People – A call to action on obesity strategy and Priority 1 of the Borough's Health and Wellbeing Strategy which calls for action through the Local Plan.

Use of planning conditions

Planning conditions are set on a case-by-case basis to address the issues and impacts arising from each specific development. A good practice approach is to front-load discussions on conditions during pre-application to encourage the submission of details during the application process in order to lessen the need for planning conditions.

The final wording of conditions will need to be considered according to the development circumstances and assessed against the six policy tests set out in Paragraph 206 of the National Planning Policy Framework.

These tests are:

1. **Test 1: Necessary -** A condition must not be imposed unless there is a definite planning reason for it, i.e. it is needed to make the development acceptable in planning terms.
2. **Test 2: Relevant to planning:** A condition must be related to planning objectives and within the scope of the permission to which it is to be attached.
3. **Test 3: Relevant to the development to be permitted:** A condition cannot be imposed in order to remedy a pre-existing problem or issue not created by the proposed development.
4. **Test 4: Enforceable:** A condition must be practicably possible to be enforced.
5. **Test 5: Precise:** Poorly worded conditions are those that do not clearly state what is required and when must not be used.
6. **Test 6: Reasonable in all other respects:** Conditions which place unjustifiable and disproportionate burdens on an applicant will fail the test of reasonableness.

List of example conditions

These conditions are examples and illustrative only. Some are standard conditions currently in use by planners but others may be suggested wording for circumstances where health impacts are explicitly identified as a planning issue and require planning conditions (in italics). You are advised to consult with your Development Management team on the council's standard list of conditions and where public health can add value or strengthen to ensure positive outcomes for health and wellbeing.

Similarly, many Local Planning Authorities will have standard reasons for refusal. These are normally contained within the same document as local standard planning conditions.

1. ***Health Impact Assessment:*** *No development shall take place before a Health Impact Assessment is carried out in accordance with Council guidance, submitted to and approved by the Director of Public Health.*

2. ***Health Survey:*** *No development shall take place until a health survey of the area in consultation with the Director of Public which shall be submitted to the Local Planning Authority concurrently with the submission of the site layout drawings and shall include, as appropriate, the following information:*

3. **Open space:** The garden/ amenity space provided as part of the development hereby permitted shall be available for use prior to the occupation of any flat or dwelling and shall be accessible to the occupants of all dwelling units in the scheme.

4. **Landscaping:** The landscaping scheme hereby approved shall be carried out by a date not later than the end of the full planting season immediately following the completion of the development. If within a period of five years from the initial date of planting of any tree or shrub, any such plant is removed, uprooted or destroyed or dies, another tree or shrub of the same species and size as that originally planted shall be planted at the same place.

5. **Cycle Storage:** Full details of the proposed cycle storage facilities shall be submitted to and approved by the Local Planning Authority before the development is commenced. The details hereby approved shall be installed prior to the occupation of any building on site.

6. **Networks:** Full design details of traffic calming measures and pedestrian and cycle facilities and how they will link with the surrounding network of routes

7. **Travel Plan:** A scheme for an updated integrated package of transportation measures to accord with the principles set out in the current guidance to reduce car travel to the site (A Travel Plan) shall be submitted to the Local Planning Authority for approval.

8. **Traffic Calming:** Before commencement of development on site, full details for the reconfigured access and traffic calming measures within the site shall be submitted and approved by the Local Planning Authority.

9. **Restrictions on Retail use:** The retail units shall not operate outside the following hours: Mondays to Fridays 7am to 10pm; Saturdays (7am to 10pm); Sundays and Bank Holidays (8am to 5pm)

10. **Security:** A scheme detailing CCTV provision across the site shall be submitted to and approved by the Local Planning Authority before the development is commenced. The details shall be installed prior to the occupation of any proposed building on the site.

11. **Restrictions on Takeaways:** Notwithstanding the provisions of the Town and Country Planning (Use Classes) Order 1987 (or any order revoking and re-enacting that order with or without modification), the use hereby permitted shall not include use for the sale of hot food for consumption off the premises or any activity involving such sales whether ancillary or incidental to the use of the premises

12. **Local Labour and Business:** Prior to the commencement of the development hereby approved a Local Labour and Business Strategy shall be submitted to and approved in writing by the Local Planning Authority. The Strategy shall incorporate measures to promote employment opportunities arising from the development to, and encourage job applications from, residents of the London Borough of X. The Strategy shall be implemented in accordance with the approved details

4. Template: Public Health Monitoring of Local Plans

Aim

To maximise monitoring and evaluation of planning policies and decisions on the health and wellbeing of the local community and natural and built environments.

Diagram 12: Healthy Authority Monitoring Report (AMR)

(A) Theme/ Policy	(B) Indicator (Examples)	(C) Specific Local Plan policies to be monitored	(D) Achievement
Communities	• Excess weight in adults • Proportion of physically active and inactive adults • Self-reported well-being • 16-18 year olds not in education, employment or training		
Housing	• Statutory homelessness • Fuel poverty		
Local environment	• Utilisation of outdoor space for exercise • % of population affected by noise • Air quality • Secured open space (sqm)		
Local infrastructure	• Secured new healthcare floorspace • Secured new cycle lanes (miles)		

Description

The delivery of the Local Plan policies is monitored annually and published in the statutory annual Authority Monitoring Report but DCLG does not give guidance on how and what to monitor and therefore decisions are at the discretion of councils. But Regulations state that if the council is not implementing policies, they must include reasons and actions to remedy these. There should be inherent links and references to the Public Health Outcomes Framework (PHOF) or the Marmot indicators and tailored to local circumstances and health priorities.

