

Healthy Urban Development Unit

# Integrating health into the core strategy

## A guide for primary care trusts in London





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## Purpose of the guide

The purpose of this guide is to demonstrate to PCTs how they can get involved in and influence the spatial plans that the local borough council needs to prepare. Equally it can be used by boroughs to check whether they are getting the best from the health sector in order to produce a sound plan. Every London borough is required to prepare a spatial plan, known as a Local Development Framework (LDF) to manage all aspects of the future growth and change in the borough. The LDF is made up of several documents, the most important of which is the core strategy (see Figure 1). This sets out the key strategic policies that will guide development. Spatial plans have a very significant effect on the environment, for instance housing, open space, transport, pollution, employment and regeneration and are therefore critical to creating healthier environments, supporting healthier lifestyles and planning for healthcare infrastructure. This guide takes you through the core strategy process step by step.

PCTs have a duty to cooperate with the local authority in a wide range of strategy formulation, service planning and delivery. Spatial planning is critical to the local authority's role in place shaping. With effective partnership working PCTs should be in a position to use the spatial planning system in the short term to help deliver their Commissioning Strategy Plans and in the long term to achieve better health and reduce inequalities. They will only be able to achieve this if they have a good understanding of the process, are able to get fully engaged at the right time and have the capacity to support the engagement. The potential rewards for effective engagement are enormous in terms of health outcomes and finance for health infrastructure.

No PCT can afford to ignore or under resource this crucial area of partnership. With this guide you will make your input count and help meet your performance standards and targets.

The guide is divided into five sections:

1. Legislation and policy requirements
2. The core strategy process – working with the borough
3. Gathering evidence for the core strategy
4. Converting evidence into effective policies
5. Implementing the core strategy – delivering health outcomes

Each section includes a summary of the key requirements and steps that need to be undertaken. An overall '**health check**' is provided to assess whether the core strategy is 'fit for purpose' by integrating and promoting health.

## How this guide can help PCTs get involved and influence the core strategy

The core strategy process is complicated and highly regulated, but the key is to get involved early in the process and to stay involved. This guide aims to help. Each section of the guide is self-contained, so that the guide can be read in parts. As such the key requirements and steps to integrate health are repeated throughout the guide.

What the PCT should do		How this guide can help	
Get organised	Nominate staff who will be responsible for engaging in the process. Identify the range of skills that the PCT can offer to support the borough particularly where evaluating evidence and formulating policies are concerned.	<b>1. Legislation and policy requirements</b>	Read this section to understand why health must be addressed in the core strategy
Manage communications	Agree a simple protocol for managing communications on planning and health, identifying contacts, responsibilities, key milestones and timescales. Formally respond in writing to consultations on the core strategy to ensure that the PCT views are recorded.	<b>2. The core strategy process – working with the borough</b>	Read this section to understand how and when the PCT can get involved to help the borough prepare the core strategy
Get involved early and share information	Start a dialogue with the borough. Share evidence, plans and strategies and scope health issues. Use the Joint Strategic Needs Assessment and analyse information collaboratively.	<b>3. Gathering evidence for the core strategy</b>	Gathering evidence is the first crucial stage of the core strategy process. Read this section to help the borough gather evidence and scope local health issues.
Align strategies and processes	Align health strategies with the core strategy through a common spatial framework. Where possible, align processes, such as joint asset assessment and management. Help prepare an infrastructure delivery plan. Identify and agree interventions that will improve health.	<b>4. Converting evidence into effective policies</b>	Read this section to find out how to convert the evidence into effective policies that address the local health issues and what these policies may look like.
Implementation	Help prepare a health infrastructure plan and explore mechanisms for delivery. Justify requirements for s106 developer contributions. Get involved in the planning application process and s106 negotiations. Assess the impact of development on health and recommend actions to mitigate the negative impacts. Agree arrangements for monitoring the core strategy.	<b>5. Implementing the strategy – delivering health outcomes</b>	Read this section to understand how the core strategy policies will be implemented and how positive health outcomes can be achieved.

### What is the core strategy?

The Local Development Framework (LDF) is a collection of policy documents produced by local authorities which sets the spatial planning framework for managing development and change in each borough over a 15 to 20 year period. (See figure 1.) The core strategy is the main document

of the LDF and provides a vision, strategic objectives and a delivery strategy to set out the scale and location of development envisaged in the borough and when and how it will be delivered. Each London borough is required to produce a core strategy.

Figure 1. The Local Development Framework



### Why is the core strategy important?

The core strategy provides the overall policy context for decisions on planning applications and promotes development in a sustainable manner. New or extended health facilities will require planning permission. All new developments must facilitate healthier lifestyles and mitigate the impacts on health and health services, including financial support to help fund additional health services. As such, the core strategy should promote healthy communities and seek to improve access to health facilities. The core strategy can only be produced with the PCT's help to:

- provide an effective policy framework which delivers positive health outcomes and reduce health inequalities. **This will support health improvement plans and help reduce health expenditure.**
- ensure that healthcare services are available to the population in the right place and at the right time. **This will help deliver PCT commissioning and investment plans and help secure financial contributions through the planning process.**

- identify strategic sites for development, which could include changes to the NHS estate and sites and identify opportunities for the coordination of public services. **This will help deliver health reconfiguration plans, dispose of surplus sites and coordinate services.**

The core strategy should be seen as a strategic document for the PCT and should be given priority and adequate resources so that it is able to influence the document. The opportunity to influence the core strategy is limited. Once adopted the core strategy is a legal document and cannot easily be changed.

## Working with the borough

The key to the successful integration of health into the core strategy is effective engagement between the PCT and the borough – getting involved, working together and aligning strategies and processes.

Effective engagement in the core strategy is required by legislation and Government policy. There is also a strong emphasis on partnership working to provide services and ‘shape places’. The core strategy has a key role to support the priorities in the sustainable community strategy and help deliver local area agreement targets. In many cases, partnership working is already well established through the local strategic partnership, the joint commissioning of health and social care services and through health improvement programmes. However, this level of engagement needs to be extended to spatial planning and the core strategy.

Although boroughs are at different stages in the core strategy process, in most cases there will still be

opportunities for the PCT to influence the document and promote health. The core strategy will be supported by other planning documents, such as area action plans and supplementary planning documents (for example on planning obligations), and will be implemented through the planning application process. Therefore, it is vitally important that engagement is extended to the entire LDF and wider planning processes.

Effective engagement is more than just consultation and requires a proactive approach to align organisational structures, systems and processes.

Detailed guidance on the steps that the PCTs can take to ensure that they are effectively engaged in the preparation of the core strategy is set out in **HUDU’s Health and Urban Planning Toolkit**.

# Section 1: Legislation and policy requirements

**Read this section to understand why health must be addressed in the core strategy**

Health must be addressed in the core strategy to help create sustainable healthy communities, to protect and improve public health and to help provide health infrastructure. Health is a priority for the Mayor of London and a crosscutting theme of the London Plan. Each borough core strategy must conform to the London Plan. The core strategy should help deliver the sustainable community strategy and the preparation of the core strategy should build on partnership working arrangements already in place between the PCT and the borough.



## 1.1 National Planning Policy

The *Planning and Compulsory Purchase Act 2004* sets out the legal framework for a plan-led system whereby planning applications are determined in accordance with the development plan,<sup>1</sup> which for the London is the Mayor’s London Plan and the borough’s Local Development Framework.<sup>2</sup> The development plan must be consistent with national planning policy. National planning policy is set out in Planning Policy Statements which are available to download from the [Department of Communities and Local Government website](#).

### Delivering sustainable development

*Planning Policy Statement 1 – Delivering Sustainable Development* (PPS 1) states that sustainable development is the core principle underpinning planning.<sup>3</sup>

It sets out the overarching planning policies for the delivery of sustainable development through the LDF:

- It promotes sustainable and inclusive patterns of urban development
- It requires improved access for all to health and community facilities and to services which promote health and well-being, such as open space, sport and recreation facilities

- High quality and inclusive design should be the aim of all those involved in the development process. It should create well-mixed and integrated developments which have well-planned public spaces that bring people together and provides opportunities for physical activity and recreation.

PPS1 identifies that the development plan should do the following:<sup>4</sup>

- “Ensure that the impact of development on the social fabric of communities is considered and taken into account;
- Seek to reduce **social inequalities**;
- address accessibility (both in terms of location and physical access) for all members of the community to jobs, **health**, housing, education, shops, leisure and community facilities;
- take into account the needs of the community, including particular requirements relating to age, sex, ethnic background, religion, disability and income;
- deliver safe, **healthy** and attractive places to live; and
- support the promotion of **health and well-being** by making provision for physical activity.”

1. Section 38(6) of the Planning and Compulsory Purchase Act 2004  
 2. Section 38(2) of the Planning and Compulsory Purchase Act 2004  
 3. Paragraph 3 of Planning Policy Statement 1 – Delivering Sustainable Development  
 4. Paragraph 16 of Planning Policy Statement 1 – Delivering Sustainable Development

The Government set out five guiding principles for sustainable development in *Securing the Future: Delivering UK Sustainable Development Strategy* (2005). One of the five principles is to ensure a strong, **healthy** and just society, which aims to meet the diverse needs of all people in existing and future communities, promoting **personal well-being**, social cohesion and inclusion, and creating equal opportunity for all. A commitment was also given to “placing sustainable development at the heart of the land use planning system”.

Therefore, health and health services form an integral part of sustainable development, which must be delivered through the planning system.

