

## Health Scrutiny Committee

Meeting to be held on Tuesday 25 November, 2014

Electoral Division affected: ALL
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### Healthy Environments

Contact for further information:

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### Executive Summary

As part of the ongoing scrutiny of the 'Living Well' element of the Health & Wellbeing Strategy, the committee is provided with this report which will presents an overview of the opportunities to influence the development of healthy environments as a way of improving population health.

A number of hyperlinks are included within the paper and supporting documentation is attached as an appendix to provide members with further information.

### Recommendation

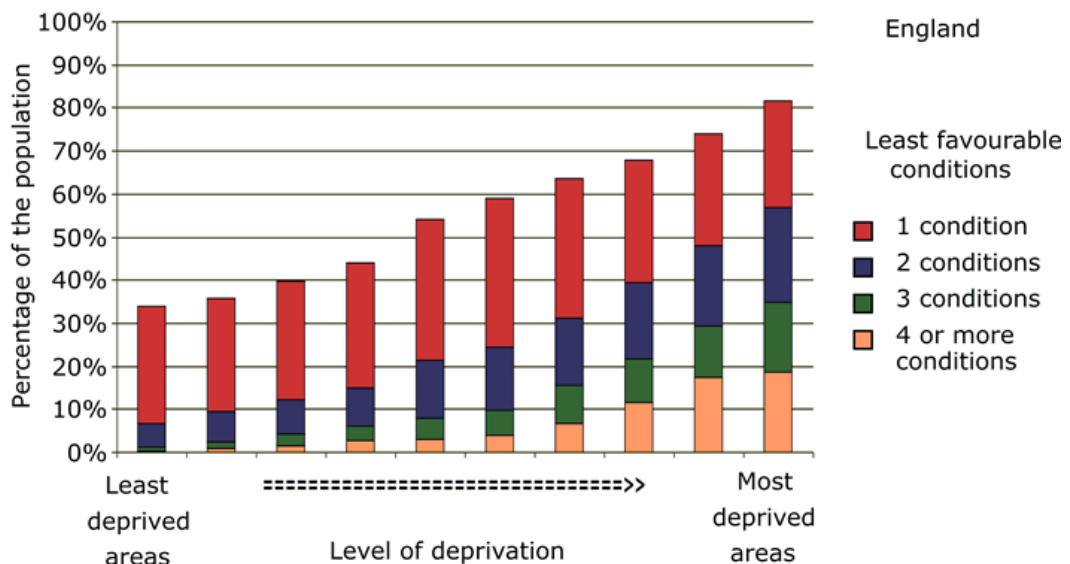
The Committee is recommended to note and provide comment on the paper.

### Background

1. Modern planning and urban design originated in reaction to the insanitary, overcrowded and inhumane conditions of nineteenth century industrial cities. It is recognised that there is a direct link between environmental conditions and human health. This link is not only a matter of the direct physical impacts on health – for example of air pollution or water contamination; but also of indirect social and behavioural effects, on the exercise we take, the people we meet, the degree of inequality in access to housing, employment opportunities, health services and other facilities.
2. Despite the relationship between spatial planning and health, the connections in practice have historically been relatively poor, with health services charged with addressing illness, whilst planning authorities encouraged by government until recently, to consider town planning specifically in terms of economic development and environmental protection which influence health, but could result in missed opportunities. Each sphere of public policy has tended to be pursued independently, with agencies adopting specific targets in order to deliver on their unique mission, and missing the integrated nature of real life. This is of course complicated further by the differing structures and responsibilities of two tier local government.