Step-by-Step Actions

- (A) Determine the relevant themes for your Council/ Local Plan/ priorities.
- (B) Determine and prioritise indicators according to the Local Plan policy you wish to monitor against. These could be from the PHOF or from locally-available datasets. Check that they are not already used as part of the AMR process.
- (C) Specific the Local Plan policy you wish to monitor delivery on.
- (D) Summarise the achievement or the result of the monitoring in the AMR.

5. Template: Monitoring Public Health Involvement in Planning Application

Aim

To ensure Public Health monitors and reviews the effectiveness and impact of its engagement and involvement in the Planning Applications process.

Diagram 13: The 'Quarterly Monitoring Health Involvement in Planning' template

Planning application reference	Date of request and by Whom	Date of response and by Whom	Summary of Response provided	Comments reflected in Officers Report (Y/N)
DC/13/55826	11/06/2015 Jack Bauer	16/06/2015 Chloe O'Brien	• Health issues	• **Y** - Addressed through Planning Condition

Source: Thanks to Stockport Council

Description

This process of monitoring the impact and influence of Public Health comments in planning applications through to granting or rejecting of planning permission will assist the process of better understanding the planning process. The results of the monitoring can be reported regularly as part of the Director of Public Health annual reporting process or where relevant fed into the reviews of Joint Health and Wellbeing Strategies or JSNAs as evidence. The results can also be reported to the Head of Planning Policy or Development Management teams as part of a regular and continuous process of collaboration.

Step-by-step actions

Step 1: Set up process	• Set up a process/ template/ reporting mechanism within the Public Health team
Step 2: Planning application reference	• Note down the Planning Application reference of the application commented on or consulted on by Planning
Step 3: Date of request	• Note down date of request and Planning Officer who made the request
Step 4: Date of response	• Note down the date of response and the Public Health Officer who made the submission
Step 5: Summary of Response provided	• Note down a summary of response i.e. the key health issues and any recommendations
Step 6: Comments reflected in Officers Report (Y/N)	• Once the Planning Officer or the Planning Committee has made the decision, review whether Public Health comments were reflected in the Officer's Report and/ or Decision Notice. • Note how the comments have been reflected and issues addressed ie through imposing a Planning Condition etc. Be aware that sometimes the main reason may not be health but could be 'relevant' to health.

(page left blank)

SECTION 6: GETTING PLANNING INTO PUBLIC HEALTH

It is a core planning principle in the NPPF that planning should take account of local strategies to improve health and wellbeing for all. The Joint Health and Wellbeing Strategy, therefore, is a key reference point for Planning. The NPPF also says that in using evidence to inform Local Plans, planners need to understand and take into account local population health status and needs, including information about barriers to improving health and wellbeing. The the JSNA and the JHWS are and should be an integral part of the planning evidence base and a material consideration. Public Health should take the opportunity in the next reviews of the JSNA and JHWS to include elements relevant to planning and the built environment.

1. Template: Embedding planning in the Joint Strategic Needs Assessment

Aim

To ensure appropriate built environment evidence is adequately included in the JSNA.

Diagram 14: Template: JSNA Chapter on the Built and Natural Environments

(A) Topics	(B) Example of Indicators/ Evidence
Planning process	• Planning applications submitted with HIA requirement • Number of public health responses to planning applications
Housing	• Homes built to Code for Sustainable Homes/ Building for Life • Household overcrowding • Homelessness • Households in fuel poverty
Transport and air quality	• Method of travel to work (Car, public transport, train, walk, cycle, work from home) • Households with access to one or more car • Road traffic accidents • Air quality standards
Physical activity	• Child Physical Education participation • Sport participation • Physical Activity prevalence
Access to employment	• Changes in employment
Access to and provision of services	• Road distance of/ access time to social infrastructure (healthcare, education services, leisure, play space and other key facilities) • Provision secured (net increase in floorspace)
Open and green spaces	• Accessibility/ walkability of local green space • Increase/ loss of green space
Access to fresh healthy and affordable Food	• Road distance to food shop • Size of allotments across Merton and changes in waiting list • A3 and A5 fast food takeaways approvals

Description

The Department of Health has not provided detailed guidance on what should be contained in the JSNA in its 2013 guidance '**Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies'**. However it has made clear that the wider environmental determinants of health should be considered, many of which we already know have links and relevance for planning.

Step-by-step actions

- Review the priorities in the current/ forthcoming JHWS to ensure that planning and the built environment are explicitly highlighted.
- Review the existing JSNA and identify current assessment with relevant to the built and natural environments
- Review the existing planning evidence base for the Local Plan and identify where there is overlap with assessment contained in the JSNA.
- Speak to the Planning teams to ascertain what additional health evidence is required.
- Identify where there are gaps and areas of improvement in the JSNA.
- Determine where annual review processes in planning with the AMR and the JSNA can be combined or streamlined to avoid unnecessary bureaucracy and additional resource burdens.

Examples of current practice

Example 1: Interactive Lincolnshire JSNA The Joint Strategic Needs Assessment (JSNA) for Lincolnshire looks at a wide range of data and information to identify the key issues for people living in the county. It is an interactive website and users can view the information based on the Marmot policy objectives, specifically objective E Create And Develop Healthy And Sustainable Places And Communities. The JSNA is also hosted on a website alongside other county and local evidence base.
Example 2: Waltham Forest JSNA Refresh 2014/15 The Waltham Forest JSNA includes a chapter on the Built environment – spatial planning and health
Examples 3: Southampton JSNA The Southampton JSNA has a Creating a Healthier Environment theme and is split into three distinct topics; 'community safety', 'transport & accidents' and 'place'.
Example 4: Solihull JSNA The Solihull JSNA has a Sustainable Place and Communities chapter which follows the Marmot objectives. The website provides a central place of national and local level resources.

