

Healthy Urban Development Unit

Planning for health in London

The ultimate manual for primary care trusts and boroughs



NHS London Healthy Urban Development Unit

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01 What the manual contains

The manual brings together HUDU's tools and guidance to help PCTs and boroughs promote health through the spatial planning system. The manual refers to the following:

- 1. The Health and Urban Planning Toolkit** is a systematic guide to ensure effective engagement between PCTs and local planning authorities.
- 2. Watch Out for Health** is a checklist for identifying health issues in plans and proposals.
- 3. Delivering Healthier Communities** is a comprehensive guide justifying and developing planning policies for health.
- 4. Integrating health into the Core Strategy: A Guide for Primary Care Trusts in London** provides advice on how PCTs can get involved in the core strategy process and influence the preparation of the document. The guide contains a 'health check' which PCTs and boroughs can use to assess whether the strategy is 'sound'.
- 5. The planning contributions tool (the HUDU model)** is a web-based model which calculates the financial impact on healthcare from future residents of a development (see <http://www.hudumodel.com>).



Introduction: Bringing together key tools and guidance

The need to both intensify and diversify the response to the population's health needs has long been recognised as a priority by the UK Government. A number of recent high profile reports have focused on social factors like unemployment, poor education and housing, access to unhealthy foods and lack of physical activity as major causes of health inequalities. There are many stark health inequalities prevalent across the capital and the London Mayor will soon publish his strategy for reducing them. Whilst health is the prime concern of the NHS the role of local authorities is becoming increasingly recognised as important, with a greater emphasis on local partnership approaches to promoting healthier communities.

The role of spatial planning in supporting and promoting healthier communities is recognised, but is still not being fully exploited in practice. This manual draws on HUDU's extensive experience and knowledge to bring together the key tools and guidance that primary care trusts and boroughs will need to adopt in order to make the best use of the opportunities that the spatial planning system offers.

What does the health service do?

The National Health Service in England is delivered primarily through a network of Primary Care Trusts (PCTs) that control some 80% of the budget of the NHS. PCTs are responsible for commissioning and providing healthcare and services, following an assessment of local need, and promoting health improvement. Acute and mental health services are commissioned by PCTs and are provided by separate NHS Trusts. The work of NHS Trusts is overseen by Strategic Health Authorities (SHAs) that monitor local services. There is one SHA for London; its role is to performance manage and oversee the whole healthcare system. The 31 PCTs commission and in some cases provide primary care services through general practice and a range of other services. PCTs also provide and commission public health services and pursue specific health improvement activities such as anti-smoking campaigns. PCTs set out their framework for working in five year Commissioning Strategy Plans and annual operating plans.

What does spatial planning do?

The London boroughs are local planning authorities. They make decisions on all applications for physical development from small extensions to major housing and redevelopment schemes and on changes of use. The planning system requires that decisions on planning applications must, unless there are overriding circumstances, be made in accordance with the Development Plan. Boroughs have a legal duty to prepare a Local Development Framework (LDF) which sets out the spatial vision and strategy for the borough and contains the policies that it will apply in delivering the plan. This is made up of a range of Development Plan Documents.

The LDF must be broadly consistent or in conformity with the London Plan which is the regional spatial strategy prepared by the Mayor. Together, these two plans form the Development Plan for the particular borough. The borough's core strategy is the most important document and must be based on sound evidence of what the local issues are and on effective community engagement. It must be able to demonstrate to an independent Inspector that it is justified and deliverable. The policies in the LDF must address all the requirements of a sustainable community and encompass all the means of delivering new housing, transport and social infrastructure. London-wide, the scale of development is vast – over 30,000 houses were built in London in 2007, together with large amounts of office and commercial space.



03 Why should health and spatial planning collaborate?

The fundamental reason for securing effective engagement between health and planning is the need to manage the long accepted relationship between a person's health status and the broad social and environmental context within which they live. This interaction is well described in the Wider Determinants of Health model and is not repeated here. Using this model, **Delivering Healthier Communities** provides evidence linking public health issues to factors which may be influenced by spatial planning.