3. Often we intervene too late in the pathway to ill health and forget that health starts where we live, learn, work and play. Research has shown that the key to foster good health is to build preventative services which address these wider determinants of health and take care of our families, our schools, our workplaces, and our playgrounds and parks.
4. The Marmot review showed that socio-economic inequalities, including the built environment, have a clear effect on the health outcomes of the population. It confirmed that there is a social gradient in health, and related to that, showed that there is a social gradient in environmental disadvantage.
5. In terms of environmental inequalities, lower socio-economic groups, those living in the more deprived areas, will find themselves exposed to a greater range and intensity of environmental burdens. Such gradient suggests that socio-economic characteristics dominate the location of population groups regarding environmental burdens and benefits.
6. This is illustrated in the figure below which looks at those living in closest proximity to different environmental conditions or characteristics, such as air quality, green space, habitat favourable to biodiversity, flood risk, litter, housing conditions, road accidents, presence of 'regulated sites' (for example, waste management, industrial, or landfill sites, or sewage treatment works) and river water quality.

**Populations living in areas with, in relative terms, the least favourable environmental conditions, 2000-8**



Source: Department for Environment, Food and Rural Affairs;  
<http://archive.defra.gov.uk/sustainable/government/progress/national/60.htm>

7. It shows that a higher proportion of people in the most deprived areas in England live in areas with multiple environmental conditions that are in relative terms the 'least favourable', compared with populations living in less deprived areas. Around 0.2% of people living in the least deprived areas

experience four or more environmental conditions that are 'least favourable'; rising to around 17% of people living in the most deprived areas. Conversely around 36% of people living in the least deprived areas experience at least one environmental condition that is 'least favourable', rising to 81% of populations in the most deprived areas. Such environmental inequalities help illustrate the opportunities for spatial planning to improve health and wellbeing.

## **The Planning System**

8. The County Council is the planning authority for minerals and waste management related development, and for its own developments, for example schools and libraries; with district councils handling all other commercial and residential planning applications.
9. Therefore in terms of improving health and wellbeing, it is important to influence the planning systems and processes across both tiers of local government. In order to help facilitate the consideration of health and wellbeing in planning decisions, a post has been created within Lancashire County Council's planning service to act as an advocate. The context for the role is provided at Appendix A.
10. The postholder will be working to improve health and wellbeing outcomes through planning processes both internally with colleagues and externally with district council partners. In particular it will be important to influence the development of the districts' Local Plans, which set the policy context in which planning decisions are made. It should be recognised however that this agenda requires much wider buy in and commitment in order to maximise the opportunities afforded for the protection and improvement of health and wellbeing and proactively promote healthier choices.

## **Good Practice**

11. There has been a significant amount of work looking at the opportunities to utilise spatial planning to protect and improve health.
12. In November 2013 The Town and County Planning Association published 'Planning Healthier Places – Report from the Reuniting Health with Planning Project', A workshop was held in collaboration with University of Central Lancashire for the public health and planning workforce to explore findings of the report:
  - Economic growth requires places that promote good health. However, the emphasis on financial viability in planning decisions focuses attention on providing short-term profits for developers and ignores the long-term costs to the public purse that are incurred if populations are unhealthy because of the places where they live.
  - To foster health-promoting environments, it is essential that public health practitioners work closely with planners, designers and developers to ensure that health is considered at all stages of the development process.
  - To help achieve this, public health priorities and evidence must be linked better to places and planning processes.

- Tackling local health inequalities needs to be emphasised more within local planning processes.
- Raising the design quality of developer schemes would create incentives to improve health and wellbeing outcomes – widespread acceptance of the voluntary Building for Life 12 standards could help to achieve this.
- There are extra challenges translating public health into a place-based programme in two-tier authority areas – however, counties are working with districts to establish structures that can help to bridge geographical and organisational divides.
- Local plans should be flexible enough to facilitate place-based innovations that could improve health and wellbeing.