2. Template: Embedding planning in the Joint Health and Wellbeing Strategy

Aim

To ensure priorities set out in the JHWS reflect actions which planning can undertake to help address local health issues identified in the JSNA.

Diagram 15: Template: Planning Priorities in the JHWS

(A) Theme(s)	(B) Examples of Planning Priorities/ Actions	(C) Timescales	(D) Indicators
Create and develop healthy and sustainable places and communities *(The Marmot Review 2010 'Fair Society Healthy Lives', Policy Objective E)*	*Create a healthy partnership with Planning* • Establish a healthy planning protocol	Short term	X
	Maintaining and monitoring active travel • Ensure the Local Plan requires a Travel Plan for all new developments	Medium term	X
	Maintaining and monitoring access and quality of open and green spaces available • Work with Planning to develop/ review the Green Infrastructure Strategy	Short term	X
	Sustained upgrade of housing stock • Work with Housing to meet the needs of vulnerable groups in non-Decent Homes	Short, Medium term	X
	Monitoring access to and provision of healthy food • Research health impacts and concentration of food uses in town centre/ high street localities	Short term	X

Description

The Department of Health has not provided detailed guidance on a standard format for the JHWS in its 2013 guidance but made it clear that the JHWS has an explicit role in the planning process. The JHWS is a material planning consideration. Public Health should take advantage of future reviews to ensure adequate and robust representation of planning and built environment priorities and actions. There are many ways to achieve this locally and should be subject to evidence set out in the JSNA.

Step-by-step actions

- Make the case to the Health and Wellbeing Board to include relevant themes (A) and priorities (B), for example taking Marmot's Policy Objective E around 'creating and developing healthy and sustainable places and communities' as the basis.
- Set out timescales (C) and indicators (D) for implementation considering Local Plans operate on a 15-20 year timescale, and who is responsible for delivery.

Examples of current practice

Example 1: Sandwell Joint Health and Wellbeing Strategy 2013-15

Sandwell Health and Wellbeing Board have agreed that Marmot provides a robust and evidence based framework. Its high level objective E is Marmot's Create and develop healthy and sustainable places and communities. The aim is to ensure that people live in healthy environments, setting out priorities, interventions, indicators and delivery responsibilities.

(page left blank)

APPENDIX 1: GLOSSARY

This section explains key and common terms and abbreviations used throughout this document and should not be seen to be legal or policy definitions or exhaustive. Understanding and knowing when and how to use planning language will ensure public health professionals and planners are all on the same page in discussions.

Planning

Adoption	Final stage of a local plan making process where it is formally accepted by the council and becomes the statutory development plan for assessing planning applications.
Community Infrastructure Levy (CIL)	A discretionary charge levied by the council on new developments to contribute towards the capital and maintenance costs of local infrastructure. What is spent on local infrastructure is determined by each council, and could include healthcare/ health promotion infrastructure.
DCLG	Department for Communities and Local Government responsible for planning, housing and communities policy, including the NPPF.
Development management or development control	This describes the planning application process where applicants submit a planning application for a scheme.
Development Plan Document (DPD	Statutory planning documents forming part of the Local Plan. The development and adoption of a DPD goes through the same process as a Local Plan.
Examination in Public (EiP)	A process chaired by a Planning Inspector to consider the validity of a Local Plan, its policies and evidence base before it can be adopted by the council.
Local Plan	The plan for the future development of the local area, drawn up by the local planning authority. Some boroughs will currently have Core Strategies, old pre-2004 local plans or other policies which may be part of this Local Plan.
Local Planning Authority	A public authority responsible for carrying out statutory planning functions. In London the local planning authority is each Borough.
London Plan	In London, the London Plan developed by the Greater London Authority sets the policy contexts for all Borough local plans.
Material consideration	"Any consideration which relates to the use and development of land is capable of being a planning consideration" (case law, Stringer, 1970). It must 1) relate to the purpose of planning legislation which is to regulate the development and use of land in the public interest, and 2) fairly and reasonably relate to the application concerned. Often the term 'weight' will be used to explain how material considerations are applied in practice.
National Planning Policy Framework (NPPF)	National Planning Policy Framework (March 2012) by DCLG which all local plans and planning decisions must have regard to.
Planning condition	A requirement as part of planning permission to address an impact including submission of further details to be approved before or after the development.
Planning Inspector	A person appointed by the Planning Inspectorate for carrying out an Examination in Public of a Local Plan, Development Plan Document and Appeals.
Planning Practice Guidance (PPG)	This is the Planning Practice Guidance published in March 2014 as a website resource by the Department for Communities and Local Government to support the NPPF. It is regularly reviewed and updated so make sure you are signed up to receive notifications of updates to the Health and Wellbeing section.
Section 106	Also known as Planning Obligations, Planning Agreements and Developer Contributions. They are a legal requirements for monetary or in-kind contribution negotiated with developers as part of granting planning permission to address impact of a development and satisfy planning policy requirements.
Soundness	Key criteria when local plans are examined by the Planning Inspector before being adopted as a final document by the council.
Supplementary Planning	Non-statutory planning documents developed to give further guidance on certain London Plan or local plan policies or areas. Its development and adoption is less

Document/ Guidance	stringent than a DPD, for example it is not tested through an EiP.
Viability	When planners use this term, we are referring to considerations set out in the NPPF. In making policies and planning decisions, planners must consider economic cost burdens on developers.

