NHS

London Healthy Urban Development Unit

HUDU Planning for Health

Integrating Health into Local Development Frameworks

An Assessment of London Borough Core Strategies

January 2013

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Integrating Health into Local Development Frameworks

Introduction

The core strategy is the principal document of a local authority's Local Development Framework and sets out a vision, spatial strategy and core policies to guide development and determine planning applications. All other documents in the Local Development Framework must be in conformity with the core strategy. Therefore, it is important that core strategies (and now local plans) adequately reflect health and wellbeing issues.

A key role for HUDU has been to work with London PCTs and Boroughs to achieve this. To assist with the process, HUDU initially published 'Integrating Health into the Core Strategy: A Guide for Primary Care Trusts' in December 2008. More recently, in July 2011, it published an earlier version of this document giving examples of good practice.

Building on the earlier document, this updated review summarises the progress made by London Boroughs in developing their core strategies and assesses how well health has been integrated into them. It identifies elements of good practice where health and wellbeing issues are incorporated into the evidence, objectives, policies, infrastructure planning and monitoring arrangements for core strategies, and it also draws attention to the more recent changing policy and planning system context within which plan making is now taking place.

Changes to the Planning System

The Localism Act (Nov 2011) introduced a number of changes to the planning system, supporting the Government's drive for a more streamlined plan making process.

As part of this drive, the Government had already published its draft National Planning Policy Framework (in July 2011) for consultation. Subsequently it published a final version of its National Planning Policy Framework (NPPF) in March 2012. This replaced over 1,000 pages of previous national policy guidance notes and statements with around 50 pages of guidance. As part of the transition arrangements under the NPPF, Boroughs must ensure that their adopted and emerging core strategies comply with the Framework.

The NPPF recognises the importance of integrating health into planning and has **promoting healthy communities** as a key cross cutting theme.

As well as the NPPF, in London, Local Development Frameworks, and now Local Plans, need to be in general conformity with the London Plan.

July 2011 also marked the publication of a new London Plan which contains a number of key London wide policies on health and the provision of health infrastructure.

The context in which Local Plans are being produced therefore continues to change. In addition, the transfer of responsibility for public health from the NHS to Public Health (England) and to local authorities, and the new responsibility under the Health and Social Care Act 2012 to produce joint Health and Wellbeing strategies should create further opportunities to achieve close integration of health and planning.

Progress in Implementing Core Strategies

At the end of 2012, 28 core strategies had been adopted in London, leaving only 5 of the 33 London Boroughs without an adopted Core Strategy or an otherwise up to date Local Plan.

Of these 5, a further 3 are expected to adopt their Core Strategies (albeit as Local Plan documents) in the near future leaving only Hounslow and Bromley still at an early stage in the process of adopting a new plan.

The following graph shows the number of core strategies adopted by 31 December 2012 by year of adoption.
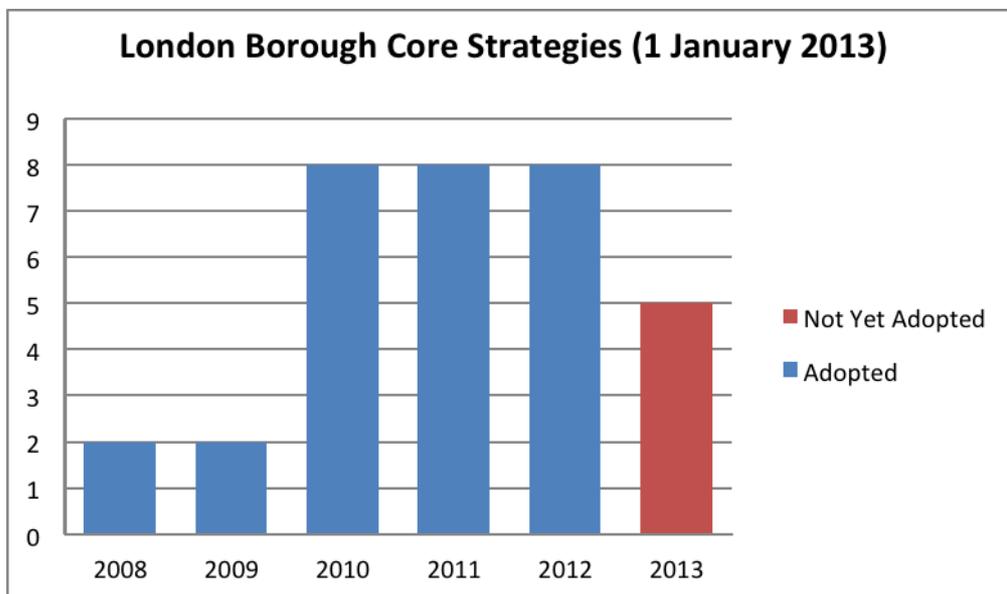
Appendix 1 shows the precise adoption dates, together with details of the stage reached by the remaining 5 Boroughs who had yet to adopt their Core Strategies at 1 January 2013.