13. The report also made the following recommendations:

For Localities

- Local authorities should drive an integrated work programme to support health-promoting environments: A coherent and integrated approach focused on places and people, rather than structures and systems, with local government in the driving seat, is the most sustainable way forward. To complement sustainable community strategies, Joint Health and Wellbeing Strategies should help to identify and drive targeted interventions, including through the planning system.
- Local authority partners should be encouraged to work more closely around shared objectives: The local plan should be the conduit through which partners engage in local interventions, bring forward health-promoting large-scale development, plan healthcare infrastructure, or target specific health issues such as obesity and a lack of physical activity.
- Developers must fulfil their role in creating health promoting environments. There needs to be a new level of engagement between local authorities and their partners, developers and communities to identify how the evidence-based health benefits of investing for the long term can be factored into development locally.

For planning, public health and relevant practitioners:

- Think laterally and work collaboratively: The approach and structures of the project roundtables emphasised and demonstrated the power of working beyond isolated professional boundaries, particularly as public health practitioners have joined local authority colleagues in the same organisation.
- Collaborating with colleagues on shared health and wellbeing priorities is no longer an optional way of working: it is critical to making progress, especially in light of the cuts to local budgets.
- Build shared knowledge and competencies on the role of planning: CCGs have a statutory role in the planning system. The GPs who will represent CCGs in the planning process should be trained so that they can engage effectively. They must recognise the importance of their role and influence on the wider determinants of health beyond commissioning.

14. Similarly the 2013 Kings Fund publication 'Improving the Public's Health – A Resource for Local Authorities' concluded that local authorities need to ensure

that the health impacts of different policies are assessed and health considerations integrated into planning across all departments. This will ensure that health benefits are realised across the broad spectrum of local authority functions, rather than remaining as isolated strands of good practice. To ensure that spatial planning incorporates health issues and impacts it suggests that local authorities can:

- increase local capacity and knowledge of health and spatial planning issues, with key staff and their teams taking the lead (director of public health, environmental health service, and chief planning officer)
- consider employing accessibility criteria in planning policy (for example, ensuring that new homes should be within specific distances from bus stops and 'walkable' distances from local shopping centres)
- be aware of how different decisions affect take-up of services, by carrying out robust health impact assessments. For example, it suggests that initiatives such as free swimming, while being attractive to more disadvantaged residents, were not taken up as anticipated because the distance between people's homes and the pools proved much more of a disincentive than it was for wealthier residents.

## **Sustainable Development**

15. The National Planning Policy Framework (NPPF) identifies the role of planning policy in delivering sustainable development; which encompasses economic development, sustainable transport, housing, climate change, conserving the natural and built environment, the sustainable use of materials and healthy communities. Undoubtedly the principles of environmental sustainability also support population health and wellbeing.
16. Planning plays a key role in helping shape places to secure reductions in greenhouse gas emissions, minimising vulnerability and providing resilience to the impacts of climate change, and supporting the delivery of renewable and low carbon energy and associated infrastructure. This is central to the economic, social and environmental dimensions of sustainable development.
17. To support carbon reduction, the NPPF encourages local planning authorities to:
  - plan for new development in locations and ways which reduce greenhouse gas emissions
  - actively support energy efficiency improvements to existing buildings
  - when setting any local requirement for a building's sustainability, do so in a way consistent with the Government's zero carbon buildings policy and adopt nationally described standards
  - have a positive strategy to promote energy from renewable and low carbon sources
  - design their policies to maximise renewable and low carbon energy development while ensuring that adverse impacts are addressed satisfactorily, including cumulative landscape and visual impacts
  - consider identifying suitable areas for renewable and low carbon energy sources, and supporting infrastructure, where this would help secure the development of such sources

- support community-led initiatives for renewable and low carbon energy, including developments outside such areas being taken forward through neighbourhood planning; and
- identify opportunities where development can draw its energy supply from decentralised, renewable or low carbon energy supply systems and for co-locating potential heat customers and suppliers

18. The code for sustainable homes is the national standard for the sustainable design and construction of new homes. It aims to reduce carbon emissions and promote higher standards of sustainable design above the current minimum standards set out by the building regulations. The code uses a 1 – 6 star system to rate the overall performance of a new home against the following measures of sustainable design:

- energy/CO2
- water
- materials
- surface water runoff (flooding and flood prevention)
- waste
- pollution
- health and well-being
- management
- ecology

19. The code is voluntary, and it is not intended to make it mandatory. It is not a set of regulations and should not be confused with zero carbon policy or the 2016 zero carbon target.