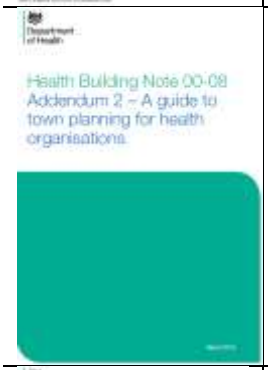
Health

Clinical commissioning groups	From April 2013 the majority of local healthcare services will be commissioned by newly formed clinical commissioning groups (CCGs), made up of a number of local general practices. Under planning regulations, the CCG is subject to the Duty to Cooperate on strategic priorities for provision of health infrastructure.
Director of Public Health	The Director of Public Health has a statutory role in discharging the council's public health functions. He/ she will perform a number of activities including sitting on the Health and Wellbeing Board, produce an annual report on the health of the population, and promoting health across the local authority area.
Health and Wellbeing Board	A statutory forum where decision-makers across a local area work together to improve the health and wellbeing of the local population and reduce health inequalities. The Board develops the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. The Director of Public Health sits on the Board.
Health Inequalities	Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. (WHO).
Healthy Life Expectancy at birth	The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self–reported good health.
Healthwatch	An organisation set up nationally and locally to provide information and actively consults with people about local health and social care services.
Joint Health and Wellbeing Strategy (JHWS)	Some councils call it the Health and Wellbeing Strategy. It is produced by the Health and Wellbeing Board to set out priorities for improving health outcomes of the local population. Each Borough will have a JHWS.
Joint Strategic Needs Assessment (JSNA)	It looks at the current and future needs of the local population for health and social care, and is important evidence for the JHWS. It is developed in different formats – some have it as an interactive online resource, others have it as a report.
NHS England	NHS England is an executive non-departmental public body of the Department of Health, responsible for overseeing the commissioning and delivery of healthcare services in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists. It was formerly known as the NHS Commissioning Board. Under planning regulations, NHS England is subject to the Duty to Cooperate on strategic priorities for provision of health infrastructure.
Prevalence	The proportion of a population found to have a condition (typically a disease) or risk factor. It is arrived at by comparing the number of people found to have the condition with the total population.
Public Health England	Public Health England (PHE) is an agency of the Department of Health and has regional centres. It has a priority to to improve the public's health and wellbeing, and reduce health inequalities.
Public Health Outcomes Framework	Vision for desired outcomes and indicators that show how well public health is being improved and protected.
Wider (Social) Determinants	The social determinants of health have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They include the conditions of daily life and the structural influences upon them, themselves shaped by the distribution of money, power and resources at global, national and local levels.

APPENDIX 2: SUMMARY OF KEY NATIONAL AND LONDON GUIDANCE AND REFERENCES

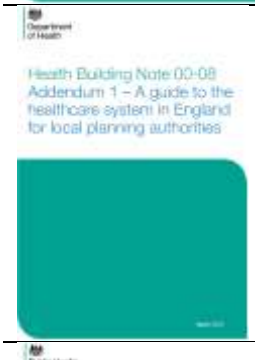
London Social Infrastructure Supplementary Planning Guidance, May 2015

The Mayor produces Supplementary Planning Guidance (SPG) documents to provide further detail on particular policies in the London Plan and act as a material consideration in Borough plans and decisions. **Chapter 5** provides guidance on addressing health inequalities, health and social care provision and the HIA process.



A guide to town planning for health organisations, March 2015

This document aims to: Outline the planning system in England; Identify some key areas where planning is likely to have an impact on public health and health services; and Encourage health organisations together with DsPH to get involved in the planning process and ensure the health needs and priorities of the community are addressed by the planning system from planning policy development through to planning applications



A guide to the healthcare system in England for local planning authorities, March 2015

It aims to: Give local planning authorities an overview of the health system and the role of local authorities in promoting health and wellbeing; Highlight the key principles in the NPPF and PPG that form a basis upon which LPAs can interact with DsPH, NHS organisations and HWBs; Show that the return of public health responsibilities to local authorities reinforces the scope to integrate health objectives and spatial planning.

Everybody active, every day, October 2014

This briefing by Public Health England is a comprehensive evidence base for addressing physical inactivity locally. It sets out four domains for taking action including promoting more active environments and more active professionals in promoting the agenda through policies. Planning is central to these four domains.

Public health and the Licensing Act 2003 – guidance note on effective participation by public health teams, October 2014

The joint note from PHE and the LGA provides guidance for public health teams through the licensing process and licensing colleagues about engaging public health. Examples are provided throughout the document.

London Healthy Urban Planning Checklist, June 2015

The checklist, developed by the London Growth Boroughs, aims to promote healthy urban planning by ensuring that the health and wellbeing implications of local plans and major planning applications are consistently taken into account. It brings together planning policy requirements and standards that influence health and wellbeing the checklist seeks to mainstream health into the planning system.

Planning Healthier Places, November 2013

This publication aims to set out advice to help planning and health practitioners work collaboratively to create healthier places, based on a practical understanding of how things are working in selected case-study areas. It develops a set of advice for using planning to promote local health and wellbeing with a framework of strategic themes set out in the NPPF and the Public Health Outcomes Framework.

Reuniting Health with Planning, July 2012

This handbook was published to provide advice and information about the Government's reform across the planning and health sectors. It explains the relevance of these reforms for health and planning, and gives planners and public health practitioners' ideas for how they can work together. Using case studies from around England, it explores how places are using this time of change to push forward their intention to integrate their work across both sectors. **Section 4** NPPF Checklist to ensure emerging Local Plans considers health impacts when developing planning policies.