### Spatial Planning

Planning Policy Statement 1 states that spatial planning is the concept that underpins the core strategy and the planning system in general.<sup>5</sup>

Spatial planning should “bring together and integrate policies for the use and development of land with other policies and programmes which influence the nature of places and how they function”<sup>6</sup>. This includes the strategies and programmes of other stakeholders such as PCTs which have implications for land use and the way land is developed.

*Planning Policy Statement 12 – Local Spatial Planning* provides guidance on the LDF and core strategy. It emphasises the role of spatial planning in place shaping and delivery. The spatial planning system exists to deliver positive social, economic and environmental outcomes. This requires planners to collaborate actively with stakeholders and agencies that help to shape local areas and deliver local services.

The core strategy should cover a timescale of at least 15 years from the date of adoption. The content of the core strategy includes:

1. an overall vision which sets out how the area and the places within it should develop;
2. strategic objectives for the area focusing on the key issues to be addressed;
3. a delivery strategy for achieving these objectives. This should set out how much development is intended to happen where, when, and by what means it will be delivered. Locations for strategic development should be indicated on a key diagram; and
4. clear arrangements for managing and monitoring the delivery of the strategy.<sup>7</sup>

The core strategy should not repeat national and regional policy, but should concentrate on particular issues which have been identified as of local importance.

The examination of the core strategy is concerned with the two separate matters of **legal compliance** and **soundness**. To meet legal requirements the core strategy must:

1. be prepared in accordance with the Local Development Scheme and in compliance with the Statement of Community Involvement and the regulations;
2. be subject to a sustainability appraisal;
3. have regard to national policy;
4. conform generally to the Regional Spatial Strategy; and
5. have regard to any sustainable community strategy for its area.<sup>8</sup>

To be “sound” a core strategy should be

1. Justified
2. Effective; and
3. Consistent with national policy.<sup>9</sup>

To be **justified** the core strategy must be founded on a robust and credible evidence base and be the most appropriate strategy when considered against the reasonable alternatives.

To be **effective**, the core strategy must be deliverable, flexible and able to be monitored.

The Planning Inspectorate has published guidance on the examination process and the assessment of whether a development plan document is sound.<sup>10</sup>

Planning Policy Statement 12 is supported by a Plan-Making Manual<sup>11</sup> which delivered via the Planning Advisory Service website. The online manual provides guidance on how to prepare local development frameworks and offers good practice examples from local authorities.

The core strategy should be based on sound **infrastructure planning**. The core strategy should guide where long term infrastructure investment should be made. It should be supported by evidence of what physical, social and green infrastructure is needed to enable the amount of development proposed for the area, taking account of its type and distribution. The core strategy should draw on and in parallel influence any strategies and investment plans of the local authority and other organisations.<sup>12</sup> Key infrastructure stakeholders are encouraged to engage in such discussions and to reflect the core strategy in their own future strategies and processes.<sup>13</sup>

5. Paragraph 13 of Planning Policy Statement 1 – Delivering Sustainable Development

6. Paragraph 30 of Planning Policy Statement 1 – Delivering Sustainable Development

7. Paragraph 4.1 Planning Policy Statement 12 – Local Spatial Planning

8. Paragraph 4.50 Planning Policy Statement 12 – Local Spatial Planning

9. Paragraph 4.52 Planning Policy Statement 12 – Local Spatial Planning

10. Local Development Frameworks Examining Development Plan Documents: Soundness Guidance (July 2008)

11. [www.pas.gov.uk/planmakingmanual](http://www.pas.gov.uk/planmakingmanual)

12. Paragraph 4.9 Planning Policy Statement 12 – Local Spatial Planning

13. Paragraph 4.10 Planning Policy Statement 12 – Local Spatial Planning

Local authorities should undertake timely, effective and conclusive discussion with key stakeholders on what options for a core strategy are deliverable. "There is no point in proceeding with options for the core strategy which cannot be delivered as a result of failure to obtain the agreement of key delivery agencies."<sup>14</sup>

### Sustainability appraisal

Planning Policy Statement 12 outlines the requirements for sustainability appraisal, which incorporates the European Strategic Environmental Assessment Directive (the SEA Directive) and must be undertaken at each stage of the core strategy production process.<sup>15</sup> This systematic and iterative process, which must be fully integrated into the process, is used to "appraise the economic, social and environmental sustainability of the plan".

The initial scoping stage of the sustainability appraisal represents an important stage in gathering evidence for the core strategy. It should identify health issues, objectives and indicators and highlight information gaps. At the core strategy preparation stage, a sustainability appraisal report should evaluate the spatial policies and alternative options against the framework of sustainability objectives.<sup>16</sup>

To meet the SEA Directive, consideration must be given to the likely significant effects of a plan or programme on human health.<sup>17</sup> The sustainability appraisal should provide a framework to assess the health impacts of the core strategy, including the identification of health issues, health objectives and indicators. If the sustainability appraisal does not comprehensively address health, supplementary work or a separate health impact assessment should be provided.

## 1.2 Conforming to the London Plan

The Mayor of London is responsible for strategic planning in London. He must produce a Spatial Development Plan for London – known as the London Plan – and keep it under review. The Mayor also has a statutory duty to promote the health of Londoners<sup>18</sup> and produce a strategy to tackle health inequalities.<sup>19</sup> The London Plan must provide the overall strategic policy framework for the health inequalities strategy.

The 'Development Plan' for each London borough comprises the Mayor's London Plan and its Local Development Framework (LDF). Therefore, planning applications will be determined in accordance with the London Plan and the LDF. Each LDF must be in 'general conformity' with the London Plan.<sup>20</sup> Therefore, the core strategy must reflect the priority given to health in the

London Plan. PCTs need to be aware of and understand the policies in the London Plan.

Health is a fundamental crosscutting theme in the London Plan and is implicit in many policies. For example Objective 2 states "To make London **a healthier and** better city for people to live in". A key policy direction for achieving this objective is to "promote policies to address health inequalities and the determinants of health in London and to improve the health of Londoners". A further policy direction is to "improve, by **more effective working with partners**, including the community and voluntary sectors, the availability of quality local services particularly education, **health** and provision for children and young people, including childcare facilities".

The London Plan contains a comprehensive set of policies requiring the consideration of the health impacts of policies and development proposals and a systematic assessment of the need for social infrastructure in general and health facilities in particular. These policies include:

### Policy 2A.1 Sustainability Criteria

The Mayor will use criteria to assess whether the core strategy promotes sustainable development, including the following relevant to health and health services:

- "ensuring that development takes account of the capacity of existing or planned infrastructure including public transport, utilities and community infrastructure, such as schools and hospitals"
- "taking account of the impact that development will have on London's natural resources, environmental and cultural assets **and the health of local people**"

### Policy 3A.2 Borough housing targets

DPD policies should; (inter alia)

- identify new sources of supply having regard to the adequate provision of local services (including education and health care) and public open space to meet future needs

### Policy 3A.7 Large residential developments

Boroughs should encourage proposals for large residential developments in areas of high public transport accessibility, including the provision of suitable non-residential uses within such schemes). Boroughs should assess the need for community and ancillary services such as local health facilities, schools, leisure facilities, public open space, children's playspace and social care (paragraph 3.33).

14. Paragraph 4.28 Planning Policy Statement 12 – Local Spatial Planning

15. Sustainability Appraisal, which in England incorporates Strategic Environmental Assessment, is required under the Planning and Compulsory Purchase Act 2004

16. Paragraph 4.43 Planning Policy Statement 12 – Local Spatial Planning

17. Paragraph 2.27 A Practical Guide to the SEA Directive, ODPM 2005

18. Section 41(4) of the Greater London Authority Act 1999

19. Living well in London – The Mayor's draft Inequalities Strategy for London (January 2008)

20. Section 24(1) of the Planning and Compulsory Purchase Act 2004

### Policy 3A.18 Protection and enhancement of social infrastructure and community facilities

Policies in DPDs should assess the need for social infrastructure and community facilities in their area, and ensure that they are capable of being met wherever possible. These needs include primary healthcare facilities. Adequate provision for these facilities is particularly important in major areas of new development and regeneration.

### Policy 3A.20 Health objectives

Policies in DPDs should include policies for the improvement of the health of the local population and reduction of health inequalities as set out in the objectives of the NHS Plan, the 'Choosing Health' White Paper, Local Delivery Plans and Modernisation Programmes and the organisation and delivery of health care in the borough. This should be in partnership with the strategic health authority, primary care trusts, NHS Foundation Trusts, local strategic partnerships and with voluntary and community organisations involved in delivering health services.

### Policy 3A.21 Locations for health care

Policies in DPDs should support the provision of additional healthcare within the borough as identified by the strategic health authority and primary care trusts. The preferred locations for hospitals, primary healthcare centres, GP practices and dentists should be identified in appropriate locations accessible by public transport and with particular reference to policies 3A.20, 3A.7 and 3D.1

### Policy 3A.22 Medical excellence

Policies in DPDs should promote the continued role of London as a national and international centre of medical excellence and specialised facilities promoting expansion where appropriate.

### Policy 3A.23 Health impacts

Boroughs should require Health Impact Assessments for major development proposals and have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough.

The Greater London Authority Act 2007 promotes the use of Health Impact Assessments to test the impact of strategies, projects and initiatives on public health and health inequalities.

The Mayor has prepared guidance to boroughs on promoting public health which includes information on a range of tools that can be used to assess the impacts of development.