20. The only circumstances where the code can be enforced are:

- where local councils require developers to comply with the code by including a requirement in their planning policy
- where affordable housing is funded by the Homes and Community Agency that requires homes to be built to code level 3
- in part through building regulations, where the level 3 energy standard is now incorporated i.e. minimum 25% reduction in carbon emissions against a 2006 standard.

## **Affordable Housing**

21. The NPPF also defines a number of terms that are used for the purposes of planning for housing development.

22. Affordable housing is social rented, affordable rented and intermediate housing, provided to eligible households whose needs are not met by the market. Eligibility is determined with regard to local incomes and local house prices. Affordable housing should include provisions to remain at an affordable price for future eligible households or for the subsidy to be recycled for alternative affordable housing provision.
23. Social rented housing is predominantly owned by local authorities and private registered providers (housing associations) for which guideline target rents are determined through the national rent regime. Affordable rented housing is let by local authorities or private registered providers to households who are eligible for social rented housing. Affordable rent is subject to rent controls that require a rent of no more than 80% of the local market rent (including service charges, where applicable).
24. Intermediate housing is homes for sale and rent provided at a cost above social rent, but below market levels subject to the criteria in the affordable housing definition above. These can include shared equity (shared ownership and equity loans), other low cost homes for sale and intermediate rent, but not affordable rented housing.
25. Homes that do not meet the above definition of affordable housing, such as 'low cost market' housing, may not be considered as affordable housing for planning purposes.
26. District and unitary authorities are responsible for housing within their areas, through their strategic housing roles and as local planning authorities. The Government's national affordable housing programme is delivered through the Homes and Communities Agency, in partnership predominantly with local authorities and housing associations.
27. It is generally recognised that there is a shortage of affordable housing. Nationally during 2012/13 a total of 42,830 affordable homes were delivered, a decrease of 26% on the previous year. The following table identifies the delivery of additional affordable housing across Lancashire since 2010/11.

### **Additional Affordable Housing Supply 2010/11 – 2012/13**

	2010/11	2011/12	2012/13
Burnley	50	30	73

Chorley	210	170	188
Fylde	130	120	44
Hyndburn	20	20	0
Lancaster	60	100	29
Pendle	60	30	43
Preston	10	90	104
Ribble Valley	40	70	87
Rossendale	30	40	38
South Ribble	30	30	29
West Lancashire	30	150	81
Wyre	50	110	25
<b>Lancashire (12 districts)</b>	<b>670</b>	<b>960</b>	<b>741</b>
Blackburn with Darwen	130	50	127
Blackpool	230	40	72
<b>Lancashire(14 authorities)</b>	<b>1,030</b>	<b>1,050</b>	<b>940</b>

Source: Communities and Local Government (CLG) Table 1011

28. The National Housing Federation which represents the social housing sector produced a report: Home Truths 2013/14: North West which suggests that the housing shortage in the North West is pushing house prices and private rents out of reach for many, whilst also stalling local economic growth. It identified that in the North West:

- Only 64% of the number of new homes needed are currently being built
- Private rental costs across are predicted to rise 33% by 2020

And in 2012 in Lancashire:

- The average home cost 7.7 times the average income; with a range of 9.3 in Ribble Valley to 4.9 in Burnley
- A gross annual income of £33,930 was needed for the average mortgage
- There were 23,910 households on waiting lists for social housing
- There were 24,151 empty homes, equating to 4.6% of the housing stock, predominantly in East Lancashire
- There was a projected increase of 36.6% in 85+ year-old led households between 2011 - 2021



29. Housing is a key determinant of health, with access to good quality housing key to maintaining both physical and mental health and wellbeing. It is important for the County Council to work closely with the district councils, as the statutory housing authorities, on this agenda, addressing not only the supply and quality of new build, but also the existing housing stock.