NICE Physical Activity, July 2012

This guidance offers the first evidence-based recommendations on how to improve the physical environment to encourage physical activity. The seven recommendations cover strategy, policy and plans, transport, public open spaces, buildings and schools

Integrating health into the core strategy. A guide for primary care trusts in London, 2009

While much of the policy context may be out of date following changes post-2010, the fundamental principles and advice contained in this guide is still very much relevant and useful.

Health Issues in Planning. Best Practice Guidance, June 2007

This BPG provides guidance for local planning authorities, primary care trusts and the strategic health authority on how to implement the London Plan policies relating to tackling health inequalities and promoting healthy development. For planners, it explains the principles of healthy planning and how they can be implemented in London through existing examples of good practice as well as existing tools and check lists for assessing the health impacts of new developments. Similarly while much of the policy context will be out of date, the fundamental principles and advice are still relevant and useful.

APPENDIX 3: SUMMARY OF PLANNING AND DESIGN STANDARDS CURRENTLY CONSIDERED IN PLANNING

The scope of standards and guidelines in planning is wide-ranging and many consider them to be overlapping and duplicating. The table below sets out a range of current issues considered by planning and often required in Local Plan policies. The recent Housing Standards Review sought to streamline and simplify technical standards into a set of national standards or integrated into Building Regulations but is an area which requires further attention and information sharing.

Source	Date	Standards	Status
Department for Transport Local Transport Notes		LTN 1/11 shared Space; LTN 2/08 Cycle Infrastructure Design; and LTN 1/04 Policy, Planning and Design for Walking and Cycling.	Guidance
HCA Design Quality Standards and Housing Quality Indicators	Apr-08	Amenities score twice as much if very near (within 500 m) as if fairly near (between 500m and 1Km	Mandatory
		Play facilities for the 5-12s would typically include 5 types of equipment and a small games area.	
		Play facilities for the over 12s would contain typically about 8 types of equipment, a game area suitable for kick-about football and/or cycle play opportunities	
		Acceptable distances - For an able-bodied adult, please assume 5 minutes walking is equivalent to 500m, and 10 minutes equivalent to 1km. For schemes for elderly persons, assume 10 mins for 500m and 20mins for 1km	
		Site: open space indicators	
		Routes and movement indicators	
		Unit size indicators	
		Unit noise control, light quality, services and adaptability indicators	
		Accessibility indicators	
		Sustainability indicators	
		Building for Life indicators	
Advisory Team for Large Scale Developments (ATLAS) Guide		T4: Engagement and participation	Guidance
		T7: Housing density and quality	

		T8: Social Infrastructure	
		T11: Sustainable Places & Buildings	
		T13: Transport	
London Plan	Mar-15	POLICY 3.5 QUALITY AND DESIGN OF HOUSING DEVELOPMENTS - LDFs should incorporate minimum space standards that generally conform with Table 3.3	Policy
		POLICY 6.9 CYCLING - implement secure cycle parking facilities in line with the minimum standards set out in Table 6.3 or implement their own cycle parking standards to provide higher levels of provision.	
		POLICY 6.10 WALKING - Development proposals should ensure high quality pedestrian environments and emphasise the quality of the pedestrian and street space by referring to Transport for London's Pedestrian Design Guidance.	
		POLICY 6.13 PARKING - the maximum standards set out in Table 6.2 in the Parking Addendum should be used to set standards in DPDs.	
		POLICY 7.2 AN INCLUSIVE ENVIRONMENT - Design and access statements submitted with development proposals should explain how, following engagement with relevant user groups, the principles of inclusive design, including the specific needs of older and disabled people, have been integrated into the proposed development, whether relevant best practice standards such as British Standard BS 8300:2009 + A1:2010 have been complied with, and how inclusion will be maintained and managed.	
		POLICY 7.14 IMPROVING AIR QUALITY - Development proposals should be at least 'air quality neutral' and not lead to further deterioration of existing poor air quality	
		POLICY 7.18 PROTECTING OPEN SPACE AND ADDRESSING DEFICIENCY - When assessing local open space needs LDFs should identify areas of open space deficiency, using the open space categorisation set out in Table 7.2 as a benchmark for all the different types of open space identified	
London Cycle Design Standards	2014	Requirements and guidance for the design of cycle-friendly streets and spaces	Guidance
Shaping Neighbourhoods: Play & Informal Recreation SPG	Sep-12	Table 4.2 Accessibility to Play Space - walking distance (existing provision)	Guidance

		A minimum of 10 sq m of dedicated playspace per child on existing provision	
		A minimum of 10 sq m per child regardless of age is recommended as a basis for assessing future requirements arising from an increase in the child population of the area	
		An appropriate financial contribution to play provision within the vicinity of the development, should be made for developments with an estimated child occupancy of fewer than 10 children	
		Table 4.4 Accessibility to Play Space - maximum walking distance (future provision)	
		Table 4.7 Play provision in new developments	
		Table 4.8 Design Principles	
London Housing SPG	Nov-12	Defining Good Places baseline standards	Guidance
		Outdoor spaces including gardens baseline standards	
		Play space baseline standards	
		Density baseline standard	
		Cycle storage baseline and good practice standards	
		Dwelling space standards baseline standard	
		Circulation in the home baseline standard	
		Living rooms, dining rooms, kitchens baseline and good practice standards	
		Wheelchair accessible dwellings baseline standard	
		Private open space baseline standard	
		Noise baseline standard	
		Daylight and sunlight good practice standard	
		Air quality baseline standard	
		Overheating baseline standard	
		Housing quality within and around the home	
Secured by Design	2014	Secured by Design reflects the established principles of designing out crime. The advice given by the Designing Out Crime Officer (DOCO) will be dependent upon the outcome of a crime risk analysis and an understanding of local crime occurrence	Good practice