### Mayor of London's Health Issues in Planning, Best Practice Guide (July 2007)

The BPG provides guidance on how Boroughs should implement the principles of healthy planning and London Plan's health policies through the LDF. It also points to key tools that can help Boroughs and partners with this task. It can be downloaded from [www.london.gov.uk/mayor/strategies/sds/bpg-health.jsp](http://www.london.gov.uk/mayor/strategies/sds/bpg-health.jsp)

### Policy 3A.27 Meeting floor targets

Policies in DPDs should set out how development in, or adjacent to, Areas for Regeneration (see Chapter 5) could contribute towards meeting national floor targets and locally determined targets for employment, crime, health, education, social housing and the environment, as well as wider neighbourhood renewal initiatives. The Mayor will take account of the contribution of a development towards meeting floor targets when considering strategic planning applications.

### Policy 3D.3 Maintaining and improving retail facilities

Boroughs should (inter alia) provide a policy framework for maintaining, managing and enhancing local and neighbourhood shopping facilities and, where appropriate, for the provision of further such facilities in accessible locations, including to serve new residential communities.

### Policy 5H.1 The Growth Areas

In working with partners on strategies for the Growth Areas the Mayor will seek to ensure that the strategies are compatible with and develop the policies in the London Plan (particularly those policies relating to population and economic growth and those for the relevant sub-regions) and the action points set out in the relevant SRIFs.

Through that process the Mayor will seek to ensure that appropriate resources, particularly for transport (including ports and, logistics) and other infrastructure (health, education, open space and other services) are made available to secure the optimum development of the Growth Areas as a whole and those parts which lie within London.

**Policy 6A.4 Priorities in Planning Obligations** requires boroughs to include appropriate strategic as well as local needs in their policies for planning obligations. Affordable housing and transport are the highest priority and health services and facilities are, inter alia, also a priority.

**Policy 6A.5 Planning Obligations** requires boroughs to “set out a clear framework for negotiations on planning obligations”. This policy also sets out criteria including:

- “it will be a material consideration whether a development makes appropriate provision for, or contributions towards requirements that are made necessary by and are related to, the proposed development
- “negotiations should seek a contribution towards the full cost of all such provision that is fairly and reasonably related in scale and in kind to the proposed development and its impact on the wider area”
- boroughs should refer to planning obligations that will be sought in the relevant parts of the DPD”

### 1.3 Giving spatial expression to the sustainable community strategy

The overarching strategic framework for a borough is the sustainable community strategy. This strategy should contain:

- **A long-term vision based on local needs**, which will be supported by an evidence base informed by the plans and strategies of partners
- **Key priorities for the local area** based on the vision which inform the Local Area Agreement.<sup>21</sup>

Health will inevitably figure as a key priority in the sustainable community strategy and the vision and objectives or aims are likely to feature health, with the local area agreement referring to health indicators and targets. The core strategy should give spatial expression to the sustainable community strategy. Figure 2 illustrates how the local authority and its partners could align the core strategy with the sustainable community strategy and local area agreement by:

- Sharing baseline information, evidence gathering and assessment
- Sharing a sustainable appraisal framework of objectives and indicators
- Aligning core strategy objectives with the sustainable community strategy priorities
- Aligning core strategy policies and proposals with the Local Area Agreement outcomes
- Coordinating the planning and delivery of infrastructure
- Coordinating the monitoring and review of the core strategy policies against Local Area Agreement targets, including the use of the Annual Monitoring Report

Figure 2. Relationship between the core strategy and the sustainable community strategy



21. Paragraph 3.2 of Creating Strong, Safe and Prosperous Communities (DCLG, 2008)

## 1.4 Partnership working

PCTs have a statutory duty to promote the health of the local community. They are responsible for commissioning services that meet local needs and this requires them to work in partnership with providers and jointly with local authorities to commission services.

*Our Health, Our Care, Our Say*<sup>22</sup> emphasises that “public bodies can and should do more to support individuals and give everyone an equal chance to become and stay healthy, active and independent” (paragraph 2.2).

It asks PCTs and boroughs to work together to address the impacts of new housing on health services.

“New housing developments have an impact on primary care and community services – for example, immediate increases in demand for GP services. The Government will explore ways in which local planning authorities and local providers of health services can work together better, to ensure that the impacts of new developments on existing services are properly addressed through the planning system. The NHS locally is encouraged to work closely with planning authorities” (paragraph 6.46).

### Promoting health

*Our Health, Our Care, Our Say* emphasises the need to address the wider determinants of health and deliver the new NHS model of care.

“Preventing ill-health and enabling people to play a full role in their local communities are also key parts of the Government’s work on regeneration and building sustainable communities. And the quality of the environment, for example of our air and water, is vital to health and an important aspect of health protection. Access to green spaces, clean and safe open air spaces where people can meet and exercise informally, and planning and design that encourage walking and cycling are all important factors in supporting health and well-being” (paragraph 2.6).

The Health Act 1999 set out a duty of partnership and cooperation between NHS bodies and local authorities “to secure and advance the health and welfare of the people of England and Wales”.

The Local Government Act 2000 created a discretionary power for boroughs to “promote or improve economic, social or environmental wellbeing of their area” – this includes health. The Act also requires boroughs to produce community strategies (now called sustainable community strategies), which are prepared in partnership with local strategic partnerships.

PCTs are key members of local strategic partnerships and will have targets to meet in this regard. The local strategic partnership produces the local community strategy, which in turn should help to shape the PCT’s strategies and programmes. As the LDF is meant to give spatial expression to the health aspirations of the sustainable community strategy, it plays a vital role in implementing the PCT’s aspirations for health and health services in the borough.

The Local Government and Public Involvement in Health Act 2007 imposes a duty on boroughs and PCTs to produce **joint strategic needs assessments**. These will provide an essential part of the evidence base for:

- The sustainable community strategy
- The Local Area Agreement
- The LDF

The Government has put local authorities at the heart of the **place making** agenda. LDFs are central to this process. PCTs need to broaden their involvement from the local strategic partnership to the production and delivery of the LDF.

“Working in partnership will bring considerable benefits to partners who have an interest in improving the wellbeing of local communities. Coordinated planning and delivery will lead to better outcomes for communities and greater efficiencies for partners.”<sup>23</sup>

### Reducing health expenditure – improving the health of the community

The ‘Wanless’ report *Securing our Future Health: Taking a Long Term View*<sup>24</sup> pressed for a ‘fully engaged scenario’ where the NHS and its partners including boroughs addressed the wider determinants of health and the individual took greater responsibility for health. This option was calculated to save the NHS £31 billion in comparison to ‘business as usual’ by 2023. His follow up report<sup>25</sup> highlighted that more still needed to be done to achieve this scenario.

### Accessing funding for local health services

Access to funding for health services will be improved if the recommendations in this guidance are followed. Effective alignment with the spatial planning policies and the regeneration policies of the borough are essential if developer contributions and specific growth area funding are to be justified. HUDU calculates that developer funding alone is worth up to £150 million per year in London. However, only a small proportion of PCTs are accessing this funding in an effective way, whilst other PCTs are benefiting substantially.

22. Department of Health ‘Our Health, Our Care, Our Say’ A new direction for community services (January 2006)

23. Paragraph 5.2 – Statutory Guidance on ‘Creating Strong, Safe and Prosperous Communities’ (DCLG, July 2008)

24. Derek Wanless, *Securing our Future Health: Taking a Long Term View* (April 2002)

25. Kings Fund (Wanless et al) *Our Future Health Secured? A Review of NHS Funding and Performance* (2007)

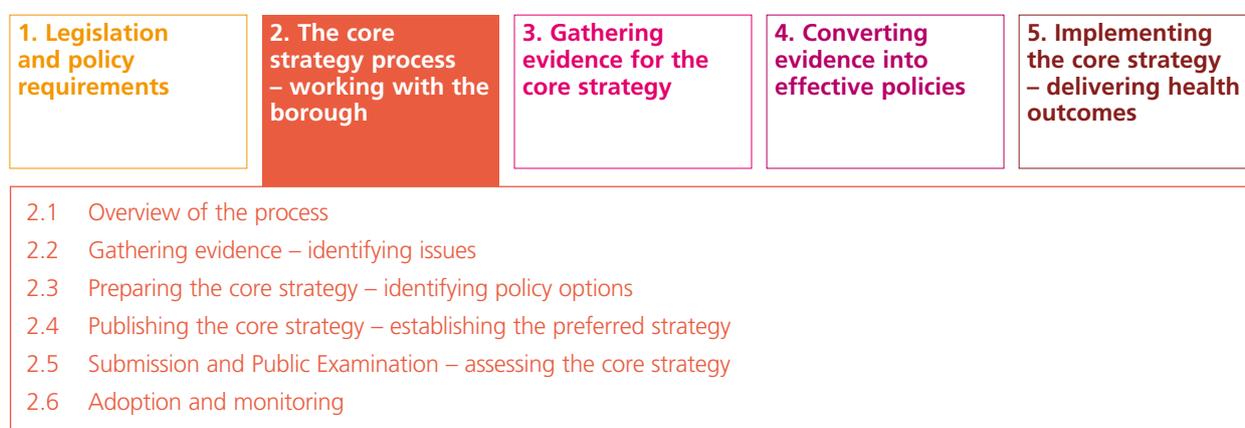
### Summary of legal requirements

1. Health – a healthy environment and access to health services – is a key element of sustainable development, the core principle underpinning planning. The core strategy must be able to deliver sustainable development.
2. Spatial planning requires the core strategy to take into account the principles and strategies of other stakeholders specifically the PCT that have implications for spatial planning.
3. The core strategy must be founded on robust and comprehensive evidence base that explicitly deals with health and well being, gathered as early as possible in the production process.
4. The core strategy must undergo a sustainability appraisal to ensure that it can deliver sustainable development. The appraisal must assess the impacts on health and well being and health services.
5. The core strategy must conform to the London Plan, which has a crosscutting theme of health and several health policies.
6. The core strategy must give spatial expression to the local sustainable community strategy, informed by the local strategic partnership. PCTs are key members of the local strategic partnership.
7. PCTs have a duty to cooperate and work in partnership with their respective borough, which has a role to promote or improve economic, social or environmental wellbeing of their area, including health.
8. Joint strategic needs assessments between PCTs and boroughs are mandatory.
9. Our Health, Our Care, Our Say requires health authorities to address the wider determinants of health to improve health and well-being, and to work with boroughs to address the impacts of development on health services.
10. The core strategy must be able to demonstrate that the health infrastructure needed to support the expected housing growth can be delivered.

