

# Draft Planning for Health in South Worcestershire

## Supplementary Planning Document

Malvern Hills District Council  
Worcester City Council  
Wychavon District Council

Prepared in conjunction with Worcestershire County Council

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## 1 Chapter 1 - Introduction to the links between planning and health

### Background

**1.1** Nationally people are living longer, but some are living longer with a disability/non-communicable disease<sup>(1)</sup>. Today, most people now die from non-communicable diseases in old age, and the causes of premature death are linked to avoidable behaviours, such as smoking, alcohol abuse, physical inactivity and poor diet (regularly eating food high in fat, salt and sugar).

**1.2** Worcestershire County Council as an upper tier Local Authority inherited the function of improving Public Health and reducing inequalities in health in April 2013 under the Health and Social Care Act (2012). The Act required the creation of Health and Wellbeing boards, made up of key commissioners from local NHS and government organisations, to plan how best to meet the needs of the local population, to tackle local health inequalities, and to strategically plan local health and social care services. Local public health services are now commissioned by local authorities rather than the NHS Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) were dissolved and replaced with new local Clinical Commissioning Groups (CCGs) and an NHS Commissioning Board.

**1.3** The Strategic Planning team at Worcestershire County Council (WCC) has worked in partnership with what is now termed the Directorate of Public Health (WCC) and with Worcester City Council to produce a “Planning for Health in Worcestershire” Technical Research Paper (March 2015). The dissemination of the technical research paper and its associated workshops led to the development of this draft Planning for Health in South Worcestershire Supplementary Planning Document (SPD).

### Why is the role of health and wellbeing in planning important?

**1.4** A person’s health status can impact on many aspects of their everyday life. In March 2012, the National Planning Policy Framework (NPPF) was published. This sets out the Government’s planning policies including a specific requirement to promote healthy communities (Section 8 of the NPPF), and to draw on evidence of health and wellbeing need.

**1.5** Good health includes physical, mental and social wellbeing. It is not just the absence of illness but also general wellbeing and the prevention of illness. It goes beyond the care of a person who has become ill; support for good health, including health care services provision, requires the application of best practice in a range of areas, including:

- Planning for better built and natural environments and living conditions, to encourage good physical and mental health and wellbeing and to prevent people becoming ill in the first place;

1 A non-communicable disease is a medical condition or disease that is non-infectious or non-transmissible

- Ensuring access - meaning that facilities and a means of getting to those facilities are in place for those who do become ill; and
- Providing a health-promoting environment to support recuperation when people do fall ill.

**1.6** Planning for health is about how we plan for and build health-promoting environments that improve the health of those who live in, work in, or visit South Worcestershire.

### **Purpose and status**

**1.7** It is increasingly being recognised that the places and spaces where we live and work can have an impact on health and wellbeing and that an individual's actions to improve their lifestyle or health status are likely to be influenced by the environmental and socio-economic context within which they take place. Poor health does not just arise by chance and is not just down to genetics<sup>(2)</sup>. Most ill health can be influenced positively by place-driven behaviour change. Today most people now die from

**1.8** non-communicable diseases in old age and it is the differing social, environmental and economic conditions that will impact on a person's health<sup>(3)</sup>. Good planning means linking economic, social and environmental matters with the aim of creating attractive, safe and accessible places to live in, work in, and visit. There is therefore a strong policy basis for planning and health professionals to work together to help deliver healthy communities<sup>(4)</sup>.

**1.9** The purpose of this SPD is to provide communities and organisations with greater support to take positive action to improve their health and wellbeing, and to encourage more positive forms of participation in healthier environments, whilst planning for and creating healthier developments. Understanding the roles of the built and natural environments and their effect on health and wellbeing can help to improve people's quality of life and provide a sustainable approach to the design and management of our environments.

**1.10** This Planning for Health SPD covers the local planning authorities of Malvern Hills District Council, Worcester City Council and Wychavon District Council (known collectively as the South Worcestershire Councils (SWC)). It has been prepared in partnership between the Strategic Planning team and Directorate of Public Health at Worcestershire County Council and representatives from Planning Policy and Development Management teams within the SWC. The SPD complements the South Worcestershire Development Plan (the 'SWDP' – the Local Plan for the SWC).

**1.11** "Supplementary planning documents should be used where they can help applicants make successful applications or aid infrastructure delivery, and should not be used to add unnecessarily to the financial burdens on development"[1]. They should build upon and provide more detailed advice or guidance on the policies in the Local Plan. This Draft Planning for Health in South Worcestershire Supplementary

2 Marmot (2010) The Marmot Review. Fair Society, Healthy Lives

3 District Councils' Network (nd) District Action on Public Health

4 Royal Town Planning Institute (June 2009) GPN 5: "Delivering Healthy Communities"

Planning Document is not policy itself, but builds upon the SWDP by providing further guidance and interpretation of the policies relevant to health. The SPD guidance can be found in the 'Policy Guidance Boxes' at the end of each topic section. The guidance boxes can be used to inform pre-application discussions and to inform Health Impact Assessments to demonstrate the health considerations of a scheme or development. This Planning for Health SPD supports the SWDP and should be read in conjunction with it.

### **Aims and objectives**

#### **Aims**

- to inform pre-application advice (and subsequent planning applications) of any potential health-related issues, and to be a material consideration, where relevant, to be taken into account in determining planning applications;
- to provide information and guidance that can be used to support a positive Health Impact Assessment;
- to promote opportunities for healthier lifestyles, encourage healthier choices and reduce the demand on the NHS, health professionals, councils and individuals across South Worcestershire;
- to inform the preparation of future plans, strategies, development briefs, and policy decisions;
- to provide an evidence base resource, responding to local needs by providing supporting information and guidance; and
- to inform communities and provide guidance to aid with the preparation of Neighbourhood Plans.

#### **Objectives**

- to have developments coming forward that follow/take on board the guidance in this SPD.
- more applicants carrying out Health Impact Assessments to maximise the positive health impacts of their proposals.

**1.12** The SPD primarily focuses on the principal links between planning and health identified through research carried out by what is now the Directorate of Public Health and through the aforementioned workshops in 2015. The SPD builds on these

strategic links by identifying guidance that seeks to further expand upon relevant policies in the SWDP and to aid the submission of robust planning applications and any associated Health Impact Assessments.

**1.13** Interested parties for this SPD includes all stakeholders involved in seeking to improve health outcomes through planning in South Worcestershire including:

- Planning applicants and their agents;
- District and County Council planning teams;
- Elected members;
- Neighbourhood Planning teams;
- Town Councils;
- Parish Councils;
- Clinical Commissioning Groups;
- NHS England Area Team; and
- Worcestershire Local Enterprise Partnership.

### **What the SPD is not**

**1.14** This SPD does not introduce new policy but rather supports the interpretation and application of existing policies and proposals in the SWDP by providing further guidance. It aims to help applicants submit robust planning applications that take health considerations into account where relevant and/or necessary. Whilst the SPD does not have the same status as the SWDP (the SPD does not form part of the statutory development plan), it may be a material consideration in the determination of planning applications. Links between the SPD and relevant SWDP policies can be found in **Appendix 1**.

## Planning and Public Health Context

### The National Planning Policy Framework

**1.15** The National Planning Policy Framework (NPPF) came into force in 2012 and reinforced the requirement to take public health into account in both plan-making and decision making and to draw on evidence of health and wellbeing need. Historically, planning has been intrinsically linked to public health, from the need to tackle the health of the population in the 19th century as a result of the industrial revolution, in particular overcrowding in urban areas, to the planning system we have in place today in which health issues are addressed through national and local planning policies.

### South Worcestershire Development Plan

**1.16** The SWDP, as the statutory Local Plan, is a key planning document that sets out the vision, objectives and overall strategy for future development across Malvern Hills, Worcester City and Wychavon.

**1.17** The principle of incorporating health and wellbeing into planning in South Worcestershire is embedded throughout the SWDP and is one of the five key Objectives of the SWDP. The key policies and sections within the SWDP that relate to health and wellbeing, and to which this Supplementary Planning Document are linked, are outlined in Appendix 1 of this SPD.

### Health and Wellbeing Strategy (2016-21)

**1.18** In April 2013, the Health and Social Care Act 2012 resulted in public health once again becoming a local government function, which provided an opportunity for local authorities to reaffirm the links between planning and health.

**1.19** Worcestershire's second Joint Health and Wellbeing Strategy is a statement of the Health and Wellbeing Board's vision and priorities for 2016-21, based on the findings of the Joint Strategic Needs Assessment (JSNA) and public consultation. Preparation of the Strategy is a statutory duty for the County Council and the Clinical Commissioning Groups. The Strategy is a basis for the public to hold local organisations to account for achieving the stated outcomes.

**1.20** The Strategy sets the context for other health and wellbeing plans and for commissioning of NHS, public health, social care and related children's services. It is important that all partners work together to help align policies, services, resources and activities with the Strategy. This will enable joined-up action to tackle issues that will benefit from multi-agency working.

**1.21** The Strategy has the following key priorities:

1. Mental health and wellbeing throughout life
2. Being active at every age
3. Reducing harm from alcohol at all ages

**1.22** It is considered that this SPD is best placed to contribute most to the first two priorities.

### **Health and Wellbeing indicators**

**1.23** The Joint Health and Wellbeing Strategy (2016-2021) contains three health and wellbeing priorities for Worcestershire (as stated above). The performance of these priorities will be assessed against indicators of health and wellbeing for the South Worcestershire Councils, as derived from the Public Health Outcomes Framework (PHOF). The indicators detailed in **Appendix 4** have been selected as providing measurable evidence for assessing progress against these priorities across Worcestershire. An important aim of this SPD to help improve these indicators through implementation of guidance contained in this SPD and the application of Health Impact Assessments.

### **Planning for Health in Worcestershire Technical Research Paper**

**1.24** The Planning for Health in Worcestershire Technical Research Paper (March 2015) identifies the health issues currently facing Worcestershire and uses case studies to suggest how they might be addressed. As it is not the intention to repeat the Technical Research paper, this Planning for Health SPD should be read in conjunction with it.

### **Health-related issues in South Worcestershire**

**1.25** For information relating to the key health-related issues in South Worcestershire, based on evidence provided by Public Health England and the Joint Strategic Needs Assessment for Worcestershire, please see **Appendix 3**.

## 2 Chapter 2 - Planning for healthy developments and healthy lifestyles

**2.1** This chapter provides an overview of some of the health-related issues to consider when planning for new, inclusive developments, for healthy lifestyles and being active at every age. Through the **Policy Guidance Boxes** of each section, it presents some of the planning related solutions that can help to address them. Please see **Appendix 1** for a full list of SWDP policies relevant to this SPD.

### Rationale

**2.2** It is widely recognised that the way in which the built environment is developed and how communities interact with it has a profound effect on our physical and mental health. Where people live is a significant predictor of health and life expectancy. Research has shown that people in England living in the poorest communities will die on average seven years before people living in the richest neighbourhoods. Not only do they die sooner but people living in the poorest communities in England spend more of their lives living with a disability. The average difference between rich and poor disability-free living is seventeen years<sup>(5)</sup>.

