

Getting Research into Practice (GRIP)

A resource for local authorities in planning healthier places

Resource Example 1: Framework for a Healthy Places Supplementary Planning Document (SPD) for Hull

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Acknowledgements

Getting Research into Practice (GRIP) - A resource for local authorities in planning healthier places. Resource Example 1: Framework for a Healthy Places SPD for Hull. Published by the Town and Country Planning Association (TCPA) and written in collaboration with Hull City Council, University of the West of England (UWE) and Public Health England (PHE).

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What is the purpose of this resource?

This resource is a supplement to *Getting Research into Practice (GRIP) – a resource for local authorities in planning healthier places*. It provides a framework to help planners in England develop their own Healthy Places Supplementary Planning Document (SPD) to support the creation of healthier environments. The framework draws on discussions held at a workshop in Hull and includes details which relate specifically to Hull which are outlined in [blue](#). It is important to highlight that whilst the framework references Hull, it can still be interpreted for use by other local authorities using their own local health and planning data.

What is an SPD?

Supplementary Planning Documents (SPDs) build upon and provide more detailed advice or guidance on specific policies in an adopted local plan (1). Regulations 11 to 16 of the Town and Country Planning (Local Planning) (England) Regulations 2012 sets out the requirements for producing SPDs.

SPDs do not form part of the development plan and cannot introduce new planning policies. However, they are used as a material consideration in decision-making and the detailed guidance helps provide a transparent, consistent and efficient development management process for everyone involved. A material consideration is one which is relevant to making the planning decision in question, and it is for the decision maker to decide what weight is to be given to the material considerations in each case (2). Applicants that comply with the requirements set out in SPDs have the best chance of achieving planning permission. It is important that SPDs should not unnecessarily add to the administrative or financial burdens on development.

National policy drivers

The national policy drivers for utilising planning powers to create healthier environments are outlined in Chapter 2 of this document, which includes national planning policy and national health policy. These national policy drivers should be referenced in a Healthy Places SPD at the beginning of the document to justify the approach of the SPD.

Local policy drivers

Like national policy drives, local context is needed to justify the implementation of a Healthy Places SPD. These local policy drivers can include growth identified in Local Plans, health priorities and outcomes identified in Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

Local Plans

Local Plans provide a framework for addressing social, economic and environmental priorities. The significant amount of housing growth often outlined in Local Plans provides both a challenge and opportunity for local planning authorities. Not only should new development be

shaped positively to create a healthy environment for its residents, but development should also seek ways to reduce any health inequalities in the area.

The Hull Local Plan was adopted in November 2017 and sets out the strategic vision and policies to guide new development in Hull for the period 2016 to 2032 (3). The minimum housing requirement is 9,920 (net) new homes within the plan period (620 dwellings per year). Many deprived areas in Hull are in need of regeneration and delivering housing in these areas is a key priority for future growth. In addition, Kingswood is a major urban extension to the city, but is also one of the least deprived areas in Hull. The Kingswood Area Action Plan (AAP) was adopted in September 2016 and has a potential remaining capacity for around 2,900 new homes. This volume of planned housing growth for Hull needs clear guidance on how healthier environments can be achieved.

JSNAs and JHWSs

Joint Strategic Needs Assessments (JSNA) identifies the local health and social care needs of the area. In addition, a Joint Health and Wellbeing Strategy (JHWSs) is then prepared based on the priorities identified in the JSNA. Both the JSNA and JHWS can be useful in helping to meet the evidence base requirements in the NPPF under health and wellbeing.

The Hull JSNA (2019) highlights how Hull is ranked the 4th most deprived local authority in England, which leads to health inequalities against a range of health and wellbeing indicators, including high smoking prevalence, alcohol and substance misuse, poor educational attainment and lack of employment opportunities, which all impact on the health of the local population (4). Life expectancy in Hull has been decreasing successively compared to the national average and is at 75.9 years for men and 79.9 years for women. The significant health inequalities and levels of deprivation are strong local health drivers for the implementation of a Healthy Places SPD.