Integrating Health into Local Plans: an improving picture

Since the first core strategies were adopted in 2008, there has been a steady improvement in how core strategies have addressed health issues (both wider health improvement and health inequality issues as well healthcare services and the provision of new infrastructure in response to growth pressures).

This has reflected better engagement between PCTs and boroughs in the process, greater attention given to health in national policy guidance (not least, more recently, where there are plans to introduce Community Infrastructure Levy) and a greater awareness of the role of spatial planning in influencing health and wellbeing.

The review looks at how well health is integrated into five elements of the core strategy:

- Evidence: is health evidence used to describe key health issues and is the role of planning to address to determinants of health identified?
- Objectives: do objectives seek to improve health and reduce health inequalities?
- Policies: are specific health policies included with health implications explicitly referred to throughout the document?
- Infrastructure planning: does the strategy or separate infrastructure plan include healthcare requirements and costs and reflect NHS service and estate strategies?
- Monitoring: are relevant indicators and targets used to monitor the health objectives and policies?

The review identifies five core strategies – Camden, Haringey, Lewisham, Tower Hamlets and Waltham Forest which are considered to be the best examples in London to date (scoring four stars, closely followed by Kingston and Barnet – see Appendix1). These and other strategies display elements of good practice which are outlined below.

It should be noted that the earliest core strategies were written in a different national policy context, particularly with regard to infrastructure planning. Some Boroughs have also begun reviewing their core strategies (now called local plans) to reflect the NPPF, the new London Plan, housing and demographic trends and infrastructure requirements in a different economic context. Redbridge, for example, was the first London Borough to adopt a core strategy and is currently reviewing its core strategy, including a public consultation on its Core Strategy Preferred Options Report over January and February 2013.

In addition, and as noted earlier, the NHS reforms present new challenges and opportunities in terms of strategy alignment and the delivery of new healthcare infrastructure. Nevertheless, the principles of engagement and joint working on evidence and policy development as illustrated by the good practice below remain relevant for the next generation of local plans.

Integrating Health info Core Strategies: Good practice Examples

The good practice examples below are grouped into the following four sections:-

1. Evidence

2. Objectives and Monitoring

3. Policies

4. Infrastructure Planning

1. Evidence

Most core strategies refer to the PCT's Annual Public Health Report or Joint Strategic Needs Assessment, but the level of information provided of health needs, issues and challenges varies considerably. Most describe deprivation and make the link to health inequalities. Some describe the key health conditions in the borough, the wider determinants of health and the role of spatial planning to protect and improve health and help reduce health inequalities.

Good practice

Camden
The adopted core strategy is supported by substantial health evidence provided by the PCT. It refers to the wider determinants of health and the role of spatial planning. Health inequalities are mapped against the borough's growth areas, and opportunities to improve health in these areas are identified.

Waltham Forest
The core strategy refers to the PCT's Public Health Annual Report and the borough have used HUDU's 'Watch out for Health' and 'Delivering Healthier Communities' to link health conditions to spatial planning interventions to facilitate active lifestyles. This evidence supports a cross-cutting policy to promote health and wellbeing which addresses the health and environmental impacts of development, seeks to improve access to green and open spaces, ensures equitable access to healthcare facilities services and leisure, sports and recreation facilities, improves the quality of the public realm and reduces the proliferation of any land use which reduces people's ability to be healthy, which include hot food takeaways and public houses.

Barnet

The core strategy draws evidence from the Joint Strategic Needs Assessment for Health and Social Care. It identifies major causes of premature death in Barnet and explains the relationship between deprivation and disease prevalence, particularly cardiovascular disease, diabetes and mental health problems. Barnet's population is ageing with increased life expectancy, but with growing numbers of older people living with long term health conditions and dementia. The assessment shows that Barnet has been successful in reducing the rate of admission to residential care and helping people to live independently. The evidence is used to support a policy on 'Improving health and well-being in Barnet' which encourages healthier neighbourhoods by addressing unhealthy lifestyles and seeks to widen housing choice for older people and reduce an over-supply of residential care homes.