**2.3** Health is determined by genetics, age and lifestyle, but also by the environments in which people live and work. We therefore need to plan for healthy developments and better living environments which enable people to make healthier lifestyle choices.

### Urban Form - Design and the Public Realm

**2.4** The design of the built environment can have a significant impact on physical and mental health and how people perceive their environments. The location, density and mix of land uses can have wide-reaching implications on how individuals live their lives; it can affect user experience of access to and provision of key community facilities such as public services, employment opportunities, healthy food choices and parks and green spaces. How areas and buildings connect to one another through street layout, footpaths, cycle ways and open spaces can impact on mental health and wellbeing and the amount of physical activity people undertake. As an example, well connected, attractive, safe, and legible streets, footpaths and cycle networks can encourage more people to use them, promote physical activity and consequently reduce the frequency of car usage.

**2.5** The quality of the public realm is vitally important for both mental and physical health. Our environments should promote and encourage physical exercise and psychological wellbeing, and improve cognitive functioning. This can include the overall quality of public spaces, street layout and connectivity, green infrastructure/landscaping and traffic calming measures. The urban form plays a critical role in influencing physical activity, particularly through providing opportunities for walking, cycling and movement via non-motorised vehicles.

**2.6** Accessibility is another crucial factor in creating healthy, sustainable communities. Accessibility means removing barriers that prevent people from accessing opportunities. These barriers may be physical, economic, or social. Creating

a safe and direct route to a local playground, for example, may encourage families to walk or cycle to the park, and 'step free' flat routes and pathways can open up facilities for those residents requiring wheelchair access<sup>(6)</sup>.

**2.7** An important component for connecting the aims of the planning and health sectors is making places more inclusive. The term 'inclusive environments' - used interchangeably with 'inclusive design' - refers to design features which aim to remove the barriers that can create undue effort and separation in the natural and built environment<sup>(7)</sup>. It enables everyone to participate equally, confidently and independently in everyday activities, which are important contributors to overall health and wellbeing. Through design, inclusive environments encourage planners and decision-makers to consider all of the potential users of public spaces and their particular needs, with the aim of building healthier places and environments that support independence at all stages of life. This is particularly important when addressing needs of the elderly. Further information on how to plan for an ageing population can be found below.

**2.8** Further information relating to inclusive design and some of the other evidence behind planning for healthy inclusive environments can be found in **Appendix 2**.

Policy Guidance Box 1: Urban form - Design and the Public Realm	Relevant SWDP Policy
Proposals for developments should detail within the Design and Access Statement how users would navigate around the proposed scheme and access a range of local services and facilities within and outside the development.	<b>SWDP 21</b>
Schemes should consider routes which provide convenient, safe and attractive access to employment, homes, schools and public facilities. They should cater for the needs of all age groups, in particular the elderly, through the provision of benches, shading and simple and clear signage.	<b>SWDP 21</b>
Opportunities for community cohesion should be maximised through the creation of permeable environments <sup>(8)</sup> in new developments that will encourage people to get outdoors for recreation, social interaction, and moving around by non-vehicular means.	<b>SWDP 1</b> <b>SWDP 4</b>

## Housing and Employment

**2.9** Good design is inclusive design. Design should always be judged by whether or not it achieves an inclusive environment, and we can all benefit from an environment designed in line with inclusive principles. Places and homes need to be designed so that they can adapt to changing uses and demands. The home and surrounding community infrastructure can directly support health and wellbeing, providing a setting where people feel a sense of security, independence and choice.

6 Part M of the Building Regulations 2010 (2015 edition with 2016 amendments) provides further information relating to the requirements for wheelchair users, which deals with accessible and adaptable dwellings, amongst other elements.

7 Design Council Cabe (2006): Inclusive Environments

8 Permeability describes the extent to which urban forms permit (or restrict) movement of people or vehicles in different directions and throughout the development.

**2.10** Housing provision needs to change to meet this rapidly growing demand. The wider benefits of developing good quality housing for older people could include a reduction in health and social care costs, as well as freeing up housing stock<sup>(9)</sup>. The built environment, through the design of housing and supportive community spaces, should reflect the desire to age-in-place through providing opportunities for social participation and community engagement<sup>(10)</sup>.

**2.11** At least 1.8 million households in England have an identified need for accessible housing, and 580,000 of these are of working age. It is reported that people with unmet need for accessible housing are estimated to be "four times more likely to be unemployed or not seeking work due to sickness/disability than disabled people whose needs are met"<sup>(11)</sup>. New developments need to be future proofed. Whilst this is not suggesting that all new homes need to incorporate design features for a person with a disability, they should be designed to be easily and cheaply adaptable, should a need arise.

**2.12** People need access to warm and safe accommodation; the Kings<sup>(12)</sup> fund reported that safe and warm homes are one of the foundations of personal wellbeing from childhood through to old age. Evidence exists which demonstrates a strong relationship between living in a cold home and respiratory and cardiovascular disease, with children living in cold homes more than twice as likely to suffer from respiratory conditions than those living in a warm home. Living in a cold home impacts the mental wellbeing of individuals of all ages. Cold housing negatively impacts dexterity, increasing the chance of injury, particularly for the elderly and infirm and, if children are in the house, there is an impact on educational attainment and emotional wellbeing<sup>(13)</sup>. Being able to affordably heat a home to the required temperature reduces the risk of damp and mould growth. Damp and mould can lead to damage to the building as well as damage to human health. New build homes (and refurbishment projects) have to be insulated to the required standard in accordance with the latest published Building Regulations. Any improvements on that is welcomed from a planning perspective.

**2.13** Housing developments should seek to incorporate (or be located to provide access to) healthy, sustainable and liveable environments. This can range from the provision of safe, well connected and accessible streets, parks, open spaces and play areas to the actual design features of the housing itself, such as the incorporation of step-free access for those with disabilities, provision of gardens where possible, adaptable spaces and security measures. Access to local facilities either on foot or in combination with public transport, and opportunities for allotment spaces are other factors that can help contribute to successful sustainable communities.

**2.14** In terms of employment, it has also been reported that industrial areas and employment sites with access to natural greenspace can result in more productive employees with higher job satisfaction<sup>(14)</sup>. Work productivity is also reported to be better where people are in pleasant, well-ventilated environments<sup>(15)</sup>. A healthy

9 Design Council Cabe (2006) The Principles of Inclusive Design

10 Heriott Watt University

<http://www.hw.ac.uk/schools/energy-geoscience-infrastructure-society/research/cesbd/health-wellbeing-in-built-environment.htm>

11 Centre for Analysis of Social Exclusion at London School of Economics and Political Science (2016) Quality of life and opportunity for disabled people with accessible housing needs

12 BUCK and GREGORY (2013) Improving the public's health: A resource for local authorities, The Kings Fund: London

13 Friends of the Earth & the Marmot Review Team (2011) The Health Impacts of Cold Homes and Fuel Poverty

14 Forestry Commission (2010) The case for trees in development and the urban environment

15 Buck and Gregory (2013) Improving the public's health: A resource for local authorities, The Kings Fund: London

workplace has healthier employees that are absent less often and are more motivated to stay in work, recover from sickness quicker and are at less risk of long-term illness. Organisations stand to make substantial cost savings by promoting health in the workplace and reducing sickness absence<sup>(16)</sup>. We need to plan a healthier environment for life, work and recreation.

Policy Guidance Box 2: Housing and Employment	Relevant SWDP Policy
<p>New residential developments should seek to reduce fuel poverty by incorporating renewable energy and energy efficiency measures (such as solar PV or air source heating) in new builds or retrofitting such measures in existing buildings. New developments should also consider outside space for drying washing to reduce the amount of moisture in the property from drying clothes in the house</p>	<p><b>SWDP 21</b> <b>SWDP 27</b> <b>SWDP 31</b></p>
<p>New developments should consider the inclusion of district heating networks with the aim of reducing costs to the end user as well as reducing carbon emissions. Any such developments should comply with the Heat Networks Code of Conduct. District heat networks may be more suitable for a development where there is a single owner of the properties.</p>	<p><b>SWDP 27</b></p>
<p>To increase work productivity and reduce absenteeism through illness, new employment developments should ensure that proposed developments are well ventilated. Access to or views of natural greenspace should also be designed in where possible.</p>	<p><b>SWDP 31</b></p>
<p>The provision of communication infrastructure to create intelligent homes that allow online links to modern health facilities and that aid in connecting communities (with the health benefits this brings) will be looked on favourably.</p>	<p><b>SWDP 7</b> <b>SWDP 26</b></p>
<p>New developments should be designed to be adaptable/inclusive, catering for the changing needs of individuals, such as the ageing and disabled population. New developments should be future-proofed by incorporating inclusive design from the outset. Whilst this does not mean that all new homes should be fully wheelchair accessible, they should be designed so that they are easily and cheaply adaptable to cater for the needs of the individual.</p>	<p><b>SWDP 20</b> <b>SWDP 21</b> <b>SWDP 31</b></p>
<p>Create opportunities to provide healthy workplaces, that make the most of opportunities to encourage physical activity, healthy eating, positive mental health and wellbeing. This might include access to sports facilities/gyms (indoors and outdoors) and informal areas for employees to relax or take part in physical activity and/or social interactions, as well as areas that could be used to grow food (as appropriate).</p>	<p><b>SWDP 37</b> <b>SWDP 39</b> <b>SWDP 31</b></p>

Policy Guidance Box 2: Housing and Employment	Relevant SWDP Policy
Where possible new employment developments should include attractive and safe outdoor areas or good links to existing outdoor areas that will give employees opportunities for recreation.	<b>SWDP 39</b> <b>SWDP 31</b>
Neighbourhood Plans should play a key role in finding solutions to specific, localised health-related issues.	<b>SWDP 1</b> <b>SWDP 37</b>
Development proposals exceeding 10 dwellings (or 6 more dwellings in Designated Rural Areas) should make provision for Green Space and outdoor community uses as set out in Table 10 of the SWDP, together with secure arrangements for their long-term management and on-going maintenance. <sup>(17)</sup>	<b>SWDP 39</b>

### Age-friendly environments and dementia

**2.15** Older people require supportive and enabling living environments to compensate for the physical and social changes associated with ageing. These changing needs may include reduced mobility, prevalence of physical disability and chronic diseases, as well as psycho-emotional concerns such as stress and isolation<sup>(18)</sup>.

**2.16** For the elderly, being physically active is linked to independent living and other factors such as social support. Regular physical activity is also linked to improvements in immune function and resistance to illness<sup>2</sup>. Unfortunately, levels of physical activity drastically decline with age<sup>(19)</sup>. A 2013 Age UK report states that 7% of people aged 65 plus in the UK always or often feel lonely and between 11% and 17% are socially isolated<sup>(20)</sup>.