Local health evidence sources

The sources of evidence presented here are useful in helping to meet the evidence base requirement in the NPPF under health and wellbeing. Specific links are included for Hull:

- **Joint Strategic Needs Assessment (JSNA)** – prepared by Hull City Council and NHS Hull Clinical Commissioning Group;
- **Joint Health and Wellbeing Strategy (JHWS)** – based on the needs identified in the JSNAs, the Hull Health and Wellbeing Board has prepared a Local Health Strategy (2014-2020) which sets out the priorities for Hull;
- **Public Health Frameworks and tools** – the frameworks and tools identified in Chapter 2 (Background) can be used to identify local health needs.

Why would councils benefit from a Healthy Places SPD?

As identified by the national and local policy drivers, there is a strong justification for using planning powers in the form of an SPD to create healthier environments.

A spatial analysis of population health would identify inequalities and any spatial clusters of poor health. These health outcomes would provide a basis for redirecting local health strategies and sustainable development to reduce these health inequalities. A Healthy Places

SPD should guide how new development, both site allocations in the Local Plan and windfall development, can positively shape and contribute to tackling these health inequalities. For example, a new development located near an existing area of poor health in children could include play areas with effective pedestrian links to benefit the wider community.

The significant level of deprivation in Hull needs to be addressed to reduce health inequalities and the planned level of growth up to 2032 provides an opportunity to regenerate these deprived areas.

The 'how to' process

Local demographic and health data should be used to set out the position in a local authority area by referencing the JSNA and JHWS, Public Health Outcomes Framework and Fingertips profiles (see Chapter 2 Background for more details). It is important to consider that if the evidence base to justify planning policies related to health and wellbeing within the Local Plan is limited, the development of a Healthy Places SPD provides an opportunity to collect local health data to form a robust evidence base. Locally collected data on specific health indicators could include life expectancy, morality rate, cardiovascular diseases, childhood obesity etc. Highlighting alarming health trends in the area, compared to either national trends or local differences, would provide strong justification to address any health inequalities. Figure 1 below aims to guide the SPD process.

Engaging with stakeholders

Collaboration between different organisations and departments is crucial to delivering shared health and wellbeing priorities. Partners in local planning and health systems should work together to ensure that their respective delivery plans and strategies are aligned. It is recommended that engagement with a variety of stakeholders be considered when preparing and consulting on a Healthy Places SPD. Please refer to 'Annex 3: Planning and health stakeholders' in the introductory report which identifies relevant stakeholders.

Identifying relevant planning policies

Clear and succinct planning policy guidance in an SPD will help inform planning officers and developers of what is expected from new developments and ease the planning application process. Overloading an SPD with multiple planning policies from the Local Plan could lead to diluted outcomes and a document which ends up larger than the plan itself. Policies which relate to the healthy planning principles outlined in the PHE Spatial Planning for Health should be the focus for a Healthy Places SPD which includes; neighbourhood design, housing, food environment, natural and sustainable environment and transport.

Policies in the Hull Local Plan:

For a Healthy Places SPD, a review of the Hull Local Plan in Table 1 below has identified several policies which relate to the planning principles outlined in 'Spatial Planning for Health' and could be included within the SPD. Similar policies can be found within other local authorities' Local Plans. [The Plan can be found here.](#)