Haringey

The Joint Strategic Needs Assessment is used to identify health issues and priorities facing the borough. It is recognised that the rate and pattern of development and wider population and demographic change will impact on future health needs and on the demand for health services. Health problems are identified by geographical area. The core strategy attempts to link geographically health conditions and the determinants of health, for example overcrowding and poor quality housing with levels of respiratory disease and mental illness; childhood obesity rates and density of fast food outlets and open spaces; and adult obesity and participation in sport with deficiency in public open space. Childhood obesity rates by ward, sustainable food infrastructure and areas of open space deficiency are mapped.

2. Objectives and monitoring

The majority of core strategies have strategic objectives which reflect community strategy aims and priorities to improve health and reduce health inequalities. Some boroughs have adopted a cross-cutting approach whereby different policies are referred to deliver an objective for health improvement. To be 'SMART' the objectives should be supported by relevant indicators and targets.

Good practice

Sutton

The adopted core strategy contains objectives which promote access to local healthcare services and prevent ill-health and promote health and well-being recognising the wider determinants of health. They are supported by a comprehensive monitoring framework with a range of indicators to monitor the objectives, including sustainability appraisal, Annual Monitoring Report and national indicators, and indicators to monitor the delivery of healthcare facilities in line with the infrastructure schedule.

Tower Hamlets

The adopted core strategy contains a strategic objective 'Achieving wider sustainability' which will be achieved by planning for healthy environments. In turn this recognises the important, interrelated health benefits of well-designed neighbourhoods; high quality housing; access to employment opportunities; access to open space; and shops and services. A monitoring framework contains a range of indicators and targets under this objective.

Southwark

The submitted core strategy includes a cross-cutting strategic objective 'Be healthy and active'. It refers to policies to provide access to social infrastructure, improve access to open spaces and nature, provide opportunities for active travel and access to fresh, healthy food and provide good quality affordable and family homes. It states that the negative impacts of development on health will be addressed and developments will be well designed and able to cope with climate change. The number of Health Impact Assessment of major applications will be monitored in the Annual Monitoring Report.

Bexley

To deliver the core strategy vision for a better quality of life and improved health and wellbeing, three spatial objectives protect and improve public health and safety, provide access to health services, provide opportunities healthy lifestyles and create sustainable and inclusive communities. To monitor these objectives and corresponding policies, contextual indicators on health will be included in the Council's Annual Monitoring Report.

3. Policies

The most effective core strategies translate evidence of health issues and health strategies into specific policies on health improvement and health/social infrastructure with health implications explicitly referred to throughout the document. They also set out approaches to implement the policies to deliver health infrastructure and to address the health impacts of development.

Good practice

Tower Hamlets
The adopted core strategy includes a cross-cutting policy which supports healthy and active lifestyles, addresses an over-concentration of uses which inhibits healthy lifestyles, the impact of noise and air pollution in the borough, provides a hierarchy of accessible, high-quality health facilities, services and premises to meet the needs of the existing and future population, and seeks to improve access to the open spaces and sporting facilities of the Olympic and Paralympic Games and their legacy. It adopts a Local Area Policy approach which aims to create locally distinctive, well designed, healthy places and includes areas of search for new health facilities, which links with the PCT's premises development plan.

Camden
The adopted core strategy adopts a cross-cutting policy approach to improving health and well-being setting out the role of the strategy to promote good health and addressing health inequalities with policy references. It supports targeted measures to improve health in deprived areas and lists projects and initiatives to improve resident's health.

Enfield
The adopted core strategy contains a cross-cutting policy which addresses health and social care facilities and the wider determinants of health. The policy encourages healthier lifestyles referring to other policies on recreation, pedestrians and cyclists, environmental quality and open spaces. A specific intervention to increase open space in areas of high residential densities and poor health is mentioned. The policy requires health impact assessment of developments, with criteria to be set out in a development management document.

Westminster

The core strategy identifies deprivation and associated health inequalities as a key issue and challenge. It refers policies which contribute towards addressing deprivation and health inequalities in the borough. A partnership approach in North Westminster will support economic regeneration and help to tackle deprivation and health inequalities. A policy on health, safety and wellbeing encourages developments through good design to protect health and residential amenity and support healthy lifestyles. It identifies local solutions which address the wider determinants of health to create sustainable communities and tackle health inequalities.

Islington

The core strategy outlines how it will deliver a 'healthier Islington' by improving access to housing, creating a better pedestrian environment, supporting employment in the borough and improving the natural environment. To implement this approach the strategy includes a policy to require all major new development proposals to conduct a prospective Health Impact Assessment (HIA) and in some cases developer funding for a long- term longitudinal HIA will be sought. The number of HIA for major development proposals will be monitored.