**2.17** The built environment can reduce these risks by enabling social interaction and connecting people with places and with other people. The provision of green and open spaces and walkable neighbourhoods can also encourage and facilitate increased physical activity amongst the elderly. It is crucial that these spaces and routes are safe, well-maintained and accessible. Public footpaths should also be well lit and evenly surfaced. Where there are some changes to ground levels, the transition should be slow. Where steps are unavoidable, the provision of railings is necessary. Accessible public transport links with bus stops within walking distance from people's homes are crucial in maintaining the independence of the elderly.

**2.18** The majority of people would prefer to remain in their own homes as they grow older, and where possible make changes and adaptations to their properties should their needs change<sup>(21)</sup>. New homes should therefore follow the design

17 Paragraph 031):

<http://planningguidance.communities.gov.uk/blog/guidance/planning-obligations/planning-obligations-guidance/>

18 Saurabh Ram Bihar Lal Shrivastava et al (2013) Health-care of Elderly: Determinants, Needs and Services, International Journal of Prevention Medicine 2013 Oct; 4(10): 1224–1225.

19 British Heart Foundation (2015)

20 Age UK (2014) Evidence Review: Loneliness in Later Life

21 Communities and Local Government (2011) Lifetime Neighbourhoods

standards of Lifetime Homes<sup>(22)</sup> ([www.lifetimehomes.org.uk/](http://www.lifetimehomes.org.uk/)) which intend to meet changing needs over the course of people's lives. The application of such standards to new build properties can help to realise some older people's aspirations to stay in their homes for longer.

## Dementia

**2.19** Dementia is the term for a group of diseases affecting the brain. Dementia affects cognitive, sensory, social, emotional and physical functions. As a result people may experience problems in gathering their thoughts, and in concentrating, as well as in the way they experience and interact with the external environment. Limitations, constraints and the feeling of isolation experienced by dementia sufferers could be minimised by dementia-sensitive design and improvements to the places that we live in.

**2.20** Whilst dementia can affect people as young as 30, the prevalence rate increases significantly with age. South Worcestershire has a higher proportion of older people than the national average, inevitably meaning that the sheer numbers of dementia cases will be higher. 90% of people over retirement age and two-thirds of the 800,000 people with dementia in the UK live in the community<sup>(23)</sup>.

**2.21** People living with dementia frequently stay at home because they do not feel safe to leave home because the outdoor environment feels unsafe and unfamiliar. The provision of safe, well lit, segregated and walkable routes connecting local green spaces and essential amenities could enhance their chance to continue their everyday lives as part of the community. For example, getting to the park could offer quiet and relaxing time spent amongst other people.

**2.22** It is important that pathways contain seating areas located in strategic places, for example at crossroads. People living with dementia might take a little bit longer to remember their destination or how to get there. Benches at crossroads could give them a moment to think and make up their mind without feeling stressed and confused. Placing benches under street trees to allow shading during hot weather would also be beneficial. The design of street furniture should be kept simple and familiar to avoid it being mistaken for some other object.

**2.23** Paving and tarmac should be plain and non-reflective and should contrast to walls in colour and texture. Dementia affects people's perception of the surroundings and different surfaces. Dark areas might appear to them as a hole in the ground whilst glaring/shining surfaces can look like water and slippery surfaces.

**2.24** People living with dementia might feel confused when a lot of information is projected at them at the same time. They generally function better amongst objects in the environment that are simple and familiar. This is why sites should be well signed using a tonal contrast of colours with a clear and simple font.

22 <http://www.lifetimehomes.org.uk/>

23 Later life in the UK. Age UK (2011) and Dementia 2012: a national challenge. Alzheimer's Society (2012)

<b>Policy Guidance Box 3: Age-friendly environments for the elderly and those living with and dementia</b>	<b>Relevant SWDP Policies</b>
<p>New developments should follow the principles of age-friendly environments which cater for the needs of the elderly. The principles include:</p> <ul style="list-style-type: none"> <li>• Building new homes to Lifetime Homes standards</li> <li>• Provision of home types which cater for the needs of the elderly</li> <li>• Provision of safe and walkable environments including benches and shading</li> <li>• Provision of safe, well-maintained and accessible green spaces, public open spaces and community areas</li> <li>• Provision of opportunities for social cohesion including parks, seating areas and community gardens and orchards</li> <li>• Public transport links with bus stops which are within walking distance</li> </ul>	<p><b>SWDP 20</b> <b>SWDP 21</b></p>
<p>A range of home types which cater for the needs of the elderly should be provided within new developments to allow an element of choice to older people to stay within the community as long as possible. This may include the provision of community retirement villages. Other examples include the provision of low maintenance flats and bungalows with smaller gardens which are more manageable for those with potential mobility issues. Other examples include family homes containing an integral flat or built-in "granny annex" to encourage extended families to stay together to promote their elderly relatives' independence and reduce their reliance on social care.</p>	<p><b>SWDP 20</b> <b>SWDP 21</b></p>
<p>Ensure that new developments cater for the needs of people suffering with dementia through the provision of green/open spaces, safe and segregated walking routes, strategically placed seating areas and appropriate materials and design for surfaces, street furniture and signage.</p>	<p><b>SWDP 20</b> <b>SWDP 21</b></p>

### Community facilities

**2.25** Community facilities play an increasingly important yet often undervalued role in providing for the wellbeing of the community and the facilitation of social contact. Ensuring that people do not feel the negative impacts of social exclusion is an important consideration in terms of both their physical and mental health and general well-being. Such facilities can provide companionship, a sense of identity

and belonging<sup>(24)</sup>. As an example, well integrated and maintained public spaces, community facilities, and parks are known to increase levels of ‘incidental activity’ and social interaction by making it easier for residents to access facilities nearer to their homes.

Policy Guidance Box 4: Community facilities	Relevant SWDP Policies
<ul style="list-style-type: none"> <li>New development proposals should make provision for civic squares and spaces in the public realm at a standard of 0.03 ha per 1000 population. This will help to promote social interaction.</li> </ul>	<p><b>SWDP 21</b></p> <p><b>SWDP 39</b></p>
<ul style="list-style-type: none"> <li>The provision of new community facilities (or the enhancement of existing facilities) will be permitted, particularly where proposals have resulted from neighbourhood planning, subject to satisfying the sequential test in the Framework where applicable.</li> </ul>	<p><b>SWDP 37</b></p>
<ul style="list-style-type: none"> <li>Ensure that new residential development supports the delivery of healthcare provision and accessibility.</li> </ul>	<p><b>SWDP 1</b></p>

## Green Infrastructure

**2.25** Green spaces can play a significant role in the appropriate design of new developments (or as part of the wider environment) as they clearly improve the health and wellbeing of local populations. Green spaces can help to encourage physical movement and exercise, discourage car use and provide restorative qualities. A concerted effort is required to continue to improve and maintain our natural environments to provide habitat protection and creation, to reduce overall pollution, and to mitigate extreme temperatures and the impact of flooding. Green spaces can help in adapting to the extremes of climate change and reducing greenhouse gases, particularly carbon dioxide. Green spaces also improve air quality and reduce noise impact (through absorption of noise and separation of sources of noise generation from homes) in urban areas. The health and wellbeing of local residents can be enhanced by the preservation and enhancement of a wide range of environmental ecosystems.

**2.26** The proximity and accessibility of green spaces to residential areas is positively associated with increased overall levels of physical activity<sup>(25)</sup>. Access and quality are key issues in the provision of green space. Greater proportions of green space in a district are associated with better levels of self-reported health<sup>(26)</sup>.

**2.27** Green and open spaces can improve public health and community wellbeing and help people of all ages to remain active by improving environmental quality, providing opportunities for recreation and exercise and delivering mental and physical health benefits. This is particularly important for older population groups. Having access to age-friendly local green and open spaces can help the elderly to remain

24 Pinder R, et al (2009) ‘Exploring perceptions of health and the environment: a qualitative study of Thames Chase Community Forest’. *Health & Place*, vol 15, no 1, pp 49–56.

25 Public Health England (2014) Local action on health inequalities: Improving access to green spaces

26 Boyce & Patel (2009) The health impacts of spatial planning decisions

active for longer and can reduce the potential for isolation through encouraging interaction with the local community. A recent review of physical activity interventions and their effects on the brain also found that older people who engaged in walking as a physical activity were less likely to develop dementia<sup>(27)</sup>.

**2.28** Green infrastructure can be used to increase community resilience to a range of climate-related impacts, including helping to reduce air pollution, noise and the impacts of extreme heat and extreme rainfall events. Green infrastructure has a cooling effect and helps to modify temperatures and counter the 'urban heat island' effect. For example, urban parks have been shown to be on average 1°C cooler than built-up areas and larger parks have a greater cooling effect. Green infrastructure also has the potential to slow water flow over the ground and provide areas for water storage, thereby preventing or minimising potential flooding.

**2.29** Green spaces can play a vital role in the health of the nation. Indeed, most studies support the view that green spaces have beneficial health effects and research has shown that in a greener environment, people report fewer symptoms and have better perceived general health<sup>(28)</sup>.

### Play spaces/recreation

**2.30** As well as encouraging physical activity and thereby reducing obesity, access to green space, sports and other recreational facilities promotes relaxation and reduction in stress, and can also bring about social interaction within communities.

**2.31** Britain is now the most obese nation in Europe<sup>(29)</sup>. Obesity and being overweight increases the risk of developing a range of serious diseases including heart disease, diabetes and cancers, which lead to increased demand on social care services<sup>(30)</sup>.

**2.32** Obesity and its co-morbidities, particularly diabetes, are continuing to increase in Worcestershire with little sign of slowing down (JSNA 2015). Around 25.6% of the adult population are obese, which is higher than the national average (24.2%). About a quarter of children starting school in Worcestershire are either overweight or obese, and about a third are overweight or obese by the time they leave primary school at the end of year six<sup>(31)</sup>. More specifically, in Malvern Hills 29.9% of children are overweight or obese by the age of 10 or 11; in Worcester City this percentage is higher at 31.6%, and in Wychavon the proportion is 29.1%<sup>(32)</sup>.

**2.33** Access to high-quality and well-maintained green space promotes physical activity, positive mental wellbeing and healthy childhood development. Children with access to safe green spaces are more likely to be physically active and less likely to be overweight. Outdoor play encourages healthy brain development and promotion of wellbeing through adulthood. Children who play in green spaces also develop better motor skills than those who do not<sup>(33)</sup>.