Figure 1: Embedding health and wellbeing into the SPD process

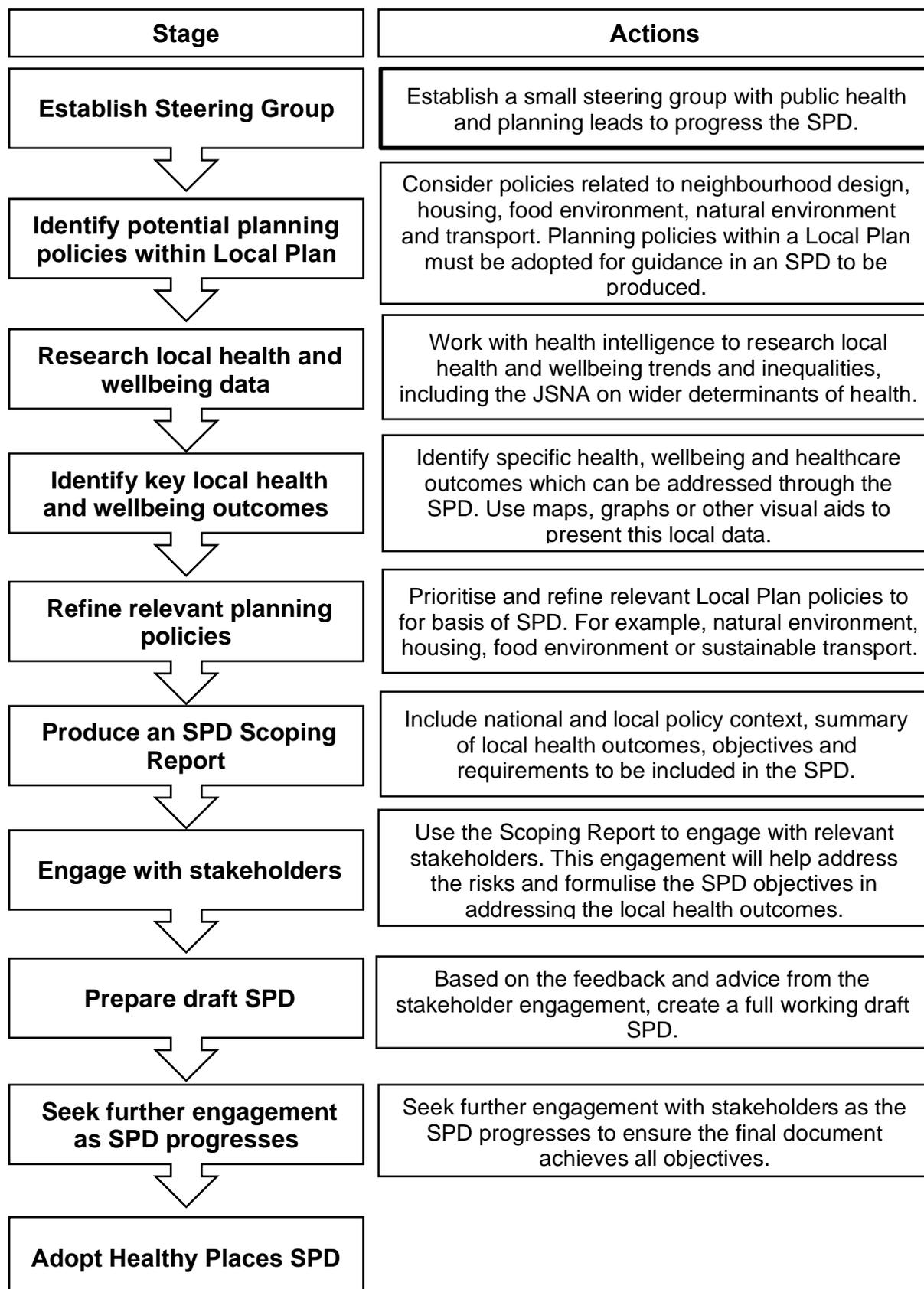


Table 1: Identifying relevant planning policies (Hull Local Plan 2016-2032, adopted Nov 2017)

Policy	Principle (from Spatial Planning for Health)	Guidance in an SPD
Policy 12 – District, local and neighbourhood centres	Food environment – increased access to unhealthier food retail outlets is associated with increased weight status in the general population, and increased obesity and unhealthy eating behaviours among children residing in low income areas.	Planning application considerations on hot food takeaways; location where children and young people congregate (i.e. 400m radius around school, youth centres, parks); locations with high levels of obesity; existing over proliferation of A5 use; clustering of A5 use.
Policy 13 – Education, health and community facilities	Neighbourhood design – provision of local amenities and facilities can improve mobility and social engagement.	Planning application considerations for health care facilities; accessibility and sustainable transport options; residential amenity; design of facilities; parking or traffic problems; additional community uses on site (mix-used).
Policy 14 – Design	All principles	Guidance on Policy 14 could form a ‘Design Guide’ for Hull with visual examples of requirements. A Healthy Places SPD could include design guidance on the public realm and pedestrian environment.
Policy 21 – Designing for housing	Housing – housing is a basic human right and the quality and affordability of houses can determine the health status of residents.	Guidance on Policy 21 could form a ‘Design Guide’ for Hull with visual examples of requirements for housing including; Nationally Described Space Standards; commitment to optional standards including Building for Life 12, Lifetime Homes Standard.
Policy 25 – Sustainable travel	Neighbourhood design – enhancing street connectivity can help reduce perceptions of long-distance trips and provide alternative routes for active travel.	Planning application considerations for sustainable transport; walking and cycling requirements for new development; design and layout of active travel infrastructure; safety measures; cycle parking; contributions towards bus services. Good quality signposting for pedestrians setting out how long it