The social, economic and environmental context at whatever level; regional, sub regional or local is the focus of spatial planning policy. **It follows that the health sector in seeking to improve health status must understand, contribute to and actively use spatial planning policy. The reverse of this is also true. Boroughs must deliver sustainable communities through their LDF and health is an essential component of a sustainable community.**

This relationship is increasingly underpinned by law and procedures requiring healthcare organisations and local authorities to collaborate on service delivery and in the wider activity of what has been called 'place making' and the delivery of sustainable communities.

These statutory relationships and outcomes now include

- The Local Strategic Partnership
- The Sustainable Community Strategy
- The Local Area Agreement
- Joint Strategic Needs Assessments
- Health Scrutiny Committees
- Joint appointments in Public Health and health improvement.

To this list should be added the Local Development Framework. It is impossible to deliver the above outcomes effectively or to produce a 'sound' LDF without engaging with the health sector. **Integrating health into the Core Strategy: A Guide for Primary Care Trusts in London** includes a 'health check' which PCTs and boroughs can use to assess whether the strategy is 'sound'.

Key points

- Health outcomes, health status and health inequality are inextricably linked to socio economic and environment factors
- Spatial planning has a major influence on the socio economic and environmental situation
- Spatial planning policies and interventions can promote healthier lives
- Health strategies should see spatial planning as a means of improving health
- No spatial plan can be sound without addressing health issues
- The law requires healthcare and local government to actively collaborate to deliver sustainable and healthier communities

How to collaborate – PCTs and boroughs working together

Collaboration, within a Government policy context, means working together to deliver better outcomes than could be achieved by only acting separately. It is more than just purely consultation. It may result in joint or integrated strategies or plans to commit to join budgets and action.

The **Health and Urban Planning Toolkit** shows that alignment is needed in systems, structures and strategies for joint working to be most effective. Increasingly there are legislative requirements to joint working (e.g. the Joint Strategic Needs Assessment) but still, despite that there are many cases where the local planning authority and the Primary Care Trust are not working closely enough. HUDU therefore recommends the entering into an **Engagement Agreement**.



Key steps in an engagement agreement

- Share the approach and the stages to strategy making
 - Where are we now? Where do we want to get to?
 - How will we get there?
- Arrange a meeting to share and agree the common evidence base and issues
- Make an agreement to govern the way relations will be handled in future in relation to formulating strategy and dealing with applications for development.
- Topics to be covered
 - Communications
 - Contacts and responsibilities
 - Key milestones
 - Regular meetings
 - Monitoring and review

Without this simple framework there is a danger that communications will break down because of simple things like staff turnover or absences.

Big ask 1

Have you got an engagement agreement with your Borough that is working as it should?

Producing spatial strategies and plans that promote health

The inextricable links between environment in its widest sense and health have been referred to several times already. Spatial plans are about controlling the way development takes place in the future – how much takes place, where, when and in what way? The critically important factor is to ensure that the spatial planning policies and the interventions explicitly address health and are calculated to improve health outcomes by facilitating or requiring conditions that support healthier living conditions. It is acknowledged that evidence of what works and of causality is difficult to identify in many areas of public health and environment. However, as **Delivering Healthier Communities** and many other recent reviews are making clear supporting evidence and ‘**actionable insights**’ do exist.

Key steps

- What is the evidence locally of the incidence, severity and spatial distribution of current and incipient adverse health conditions?
- What is the current state of the health infrastructure – quality, location and capacity?
- What are the implications of the forecasts of change – housing, population, transport – in the spatial plan?
- What are considered to be the key health-related issues arising from this – what are the problems – current and emerging – that need addressing most urgently?
- What actionable insights can be derived from the evidence and context?
- Which of these are most susceptible to policies and interventions being considered in the LDF?
- What are the most appropriate objectives – targets for improvement that need to be set for health in the spatial planning policies?
- What options are there for meeting these objectives – in space, in time, by community group?
- Which option or combination offers the most cost effective approach?
- What policies are going to be calculated to deliver the chosen objectives?
- How will the delivery of the objectives be guaranteed through the implementation of the plan – the application of policies, the implementation of interventions? Will they promote healthier lifestyles, reduce inequalities in health and avoid adverse health impacts from development?
- How will progress/success be measured and by whom?