27 Public Health England (2014) Local action on health inequalities: Improving access to green spaces

28 Faculty of Public Health (2010) Great Outdoors: How our natural health service uses green space to improve wellbeing

29 United Nations Food and Agricultural Organization (2013) The State of Food and Agriculture 2013 NHS Choices [Online] available at: <http://www.nhs.uk/Livewell/loseweight/Pages/statistics-and-causes-of-the-obesity-epidemic-in-the-UK.aspx> [Accessed 22/06/2016]

30 Worcestershire County Council (2015) Planning for Health in Worcestershire Technical Research Paper

31 Ibid

32 Public Health Outcomes Framework, 2014/15

33 Ibid

**2.34** When considering mental health, MIND's Ecotherapy Report<sup>(34)</sup> found that a greener, more active lifestyle aids positive changes. It concluded that people experiencing mental distress frequently use physical activities such as walking, gardening and exercise to help lift their mood, reduce stress, provide purpose and meaning, and reduce their vulnerability to depression. There is firm evidence that links health and wellbeing benefits to increased physical activity, whether it is everyday activity such as walking or cycling to work, or increased active recreation<sup>(35)</sup>. The benefits are preventative as well as therapeutic for people with existing conditions, with green space being particularly effective in reducing morbidity<sup>(36)</sup>. Because the effects are felt particularly strongly among children and lower socioeconomic groups, these benefits can help to reduce health inequalities.

**2.35** Since 1992, the National Playing Fields Association (NPFA – now known as 'Fields in Trust') has recognised the need for local places to play in, and the importance of walking. The NPFA recommended the introduction of a hierarchical approach to planning for play based on: Local Areas for Play (LAPs); Local Equipped Areas for Play (LEAP); and Neighbourhood Equipped Areas for Play (NEAP). The recommendations are for provision related to age, distance and diversity of opportunity. The NPFA also referred to the need for local facilities on the basis of accessibility. It argues that a 20-minute travelling time to specialist facilities such as an artificial turf pitch or athletics track is acceptable, and that a 10-15 minute journey to local sports facilities is reasonable (although it does not specify the mode of travel for the journey). In that context the NPFA recommends that playing fields (or sports and recreation grounds or other local outdoor facilities) should be within three-quarters of a mile (1.2km) of where people live.

**2.36** More recently, Sport England and the Department for Culture, Media and Sport announced new indicators for the Comprehensive Performance Assessment of 20 minutes' travel by foot in urban areas and 20 minutes by motorised transport in rural areas (these distances and those above are echoed in policy SWDP 39).

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34 MIND (2013) Feel better outside, feel better inside: Ecotherapy for mental wellbeing, resilience and recovery

35 Department of Health (2011) Start active, stay active

36 Maas, J., et al (2009) Morbidity is related to a green living environment, *Journal of epidemiology and community health* (63): pp.967-973

**2.37** In terms of children's play, the distances considered reasonable to travel from home to public open space are set out below (as per SWDP 39: Provision for Green Space and Outdoor Community Uses in New Development). These distances are based on the NPFA recommendations referred to below.

<b>Toddler Play Area LAP</b>	<b>Within 200m (1/8 mile)</b>
<b>Children's Play Area LEAP</b>	<b>Within 400m (1/4 mile)</b>
<b>Small Local Park</b>	<b>Within 800m (1/2 mile)</b>
<b>Local Park NEAP</b>	<b>Within 1200m (3/4 mile)</b>

<b>Policy Guidance Box 5: Green infrastructure and play spaces/recreation</b>	<b>Relevant SWDP Policies</b>
Housing development proposals (including mixed-use schemes) exceeding 10 dwellings (or 6 or more dwellings in Designated Rural Areas) are required to contribute towards the provision, maintenance, improvement and connectivity of Green Infrastructure based on site size <sup>(37)</sup> .	<b>SWDP 5 (A i and ii)</b>
Public open spaces are the 'glue' that binds a place together, making it accessible, attractive and safe and an easy place to move around. Recreation areas such as parks and other public spaces should be designed to encourage human interaction, for example by strategic placement of street furniture.	<b>SWDP 21 (RJ)</b>
On-site green space will be designed to ensure accessibility. Children's play areas and outdoor community uses such as outdoor gyms in developments will be encouraged and should be placed in accessible locations that are a reasonable distance to travel to.	<b>SWDP 39</b>
It is considered that the provision of new functional open space is necessary in order to achieve active, healthy and integrated communities.	<b>SWDP 39 (Reasoned Justification)</b>

### **Air quality**

**2.38** Air pollution has a long cumulative impact on health and wellbeing of the population. "Each year in the UK, around 40,000 deaths are attributable to exposure to outdoor air pollution which plays a role in many of the major health challenges of our day". Air pollution can be linked to cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia<sup>(38)</sup>.

37 Paragraph 031:  
<http://planningguidance.communities.gov.uk/blog/guidance/planning-obligations/planning-obligations-guidance/>

38 Royal College of Physicians (2016) Every breath we take: the lifelong impact of air pollution

**2.39** Development proposals should avoid contributing to concentrations of nitrogen dioxide levels identified for Air Quality Management Areas (AQMA). The AQMAs are hot-spots where there is traffic congestion, often in narrow streets that have buildings close to the kerbside forming 'canyons', or roads with high traffic flows. There are four AQMAs in South Worcestershire (three in Worcester and one in Wychavon)<sup>(39)</sup>.

**2.40** New developments should be designed to minimise public exposure to air pollution, e.g. by locating habitable rooms away from busy roads, or directing pollutants through well-sited vents or chimney stacks.

**2.41** Almost all buildings emit air pollution due to their heating, cooling and electricity generation systems. This can be minimised by designing to maximise energy efficiency and use low-polluting systems to meet the remaining energy demand. Well and innovatively designed buildings can significantly reduce the need for heating and cooling and reduce the need for ventilation<sup>(40)</sup>.

**2.42** Emissions associated with construction sites include dust and particulates due to site preparation, demolition and construction, and exhaust emissions from non-road mobile machinery and generators or other static plant. Mitigation measures should be undertaken to reduce the impact on air quality of these practices. A thorough assessment of these impacts and mitigation techniques should be undertaken.

**2.43** There has been increasing recognition of the importance of green space in the absorption of air pollutants. It has been estimated that doubling the tree cover in the West Midlands alone would reduce mortality as a result of poor air quality from pollutants by 140 people per year<sup>(41)</sup>. The increased provision of Green Infrastructure, including parks and green spaces but also smaller solutions such as street trees and green road verges, could contribute to air quality improvements.

Policy Guidance Box 6: Air quality	Relevant SWDP Policy
<ul style="list-style-type: none"> <li>Development proposals must be designed to avoid any significant adverse impacts from pollution on, inter alia, human health and wellbeing and on any Air Quality Management Area (AQMA).</li> <li>All new development should incorporate the generation of energy from renewable or low carbon sources equivalent to at least 10% of predicted energy requirements.</li> </ul>	<p><b>SWDP 31 (A)</b></p> <p><b>SWDP 27 (A)</b></p>

39 Worcestershire Green Infrastructure Partnership (2014) Green Infrastructure Framework 4: Socio-economic Benefits of Green Infrastructure

40 Clean Air for London (2013) Reducing air pollution from your building – a series of manuals for operators, designers & developers Manual B – Minimising air pollution from new developments

41 Worcestershire Green Infrastructure Partnership (2014) Green Infrastructure Framework 4: Socio-economic Benefits of Green Infrastructure

Policy Guidance Box 6: Air quality	Relevant SWDP Policy
<ul style="list-style-type: none"> <li>Buildings should be carefully and innovatively designed to minimise public exposure to air pollution sources (such as situating gardens away from busy roads) and to maximise energy efficiency and the use of low-polluting systems as detailed above.</li> </ul>	<b>SWDP 31</b>
<ul style="list-style-type: none"> <li>Mitigation measures should be undertaken to reduce the impact on air quality of the construction activities.</li> </ul>	<b>SWDP 31</b>

### Active travel<sup>(42)</sup>

**2.45** Car travel has replaced many journeys once made by foot or cycle as people travel longer distances more frequently. Along with using a car for shorter journeys, this has been a key factor in the decline of physical activity levels over the past 40 years<sup>(43)</sup>.

**2.46** Effective spatial planning can reduce the need to travel by car to the workplace, schools, shopping and leisure facilities by ensuring new dwellings are located in areas where such facilities are readily available, or where alternative transport modes are available. New development could easily be designed to encourage alternative transport modes, for example, by providing electric car charging points or bicycle storage. Similarly, the street and building positioning within developments can contribute to air pollution reductions through effective pollution dispersion techniques<sup>(44)</sup>.

Policy Guidance Box 7: Active travel	Relevant SWDP Policy
<p>When considering development proposals, the Local Authority will take a positive approach that reflects the presumption in favour of sustainable development contained in the NPPF. One aspect of sustainable development is the economy, and contributing to building a strong, responsive and competitive south Worcestershire economy by promoting accessibility to everyday facilities for all, especially those without a car.</p>	<b>SWDP 1 (A) and Reasoned Justification</b>
<p>Enhance opportunities to use public transport and the provision of high quality infrastructure to support active modes of transport (e.g. walking and cycling). Developers are required to ensure that the issue of accessibility and active travel is detailed in their Design and Access Statement.</p>	<b>SWDP 4 (A, D &amp; E)</b> <b>SWDP 21 (B ix &amp; RJ 11c)</b>

42 Travelling by foot or bicycle rather than car or public transport for the purpose of making every day journeys.

43 Public Health England (2016) Working Together to Promote Active Travel. A briefing for local authorities

44 Institute of Air Quality Management (2015) Land-Use Planning & Development Control: Planning For Air Quality

Policy Guidance Box 7: Active travel	Relevant SWDP Policy
Proposals linking to existing public rights of way (PROW) and improvements to PROW and cycle networks will be looked on favourably.	<b>SWDP 4</b>
Developments should include travel plans and include links to sustainable transport modes such as the Cycle Network and PROW where possible.	<b>SWDP 4 (B)</b>

### Encouraging healthier food choices

**2.44** Since the 1960s there have been substantial changes to the way food is supplied in the UK, with increasing car ownership and the tendency towards ‘one-stop shopping’ playing a big part in this. The result has led to changes in the built environment, with large supermarkets in ‘out-of-town’ locations, and a decline in the number of smaller general and specialist grocery shops in town centres and suburban areas. This contributes to creating an ‘obesogenic’ environment. These changes to the way we shop for food have led to concerns about lack of access to affordable and healthy food in urban areas.

**2.45** On 30<sup>th</sup> November 2015 the Health Select Committee<sup>(45)</sup> published a report stating that the scale and consequences of childhood obesity demanded bold and urgent action from Government. Treating obesity and its consequences is currently estimated to cost the NHS £5.1bn every year. It is one of the risk factors for type 2 diabetes, which accounts for spending of £8.8 billion a year, almost 9% of the NHS budget.

**2.46** Takeaway food outlets in urban areas can provide a popular service for local residents, contribute to the economy and in city and town centres, are a popular part of the night time economy. Whilst there is demand for these facilities, it is recognised that takeaway food outlets can potentially create more disturbance and have greater effects on residential amenity and environmental quality than other retail uses. Of particular concern is the fact that hot food takeaways tend to sell food that is high in fat and salt, and low in fibre, fruit and vegetables. Unhealthy eating can increase a risk of being overweight or obese and of chronic diseases, including type 2 diabetes, hypertension, and certain cancers. A 2009 US study has found evidence of elevated levels of obesity in communities with high concentrations of fast food outlets<sup>(46)</sup>. Additionally, the Public Health England report on obesity and environment proves that more deprived areas have a higher proportion of fast food outlets per head of population<sup>(47)</sup>.