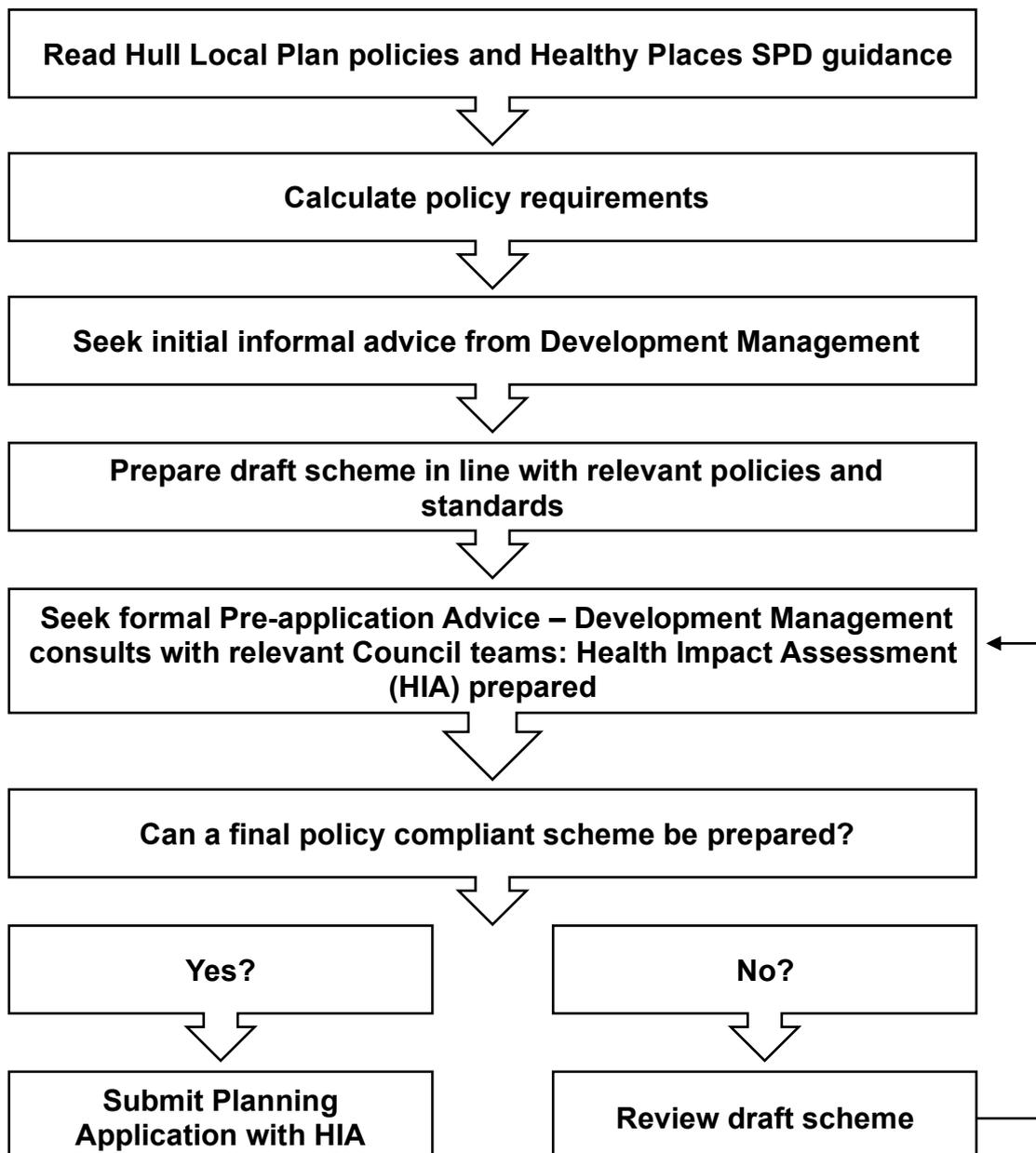
	Transport – active travel (walking, cycling and use of public transport) can increase physical activity levels and improve physical and mental wellbeing.	takes to walk to locations; benches along roads so that less fit people can rest.
Policy 26 – Location and layout of development	Neighbourhood design – compact neighbourhoods with higher street connectivity with diverse land use mixes and greater residential densities are generally more conducive to non-motorised transport.	There is a synergy between Policy 14 and Policy 26 in terms of good design outcomes, so it would be logical to relate any guidance to both policies.
Policy 27 – Transport appraisals	Transport – attempts to prioritise pedestrians and cyclists through changes in physical infrastructure are associated with positive behavioural and health outcomes.	There is synergy between Policy 27 and Policy 25 in terms of prioritising sustainable travel, so it would be logical to relate any guidance to both policies. Planning application considerations for transport appraisals; when they are required (i.e. thresholds); what should be included; how sustainable transport will be prioritised; monitoring fees.
Policy 36 – Walking, cycling and powered two-wheelers	Transport – investment in walking and cycling infrastructure can increase physical activity levels and improve mobility among children, adults and the elderly.	There is a strong link between Policy 36 and Policy 25 in terms of prioritisation of active travel outcomes, so it would be logical to relate any guidance to both policies.
Policy 42 – Open space	Natural environment – having access to recreational infrastructure, such as parks and playgrounds, is associated with reduced risk of obesity among adolescents and increase in physical activity.	Guidance on Policy 42 would need to address the protection of existing open spaces and the calculation and provision of new open space. Planning application considerations for; parks, gardens, amenity green space, natural and semi-natural green space, outdoor sports facilities, provision for children and young people, allotments, cemeteries, churchyards, green corridors and civic