## Section 2: The core strategy process – working with the borough

Read this section to understand how and when the PCT can get involved to help the borough prepare the core strategy

The core strategy process is complicated and highly regulated. It is vitally important that the PCT understand the process to be effectively engaged in the preparation of the core strategy. The key is to get involved early and stay involved in the process. The PCT should not assume that responding to a single consultation stage will result in an effective plan. By failing to deal with health there is a risk that the core strategy may not be adopted. This could disadvantage the PCT by adversely affecting the implementation of its plans and strategies.



### 2.1 Overview of the process

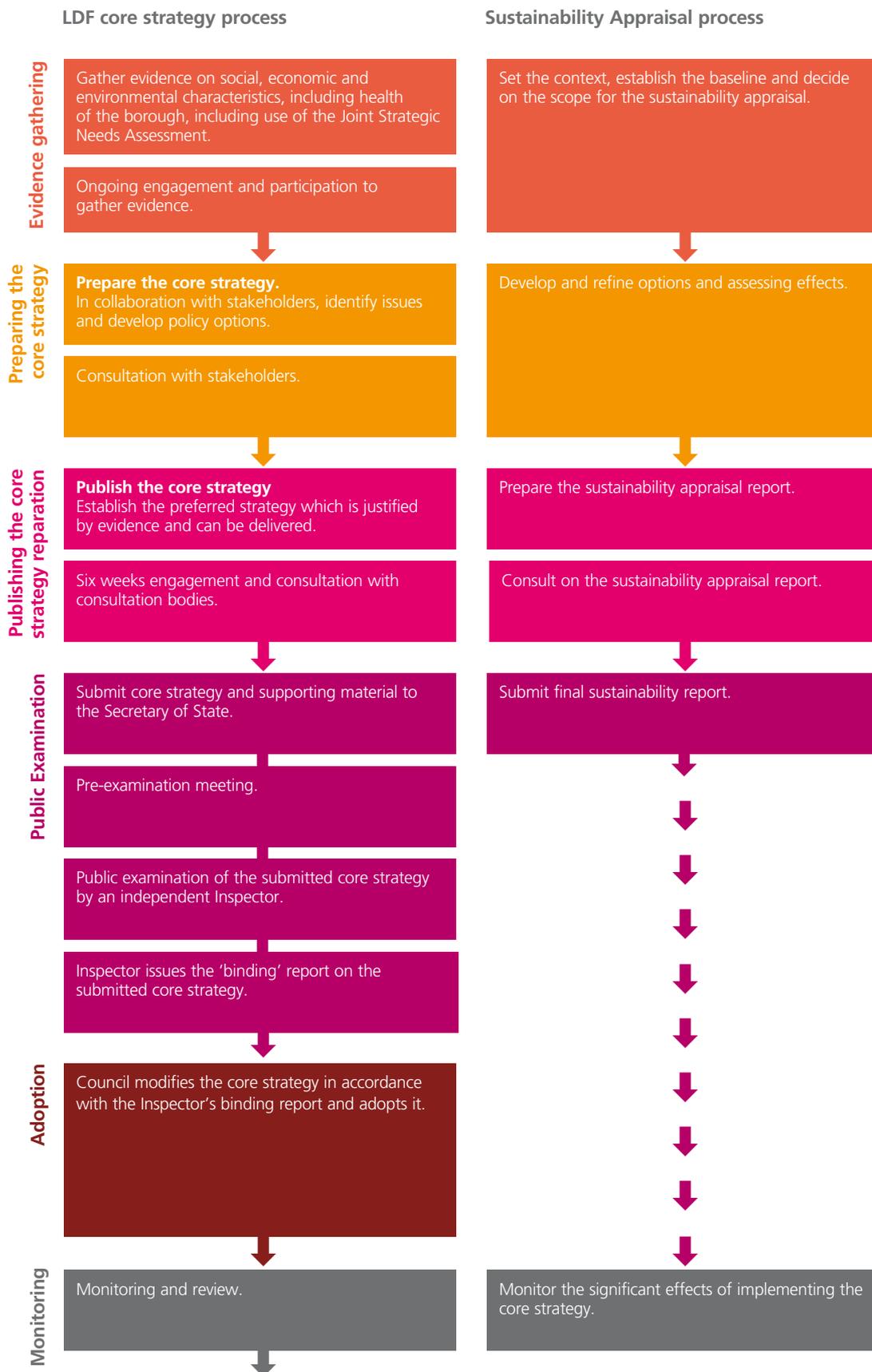
The core strategy process has a number of stages and can take up to three years to complete. Figure 3 illustrates the production stages and how the **sustainability appraisal** is integrated into the core strategy process. The implications for health and health services must be considered and the PCT has an important role to play in carrying out the sustainability appraisal. The sustainable community strategy will point to many of the health objectives the sustainability appraisal should take into account. The core strategy will impact on the needs of different groups in the community

and as such a borough is required to undertake an Equality Impact Assessment (EQIA) of the document.

The **Local Development Scheme**, which is part of the LDF, sets out the borough’s programme for preparing the core strategy, including the dates when each stage should commence. The **Statement of Community Involvement** sets out how the public and stakeholders will be consulted, and should refer to the PCT.

Each stage of the core strategy process and how it should treat health is described below.

Figure 3. The core strategy process



## 2.2 Gathering evidence – identifying issues



Gathering evidence is the crucial first stage of the core strategy process and should be undertaken collaboratively with PCTs and others who have a stake in the future of the area. (See section 3 for more detail on how the PCT can help the borough gather evidence and scope local health issues.)

The evidence is a vital element of the core strategy as it identifies the issues and priorities facing the borough and informs the policy options and interventions necessary to address the issues. The PCT has a key role to help the borough collate and analyse the evidence for the core strategy and will involve using the joint strategic needs assessment. The sustainability appraisal should address health issues and impacts and help develop the policy options.

The evidence should include an assessment of health plans and strategies, health needs and priorities. This stage may identify information gaps and opportunities for further evidence. The PCT and the borough should attempt to reach a common understanding of the health and health service issues and priorities. This will help to identify realistic policies and proposals that can be delivered by the core strategy.

The evidence should be analysed to explore the spatial implications of the health issues and offer possible options for intervention in the core strategy. The evidence should include an assessment of future health infrastructure requirements and begin to identify options for how and when it will be delivered.

## 2.3 Preparing the core strategy – identifying policy options



From the evidence gathered and analysed, the borough will develop a spatial vision, strategic objectives and policy options.

The **spatial vision** articulates what the borough should be like in at least 15 years time, and should give direction to the core strategy. It should be consistent with the sustainable community strategy<sup>26</sup> and should be compatible with and reflect the long term aims of the PCT as set out in its Commissioning Strategy Plan. It is vital that the direction of travel for the configuration of health services is properly reflected in the vision. The intended outcomes from other strategies, such as education and social services that also have implications for land use and development and for health services, should also be articulated as part of the vision.

The **strategic objectives** are the changes that need to be made to address the issues and achieve the spatial vision. They need to be SMART – i.e. specific, measurable, achievable, relevant and time based, as the borough is required to monitor progress in meeting objectives. It is vital that PCTs contribute to valid and achievable, but stretching health targets wherever possible. The sustainable community strategy will include health objectives.

The **policy options** should contain actions by the council and its partners to achieve the strategic objectives. The evidence gathered will identify the health issues and priorities facing the borough and point to possible options for intervention in the core strategy. For example, a health issue identified from the evidence may be rising levels of childhood obesity. Policy options might include creating more open space or concentrating on making better use of existing facilities. Poor access to health facilities might be addressed through better transport or by reconfiguring services to better match the expected population pattern. The PCT should work with the borough to identify and evaluate the policy options.

Health may be treated as a cross-cutting theme or as a specific topic (see Section 4.3). Of crucial importance is that the health issues in the borough, or in particular parts of the borough are addressed explicitly by policy interventions. Table 1 in Section 3 suggests a matrix approach for collating the evidence and identifying the possible policy interventions.

26. Paragraph 4.2 – Planning Policy Statement 12: Local Spatial Planning

An important element of the core strategy is to identify and provide the necessary social, physical and green infrastructure to ensure that sustainable communities are delivered. The draft core strategy should be supported by evidence of **health infrastructure** needs and costs and should consider options for the location, type and scale of facilities in response to the future demand for health services. This can be achieved by aligning health strategies and producing a common spatial framework (see Section 4.1).

**Summary of requirements**

1. The core strategy must reflect the priorities and objectives of the sustainable community strategy.
2. The core strategy must give effect to or amplify the London Plan policies.
3. The report should be accompanied by a sustainability appraisal which has assessed health impacts and has recommended changes to mitigate negative impacts.