Big ask 2

Have you agreed the evidence base for their Local Development Framework with your Borough?

05 Producing health strategies that exploit the planning system

Spatial planning policies should be used to create conditions for better health and for supporting healthier lifestyles. Plans should be designed also to ensure that health infrastructure or the right quality is available in the right place at the right time. Health strategies, the commissioning plan, the estates strategy, the operating plan should all be consistent with and incorporate spatial planning interventions as a means of delivery of health improvement and reduction in health inequalities alongside the more specific clinical and public health interventions and regimes that are core to the activity of the PCT and the healthcare system.

The health strategy must show how it will meet the needs of the future population. The population may well be growing rapidly as a result of major new housing developments and changing as a result of demographics and migration. The resulting pattern of demand, spatially as well as clinically may well be significantly different from that in the recent past. Current and planned facilities and services may well not be adequate to meet that demand. The spatial plan should therefore show where the infrastructure will need to change – by enhancement or contraction and make allowance for that to take place at the appropriate time. Any gap in investment needed to deliver the future healthcare system needs to be filled. The spatial plan should demonstrate to what extent development will be expected to contribute towards the cost through either section 106 developer contributions or some other levy on development.

Unless these mechanisms are clearly and effectively inserted in the LDF, there is a risk that the following could occur:

- Demand for health services will increase due to, for instance, poor living conditions, increasing obesity and age related conditions
- Progress towards reducing health inequalities will be slower
- New developments will have negative effects on community health and well being
- New residents will not be able to access modern health services promptly
- Existing residents will be disadvantaged by resources spread more thinly
- Vital changes in the health estate – closures and new facilities will be prevented or obstructed by the spatial planning system
- True progress towards delivering sustainable communities will be slower.

Key steps

- Health strategies should identify those steps needed to improve health and reduce inequalities that will be delivered or supported through policies that affect the socio economic and environmental conditions.
- Health input to developing spatial strategies and monitoring the impact of development should be secured and resourced effectively.
- Responsibility and sources of funding for delivering those steps should be identified and agreed with the borough and partners.
- Commissioning plans should identify what changes in distribution quality and capacity are likely to be needed to meet forecast changes in demand over 10 years at least.
- Business plans should identify and justify what proportion of the necessary new investment – capital and revenue – will need to come from new development, and should demonstrate how and when it will be secured.
- Responsibility for the delivery of infrastructure should be clearly identified.
- Rigorous and regular review of progress in partnership with the borough should be undertaken.

Big ask 3

Does your Commissioning Strategy Plan identify ways in which your priorities and initiatives can be enhanced by the Local Development Framework?

Reconfiguration – matching supply and demand

The above section has made reference to matching the supply of health facilities and services with the changing demand. In the foreseeable future that process is also likely to be accompanied by far reaching reconfiguration driven by the new model of care that requires better care closer to home. The transfer of services from the acute to the primary sector has many and far reaching implications that are far beyond the scope of this manual. These are dealt with in detail in the Healthcare for London proposals which are now being implemented.

However, the debate surrounding where services are delivered and to whom, when, and in what type of building

is a key focus of concern of the health and spatial planning framework. Making services accessible and ensuring they are adequate has critical spatial implications. In addition the operational conditions and the design of building will be significantly affected by the spatial planning system. At the same time spatial planning policies will significantly affect demand in its nature and the scale, pace and distribution of change. Matching supply of infrastructure and services and demand in an optimum way thus requires that the two planning and delivery systems are effectively aligned. The key to aligning health service planning and spatial planning is the preparation of a common spatial framework. A health reconfiguration plan that fails to anticipate major movements in population, the availability of transport and the availability of new sites stands a very high risk of failure.

The PCT's reconfiguration plans should be fully reflected in the LDF core strategy. **Integrating health into the Core Strategy: A Guide for Primary Care Trusts in London** explains how to do this.