45 House of Commons Health Committee (November 2015) Childhood obesity—brave and bold action - First Report of Session 2015–16

46 Zenk SN, Schulz AJ, Odoms-Young AM. How neighborhood environments contribute to obesity. The American journal of nursing. 2009 Jul;109(7):61-4, cited in Public Health England (2014) Healthy people, healthy places briefing Obesity and the environment: regulating the growth of fast food outlets.

47 Public Health England (2014) Healthy people, healthy places briefing Obesity and the environment: regulating the growth of fast food outlets

**2.47** City and town centres offer a wide range of services to meet the needs of their residents and allow them to enjoy a high standard of living. However, the prevalence, availability and location of some of these services, such as hot food takeaways, can encourage unhealthy consumption. A more positive aspect of cities and towns is the opportunity to encourage healthy eating through the use of allotments and food growing areas.

**2.48** National planning policy recognises the significance of food growing in helping to create and maintain healthy communities. This is supported by the national Planning Practice Guidance, which seeks to ensure the consideration of opportunities for healthy lifestyles, including promoting access to healthier food, in the decision-making process for planning applications.

**2.49** Over recent years individuals and communities have become interested in growing fruit and vegetables as the health and environmental benefits are further recognised. This resurgence has meant that local authorities are increasingly unable to meet demand for allotment plots across the country<sup>(48)</sup>. There is also now national recognition that access to fresh and healthy food is something that should be encouraged within the planning process to improve health and wellbeing<sup>(49)</sup>.

**2.50** It is recognised that allotments can and do improve community wellbeing, providing a source of fresh food and opportunities for healthy outdoor exercise and social interaction, as well as being a positive resource for people with physical and mental health disabilities.<sup>(50)</sup>

**2.51** There are other schemes apart from allotments that provide the opportunity for homeowners and landowners who would not otherwise have the opportunity to grow food to share land with other people<sup>(51)</sup>. Vertical gardening and the use of green walls offer a means of local food production to householders who may not have access to allotments, and are suitable for many types of plants, from herbs to fruit. Green walls also offer aesthetic benefits, as well as contributing to the improvement of urban air quality<sup>(52)</sup>.

**2.55** Community orchards can help to revive an interest in fruit growing, provide a way of sharing knowledge and horticultural skills and encourage the local community into growing food for themselves. They also enable people of different age groups and backgrounds to connect.

**2.52** Under recent legislation and through local and neighbourhood plans, local communities are able to identify green areas of particular importance to them - such as allotments – for special protection. By designating land as 'Local Green Space', communities will be able to rule out new development other than in very special circumstances.

48 Local Government Association (2009) Growing in the Community

49 Town and Country Planning Association (July 2015) Public Health in Planning - Good Practice Guide

50 Local Government Association (2009) Growing in the Community

51 The 'Landshare' web site was set up specifically to match such individuals. There are community gardens (and farms), mainly community-managed projects in urban areas ranging from tiny wildlife gardens and fruit and vegetable plots on housing estates to large city farms.

52 <https://www.rhs.org.uk/advice/profile?pid=547>

Policy Guidance Box 8: Encouraging healthier food choices	Relevant SWDP Policies
<p>Housing development proposals (including mixed-use schemes) exceeding 10 dwellings (or 6 or more dwellings in Designated Rural Areas) are required to contribute towards the provision of allotments at the standards set out in SWDP 39 together with their long term-management and on-going maintenance<sup>(53)</sup>.</p> <p>Redevelopment of existing allotment sites for other uses will not be permitted unless alternative, suitable provision is provided (see SWDP 38 on green spaces).</p>	<p><b>SWDP 39 (A)</b></p> <p><b>SWDP 38 (B)</b></p>
<p>In order to create a high-quality built environment, with accessible local services that reflect a community's needs and support its health and well-being, decision takers are encouraged to minimise the proliferation of hot-food takeaways, particularly in the vicinity of schools and community centres. When applications for Takeaway Food Outlets within close proximity of schools, colleges and community centres (400m) are received, relevant organisations should be consulted.</p>	<p><b>SWDP 1</b></p>
<p>When proposing new Takeaway Food Outlets, developers/applicants are asked to demonstrate, through the HIA process, how waste disposal, odours, litter, noise, crime and safety, etc. impact on the relationship with the surrounding environment, existing neighbours. The HIA should also set out how developers/applicants will seek to reduce any negative impacts that might arise.</p>	<p><b>SWDP 1</b></p>
<p>Provide for allotments/community orchards in accordance with the standards set out in SWDP 39.</p> <ul style="list-style-type: none"> <li>• Redevelopment of existing allotment sites for other uses, unless an allocated site in the SWDP should not be allowed unless an alternative, suitable provision is provided. (See SWDP 38 on green spaces).</li> <li>• For developments exceeding 5 dwellings, provision for allotment space should encouraged where appropriate (See SWDP 39 on Provision for Green Space and Outdoor Community Uses in New Development).</li> <li>• Provision of new allotment space should: <ul style="list-style-type: none"> <li>• Be accessible to a wide range of people by a variety of means.</li> <li>• Offer opportunities for multi-use by the community.</li> </ul> </li> </ul>	<p><b>SWDP 38, SWDP 39</b></p>

<b>Policy Guidance Box 8: Encouraging healthier food choices</b>	<b>Relevant SWDP Policies</b>
<ul style="list-style-type: none"> <li>• Ensure that there are no contaminated land issues related to the site before use.</li> <li>• Ensure that the basic facilities required to run an allotment are provided, such as running water.</li> </ul>	
<p>Developers should liaise with the relevant Town or Parish Council, trust or charity to seek to secure an appropriate mechanism for the long-term management and maintenance of the allotments / community orchards / community gardens.</p>	<b>SWDP 39</b>
<p>Encourage the provision and retention of local food shops to provide a healthier food option.</p>	<b>SWDP 1, SWDP 37</b>

## 3 Chapter 3 - Health Impact Assessments (HIA)

### Rationale

**3.1** Health Impact Assessment (HIA) ensures that the effects of development on both health and health inequalities are considered and addressed during the planning process.

**3.2** HIA is undertaken to predict the health implications on a population of implementing a plan, policy, programme or project, and in doing so aids the decision-making process. HIA should aim to enhance the potential positive aspects of a proposal through assessment, while avoiding or minimising any negative impacts, with particular emphasis on disadvantaged sections of communities that might be affected.

### Why HIAs?

**3.3** As identified in the previous chapters of this SPD, spatial planning and development can shape a wide range of social and environmental factors which have an impact on human health and wellbeing. Ensuring these issues are considered at the planning and design stage can improve both the physical and mental health of the population.

**3.4** A HIA is a tool to ensure the successful delivery of the planning principles set out in the SWDP and the guidance outlined in this SPD. A HIA will test whether a planning proposal follows health-related planning and design principles.

### National and local context of HIAs

**3.5** There is increasing recognition of the need to account for health within planning, and the use of HIAs is one way of doing so. The National Planning Policy Framework, 2012 (NPPF) recognises the need 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 wellbeing.*"

**3.6** The national [Planning Practice Guidance \(PPG\)](#) recognises that, in relation to planning applications, HIAs may be used as a tool to identify where significant impacts on the health of local people are expected.

**3.7** In Worcestershire, the Health and Wellbeing Board<sup>(54)</sup> oversees local health commissioning and leads on the strategic planning of various health services. In 2014, a HIA Steering Group was set up to champion and disseminate the use of HIAs. The Group is chaired by the Directorate of Public Health at WCC and consists of health professionals, transport representatives and district and county planners. A current particular focus is related to embedding HIAs into planning policy and decision making. The Directorate of Public Health at Worcestershire County Council (WCC) is supporting Local Planning Authorities to embed HIAs into planning policy and decision-making.

<sup>54</sup> Members of the Health and Well-being Board include the Cabinet Member for Health and Well-being (Chair), the Leader of the Council, the Chief Executive and cabinet members of WCC, Director of Adult Services and Health, Director of Children's Services, NHS, Healthwatch, Police, District Councils and the Voluntary and Community Sector.

### When should HIA be undertaken?

**3.8** It is recommended that where required (as detailed below) and/or requested, applicants undertake and submit a HIA as part of their planning application, or at an Environmental Impact Assessment scoping opinion stage. The HIA should be submitted to the relevant planning authority for their assessment. The table below sets out the criteria for when HIA will be sought.

Table 1.0 Criteria for undertaking HIA Assessment

#### Table 1.0 Criteria for undertaking HIA Assessment

A HIA should be undertaken for:

- Residential and mixed use sites of 25 dwellings or more
- Employment sites of 5 ha (gross) or more
- Retail developments over 500 square metres (Gross Internal Area)
- Any other sites as requested by the local planning authority

Additionally, a HIA screening should also be considered for new proposals or changes of use to:

- Restaurants & cafés
- Drinking establishments
- Hot food takeaways
- Betting shops and pay-day loan shops
- Leisure, residential and non-residential institutions
- Any other proposals as requested by the local planning authority

**3.9** HIA should be undertaken by the applicant and submitted to the planning authority together with other planning application validation checklist requirements. It could become a stand-alone assessment or form a part of the wider Environmental Impact Assessment (EIA).

**3.10** It is crucial that HIA is undertaken at an early stage of a development proposal to help address any relevant health impacts on the population, whilst minimising the costs of changes to plans.

**3.11** It is also advised that, where applicable, applicants demonstrate how any changes resulting from the HIA have been taken into account in their application. The Planning Authority will assess completed HIAs and will provide feedback and any further recommendations as required.

## How to undertake HIA

**3.12** Not all planning proposals will require HIA and the extent of HIA undertaken will depend on the type and size of the project. Three types of HIA are generally recognised:

HIA TYPES		
<b>RAPID</b>	The brief investigation of health impact and exchange of existing knowledge which tends to be rapid and with minimal resources.	1 - 3 hours
<b>INTERMEDIATE</b>	Detailed investigation of potential health impact including researching community and environmental assessments.	1-2 days
<b>FULL</b>	Extensive, comprehensive investigation, collection and analysis of new information, working together with the community in a collaborative process.	1 month +

**3.13** The type of HIA carried out by an applicant will be at their discretion but, in general, the more significant the scheme is in its local context, the more extensive the HIA should be.

**3.14** There are five stages to the HIA process which are briefly described in the diagram below. More in-depth guidance on how to complete HIAs can be found in the Health Impact Assessment Toolkit accessible on Worcestershire County Council's website ([http://www.worcestershire.gov.uk/homepage/109/joint\\_strategic\\_needs\\_assessment](http://www.worcestershire.gov.uk/homepage/109/joint_strategic_needs_assessment)).

**3.15** Applicants undertaking HIA should refer to the **policy guidance boxes** in this SPD for additional reference points when undertaking HIA.

**3.16** Further advice on Health Impact Assessment can be sought from the Directorate of Public Health at Worcestershire County Council: [hwbadmin@worcestershire.gov.uk](mailto:hwbadmin@worcestershire.gov.uk).