4. The spatial vision should be compatible with the PCT’s ‘vision’.
5. The core strategy should contain measurable strategic objectives to improve health and health services.
6. There must be a clear link between the spatial vision, strategic objectives and strategic policies.
7. Key or urgent health issues and the health implications of other policies or themes should be defined and made explicit.
8. The PCT should work with the borough to identify realistic and effective policy options for dealing with health issues.
9. The PCT and the borough should develop realistic options for health infrastructure provision which are compatible with the PCT’s commissioning and investment plans.

**2.4 Publishing the core strategy – establishing the preferred strategy**



The core strategy must be published for consultation before it is submitted to the government for public examination. The published core strategy will contain the borough’s preferred vision, strategic objectives and delivery strategy for achieving the objectives. The proposed strategy will have been tested against a sustainability appraisal. If the engagement process has worked there should be no surprises for the PCT at this stage. However, the PCT should critically examine the final version using this guidance and make a formal response – positive, negative or mixed.

The core strategy will:

- Include a spatial vision and measurable strategic objectives.
- Describe the interventions and actions and criteria or standards that the borough will apply when dealing with planning applications.
- Set out as far as practicable when, where and by whom these actions will take place.
- Link the actions and outcomes to targets and indicators to monitor whether they are achieving the strategic objectives.

The borough may prepare other development plan documents to provide additional detail which would not

be suitable in a core strategy and which requires the status of the development plan. For example, an area action plan should be used when there is a need to provide a planning framework for an area where significant change or conservation is needed.

The core strategy should contain a key diagram to illustrate the broad strategy for an area, including broad areas of housing growth, areas of regeneration and major infrastructure proposals. A separate proposals map will illustrate the policies and proposals of the core strategy and may include site allocations. Where the scale of new health investment is large enough it may be that it should include future sites for health services. Where policies and proposals are seeking to address key health issues or coordinate the delivery of social infrastructure to assist regeneration these may need to be identified. It is vital that the PCT analyses this and is satisfied that the core strategy will enable it to deliver its planned services.

The published core strategy should be supported by an infrastructure plan which identifies:

- infrastructure needs and costs;
- phasing of development;
- funding sources; and
- responsibilities for delivery

This plan should be agreed by the borough and all delivery partners. It should set out a coordinated approach to delivery and funding, including justification for developer contributions. More information is provided in Section 5.2.

At the publication stage, a representation should focus on whether the core strategy has met legal requirements and is 'sound'. The PCT will be asked to submit its representation on a standard form which addresses these requirements.

This guide includes a 'Health Check' to evaluate the core strategy and ensure that health has been adequately integrated into the document. By following the health check the PCT will be able to identify any weaknesses and gaps in the core strategy. These must be addressed before the core strategy is submitted to the Secretary of State. If serious weaknesses are left unresolved, the PCT may have to attend the Examination in Public to make its case. This should be avoided if possible. The PCT may incur significant costs submitting evidence and attending the examination.

## 2.5 Submission and Public Examination – assessing the core strategy



Once the borough is satisfied that the core strategy is sound and has met legal requirements, it will submit the document to the Secretary of State for independent examination. The borough should agree with key stakeholders, such as the PCT that it is justified and can be delivered. If substantial objections remain these must be considered at an examination in public. The examination is led by an independent Inspector and supported by a programme manager, who will be the PCT's point of contact on the examination process.

If the PCT has made a representation it will be invited to participate in the examination and make its case at the hearings. The format for each hearing will be based around the matters the Inspector would like considered. These are likely to be set out as a series of questions derived from views raised in the representations or other aspects the Inspector would like to debate with the borough and other participants. The hearings will be in a round-table format and will be relatively informal. The PCT can represent itself as legal representation is not required. **HUDU can support the PCT at the hearings.**

Importantly, the core strategy will be presumed 'sound' unless it is shown otherwise by evidence considered at the examination. Participants will be expected to explain why the core strategy is not sound and explain how the plan should be altered, with clear evidence to support this course of action, where necessary.

It is vital that the PCT is clear as to whether it supports the core strategy or if it opposes it. Clearly objecting to a core strategy at this stage is a strategic decision for the PCT and should only be taken by its Board in view of the implications. Nevertheless it is conceivable that the core strategy may contain policies or proposals that will seriously adversely affect the PCT or it may fail to contain policies that are sufficiently supportive. If this is the case then the PCT may well wish to challenge the core strategy even at this late stage.

If the PCT decides to object to the core strategy and its concerns have not been resolved in discussion with the borough, it should prepare a statement. The statement should respond to the matters and issues raised by the Inspector. The PCT should suggest changes, but the Inspector will only consider precise word changes. The statement should build on the PCT's representation on the published core strategy. New issues and matters cannot be introduced at this late stage.

If on the other hand the plan meets the PCT's expectations then it is definitely worth supporting the core strategy at the examination and contributing to the debate. This will require resources but the long term benefits may well be significant and will assist in the monitoring process. PCTs should discuss this possibility with the borough.

## 2.6 Adoption and monitoring



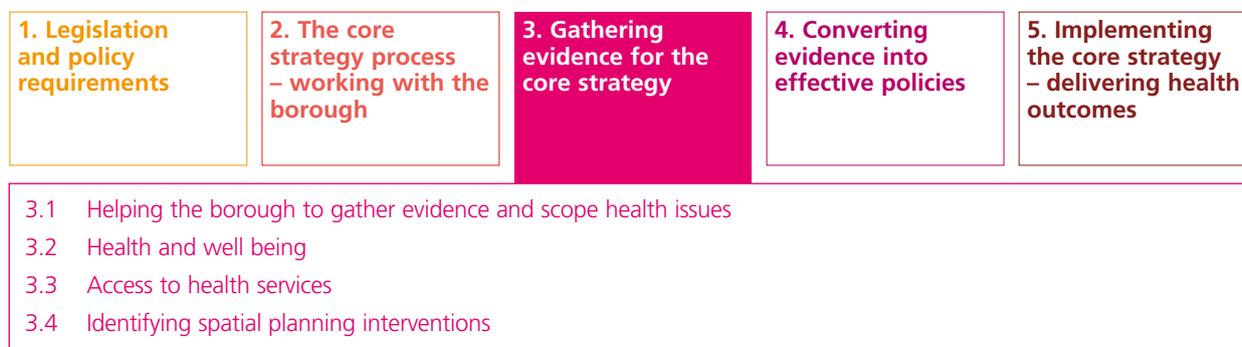
If the Inspector considers that the core strategy is sound and has met legal requirements a ‘binding’ report will be published which may require final changes to be made to the strategy. Once any changes are made the borough can adopt and publish the core strategy. Implementation begins immediately as the policies are applied through the planning application process, or through other planning or regeneration plans.

The core strategy must be flexible and have clear arrangements for monitoring and reporting progress on implementation. The core strategy should contain clear targets or measurable outcomes to assist this process. The borough’s Annual Monitoring Report, which is submitted to the Secretary of State each December, will report progress on the policies and related targets. The PCT should ensure that the monitoring targets and indicators for health are realistic and linked to spatial planning.

## Section 3: Gathering health evidence for the core strategy

Gathering evidence is the first crucial stage of the core strategy process. Read this section to help the borough gather health evidence and scope local health issues.

The evidence stage is a crucial element of the core strategy process as it identifies the health issues, needs and priorities facing the borough and will inform the interventions and policy options needed to address these issues and needs. A good evidence base is essential to demonstrate that the core strategy is sound. The PCT has a key role to help the borough collate and analyse the evidence for the core strategy. The PCT and the borough should attempt to reach a common understanding of the health and health service issues and requirements.



### 3.1 Helping the borough to gather evidence and scope health issues

A core strategy must be justified and be based on a clear understanding of:

- national, regional and local strategies and policies
- the social, economic and environmental needs of the area
- any constraints on meeting those needs

This requires a robust and comprehensive evidence base to ensure the core strategy is locally distinctive, responds to the needs of the community and is deliverable. **Locally distinctive** means that the problems faced in the local area must be identified, described and specific policies designed to deal with them. A crucial aspect is the way in which issues and problems occur in different ways in different parts of the borough. The Government has said that generic plans and policies that could apply to anywhere are not acceptable. The PCT will have a unique understanding of this local dimension and can therefore add enormous value to the process.

Evidence should be wide ranging, such as studies, strategies of stakeholders or data on characteristics of the borough. The borough will not have access to information it needs

to undertake a systematic consideration of health issues on its own. It will find it difficult to evaluate the information and identify the health implications for planning. The borough will therefore need to rely on the PCT for much of this information and plans and strategies will need to be shared together to allow health to be integrated into the core strategy. Therefore, PCTs should expect to be closely involved in the development of the evidence base.<sup>27</sup>

Evidence should be gathered to inform the preparation of the core strategy and to assess the scope of the supporting sustainability appraisal. The policy options that emerge should be based on evidence and developed in partnership with delivery agencies, including the PCT. “There is no point in proceeding with options for the core strategy which cannot be delivered as a result of failure to obtain the agreement of key delivery agencies.”<sup>28</sup>

It is important to begin the evidence gathering as early as possible in the core strategy process, but the evidence can be developed and refined throughout the process. The borough is obliged to keep certain evidence under review and may need to undertake or commission further work to complete the evidence base required. Further evidence may be provided during the core strategy process to justify the final submitted strategy. Maps, plans and diagrams can be used in the core strategy to clarify factual information, such as the geographical distribution of health inequalities,

27. Paragraph 4.37 – Planning Policy Statement 12: Local Spatial Planning

28. Paragraph 4.28 – Planning Policy Statement 12: Local Spatial Planning

future patterns of population growth and transport and accessibility.