Key steps

- Supply should be mapped in terms of location, quality and capacity
- Housing developments should be mapped by type and size over 10-15 years
- Population changes should be accurately forecasted over 10-15 years
- Health demand models should be used to quantify future capacity
- Health care models should be used to identify possible options for service configuration by sector – primary, intermediate, secondary, mental health and specialist.
- Accessibility of the options by the current and future population should be accurately assessed
- Contingent estate changes at primary and secondary level should be identified and mapped
- Availability of sites should be assessed in partnership with the borough and other partners
- Supply, demand, accessibility and estates capacity should be brought together to evaluate options
- The options should be tested in consultation and a preferred option chosen
- The preferred option should be embedded in the core strategy.
- A common spatial framework should be produced.

Paying for health through the spatial planning system

The principle of obtaining contributions – financial, or in kind from developers seeking planning permission is well established in planning law and practice. Billions of pounds have been secured in England in recent years in such a way for a wide range of measures that have been considered essential for a proposed development to go ahead. The most common examples include affordable housing (which may be subsidised out of the development value), transport and roads, education, community facilities, open space and parks, employment initiatives and health.

In practice, health has been a relative newcomer to this system. The principle reason for this is that boroughs have concentrated on securing contributions for the services they themselves normally provide – education, transport and open space for instance and on the urgent need to secure increasing levels of affordable housing. Health has in many cases been seen as 'outside' this system. In some instances it is clear that the legitimacy of securing health contributions has been questioned by boroughs, developers and even independent Inspectors in the planning system.

This has resulted in relatively low levels of contribution for health being secured in London and elsewhere in England. The law relating to planning obligations and national planning guidance provides no basis for discriminating health contributions. In London the policy in the London Plan makes it categorically clear that health is a priority for s106 alongside education, affordable housing and transport although the latter two are given most priority. Whilst these are the Mayor's priorities the LDF must by law be in conformity with it.

The second most important reason why the contribution to health has been low is that PCTs have simply not asked for the money. The evidence strongly suggests that the potential impacts of development are not considered systematically by PCTs and that links to the borough are often weak and sporadic. This must change if PCTs are to secure appropriate levels of funding in the light of growing populations. The fact that this is a legally regulated system means in effect that for PCTs this is a matter of sound governance and good financial planning and that failure to engage where appropriate represents a significant loss of income.

The scale of potential income is large. HUDU calculates that the total theoretical amount that could be requested in London is £150 million annually. The potential for s106 is greatest in those boroughs where housing development is rapid and is achieved through large sites.

Big ask 4

Are your reconfiguration plans fully reflected in the core strategy?

Getting it right – what is possible with section 106?

It is vitally important that PCTs understand both the opportunities and constraints inherent in the s106 system. Developer contributions are used to mitigate impacts of a development that would otherwise be refused planning permission. In the case of health a contribution might thus be reasonably required if health services would be overstretched by the population occupying a new development or series of developments. Such contributions are not automatic and must be justified. Justification includes:

- The development and the facility for which the contribution is being sought must be linked in some way
- The contribution must be reasonably related to the scale of development
- Contributions should not be required to remedy existing deficiencies

In practice access to s106 funds is affected by, for instance:

- The borough planning policy which must spell out how s106 will be required
- The threshold below which obligations will not be sought
- Whether revenue payments in addition to 'capital' payments are required
- The degree to which PCTs and boroughs have arrived at a mutual understanding about the financial impact of new development on health services
- The level of data and understanding the PCT has on its current estate and service capacity

The Government is proposing to introduce a parallel system of development contributions – the Community Infrastructure Levy – in 2009. This will require boroughs to establish the need for new infrastructure to support housing growth in the area in greater detail. It will be essential for the health sector to be fully engaged in those areas where the levy is to be adopted. The above barriers to effective engagement thus need to be overcome.