Lewisham

The core strategy recognises the role of the planning system to improve health and reduce health inequalities. Transport and open space policies are linked to health outcomes and will be coordinated with public health initiatives including a health improvement plan for north Lewisham which suffers from health inequalities. This partnership approach is carried forward into a specific policy on health which seeks to improve health and reduce health inequalities by exploring new ways to improve opportunities for healthy and active lifestyles and ensuring that the potential health impacts of development are identified and addressed at an early stage in the planning process.

Newham

The core strategy adopts a cross-cutting approach to help deliver the sustainable community strategy theme of a 'Healthy Newham'. A policy on healthy neighbourhoods recognises the role of planning to promote healthy eating, improve air quality, improve employment levels and reduce poverty, address environmental impacts, improve housing quality and reduce crime, improve health facilities, promote walking and cycling and new and improved open spaces. The approach to healthy eating is supported by mapping evidence of 'hot spots' of unhealthy food and drink and 'cold spots' of poor access to healthy food. The core strategy expects developers to undertake a Health Impact Assessment for major residential / mixed-use proposals, or address health impacts in Design and Access statements and environmental impact assessments.

Greenwich

The draft core strategy includes a cross-cutting policy on healthy communities which requires all developments to facilitate healthy and active lifestyles. Development should incorporate measures, including 'Lifetime Neighbourhoods' principles, Health Impact Assessments of major applications (using a Healthy Urban Planning Framework checklist where appropriate), improving access to local healthy food, health facilities, open spaces (including allotments), play areas and leisure facilities and promoting active living and travel.

4. Infrastructure planning

Most boroughs have undertaken infrastructure studies to support infrastructure plans. However, the approach and level of information on current health services, capacity and future requirements varies considerably. An effective infrastructure delivery plan reflects NHS service and estate strategies and relates new health facilities to areas of growth with phasing, costs and funding gaps identified. Some boroughs refer to opportunities to undertake joint property work and explore options for co-location of services. There is also a further opportunity to influence infrastructure plans as Boroughs increasingly decide to implement the Community Infrastructure Levy and update their plans as part of the evidence base supporting the charge setting process.

Good practice

Sutton and Merton

Sutton and Merton PCT has worked closely with Sutton and Merton councils to identify health infrastructure requirements. Both core strategy infrastructure schedules reflect the PCT's 'Better Healthcare Closer to Home' programme. They include details of new Local Care Centres and enhancements to GP surgeries to improve premises quality and provide for additional capacity to cater for the demand from new housing developments. Capital and revenue cost implications, timescales and funding arrangements, including the use of s106 are set out. Merton Council in partnership with key service providers has established an Infrastructure Investment Board to identify and coordinate the delivery of infrastructure to support development making best use of sites and exploring opportunities for co-location of services. A Statement of Common Ground for the Merton Core Strategy examination was agreed between the Council and the PCT.

Hackney

The adopted core strategy identifies that delivering social investment around residential growth is critical to achieving sustainable growth. It includes a policy on focusing social investment which seeks to align investment programmes, planning contributions and other funding sources to deliver new or enhanced social infrastructure. It refers to the co-location of services, for example public health services in a new Hackney Service Centre. It identifies and maps 'social investment areas' and key infrastructure projects and includes a social infrastructure programme which includes health infrastructure requirements which reflect the PCT's Primary and Community Services Strategy and the 'Bigger, Better, Brighter' programme funded through the East London Local Improvement Finance Trust Company. Other documents will help implementation, including a Site Specific Allocations DPD which will help focus capital investment programmes.

Islington

An Infrastructure Delivery Plan has been prepared to support the core strategy. It describes current primary and secondary healthcare provision and NHS future plans and funding requirements. The document recommends the setting up of an infrastructure providers group to ensure that service plans are programmed with population growth and for governance arrangements within the Local Strategic Partnership to be established to provide leadership for local service delivery and use of assets over the short, medium and long term.

Ealing

The Council will establish local priorities for planning obligations and a forthcoming Community Infrastructure Levy from evidence in its Infrastructure Delivery Plan. The core strategy includes maps of current healthcare facilities and proposed new infrastructure. An infrastructure delivery schedule provides details of primary healthcare projects. The strategy recognises that the council's own assets and land can be used to stimulate development and provide much of the land for local infrastructure, including healthcare. The Infrastructure Delivery Plan will be integrated into the Annual Monitoring Report process which will track both the delivery of infrastructure and the updating of the IDP supply and demand analysis.

Kingston

The core strategy identifies and maps areas of the borough where new primary healthcare facilities should be provided, taking into account health needs and inequalities, current capacity and planned population growth. It sets out how new facilities could be provided: on 'windfall' sites; by expanding or adapting existing buildings, by developers on mixed use schemes, by the local LIFT company; or by preparing a site masterplan, for example to develop a hospital site. The Council seeks to promote the co-location of community facilities, including new schools and healthcare facilities. The results of a Council Asset Management review will identify potential new opportunities.