The evidence gathered should identify both health and well being issues **and** health service issues and requirements.

### 3.2 Health and well being

The PCT will already be aware of a range of health issues that should be addressed and will have information setting out the evidence for these issues and any initiatives for dealing with them. This will be contained in the Commissioning Strategy Plan, in the Annual Public Health Report and possibly in a range of other reports such as Health Equity Audits. In addition the London Health Observatory publishes a range of data at the borough level. Much of the key data may now be contained in the Joint Strategic Needs Assessment (JSNAs).<sup>29</sup>

In principle the scope for JSNAs is extremely wide although guidance from the Department of Health is more limited in its interpretation.<sup>30</sup> The JSNA should identify current and future health and wellbeing needs of the local population, informing the priorities including the sustainable community strategy, the local area agreement and the core strategy to help improve outcomes and reduce health inequalities for the community. In HUDU's view the JSNA should focus on needs assessment. It is not the role of the JSNA to pre-empt or prejudge the content of the core strategy.

Therefore, the JSNA must be seen as an essential element in the evidence base, identifying for instance:

- The prevailing health conditions in the borough and trends,
- The most significant causes of ill health, injury and mortality
- The relative position of the borough in London and the UK in terms of prevalence rates
- The distribution of ill health conditions across the borough
- The health predicament of certain groups within the community
- The medium to long term trends within the population including ageing and incipient conditions such as obesity
- The distribution and prevalence of health 'impactors' – those factors tending to undermine health and well being

### 3.3 Access to health services

An assessment of the availability, distribution and condition of health services is a crucial element of the evidence base to support spatial planning, for a number of reasons:

- Access to health services is a factor influencing health conditions
- Ready access to high quality health services is a key criterion of a sustainable community
- Housing growth may radically or significantly change the pattern of demand for services
- Health facilities give rise to significant activity in themselves
- The health estate is a significant factor in the land use pattern of a borough
- The supply of health services and facilities must be coordinated with the demand over space and over time so that health services are provided in the right place and at the right time
- If health services are inadequate for whatever reason then developer and other contributions may be required to remedy the deficit which requires a formal policy in the LDF
- The provision of health services must be monitored and managed as part of the delivery of the core strategy and LDF.

The evidence should deal with supply and demand. The objective is to achieve the optimum balance between the two. The relationship must thus be mapped in space and over time – up to 15 years ahead. PCTs will find this to be very challenging.

29. Local Government and Public Involvement in Health Act (2007)

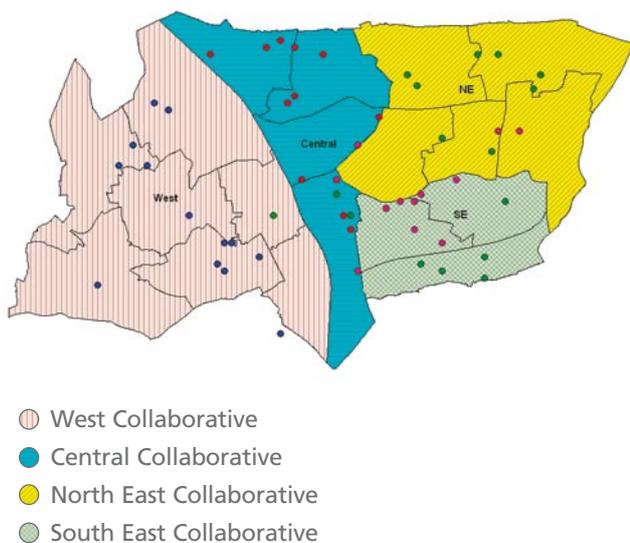
30. Department of Health – Guidance on Joint Strategic Needs Assessment (December 2007)

**Existing supply of facilities**

An assessment of the existing supply of facilities is the first step. The key features are:

- The distribution of health facilities – primary, mental health and acute and emergency
- The condition of facilities
- The capacity of facilities
- A map of the current supply (see example in Figure 4)
- Accessibility to facilities and the current catchments
- An analysis of the distribution of services with deficit areas identified
- An assessment of opportunities for collocation with other service providers such as the borough or the local community and voluntary service.

**Figure 4. Geographical distribution of GPs in Haringey by the four Practice Based Commissioning Collaboratives**



**Future pattern of supply**

The health service is undergoing a significant reconfiguration which will be intensified under the Healthcare for London proposals. These have now been adopted by the Joint PCTs and form a key performance criterion in the Commissioning Strategy Plans that all PCTs must prepare.

This takes forward the NHS ‘better care closer to home’ model of healthcare, which is illustrated in Figure 5 below. The objective is to move services and staff from the acute sector and general hospitals into the primary sector, into situations, whether existing or newly created, where a range of services can be provided. Typically these new primary care sites will have multiple numbers of GPs and provide a range of diagnostic and other treatments. Hospitals will become more specialised in their care.

The transformation of the existing pattern to this new configuration will pose different challenges in different parts of London. It may be able to be accommodated within the existing estate or it may require significant change including disposal and acquisition if the optimum pattern is to be achieved.

**Joint Asset Assessment and Management**

There may be considerable scope for ‘pooling’ of assets with other service providers to give better access, reduce overheads and improve services. The PCT should take active steps with the borough and the voluntary sector to explore these opportunities and put the mechanisms in place for securing them in a timely way.

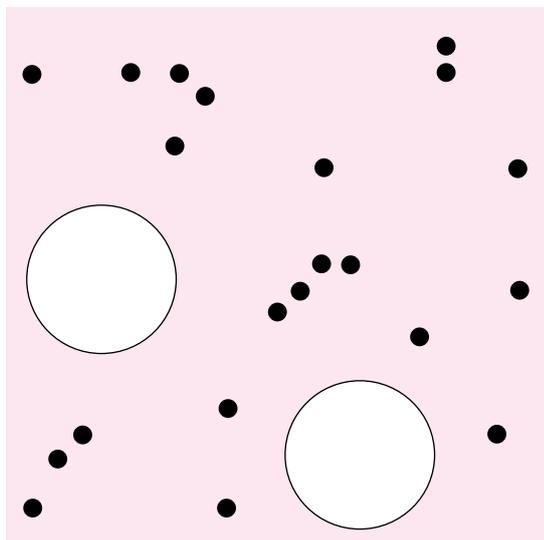
**Demand for health services**

The demand for health services is extremely complex and predicting future demand is challenging. Demand experienced by a PCT will be affected by a very large number of factors, including:

- Population
- Health conditions
- Social class
- Ethnicity
- Accessibility
- Quality of service

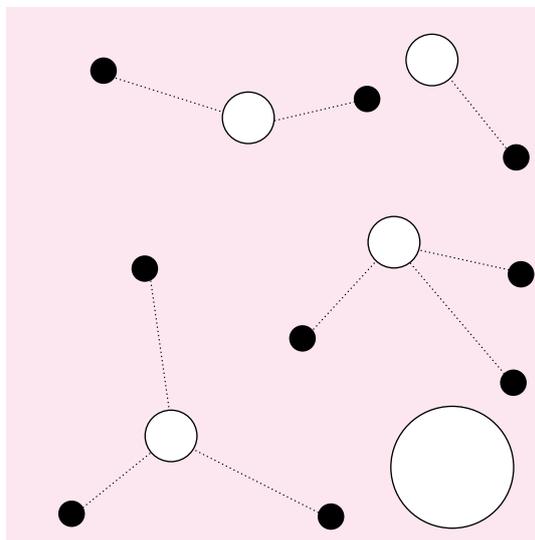
Figure 5. Simplified version of the NHS model of healthcare – ‘better care closer to home’

**Traditional configuration of health services**



- Large general, district hospitals
- Many small GP premises

**NHS future model of healthcare**



- More larger and better equipped primary care centres – some services previously in hospitals
- Smaller centres more closely associated with the services of larger centres in a hub and spoke configuration
- Fewer hospitals but better focused to meet specialised needs

**Spatial implications**

For spatial planning purposes the key issues will be:

- The current balance between supply and demand – what and where are the deficits and surpluses?
- The likely future demand based on forecasts of changing health conditions
- The likely changes in demand resulting from changes in population

**Population change**

The population changes will vary significantly across London with some boroughs expecting over 3,000 new houses per year, the equivalent of roughly 7,000-8,000 people. Other boroughs will experience less than 400 new homes. It is absolutely vital that these impacts are fully anticipated and planned for if deteriorating conditions and financial stress for the PCT are to be avoided. The key issues are:

- The scale of population increase
- The trajectory of change (the phasing of housing growth over a 10-15 year period)
- The characteristics of the expected population – age, class and ethnicity
- The source of the new population – is it indigenous or immigrant?

- The location of population change – where are the housing sites?

Boroughs are the key source of information on housing supply – its scale and location and will be able to give access to the comprehensive expert demographic advice issued by the Greater London Authority if the PCT does not already access that data.

**Matching supply and demand**

The process of matching supply and demand is very challenging and with so many unpredictable variables the risks of error are high. One of the keys to finding the optimum pattern of supply and demand is accessibility. People in general want and need to be within easy distance of health facilities. The standard adopted – whether it is for instance 10 minutes walking or 30 minutes public transport will have a significant effect on the outcome.