		spaces. A commitment to optional standards such as Building with Nature could be considered.
Policy 43 – Green infrastructure and the green network	Natural environment – access to, and engagement with, the natural environment is associated with numerous positive health outcomes, including improved physical and mental health.	There is a synergy between Policy 43 and Policy 42 as open space can be considered as green infrastructure. Planning application considerations on green infrastructure should include; quality standards and landscape design for new development, connections to green network, management and maintenance, access to wider countryside.
Policy 46 – Local food growing	Food environment – increased access to healthy, affordable food for the general population is associated with improved attitudes towards healthy eating.	Planning application considerations on allotments, orchards and community gardens such as; protection of existing sites; design of new sites; thresholds for provision.

Using a Healthy Places SPD

The implementation of a Healthy Places SPD would provide better direction to planning officers to ensure new developments create healthier places and communities. A tool that could be set out within a Healthy Places SPD is the planning application process which demonstrates the basic requirements and expectations of local authority officers and developers. This will ensure a smooth and coherent development process. A common complaint from developers is that they deal with many different people and departments in the council and that they usually received different messages from each of them (5). If councils want to achieve healthier development, they need to set out the planning application process clearly. This could include Public Health officers commenting on planning applications and HIAs. Figure 2 below is a suggested process.

Figure 2: Planning application process



Useful links

The following links provide useful examples of SPDs related to various health and wellbeing principles:

- [Cardiff Council – Planning for Health and Wellbeing SPD](#)
- [Islington Council – Urban Design Guide SPD](#)
- [Southampton Council – Streets and Spaces Framework](#)
- [Kingston Council – Sustainable Transport SPD](#)
- [Ipswich Council – Public Open Space SPD](#)
- [Crawley Council - Green Infrastructure SPD](#)

References

- (1) NPPG Paragraph: 008 Reference ID: 61-008-20190315 (2019)
- (2) NPPG Paragraph: 008 Reference ID: 21b-008-20140306 (2014)
- (3) Hull City Council – Local Plan (2016-2032) (adopted 2017)
- (4) Hull City Council and NHS Hull Clinical Commissioning Group - Joint Strategic Needs Assessment (JSNA) (2018)
- (5) TCPA Developers and Wellbeing Project (2018)