Figure 1.0 HIA Process



## 4 Chapter 4 - Monitoring the SPD and the health and wellbeing of South Worcestershire

**4.1** Monitoring and review are important components of the planning system. This SPD will be monitored to see if it is having a positive impact in delivering a healthier environment for people who live and work in South Worcestershire.

**4.2** Monitoring results and the associated commentary on performance will be published in the South Worcestershire Councils' Annual Monitoring Report (AMR).

### Health SPD Monitoring Framework

**4.3** The South Worcestershire Councils will provide commentary on the progress being made in relation to the health and wellbeing-related policies of the SWDP through the AMR. This will be in line with the requirements of the SWDP policy monitoring framework.

### Public Health Outcomes Framework (PHOF)

**4.3** The three priorities of the Health and Wellbeing Strategy will be assessed through the performance indicators of the Public Health Outcomes Framework (PHOF). The indicators will be reviewed annually.

**4.4** The PHOF indicators as detailed in **Appendix 4** have been selected as providing the most measurable evidence for assessing progress against the health and wellbeing priorities across South Worcestershire. Appendix 4 provides an example template and commentary of how they will be assessed and analysed.

### Health Impact Assessments

**4.5** The effectiveness of HIAs will be analysed in terms of the number of assessments carried out for each of the proposed development categories in Table 1.0, Chapter 3. The use of the information in the **Policy Guidance Boxes** of this SPD will also be monitored in order to determine how much of an influence they are having on HIAs/planning applications.

**4.6** The planning applications/scoping opinions which include HIAs will be recorded and the effectiveness of any key changes resulting from HIA being undertaken will be analysed. This will include any associated compliance with implementing SWDP policies or measures taken to help meet the Health and Wellbeing Strategy priorities. The types of HIAs being carried out will also be recorded (i.e. Rapid, Intermediate or Full).

## 1 Appendix 1: Policy links to the SWDP

### South Worcestershire Development Plan policies that relate to health and wellbeing

Policy Guidance Box 1: Urban form - Design and the Public Realm	
SWDP Policy	SWDP ref
<p>All development will be expected to be of a high design quality. It will need to integrate effectively with its surroundings, in terms of form and function, reinforce local distinctiveness and conserve, and where appropriate, enhance cultural and heritage assets and their settings. New and innovative designs will be encouraged and supported where they enhance the overall quality of the built environment.</p> <p>Applications should demonstrate, through a Design and Access Statement or other supporting evidence, how the objectives outlined in criterion A (above) have been addressed.</p>	<p><b>SWDP 21(Part A)</b></p> <p><b>SWDP 21(Part B)</b></p>
<p>Links, Connectivity and Access - Design and layouts should maximise opportunities for pedestrian and cycle linkages to the surrounding area and local services and should be generally accessible for all users, including those with disabilities.</p> <p>Vehicular traffic from the development should be able to access the highway safely and the road network should have the capacity to accommodate the type and volume of traffic from the development.</p>	<b>SWDP 21 (Part B ix.)</b>
<p>Public realm and open spaces should be well-designed, appropriately detailed and maintained via management agreements. They should also incorporate active frontages where appropriate. Proposals should include hard and soft surfaces, public art, street furniture, shade, lighting and signage as appropriate to the development.</p>	<b>SWDP 21 Part B xiii.)</b>
<p>Creating a Safe and Secure Environment - Opportunities for creating a safe and secure environment and providing surveillance should be included, principally through the layout and positioning of buildings, spaces and uses.</p>	<b>SWDP 21 (Part B xiv.)</b>
<p>Flexible Design - Buildings should incorporate flexible designs, addressing access to public open spaces and enabling adaption for future needs and uses in terms of internal spaces and extensions.</p>	<b>SWDP 21 (Part B vii)</b>

<b>Policy Guidance Box 2 – Housing and Employment</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
When considering development proposals, the Local Authority will take a positive approach that reflects the presumption in favour of sustainable development contained in the NPPF. This includes a social role, supporting strong, vibrant and healthy communities, which means creating a high-quality built environment, with accessible local services that reflect a community's needs and supports its health and social and cultural wellbeing.	<b>SWDP 1 (Part A and Reasoned Justification)</b>
All development will be expected to be of a high design quality. It will need to integrate effectively with its surroundings, in terms of form and function, reinforce local distinctiveness and conserve, and where appropriate, enhance cultural and heritage assets and their settings. New and innovative designs will be encouraged and supported where they enhance the overall quality of the built environment.  Applications should demonstrate, through a Design and Access Statement or other supporting evidence, how the objectives outlined in criterion A (above) have been addressed.	<b>SWDP 21 (Part A)  SWDP 21 (Part B)</b>
Siting and Layout - The siting and layout of a development should reflect the given characteristics of the site in terms of its appearance and function. Orientation should take advantage of passive heating and cooling systems, offer shade as appropriate and provide for the use of renewable energy.	<b>SWDP 21 (Part B i)</b>
Relationship to Surroundings and to Other Development - Development proposals must complement the character of the area. In particular, development should respond to surrounding buildings and the distinctive features or qualities that contribute to the visual and heritage interest of the townscape, frontages, streets and landscape quality of the local area.	<b>SWDP 21 (Part B ii)</b>
Flexible Design - Buildings should incorporate flexible designs, addressing access to public open spaces and enabling adaption for future needs and uses in terms of internal spaces and extensions.	<b>SWDP 21 (Part B vii)</b>
Links, Connectivity and Access - Design and layouts should maximise opportunities for pedestrian and cycle linkages to the surrounding area and local services and should be generally accessible for all users, including those with disabilities. Vehicular traffic from the development should be able to access the	<b>SWDP 21 (Part B ix.)</b>

## 1 Appendix 1: Policy links to the SWDP

<b>Policy Guidance Box 2 – Housing and Employment</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
highway safely and the road network should have the capacity to accommodate the type and volume of traffic from the development.	
Creating a Safe and Secure Environment - Opportunities for creating a safe and secure environment and providing surveillance should be included, principally through the layout and positioning of buildings, spaces and uses.	<b>SWDP 21 (Part B xiv.)</b>
The provision of housing suitable for the needs of older people will be encouraged on all allocated and windfall sites of five units or more as part of the market housing mix through policy SWDP14 and affordable housing mix through policy SWDP15.	<b>SWDP 20 (Part A)</b>
Housing development proposals (including mixed-use schemes) are required to contribute towards the provision, maintenance, improvement and connectivity of Green Infrastructure (GI).	<b>SWDP 5</b>
Allocated sites to meet anticipated employment land requirements for B1, B2 and B8 uses are identified in policies SWDP 43-58 inclusive. However, proposals for other uses that clearly demonstrate the potential for job creation will also be welcomed on these sites, provided that they do not undermine or constrain the main purpose of the employment allocation.	<b>SWDP 8</b>
Incorporating Renewable and Low Carbon Energy into New Development - To reduce carbon emissions and secure sustainable energy solutions, all new developments over 100 square metres gross or one or more dwellings should incorporate the generation of energy from renewable or low carbon sources equivalent to at least 10% of predicted energy requirements, unless it has been demonstrated that this would make the development unviable.	<b>SWDP 27 (Part A)</b>
Development proposals must be designed in order to avoid any significant adverse impacts from pollution, including cumulative ones, on any of the following: <ul style="list-style-type: none"> <li>• Human health and wellbeing.</li> <li>• Biodiversity.</li> <li>• The water environment.</li> <li>• The effective operation of neighbouring land uses.</li> <li>• An Air Quality Management Area (AQMA).</li> </ul>	<b>SWDP 31 (Part A)</b>

<b>Policy Guidance Box 2 – Housing and Employment</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
Proposals for new development should incorporate adequate facilities into the design to allow occupiers to separate and store waste for recycling and recovery unless existing provision is adequate.	<b>SWDP 33</b>
Built Community Facilities - The provision of new community facilities or the enhancement of existing facilities will be permitted, particularly where the proposals have resulted from neighbourhood planning, subject to satisfying the sequential test in the Framework where applicable. Applicants will be required to consider whether the combining or rationalisation of existing facilities would be more appropriate than the provision of a new facility.	<b>SWDP 37 (Part A)</b>
It is considered that the provision of new functional open space is necessary in order to achieve active, healthy and integrated communities.	<b>SWDP 38 (Reasoned Justification)</b>
Development proposals exceeding 10 dwellings (or 6 more dwellings in Designated Rural Areas) should make provision for Green Space and outdoor community uses as set out in Table 10 (of the SWDP), together with secure arrangements for its long-term management and on-going maintenance.	<b>SWDP 39</b>
It is considered that the provision of new functional open space is necessary in order to achieve active, healthy and integrated communities. The type and size of the residential proposal will also be a factor in determining the make-up of the various community use typologies.	<b>SWDP 39 (Reasoned Justification)</b>

<b>Policy Guidance Box 3 - Age Friendly environments for the elderly and those with living and dementia</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
The provision of housing suitable for the needs of older people will be encouraged on all allocated and windfall sites of five units or more as part of the market housing mix through policy SWDP14 and affordable housing mix through policy SWDP15.	<b>SWDP 20</b>
Public realm and open spaces should be well-designed, appropriately detailed and maintained via management agreements. They should also incorporate active frontages where appropriate. Proposals should include hard and soft surfaces, public art, street furniture, shade, lighting and signage as appropriate to the development.	<b>SWDP 21(Part B xiii.)</b>

## 1 Appendix 1: Policy links to the SWDP

Creating a Safe and Secure Environment - Opportunities for creating a safe and secure environment and providing surveillance should be included, principally through the layout and positioning of buildings, spaces and uses.	<b>SWDP 21(Part B xiv.)</b>
Flexible Design - Buildings should incorporate flexible designs, addressing access to public open spaces and enabling adaption for future needs and uses in terms of internal spaces and extensions.	<b>SWDP 21(Part B vii.)</b>
Links, Connectivity and Access - Design and layouts should maximise opportunities for pedestrian and cycle linkages to the surrounding area and local services and should be generally accessible for all users, including those with disabilities. Vehicular traffic from the development should be able to access the highway safely and the road network should have the capacity to accommodate the type and volume of traffic from the development.	<b>SWDP 21(Part B ix)</b>