The steps that need to be taken are:

- Identify and map the current supply
- Identify and map any deficits and constraints (such as poor condition)
- Identify and map changes in population in 1 – 5 year periods

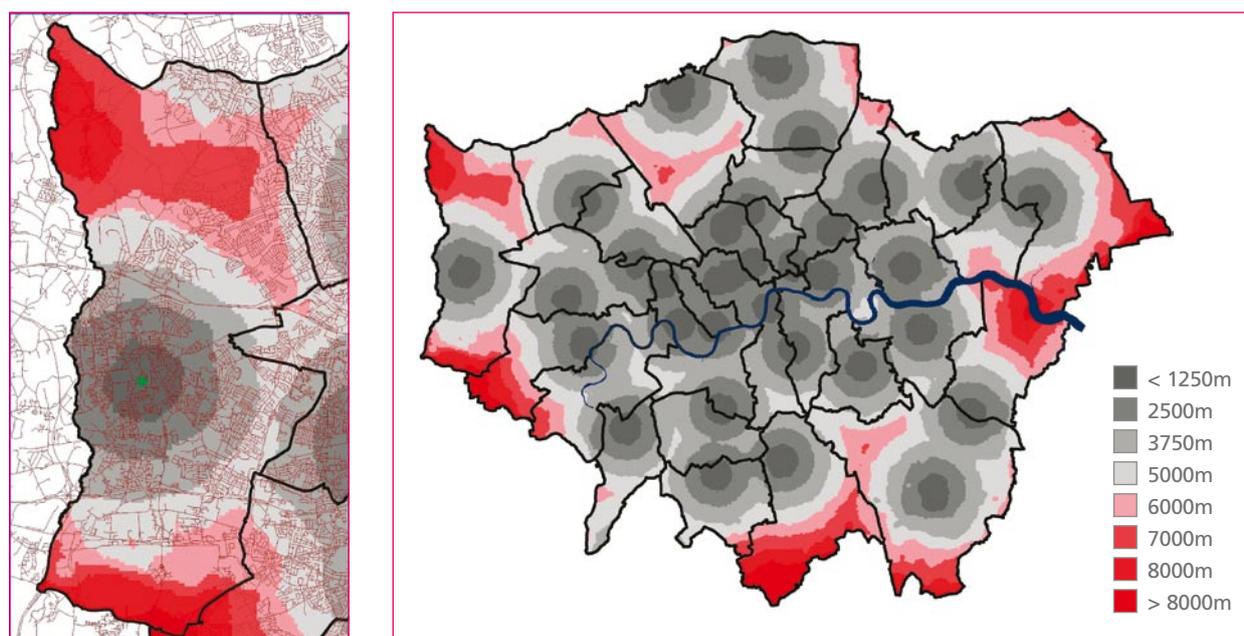
- Map accessibility of the current supply (see figure 6)
- Identify possible changes to current supply – scenarios for reconfiguration
- Map the areas with highest accessibility
- Explore options for joint provision, co-location or adjacencies of services, within an agreed social infrastructure planning model where possible
- Match possible change scenarios with accessibility and population forecast maps
- Identify options for service reconfiguration
- Apply a cost/space model to assess scale of resources likely to be required over time
- Undertake feasibility studies taking estates issues, site availability and funding into account
- Test the options jointly with the borough to identify constraints and to arrive at a preferred option
- Reconcile this preferred option with the PCT’s estates plan and the Commissioning Strategy Plan
- Produce a common spatial framework (see section 4.1)

**Tools**

The following are examples of tools that can help assist the PCT and the borough to identify the supply and demand for health services and plan new infrastructure:

- The HUDU Social Infrastructure Framework – a methodology developed for the Thames Gateway and available to all Thames gateway boroughs that relies on a spreadsheet model owned by EDAW consultants.
- Shape – a resource use assessment and planning tool developed by the Department of Health incorporating mapping techniques
- Scenario Generator – a whole system health model for predicting health activity that can be used to test scenarios
- Accession – a tool developed by the Department for Transport that enables accessibility to various facilities to be calculated.
- Capital – an accessibility tool developed on behalf of Healthcare for London by Transport for London (TfL) and available to all PCTs in London.
- The HUDU Planning Contributions model – a web-based model that calculates the likely capital and revenue costs on the PCT arising from new residents of a development.
- ‘Prospex’ software purchased by HUDU to identify and map the demographic, socio-demographic and ‘lifestyle’ characteristics of the population which could be used by PCTs to identify ‘hotspots’ of demand.
- An approach to accessibility analysis and demography by the Centre for Geo-Information Studies at the University of East London.

Figure 6. Example of accessibility analysis – Average weighted distance to Accident and Emergency in London and Hillingdon, Centre for Geo-Information Studies, University of East London.



‘Average weighted distance’ is the average distance of postcode units within an output area. It is also weighted by the size of residents for each postcode unit.

### 3.4 Identifying spatial planning interventions

The evidence will identify the health issues, needs and priorities facing the borough and will inform the interventions and policy options needed to address these issues and needs. The key to linking evidence to interventions and policies are **actionable insights** – given an unacceptable situation, what can the spatial planning system do about them?

Table 1 below suggests a format for collating the evidence and identifying the possible spatial planning interventions. It lists typical health conditions, identifies pathways or possible causalities and suggests ways in which interventions might be constructed that would positively affect the particular health condition. The limitations of this approach and its generic nature are fully acknowledged but the table draws on a wide range of evidence that gives a degree of confidence that certain policies and actions will improve health. It contains a number of theoretical examples. It is not intended to be definitive and PCTs and borough should use it to prompt questions about the situation in the locality.

The aim is to make explicit what is being tackled and what outcome is being sought **in the specific local situation**. For example, mental health problems may be concentrated in an area which lacks access to good quality open space. Therefore, improving access to and/or quality of open space in these areas could have a positive health outcome.

#### Health and well being

Evidence is the basis and justification for action or intervention. A description of conditions as is often provided in Annual Public Health Reports and Health Profiles is therefore not sufficient. What is needed is a health needs assessment<sup>31</sup> which identifies health issues and their geographical distribution and is based on population growth projections. The PCT and borough will need to decide whether the joint strategic needs assessment is adequate for this purpose.

It is very important that the 'descriptive' evidence base is put wherever possible within an explanatory framework. In other words what are the pathways for ill health for groups or localities? The PCT should try to identify 'actionable insights' that are relevant to spatial planning. The most obvious model for identifying these is the Wider Determinants of Health model but there are others (such as the Environmental Burden of Disease).

'Intervention' is meant to convey a policy or a specific programme or project that is designed to alter the pathway that might otherwise have been followed. Interventions are objective-led and seek to alter the status quo.

Interventions can include:

- Employment
- Housing
- Transport – roads, public transport, cycling and walking
- Road safety
- Air pollution
- Open space
- Education
- Environmental improvement
- Community safety
- Design
- Climate change mitigation and adaptation

**HUDU's Delivering Healthier Communities in London and the Mayor of London's Health Issues in Planning Best Practice Guide** contain a very detailed survey of evidence, issues and possible policy responses. There is a large body of research that links the environment to health. Some references to reports and guidance are given in the Appendix.

#### Planning new health infrastructure

The evidence should help to identify key issues and priorities for the future provision of health infrastructure and test options for the reconfiguration of health services, including financial implications and site feasibility. Key issues and priorities arising from the evidence may include:

- Facilities not suitable to upgrade or expand
- Areas where accessibility to or availability of health services is inadequate
- The extent and location of population growth and change from new development that could come forward in the short, medium and long term
- Hot spots where the health service is at or close to capacity and immediate action is required
- Locations where new facilities may be required given the service model
- Sites identified for co-location and coordinated services
- Funding implications of providing health services
- Need to involve other NHS trusts
- Proposals where immediate support from planning contributions is required
- Closure or relocation of hospitals

31. Health Needs Assessment: A Practical Guide (NICE 2005) provides useful guidance on health needs assessment

Section 4.1 identifies the benefits of aligning planning and health strategies through a common spatial framework. A preferred option for healthcare provision should be translated into an infrastructure delivery plan, identifying sites, costs, timescales and delivery responsibilities.

### Summary of key steps

The evidence gathered for the core strategy should identify both health and well being issues and health service issues and requirements. The following checklist summarises the steps that the PCT and borough need to take to gather the evidence and identify spatial planning interventions.

1. A health needs assessment must identify health issues and their geographical distribution. The PCT and borough will need to decide whether the joint strategic needs assessment is adequate for this purpose.
2. Key health inequalities and their spatial implications should be analysed
3. Population growth projections should be shared and agreed with the borough
4. Key links with adjoining boroughs must be identified in relation to health conditions and services
5. The PCT should identify interventions to address the health issues with spatial implications and share these with the borough (use Table 1)
6. Information on the location and state of health facilities must be shared with the borough.
7. The demand for health services must be assessed
8. The supply and demand for health services should be matched and a preferred option for service reconfiguration identified
9. The costs of new infrastructure must be identified and the feasibility of sites assessed
10. Mechanisms should be established to identify opportunities for co-location, integration or adjacency of services with other service providers such as education, children's and adult services and libraries.

**Table 1: Identifying health issues and spatial planning interventions**

This table is generic and is meant to illustrate issues and possible pathways and responses, based on widely accepted evidence and good practice – each borough will have its own set of issues that must form the basis of a useful matrix.

**Mental illnesses**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
Mental illnesses, including depression and anxiety occur in 1 in 4 of the population.	Concentrated in certain areas with high deprivation	Lack of green space High and persistent noise Lifestyle choices Fear of crime High levels of unemployment	Access to good quality open space Provide opportunities for physical activity Improve housing quality Noise management Reduction in worklessness	To reduce rates of depression and in patient attendance
<b>Spatial planning interventions</b>				
Have standards of open space been set for existing and new areas in terms of accessibility, quality and size?		Will access to exercise opportunities be required from new development?		
Have standards of green space been set for existing and new areas in terms of accessibility, quality and size?		Will the appropriate quantity and quality of housing reduce levels of overcrowding?		
Will access to open space be enhanced for those communities that are deficient?		Have maximum noise levels been set that will protect physical and mental health and have enforcement mechanisms clearly set out?		
Will access to green space be enhanced for those communities that are deficient?		Will design and access standards seek to reduce crime?		
Will the management of open and green space ensure that the needs of all sections of the community be met?		Will diverse local employment opportunities reflecting a range of skill, levels be provided and worklessness reduced?		
Will a high density of tree planting be achieved?		Will local employment agreements be secured in development consents or obligations?		