Lifetime Homes	Jul-10	Set of principles applied to general needs housing to provide accessible and convenient accommodation for a wide range of the population	Good practice
Building for Life 12	2015	Government-endorsed industry standard for well-designed homes and neighbourhoods. • Integrating into the neighbourhood • Creating a place • Street and home	Good practice
Code for Sustainable Homes (*While some Local Plans are yet to be reviewed to remove the Code, the Government has abolished it)*	2010	Category 7: Health & Well-being - HEA 1: Daylighting	Guidance
		Category 7: Health & Well-being - HEA 2: Sound insulation	
		Category 7: Health & Well-being - HEA 3: Private space	
		Category 7: Health & Well-being - HEA 4: Lifetime Homes	
Home Quality Mark	2015	Industry standard for new homes, using a simple 5-star rating. It will also show the impact of the home on the occupant's health and wellbeing	Good practice
Sport England	2015	No national benchmarks but according to local Assessment of Needs and Opportunities. See Guidance.	Guidance
Natural England Accessible Natural Greenspace Standard (ANGSt)	2010	Everyone, wherever they live, should have accessible natural greenspace of at least 2 hectares in size, no more than 300 metres (5 minutes walk) from home	Guidance
		Everyone, wherever they live, should have at least one accessible 20 hectare site within two km of home	
		Everyone, wherever they live, should have one accessible 100 hectare site within five kilometres of home	
		Everyone, wherever they live, should have one accessible 500 hectare site within ten kilometres of home	
		a minimum of one hectare of statutory Local Nature Reserves per thousand population	
Fields in Trust (FIT)	2008	1.6ha of outdoor sport space per 1,000 population	Good practice
		1.2ha of playing pitches per 1,000 population	

		Playing pitches should be available within 1.2 kilometres of all dwellings in major residential areas	
		0.8ha of all playing space per 1,000 population	
		100m walking distance for Local areas for play or `door-step' spaces – for play and informal recreation	
		1000m walking distance for Neighbourhood equipped areas for play – for play and informal recreation, and provision for children and young people	
National Society of Allotment and Leisure Gardeners (NSALG)		20 standard plots of 250 square metres per 1,000 households	Good practice
Woodland Trust		No person should live more than 500 metres from at least one area of accessible woodland of no less than 2 hectares in size	Good practice
		At least one area of accessible woodland of no less than 20 hectares within 4 kilometres (8 kilometre round-trip) of people's homes	
The HUDU Planning Contributions Model for Health		Local assessment on need	Good practice

APPENDIX 4: SUMMARY OF RELEVANT HEALTH EVIDENCE FOR PLANNING

- The identification, preparation and application of evidence to help inform decision-making should be proportionate and relevant to the development proposal.
- All of the datasets including key strategies and assessments mentioned below (not an exhaustive list and many overlap) have some relevance to planning policy development and should form a cluster of health and social data to support policy making that enables greater sustainable development implementation. If all of these datasets are in or inform the JSNA or JHWS then they would be sufficient to include in planning evidence bases.
- Other data sources and evidence base are also included. National, London and local strategies, policies and assessments undertaken by councils or applicants are also considered relevant evidence base in the planning context.
- It is not always 'most useful scale' rather 'what scale is it available in?' – so if 'ward' is the only level available then that is what you have to work with. However the detail at LSOA level can be useful if smaller sites are under consideration or a cumulative impact is being considered.
- Councils like Stockport use Committee Areas - each made up of several wards and planning decision makers often like data at these levels. For example, much of Stockport's housing monitoring is done at this level.

Spatial data with evidence at a scale which corresponds to the proposal site or the immediate context would be useful for planners as it would make a direct link and understanding of the environment being impacted upon. The examples below provide an indication of what evidence could be useful and at what scale to highlight health concerns/ impact.

Example 1: Application and useful evidence base for a major application for residential-led scheme
Proposal: Erection of 668 houses and apartments; a unit comprising 216 sq m retail; associated hard and soft landscaping and new access and highways.

Planning issue	Examples of evidence and scale	Scale
Access to play space	• Play Strategy • Access to play space • Physical activity	• LA-wide • Ward • Ward
Access to open space	• Green infrastructure/ open space strategy • Access to open space	• LA-wide • Ward
Safety & accessibility	• Fear of crime • Police surveys	• Ward/LSOA • Ward/LSOA
Environmental impact	• Population health	• Ward/LSOA

Example 2: Application and useful evidence base for a change of use to A5 takeaways scheme
Proposal: Change of use from A1 (shops) to use class A5 (hot food takeaway)

Planning issue	Examples of evidence and scale	Scale
Frontage	• Frontage studies	• Area-specific
Proximity	• Proximity and accessibility to schools research or mapping	• LA-wide
Access to healthy food	• A5 concentration • Population health – obesity etc	• LA-wide • Ward/LSOA
Transport	• Traffic generation • Parking Standards	• Ward/LSOA • LA-wide

Development application types

Major residential	(MajR)
Minor residential	(MinR)
Major Large / Small Scale Offices / R&D / Light Industry	(MOFF)
Major Large / Small Scale Retail, Distribution & Servicing	(MRET)
Mixed Use	(MU)
Change of use	(COU)
Education Facilities	(EF)
Care Homes	(CH)
Houses in Multiple Occupation	(HMO)
Hot Food Takeaways	(HFT)