<b>Policy Guidance Box 4 – Community facilities</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
When considering development proposals, the Local Authority will take a positive approach that reflects the presumption in favour of sustainable development contained in the NPPF. This includes a social role, supporting strong, vibrant and healthy communities, which means creating a high-quality built environment, with accessible local services that reflect a community's needs and supports its health and social and cultural wellbeing.	<b>SWDP 1 (Part A and Reasoned Justification)</b>
Public realm and open spaces should be well-designed, appropriately detailed and maintained via management agreements. They should also incorporate active frontages where appropriate. Proposals should include hard and soft surfaces, public art, street furniture, shade, lighting and signage as appropriate to the development.	<b>SWDP 21 (Part B xiii.)</b>
Creating a Safe and Secure Environment - Opportunities for creating a safe and secure environment and providing surveillance should be included, principally through the layout and positioning of buildings, spaces and uses.	<b>SWDP 21 (Part B xiv.)</b>
Flexible Design - Buildings should incorporate flexible designs, addressing access to public open spaces and enabling adaption for future needs and uses in terms of internal spaces and extensions.	<b>SWDP 21 (Part B vii.)</b>
Links, Connectivity and Access - Design and layouts should maximise opportunities for pedestrian and cycle linkages to the surrounding area and local services and should be generally	<b>SWDP 21 (Part B ix)</b>

accessible for all users, including those with disabilities. Vehicular traffic from the development should be able to access the highway safely and the road network should have the capacity to accommodate the type and volume of traffic from the development.	
Built Community Facilities - The provision of new community facilities or the enhancement of existing facilities will be permitted, particularly where the proposals have resulted from neighbourhood planning, subject to satisfying the sequential test in the Framework where applicable. Applicants will be required to consider whether the combining or rationalisation of existing facilities would be more appropriate than the provision of a new facility.	<b>SWDP 37 (Part A)</b>
It is considered that the provision of new functional open space is necessary in order to achieve active, healthy and integrated communities. The type and size of the residential proposal will also be a factor in determining the make-up of the various community use typologies.	<b>SWDP 39 (Reasoned Justification)</b>

#### Policy Guidance Box 5: Green infrastructure and play spaces/recreation

SWDP Policy	SWDP ref
<p>A. Housing development proposals (including mixed-use schemes) are required to contribute towards the provision, maintenance, improvement and connectivity of Green Infrastructure (GI) as follows (subject to financial viability).</p> <p>i. For greenfield sites exceeding 1ha (gross) - 40% Green Infrastructure (GI).</p> <p>ii. For greenfield sites of less than 1ha but more than 0.2ha (gross) – 20%Green Infrastructure (GI).</p>	<p><b>SWDP 5(Part A i)</b></p> <p><b>(Part A ii)</b></p>
<p>All development will be expected to be of a high design quality. It will need to integrate effectively with its surroundings, in terms of form and function, reinforce local distinctiveness and conserve, and where appropriate, enhance cultural and heritage assets and their settings. New and innovative designs will be encouraged and supported where they enhance the overall quality of the built environment.</p> <p>Public Realm</p> <p>Public realm and open spaces should be well-designed, appropriately detailed and maintained via management agreements. They should also incorporate active frontages where appropriate. Proposals should include</p>	<p><b>SWDP 21</b></p> <p><b>(Part A)</b></p> <p><b>(Part B xiii)</b></p>

## 1 Appendix 1: Policy links to the SWDP

hard and soft surfaces, public art, street furniture, shade, lighting and signage as appropriate to the development.	
Provision for Green Space and Outdoor Community Uses in New Development	<b>SWDP 39(All)</b>

<b>Policy Guidance Box 6: Air Quality</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
<ul style="list-style-type: none"> <li>Development proposals must be designed in order to avoid any significant adverse impacts from pollution on, inter alia, human health and wellbeing and on an Air Quality Management Area (AQMA).</li> <li>All new development should incorporate the generation of energy from renewable or low carbon sources equivalent to at least 10% of predicted energy requirements</li> </ul>	<p><b>SWDP 31(A)</b></p> <p><b>SWDP 27(A)</b></p>

<b>Policy Guidance Box 7: Active Travel</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
<ul style="list-style-type: none"> <li>When considering development proposals, the Local Authority will take a positive approach that reflects the presumption in favour of sustainable development contained in the NPPF. One such role is economic and contributing to building a strong, responsive and competitive south Worcestershire economy by promoting accessibility to everyday facilities for all, especially those without a car.</li> </ul>	<b>SWDP 1 (A) and Reasoned Justification</b>
<ul style="list-style-type: none"> <li>Enhance opportunities to use public transport and the provision of high quality infrastructure to support active modes of transport (e.g. walking and cycling). Developers are required to ensure that the issue of accessibility and active travel is detailed in their Design and Access Statement.</li> </ul>	<p><b>SWDP 4 (A, D &amp; E)</b></p> <p><b>SWDP 21 (B ix &amp; RJ 11c)</b></p>
<ul style="list-style-type: none"> <li>Proposals linking up to existing PROW (and improvements to PROW) and cycle networks will be looked on favourably.</li> </ul>	<p><b>SWDP 4 (D)</b></p> <p><b>SWDP 39 (A)</b></p>

<ul style="list-style-type: none"> <li>• Developments should include travel plans and include links to sustainable transport modes such as the Cycle Network and PROW where possible.</li> </ul>	<b>SWDP 4 (B)</b>
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<b>Policy Guidance Box 8: Encouraging Healthier Food Choices</b>	
<b>SWDP Policy</b>	<b>SWDP ref</b>
<p>When considering development proposals, the Local Authority will take a positive approach that reflects the presumption in favour of sustainable development contained in the NPPF. This includes a social role, supporting strong, vibrant and healthy communities, which means creating a high-quality built environment, with accessible local services that reflect a community's needs and supports its health and social and cultural wellbeing.</p>	<b>SWDP 1 (Part A and Reasoned Justification)</b>
<p>Housing development proposals (including mixed-use schemes) exceeding 10 dwellings (or 6 or more dwellings in Designated Rural Areas) are required to contribute towards the provision of allotments at the standards set out in SWDP 39 together with their long term-management and on-going maintenance.</p> <p>Redevelopment of existing allotment sites for other uses will not be permitted unless alternative, suitable provision is provided (see SWDP 38 on green spaces).</p>	<b>SWDP 39 (A)</b>  <b>SWDP 38 (B)</b>

## **2 Appendix 2: Further guidance/case studies**

To be completed

### 3 Appendix 3: South Worcestershire health profiles

**3.1** These summaries are a snapshot of health and wellbeing issues captured at the time of writing this SPD document. The full and up-to-date district profiles can be found on the Joint Strategic Needs Assessments and Profiles webpage [http://www.worcestershire.gov.uk/downloads/download/572/joint\\_strategic\\_thematic\\_needs\\_assessments\\_and\\_profiles](http://www.worcestershire.gov.uk/downloads/download/572/joint_strategic_thematic_needs_assessments_and_profiles) and Public Health England's Health Profiles webpages [www.healthprofiles.info](http://www.healthprofiles.info).

#### South Worcestershire in context

**3.2** The health of residents in South Worcestershire is generally good when compared with the regional and national averages. For example, all three districts are better than England on the percentage of physically active adults. The life expectancy in all three districts is also equal to or better than the national average.

**3.3** These positive messages should not detract from the need to plan for health, promoting environments in order to maintain this level of performance in South Worcestershire.

**3.4** Despite a high percentage of physically active adults, excess weight and its associated health risks, including diabetes, are common in South Worcestershire. Child obesity, in particular, constitutes a real health issue. However, obesity prevalence in South Worcestershire is significantly lower than the England average, with an adult obesity rate<sup>(55)</sup> of 8.6% in 2014/15, compared to the England average of 9.0%.

**3.5** There are other concerns which might be addressed through the Health SPD and partnership working between planning and health, including statutory homelessness. Homelessness is an important social determinant of health and is associated with severe poverty, adverse mental and physical health and, particularly for children, poor social outcomes (including poor educational outcomes).

**3.6** There are also a number of health-related challenges as a result of current trends which need to be addressed through this SPD. It is a well-known fact that the population is ageing, which brings challenges in adapting our environments to enable people to live better and longer lives. In South Worcestershire, the age 75+ population is projected to increase by over 13,000, to around 43,000 in the next 10 years, with the biggest increase projected to be in the older age groups. This is especially apparent in the 90+ age range<sup>(56)</sup>.

**3.7** Mental health also has an impact on people's physical health: for young people, mental ill health is strongly associated with behaviours that pose a risk to their health, such as alcohol, drug use and smoking. In South Worcestershire 16,000 adults and 3,000 children are living with mental ill-health at any time<sup>(57)</sup>. A lower proportion of adults (3.7% or 2,361 people) are diagnosed with dementia than the national average (4.3%). Additionally around 25 people take their own life each year<sup>(58)</sup>.

55 GP recorded prevalence of obesity, % of the registered population aged 16+

56 ONS 2012 Mid-year estimate based population projections

57 Calculated using ONS 2012 mid-year population estimates for relevant age groups (16-74 adults; 5-16 children) and using Quality Outcomes Framework diagnosis prevalence for adults and estimated prevalence for children as a percentage of GP registered population

58 Office for National Statistics: annual average calculated from three year pooled data 2012-14

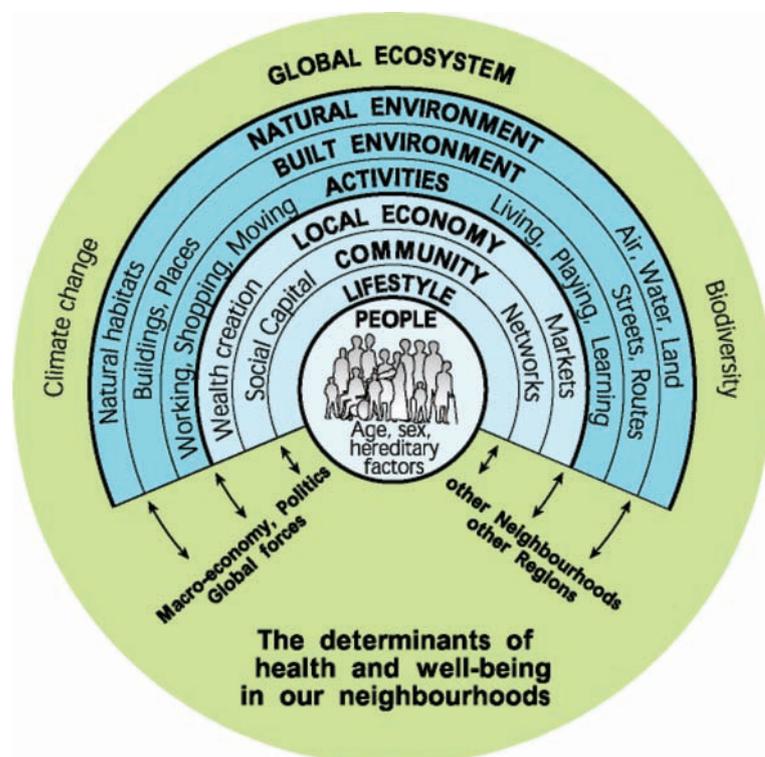
**3.8** Each council faces localised health-related challenges. Wychavon district has worse outcomes than the national average for obesity in reception children, which is of particular concern. Malvern Hills district has high numbers of sufferers from malignant melanoma.

### Links between planning and health inequalities in South Worcestershire

**3.9** Planning has always sought to improve the population's health, as a healthy population results in a healthy workforce, which has direct economic and social benefits. This SPD focuses on encouraging good health and wellbeing (and ultimately the prevention of illness), concentrating on the planning-related components of what have been termed the 'social determinants of health'<sup>(59)</sup>.