## **Licensing**

30. There is a role for licensing in promoting healthy environments, particularly in relation to the night time economy. Licensing is administered by the district councils as licensing authorities, with the following identified as licensable activities:

- The sale by retail of alcohol
- The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club
- The provision of regulated entertainment; and
- The provision of late night refreshment

31. The Director of Public Health is identified as the person responsible for making representations to a licensing authority about licence applications, variations and reviews, on behalf of public health as one of the 'responsible authorities'. Representations must address one of the following licensing objectives:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance; and
- The protection of children from harm

32. The Director of Public Health can also request the review of an existing premises licence.

33. In order that we have relevant information upon which to make representations, the public health team works with the Centre for Public Health at Liverpool John Moore's University to deliver the pan Lancashire Trauma Injury Intelligence Project (TIIP). The project aims to improve the collection and sharing of information from Lancashire Accident and Emergency Departments (AEDs).

34. An element of Lancashire TIIP includes working with Lancashire AEDs to collect additional information from individuals attending AED following an assault. The evidence generated by this information is required in order for the licensing responsibilities of the Director of Public Health to be delivered effectively.

35. Action is only taken where intelligence from an AED exists that a particular licensed premises is impacting negatively on a licensing objective. This has successfully supported the licence review of a premises in Preston, resulting

in a new licence being granted with amended conditions and a subsequent reduction in crime and disorder associated with the premises.

36. The public health team also works with and supports other responsible authorities, especially the police, in their licensing roles, by providing relevant hospital data in relation to licensed premises.

### **Current Activity and Opportunities**

37. There is currently work going on across the County promoting settings based approaches for public health grounded in the Healthy Cities approach, across towns, parishes, neighborhoods and streets. Preston holds the World Health Organization (WHO) Healthy City status, which utilises the opportunities afforded by spatial planning in improving health and wellbeing, amongst other initiatives.
38. Healthy Cities is a global movement that engages local authorities and their partners in health development through a process of political commitment, policy and strategic development; institutional change, capacity-building, partnership-based planning and innovative projects.
39. Healthy Cities emerged out of the Ottawa 'Health for All' Charter, emphasising the importance of a place-based approach utilising a holistic model of health. Healthy Cities seek to apply principles such as equity, empowerment, intersectoral collaboration and community participation through local action. Its primary goal is to put health high on the social, economic and political agenda of local government: health is the business of all sectors and local authorities are in a unique leadership position, with power to protect and promote their citizens' health and well-being.
40. Under the auspices of WHO Preston Healthy City programme a number of collaborative initiatives have been delivered under Lancashire County Council leadership, including:
- Sign up to the support programme to reduce health inequalities by addressing the six key policy objectives identified in the Marmot report
  - Health impact assessment awareness raising with the UK Healthy Cities Network
  - Application for a 'Dementia Friendly City' pilot project in Preston with support from UCLAN (awaiting decision) and the establishment of Dementia Friendly Alliances across the County.
  - Working with Northwest Employers to roll out an accredited Member health champion / health advocates training programme. There are fifty two trained health champions from district and parish councils who can be engaged to support the delivery of the Health & Wellbeing Strategy. Similarly a development programme will be in place in January 2015 for County Council Members.
  - Work is ongoing in developing Good Food for All – Sustainable Food Cities & Towns.
  - Work is ongoing to in the Environment Directorate to implement the Healthy Streets programme.

## **Consultations**

N/A

## **Implications:**

N/A

## **Risk management**

There are no risk management implications arising from this report.

## **Local Government (Access to Information) Act 1985**

### **List of Background Papers**

Paper	Date	Contact/Directorate/Tel
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