Useful range of Greater London Authority and other data for applications:

Dataset/ sources	Application types	Useful scale	Any comments or uses?
Better Environment, Better Health – Guides for London Boroughs	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO; HFT	Borough	Useful to highlight the impacts of development approaches on health inequalities; including consideration of issues such as affordable housing, employment / services (including education) availability and accessibility
Walking & Cycling by Borough	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO	Borough Ward would be useful	Critical to support any commentary on the need to take account of opportunities to increase walking / cycling levels as part of a site's development, whether for recreation or commuting
Active People Survey	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO	Borough Ward would be useful	Critical to support comments on the importance of increasing people's activity levels whether it's through considerations of housing development permeability or employment / service related development's sustainable accessibility facilitating public transport, walking & cycling Any data on levels of interest in walking / cycling would also be useful since this can help to support comments on the need for sustainable transport infrastructure – Green Infrastructure.
Prevalence of Childhood Obesity; Children in Poverty	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO; HFT	Borough Borough / Ward	Critical information to support comments to tackle design that might risk delivering an obesogenic environment. Obesity often aligns with deprivation therefore child poverty data is useful. These link to aims to tackle health inequalities and any associated health comments on that issue.
Obesity in Adults	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO; HFT	Regional	Critical information to support comments to tackle design that might deliver an obesogenic environment. Also useful to support need for Green Infrastructure (GI) and sustainably accessible employment / services locations in new development.
Access to Public Open Space & Nature	MajR; MinR; MU; COU; EF; CH; HMO	Ward	Very useful data for highlighting the need for GI to be delivered as part of viable / appropriate development as well as making the most of any opportunity even for minor improvements
iTrees Canopy Data	MajR; MinR;	Ward	Green Infrastructure is critical to maintaining

Dataset/ sources	Application types	Useful scale	Any comments or uses?
	MOFF; MRET; MU; EF; CH		public health through a variety of benefits: climate change adaptation; biodiversity; sustainable transport (active travel) – this data is useful evidence to support the need for increased GI through new development.
Public Health Outcome Framework Indicators	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO; HFT	Borough	Good collection of a range of datasets that inform PH Outcomes Framework which should correlate to planning objectives in local plan and site development. Life Expectancy; healthy life expectancy; gap in LE at birth between authorities; local slope index of inequality; children in poverty; percentage of active / inactive adults; mortality causes are all very useful for demonstrating the need for specific aspects of development such as: affordable housing, open space / GI, sustainable transport, employment & training availability, GP & Pharmacy provision.
Transport Data: cycle flows; train station usage; no of bicycle hires; Public Transport accessibility level Rights of Way Plan	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO	Various	Critical information to support Public Health commentary on Sustainable Transport options / GI provision
Prevalence of Common Mental Health Problems; Myhealthlondon Dementia Indicators – diagnosis rates	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO	Borough	Mental health issues are often ignored in terms of designing places and spaces – mental health data is always useful in supporting comments that seek to justify compliance with planning policy which will particularly benefit mental health: green infrastructure; affordable housing; employment provision; access to services including open space as well as recreational and community facilities
Ward Profiles • Population by age & sex, • land area, • projections, • population density, • household composition, • religion, • ethnicity, • birth rates - death rates - life expectancy, • average house prices, • employment and economic activity, • Incapacity Benefit, • Household income, • Income Support and JobSeekers Allowance claimant rates, • dependent children receiving child-tax credits by lone parents and out-of-	For all of the types I have listed but obviously specific elements will be relevant to specific types – see comments	Ward, LSOA (if available) or authority wide	Housing related applications – look at income and poverty related indicators especially where affordable housing provision is up for debate reflecting issues around health inequalities Housing, Employment and services related apps – look at transport and accessibility related indicators around equitable access as well as enabling active travel; employment levels Air emissions / quality for any of the application types where increases from private vehicle use may be an issue Health inequalities – any indicator around poverty and housing affordability as well as those indicators covering sustainable transport options

Dataset/ sources	Application types	Useful scale	Any comments or uses?
work families, • GCSE results, A-level / Level 3 results, • pupil absence, • child obesity, • crime rates, • road casualties, • happiness and well-being, • land use, • public transport accessibility (PTALs), • access to public greenspace, • access to nature, • air emissions / quality, • car use, • bicycle travel, • Indices of Deprivation			
• Mental Health, Dementia & Neurology	MajR; MinR; MU; CH; HMO	Borough	Children & Young People's Mental Health & Well-being, Co-existing substance misuse and mental health issues, Common mental health disorders, Community mental health profiles, Neurology profiles, Severe mental illness and Suicide prevention profile.
• National General Practice Profiles	MajR; MinR; MOFF; MU; COU; EF; CH; HMO	GP Practice, Borough	Population, deprivation, life expectancy, disease prevalence, Circulatory disease, Diabetes, Mental Health, Respiratory disease, Other conditions, Secondary care and Child health.
• GP Patient Survey	MajR; MinR; MU; COU; EF; CH; HMO	GP Practice, Borough	GP services & activities, Managing your health (health conditions)
• Local Health	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO; HFT	MSOA, Ward, Borough	Childhood Obesity, Child Poverty, Adult Obesity, Population, Ethnicity, Unemployment, Disability, Education, Smoking, Hospital admissions, Life expectancy & Mortality
• Strategic Health Asset Planning and Evaluation (Public Health England)	MajR; MinR; MU; EF; CH; HMO	LSOA, Ward, Borough	Web-based tool with mapping. Indicators include locations of health services (GPs, Dentists, etc.), demographic data (e.g., age structure, ethnicity and deprivation), Public Health indicators (e.g., mortality, screening, childhood obesity and lifestyle indicators), Primary Care indicators (e.g., Flu immunisation, GP survey satisfaction, units of dental activity and QoF scores), estate performance indicators (e.g., age profile of buildings and costs associated with occupancy and maintenance).