Haringey

The core strategy includes a schedule of key infrastructure programmes and projects. It identifies healthcare requirements and reflects the PCT's Primary Care Strategy and Strategic Plan. It includes details of costs, timescales and funding arrangements. It also identifies additional demand for primary and secondary healthcare arising from new housing development in growth areas, but notes that any new facilities should reflect the shift in healthcare 'closer to home'. An updated health infrastructure schedule was provided during the examination and a Health Infrastructure Plan was published in October 2011 to support the core strategy and forthcoming Community Infrastructure Levy.

HUDU January 2013

Appendix 1 Integrating Health into Core Strategies: Assessment and Ranking by London Borough

Orange highlight denotes a core strategy with a four star rating; **Yellow** highlight denotes a good practice example cited in main report

Borough	Stage	Key dates	Ranking	Evidence Out of 3	Objectives Out of 5	Policies Out of 10	Inf. planning Out of 10	Monitoring Out of 2	Total Out of 30
Redbridge	Adopted	Adopted 13 May 2008	★	0	4	4	0	0	8
Havering	Adopted	Adopted 23 July 2008	★	1	3	5	0	1	9
Richmond	Adopted	Adopted 21 April 2009	★★	1	3	6	1	1	12
Sutton	Adopted	Adopted 7 December 2009	★★★	3	5	5	8	2	23
Brent	Adopted	Adopted 12 July 2010	★	1	4	2	2	1	10
Barking & Dagenham	Adopted	Adopted 21 July 2010	★★	3	4	5	2	1	15
Tower Hamlets	Adopted	Adopted 15 September 2010	★★★★	3	5	8	7	2	25
Wandsworth	Adopted	Adopted 20 October 2010	★★	3	4	5	4	0	16
Camden	Adopted	Adopted 8 November 2010	★★★★	3	5	8	7	2	25
Enfield	Adopted	Adopted 10 November 2010	★★	2	3	7	6	1	19
Hackney	Adopted	Adopted 24 November 2010	★★★	3	4	6	7	2	22
Kensington and Chelsea	Adopted	Adopted 8 December 2010	★★	2	0	5	6	1	14
Southwark	Adopted	Adopted 6 April 2011	★★★	3	5	6	5	2	21
Westminster	Adopted	Adopted 26 January 2011	★★★	3	3	8	7	0	21
Lambeth	Adopted	Adopted 19 January 2011	★★	2	3	2	6	0	13
Islington	Adopted	Adopted 17 February 2011	★★★	2	4	7	7	1	21
Lewisham	Adopted	Adopted 29 June 2011	★★★★	3	5	8	8	2	26
Merton	Adopted	Adopted 13 July 2011	★★★	1	5	6	9	0	21
City of London	Adopted	Adopted 8 September 2011	★★	0	3	6	6	0	15
Hammersmith & Fulham	Adopted	Adopted 19 October 2011	★★	2	5	7	7	0	20
Newham	Adopted	Adopted 26 January 2012	★★★	1	4	8	7	1	21
Harrow	Adopted	Adopted 16 February 2012	★★	0	2	4	6	1	13
Bexley	Adopted	Adopted 22 February 2012	★★	0	5	7	7	2	20
Waltham Forest	Adopted	Adopted 1 March 2012	★★★★	3	5	8	7	2	25
Ealing	Adopted	Adopted 3 April 2012	★★	1	3	5	8	0	17
Kingston	Adopted	Adopted 17 April 2012	★★★	3	4	7	8	2	24
Barnet	Adopted	Adopted 11 September 2012	★★★	3	4	7	8	2	24
Hillingdon	Adopted	Adopted 8 November 2012	★★	1	5	5	7	0	18
Haringey	Examination	Adoption planned for 25 February 2013	★★★★	3	4	7	9	2	25
Croydon	Examination	Adoption planned for April 2013	★★	1	3	6	6	0	16
Greenwich	Draft	Draft strategy November 2010. Proposed submission February 2013	★★★	3	5	9	3	1	21
Hounslow	Draft	Preferred Strategy July 2011. Further consultation May 2013	★★	3	1	6	3	0	13
Bromley	Draft	Issues July 2011. Options and Preferred strategy consultation Feb 2013	★★	2	4	6	3	0	15

Scoring		
★	0 - 10	Limited
★★	11 - 20	Acceptable
★★★	21 - 24	Good
★★★★	25 - 30	Very good