Key steps

- The PCT must understand the current condition, location and capacity of the health care facilities.
- The borough planning policy must allow for contributions towards the full cost of meeting health care needs of new populations including where appropriate revenue costs.
- The PCT should seek to agree with the borough the scale, pace and location of new housing over the next 10-15 years and what that will mean in terms of the new population.
- The PCT should present to the borough evidence of the ability of the facilities to meet the expected demand and to identify if appropriate pinch points and priorities for investment.
- The PCT should estimate what the cost of meeting the needs of the new population will be.
- The PCT should assess what the likely flow of resources will be over that period and identify the gap which can legitimately be met from developer contributions.
- The PCT and borough should agree the reasonable amount that each qualifying dwelling or development might be expected to make in the light of any threshold that the borough has set in its policy (high thresholds of for instance 50 dwellings may mean that the number of qualifying developments will be very small).
- The PCT should seek to agree with the borough that contributions can be pooled to enable funds to accumulate from smaller developments.
- The PCT should agree with the borough whether contributions will be determined by negotiation in each case or agreed as a tariff (per unit of development) or a standard charge.
- If a case by case approach is used the PCT should seek to agree with the borough the use of the HUDU model.
- The PCT should seek an agreement with the borough as to the circumstances under which it will be consulted on applications.
- The PCT should allocate clear responsibility to staff of sufficiently senior level to undertake negotiations.
- The Board of the PCT should consider regular reports on the scope for and success in securing s106.
- The PCT and the borough should review progress and look ahead at least every 12 months.

Big ask 5

Are you confident that the Local Development Framework will secure the maximum possible financial contributions from private development for your plans for new health facilities? Do you report on how much s106 funding has been secured?

Delivery – working it out on the ground

The Government requires housing delivery to be accompanied by the timely provision of social infrastructure. The LDF process is being changed so as to require evidence of the scale of infrastructure that will make clear

- Who will provide it?
- When it will be provided?
- Where it will be provided?
- How it will be funded?

A lack of such evidence may result in the LDF being found unsound.

It is expected that LDFs will contain an infrastructure delivery plan in order to meet the above criteria. Clearly, such a delivery plan can only be assembled in concert with all of the key service and infrastructure delivery agencies including the PCTs and SHA. This process will inevitably be difficult and a degree of uncertainty and flexibility will be needed.

The coordination of infrastructure funding and development programme will pose enormous challenges given the diversity of financial planning processes covering utilities, transport, health and local government. The joint spatial frameworks and common evidence base mentioned above are essential prerequisites to achieving progress. The use of a social infrastructure model is strongly recommended. Some of the following key steps thus overlap with the recommendations already made.

Key steps

- Boroughs and PCTs should reach a common understanding of the scale of health infrastructure needed over 10-15 years.
- Boroughs and PCTs should share up to date data on all assets owned.
- Options for joint provision, co location or adjacencies of services should be explored, within an agreed social infrastructure planning model where possible.
- PCTs should produce delivery programme /business plans showing the timing, location, funding and delivery vehicle for the necessary health infrastructure.
- PCTs and boroughs should agree the manner in which investment programmes can be reflected in the LDF.
- PCTs and boroughs should meet on a regular basis and at least annually to review progress and to adjust forward programmes in light of known and forecast changes in the pace of development, population and funding regimes.

Big ask 6

Have you agreed your investment plans with the borough – are the sites and the funding you need secured?

What is HUDU?

The London Healthy Urban Development Unit was created in 2004 to assist in achieving more effective engagement between the health and the spatial planning sectors. The aim of doing this is to secure improvement in the health of Londoners and the reduction of health inequalities. It provides guidance, advice and support to the health sector in London, primarily the PCTs and to the boroughs. It follows three main themes

- Influencing planning policy – national, regional and local
- Influencing the quality of development
- Encouraging partnerships and collaboration for health

There are three town planners in the team. It is funded by the PCTs and the London Development Agency.

The team was awarded the Royal Town Planning Institute's National Planning Award in 2008.

Further information on HUDU and its work is available from its website www.healthyurbandevelopment.nhs.uk

NHS London Healthy Urban Development Unit

The King's Fund
11–13 Cavendish Square,
London W1G 0AN
www.healthyurbandevelopment.nhs.uk

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