Other sources	Application types	Useful scale	Any comments or uses?
• Joint Strategic Needs Assessment	All	Borough wide	Much of the data contained would be available across the council and contain much of the datasets above.
• Joint Health and	All	Borough	All strategies, policies and assessments at the

Other sources	Application types	Useful scale	Any comments or uses?
Wellbeing Strategies, any Healthy Weight Strategies		wide	national, regional and local levels are relevant evidence base
• Travel in London	All	Borough wide	Travel in London 7 has a section with data on active travel e.g. Average time spent walking and cycling per person per day by borough.
• Annual resident/ household surveys	All	Borough wide	Community views and perceptions to inform Local Plan policies or decisions if applicable
• Green Infrastructure Strategy	All	Borough wide	Critical document to tie together areas of co-working that benefit provision of sustainable transport, provide benefits to biodiversity which ultimately benefits human health, delivers sustainable drainage opportunities and offers ways to manage climate change adaptation which is critical for public health, particularly vulnerable community members
• Any health data on Gypsy & Travellers or other minorities to inform HIA / EqIA work on either the local plan or major developments.	Major	Ward, Borough wide	-
• Health effects of climate change in the UK 2012	All	Borough wide	Useful to include in policy development and where a development may be in an area at risk of exposure to climate change impacts
• Housing Strategy	All	Borough wide	Useful to inform policy development
• Any other strategies (play, physical activity, regeneration etc)	All	Borough wide	Useful to inform policy development and for planning applications where spatial actions are identified in the strategies.

Dataset/ sources	Application types	Useful scale	Any comments or uses?
work families, • GCSE results, A-level / Level 3 results, • pupil absence, • child obesity, • crime rates, • road casualties, • happiness and well-being, • land use, • public transport accessibility (PTALs), • access to public greenspace, • access to nature, • air emissions / quality, • car use, • bicycle travel, • Indices of Deprivation			
• Mental Health, Dementia & Neurology	MajR; MinR; MU; CH; HMO	Borough	Children & Young People's Mental Health & Well-being, Co-existing substance misuse and mental health issues, Common mental health disorders, Community mental health profiles, Neurology profiles, Severe mental illness and Suicide prevention profile.
• National General Practice Profiles	MajR; MinR; MOFF; MU; COU; EF; CH; HMO	GP Practice, Borough	Population, deprivation, life expectancy, disease prevalence, Circulatory disease, Diabetes, Mental Health, Respiratory disease, Other conditions, Secondary care and Child health.
• GP Patient Survey	MajR; MinR; MU; COU; EF; CH; HMO	GP Practice, Borough	GP services & activities, Managing your health (health conditions)
• Local Health	MajR; MinR; MOFF; MRET; MU; COU; EF; CH; HMO; HFT	MSOA, Ward, Borough	Childhood Obesity, Child Poverty, Adult Obesity, Population, Ethnicity, Unemployment, Disability, Education, Smoking, Hospital admissions, Life expectancy & Mortality
• Strategic Health Asset Planning and Evaluation (Public Health England)	MajR; MinR; MU; EF; CH; HMO	LSOA, Ward, Borough	Web-based tool with mapping. Indicators include locations of health services (GPs, Dentists, etc.), demographic data (e.g., age structure, ethnicity and deprivation), Public Health indicators (e.g., mortality, screening, childhood obesity and lifestyle indicators), Primary Care indicators (e.g., Flu immunisation, GP survey satisfaction, units of dental activity and QoF scores), estate performance indicators (e.g., age profile of buildings and costs associated with occupancy and maintenance).

Other sources	Application types	Useful scale	Any comments or uses?
• Joint Strategic Needs Assessment	All	Borough wide	Much of the data contained would be available across the council and contain much of the datasets above.
• Joint Health and	All	Borough	All strategies, policies and assessments at the

Other sources	Application types	Useful scale	Any comments or uses?
Wellbeing Strategies, any Healthy Weight Strategies		wide	national, regional and local levels are relevant evidence base
• Travel in London	All	Borough wide	Travel in London 7 has a section with data on active travel e.g. Average time spent walking and cycling per person per day by borough.
• Annual resident/ household surveys	All	Borough wide	Community views and perceptions to inform Local Plan policies or decisions if applicable
• Green Infrastructure Strategy	All	Borough wide	Critical document to tie together areas of co-working that benefit provision of sustainable transport, provide benefits to biodiversity which ultimately benefits human health, delivers sustainable drainage opportunities and offers ways to manage climate change adaptation which is critical for public health, particularly vulnerable community members
• Any health data on Gypsy & Travellers or other minorities to inform HIA / EqIA work on either the local plan or major developments.	Major	Ward, Borough wide	-
• Health effects of climate change in the UK 2012	All	Borough wide	Useful to include in policy development and where a development may be in an area at risk of exposure to climate change impacts
• Housing Strategy	All	Borough wide	Useful to inform policy development
• Any other strategies (play, physical activity, regeneration etc)	All	Borough wide	Useful to inform policy development and for planning applications where spatial actions are identified in the strategies.