**3.10** The 'social determinants of health' is an expression given to the number of elements that impact on an individual's health. These factors include where they were born, live and work, their age, and any systems/legislation put in place to deal with health related issues, i.e. social, economic and environmental factors. It is this complex set of causal factors which combine to create the environment in which people live their lives. Policies or planning proposals which change any one of these factors will have an impact on health and the most significant impact will be evident when a whole system approach to change can be delivered. Figure 1.1 details the vast array of factors - social, economic and environmental - that influence the health of individuals or populations.

**Figure 1.1 Settlement Health Map**  
(60)



59 Barton and Grant (2006) A health map for the local human habitat, Journal of the Royal Society for the Promotion of Health

60 Ibid

**3.11** Health inequalities, as documented in the Planning for Health Technical Research Paper (2015), is a term used to describe the differences in health status between individuals or groups, as measured by (for example) life expectancy, mortality or disease. Health inequalities are preventable differences in health status experienced by certain population groups. People in lower socio-economic groups and/or more deprived areas are more likely to experience chronic ill-health and to die earlier than those who are more advantaged<sup>(61)</sup>.

**3.12** Planning can influence health in the way that the built and natural environments function, and their effects upon public health and health inequalities. Decisions relating to local transport infrastructure, housing provision, economic development and parks and green spaces can have long-term consequences for the physical and mental health of the local and wider population.

**3.13** Through application of the guidance in this SPD, we hope to reduce the health inequalities that exist in South Worcestershire, resulting in a healthier population and a healthier environment for those who live in, work in, or visit the area. Improvements can be measured through monitoring of the Public Health Outcomes Framework (PHOF), Health and Well-being Strategy 2016-2021 indicators, and measurement of delivery through the implementation of local planning policies in the SWDP. Please see **Chapter 4** and **Appendix 4** for further information relating to monitoring of the SPD.

## Malvern Hills

**3.14** The population is forecast to increase by 4.5% overall across Malvern Hills between 2014 and 2024, and this varies across different age groups. The over-75 age group is forecast to increase significantly, whilst young adults show a substantial decrease.

**3.15** The health and wellbeing of Malvern Hills residents is varied when compared to the England average. General deprivation levels in Malvern Hills are relatively low, but some pockets of health deprivation can be recognised. The difference in health and wellbeing between the least and most deprived areas is particularly apparent when looking at life expectancy. Whilst life expectancy for both men and women in Malvern Hills as a whole is similar to the England average, life expectancy of men in the most deprived areas is 3.1 years lower than in the least deprived areas. Additionally, some child poverty issues are recognised (approximately 13.9% of children (1,600) live in poverty).

**3.16** Malvern Hills has a recorded prevalence rate for diabetes of 6.7% (compared with 6.4% for England). Other factors may be influencing the recorded prevalence, namely the ageing population and associated issues such as high blood pressure, heart attack or stroke. In year six, 17.5% of children (117) are classified as obese<sup>(62)</sup>.

**3.17** Older people living in Malvern Hills report a higher health-related quality of life than the England and county average<sup>(63)</sup>. The mental health and wellbeing of residents in Malvern Hills, measured by the overall profile of hospital admissions for

61 Worcestershire County Council (2015) Planning for Health in Worcestershire Technical Research Paper

62 These are synthetic estimates based on a specific lifestyle survey

63 Source: GP Patient Survey 2013/14 EQ-5D score

self-harm<sup>(64)</sup>, is similar to its statistical neighbours<sup>(65)</sup> and slightly better than the national performance. Notwithstanding that, significant differences can be noticed at the ward level with Pickersleigh, Link and Chase wards potentially experiencing higher levels of issues associated with mental-ill health linked to self-harm<sup>(66)</sup>.

**3.18** Malvern Hills is performing well for lifestyle choices related to issues such as drinking and smoking. In 2012, the rate of alcohol-related harm hospital stays was better than the average for England.

**3.19** The rate of new cases of malignant melanoma is above average. The higher incidence is most likely to be reflected by the ageing demographic. It may also be attributed to historical rural/agricultural activity leading to long-term sun exposure.

### Worcester City

**3.20** The health of people in Worcester is varied compared with the England average. Deprivation is lower than average, but about 16.8% of children (3,200) live in poverty. Additionally, levels of statutory homelessness in Worcester are significantly higher than the England average. Life expectancy for both men and women is similar to the England average. Life expectancy is 10.8 years lower for men and 5.8 years lower for women in the most deprived areas of Worcester than in the least deprived areas.

**3.21** Drug and substance misuse is far higher in Worcester than in any of the other Worcestershire districts. However, Worcester is performing well in terms of smoking, with levels of adult smoking below the England average.

**3.22** Childhood obesity remains similar to the national average, with 18.0% of children (179) in year six classified as obese. This proportion has, however, increased over the last few years.

**3.23** The mental health and wellbeing of residents in Worcester City when measured by levels of hospital admissions for self-harm is similar to the England average. Worcester City, however, has the second highest admission rate for females and the third highest admission for mental health diagnoses rates for males in Worcestershire.

**3.24** Other health-related challenges faced by Worcester City are levels of teenage pregnancy, breastfeeding and smoking whilst pregnant which are all worse than the national average.

### Wychavon

**3.25** Overall health in Wychavon is better than the England average, but it varies by issue and specific location.

64 The measure of intentional self-harm can only provide some evidence as it is not possible to include a suitable indicator representing all aspects of mental health and well-being. Deliberate self-harm ranges from destructive behaviours with no suicidal intent, but which relieves tension or communicates distress, through to attempted suicide. Additionally, it is pertinent to acknowledge that reported self-harm is likely to significantly underestimate the true prevalence.

65 Statistical neighbours include: North Dorset, Wychavon, Maldon, Babergh, Hambleton

66 Some caution needs to be taken in relation to mental health outcomes in rural areas. Concerns about lack of anonymity and risk of stigma linked to mental ill health appear more prevalent within rural communities. There is potential for data sources to be unreliable, especially if reliant on service usage/uptake, as there is evidence of reluctance to access services that are some distance from home even if the need is there. These factors should be considered across Malvern Hills as much of the district is rural.

**3.26** Deprivation is lower than average, but about 12.3% of children (2,400) live in poverty. Life expectancy for both men and women is higher than the England average. However, there are disparities in life expectancy between those living in the least and most deprived areas (7.5 years' difference for men and 6.5 years' difference for women). Statutory homelessness in Wychavon is significantly higher than in England.

**3.27** Wychavon has a high proportion of recorded adult diabetes (7.0%) which is significantly higher than the England rate (6.4%). This may be due to a number of factors, but the high levels of obesity and excess weight in the area may be major contributors. The rate of obesity in children at reception age is similar to the England average, at 17.2% in year six (189 pupils).

**3.28** The district has positive outcomes relating to both alcohol and smoking. The rate of alcohol-related harm hospital stays and levels of adult smoking are better than the average for England. However, the health of new born children in Wychavon can be negatively affected by high levels of smoking whilst pregnant.

**3.29** The mental health and wellbeing of residents in Wychavon is similar to England levels when measured by numbers of hospital admissions for self-harm<sup>(67)</sup>. Additionally, when looking at some aspects of self-reported wellbeing, older people living in Wychavon report a higher health-related quality of life<sup>(68)</sup> than the England and county averages.

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67 Some caution needs to be taken to mental health outcomes in rural areas. Concerns about lack of anonymity and risk of stigma, linked to mental ill health, appear more prevalent within rural communities. There is potential for data sources to be unreliable especially if reliant on service usage/uptake as there is evidence of reluctance to access services that are some distance from home even if the need is there. These factors should be considered across Wychavon as much of the district is rural.

68 Source: GP Patient Survey 2013/14 EQ-5D score

## 4 Appendix 4: Worcestershire Health and Wellbeing Strategy performance indicators

### Performance indicators for the priorities of the Worcestershire Health and Wellbeing Strategy (2016-2021)

Utilisation of outdoor space for exercise/health reasons 2013/14 (PHOF 1.16)

=18.4%

#### **Similar**

to England but a decreasing trend and a very low percentage of the population.

#### **Priority #1. Being active at every age.**

a) Utilisation of outdoor space for exercise/health reasons 2013/14 (PHOF 1.16)

=18.4% **Similar** to England but a decreasing trend and a very low percentage of the population.

b) Percentage of physically active adults 2014 (PHOF 2.13i)

=59.9% **Better** than England average and an increasing trend.

c) Percentage of children aged 4/5 classified overweight/obese 2014 (PHOF 2.06i)

=22.7% **Similar** to England and lower than previous year when worse than England.

d) Percentage of children aged 10/11 classified overweight/obese 2014 (PHOF 2.06ii)

=30.5% **Better** than England and a decreasing trend.

e) U75 mortality rate from all cardiovascular diseases 2012-14 (PHOF 4.04i)

=69.4% **Better** than England and a decreasing trend.

#### **Priority #2 – Good mental health and wellbeing throughout life**

a) Satisfaction with life 2013/14 (National wellbeing – PHOF 2.23i)

=3.6% **Similar** to England but on a slight decreasing trend.

b) School readiness – % children achieving good development 2013/14 (PHOF 1.02i)

=66.4% **Similar** to England and an increasing trend having been worse than England.

c) Young people hospital admissions for self-harm aged 15-24 2010/11-2012/13 (PHOF)

=132.8 per 10,000 aged 15-24; **Similar** to England.

d) Proportion adults in contact with mental health services in paid employment (ASCOF)

=8.3% **Similar** to England but a very low proportion; employment is key to wellbeing.

### **Priority #3 – Reducing harm from alcohol at every age**

a) U75 Mortality rate from liver disease considered preventable 2012-14 (PHOF 4.06ii)

=15.2 per 100,000 persons **Similar** to England; but trend was better than England.

b) Alcohol specific hospital stays (Under 18) 2011/12-2013/14 (PHOF)

46.5 per 100,000 aged under 18; **Similar** to England on a decreasing trend (previously worse than England).

c) Alcohol related hospital admissions (all ages) 2013/14 (PHOF 7.01)

598 per 100,000 people all ages; **Better** than England average.

d) Alcohol related crime (Police data)

To be confirmed.

These indicators will be monitored as part of the integration of health and wellbeing into planning decisions in Worcestershire.

## **5 Appendix 5: Sources and references**

To be completed





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#### Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਅੰਗ੍ਰੇਜ਼ੀ ਵਿੱਚ ਗੱਲਬਾਤ ਕਰਨ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ  
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ਸੰਪਰਕ ਕਰੋ।

#### Portuguese

Se necessitar de ajuda para comunicar em Inglês  
por favor contacte o Serviço de Apoio a Clientes  
através do 01386 565 565 ou através do e-mail  
[contact@swdevelopment.org](mailto:contact@swdevelopment.org)

#### Urdu

اگر انگریزی میں گفتگو کرنے میں آپ کو مدد کی ضرورت ہے تو  
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