**Obesity and diabetes**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
High prevalence of obesity and type 2 diabetes.	Particular neighbourhoods. Rising rates in children	Low levels of physical activity Poor diet	Access to good quality open space Provide opportunities for physical activity Create active travel routes Encourage walking to school Improve access to fresh good food	To reduce rates of obesity To increase levels of physical activity
<b>Spatial planning interventions</b>				
Have standards of open space been set for existing and new areas in terms of accessibility, quality and size?		Will access to exercise opportunities be required from new development?		
Have standards of green space been set for existing and new areas in terms of accessibility, quality and size?		Will active travel be required in travel plans for major developments?		
Will access to open space be enhanced for those communities that are deficient?		Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified?		
Will access to green space be enhanced for those communities that are deficient?		Will a safe and continuous cycle network be created?		
Will the management of open and green space ensure that the needs of all sections of the community be met?		Will good access to fresh food be achieved for all communities? Will access to food growing opportunities be provided for all who need it?		

**Table 1: Identifying health issues and spatial planning interventions (continued)**

**Cardiovascular Disease**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
Rates of Cardiovascular Disease are high	Distributed across the borough but with prevalence in certain ethnic groups	Low levels of physical activity Air pollution Poor diet	Open space management for physical activity Provide opportunities for physical activity Improve air quality Active travel patterns Green space and food growing	To reduce incidence of Cardiovascular Disease To increase life expectancy
<b>Spatial planning interventions</b>				
Have standards of open space been set for existing and new areas in terms of accessibility, quality and size?		Will air quality improve to above minimum standards for all parts of the community?		
Have standards of green space been set for existing and new areas in terms of accessibility, quality and size?		Will active travel be required in travel plans for major developments?		
Will access to open space be enhanced for those communities that are deficient?		Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified?		
Will access to green space be enhanced for those communities that are deficient?		Will a safe and continuous cycle network be created?		
Will the management of open and green space ensure that the needs of all sections of the community be met?		Will good access to fresh food be achieved for all communities?		
Will access to exercise opportunities be required from new development?		Will access to food growing opportunities be provided for all who need it?		

**Respiratory disease**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
Respiratory disease is a common problem	Prevalent in major transport corridors and in certain neighbourhoods	Particulate levels caused by vehicles Climatic conditions exacerbating effects	More green spaces Control development and traffic levels – improve air quality Design buildings and public realm protected from excessive sun Improve housing energy efficiency performance Increase tree cover	To reduce incidence of various types of respiratory disease To reduce levels of air borne pollution
<b>Spatial planning interventions</b>				
Will access to green space be enhanced for those communities that are deficient?		Are interventions for managing air quality focussed on air quality ‘blackspots’?		
Will sustainable travel be required in travel plans for major developments?		Will all dwellings meet minimum insulation and optimum energy efficiency standards so as to meet targets for home energy consumption?		
Will road traffic levels be reduced?		Will the public realm be protected from excessive sun and cooling surfaces introduced?		
Will air quality improve to above minimum standards for all parts of the community?		Will a high density of tree planting be achieved?		

**Table 1: Identifying health issues and spatial planning interventions (continued)**

**Winter and summer mortality**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
Winter and Summer mortality caused by extremes of hot and cold	Significant effects in elderly population in parts of the borough	Low income and fuel poverty Poorly insulated and heated homes Poor cooling and shading	Insulation installation project Advice More shading through trees and cooling by water	To reduce levels of excess winter and summer mortality To moderate seasonal variations in temperature
<b>Spatial planning interventions</b>				
Will all dwellings meet minimum insulation and optimum energy efficiency standards so as to meet targets for home energy consumption? Will housing provision in terms of space, location and design and technology meet the needs of the elderly and enable greater degree of safe independent living?		Will the public realm be protected from excessive sun and cooling surfaces introduced? Will a high density of tree planting be achieved?		

**Personal injuries**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
High personal injuries rates	High rates of hospitalisation and premature death due to falls in elderly population	High risk housing Poor levels of public realm maintenance	Lifetime homes standard applied and extended Retrospective adaptation of housing for elderly and vulnerable Inspection regime improved to avoid trips	To increase rates of independent living To reduce injury rates to certain groups
<b>Spatial planning interventions</b>				
Will new housing meet the needs of children, families and older people based on assessments and projections of need? Will housing provision in terms of space, location and design and technology meet the needs of the elderly and enable greater degree of safe independent living?		Will standards be applied to public realm design that will secure safe walking surfaces?		

**Table 1: Identifying health issues and spatial planning interventions (continued)**

**Road and traffic injuries**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
High rates of road and traffic injuries	Fluctuating road traffic injuries High levels of accidents in certain deprived neighbourhoods	High traffic speeds Lack of road safety awareness Community severance Chaotic lifestyles	Control development and traffic levels Vehicle speed reduction Introduction of traffic calmed neighbourhoods Safe routes to school	To reduce the rate of ‘Killed and Seriously Injured’ To reduce injury rates in key social and ethnic groups
<b>Spatial planning interventions</b>				
Will sustainable travel be required in travel plans for major developments? Will road traffic levels be reduced? Will clear standards for walkability be applied to new neighbourhoods? Are steps identified to meet deficiencies in walkability of existing neighbourhoods? Will vehicle speeds be reduced by traffic calming to Manual for Streets standards?		Will road design and layout everywhere except on segregated high speed roads prioritise pedestrians? Are walking routes to centres, facilities and schools identified and protected and steps to enhance or provide them where deficient identified? Will a safe and continuous cycle network be created? Are interventions focussed or prioritised on deprived neighbourhoods?		

**Health inequalities**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
Health inequalities persist across the borough, with large differences between wards	Disparity in life expectancy high between wards; Incidence of self reported ill health high in certain groups	Worklessness Low and erratic income Education attainment Environmental conditions Poor access to health services	Increase local employment opportunities Improve housing quality Improve access to health and related services	To reduce life expectancy disparities To improve equality in access to services
<b>Spatial planning interventions</b>				
Will diverse local employment opportunities reflecting a range of skill, levels be provided and worklessness reduced? Will local employment agreements be secured in development consents or obligations? Will the provision been made for appropriate housing reduce levels of overcrowding? Are sites identified for co-location and coordinated social and community services?		Is it clear under what circumstances developer contributions for new social infrastructure will be required? Are all anticipated changes to the health estate facilitated? Will necessary new capacity of healthcare facilities be provided for when and where it is needed? Has a spatial investment plan for health infrastructure been agreed and funding sources identified?		

**Table 1: Identifying health issues and spatial planning interventions (continued)**

**Primary care provision**

Health issue	Where the issue is located	Pathway / causal link	Potential options for addressing the issue – actionable insights	Health objectives
Pattern of primary care provision scattered and in inadequate premises	Single handed GPs concentrated in deprived neighbourhoods	Lack of access to efficient high quality care exacerbates chronic conditions and economic inactivity Social cohesion	Facilitate reconfiguration of primary services to match needs and demographic changes Improve transport to key services	To reduce Accident and Emergency attendance To reduce chronic conditions To increase accessibility to health care
<b>Spatial planning interventions</b>				
Will public transport accessibility be improved? Are sites identified for co-location and coordinated social and community services? Is it clear under what circumstances developer contributions for new social infrastructure will be required? Are all anticipated changes to the health estate facilitated?		Will necessary new capacity of healthcare facilities be provided for when and where it is needed? Has a spatial investment plan for health infrastructure been agreed and funding sources identified?		

## Section 4: Converting evidence into effective policies

**Read this section to find out how to convert the evidence into effective policies that address the local health issues and what these policies may look like.**

To develop effective policies that address local health issues it is recommended that, where possible, planning and health strategies are aligned. This will ensure that the core strategy supports the PCT Commissioning Strategy Plan and investment plans for health services and will ensure that health strategies are developed in a spatial context. There should be clear 'chain of conformity' between the core strategy spatial vision, its strategic objectives and the policies. The spatial vision and the strategic objectives must reflect local health priorities and aspirations and the policies must set out, explicitly how they will achieve the strategic objectives and deliver positive health outcomes.

The core strategy must be supported by evidence of health infrastructure requirements based on a preferred option for service reconfiguration. To ensure that the location and timing of future healthcare provision matches development and population growth, it is recommended that a common spatial framework is produced.



### 4.1 Aligning planning and health strategies and processes

To be deliverable, the core strategy must reflect the health strategies and investment plans and should address risks and consider contingencies and alternative strategies to be sufficiently flexible over a 15-20 year period. This requires a high level of collaboration. It is recommended that the local authority, PCT and NHS trusts attempt to align their strategies and planning processes. Figure 7 illustrates how the strategies may be aligned.

The sustainable community strategy is the overarching strategic framework and can help align the Local Development Framework (LDF) and health strategies by setting a high level vision, aspirations, objectives and targets. The LDF and health strategies must be consistent with the sustainable community strategy. The key to aligning LDF and health strategies is a common spatial framework which should address both the wider determinants of health and the planning of health services.

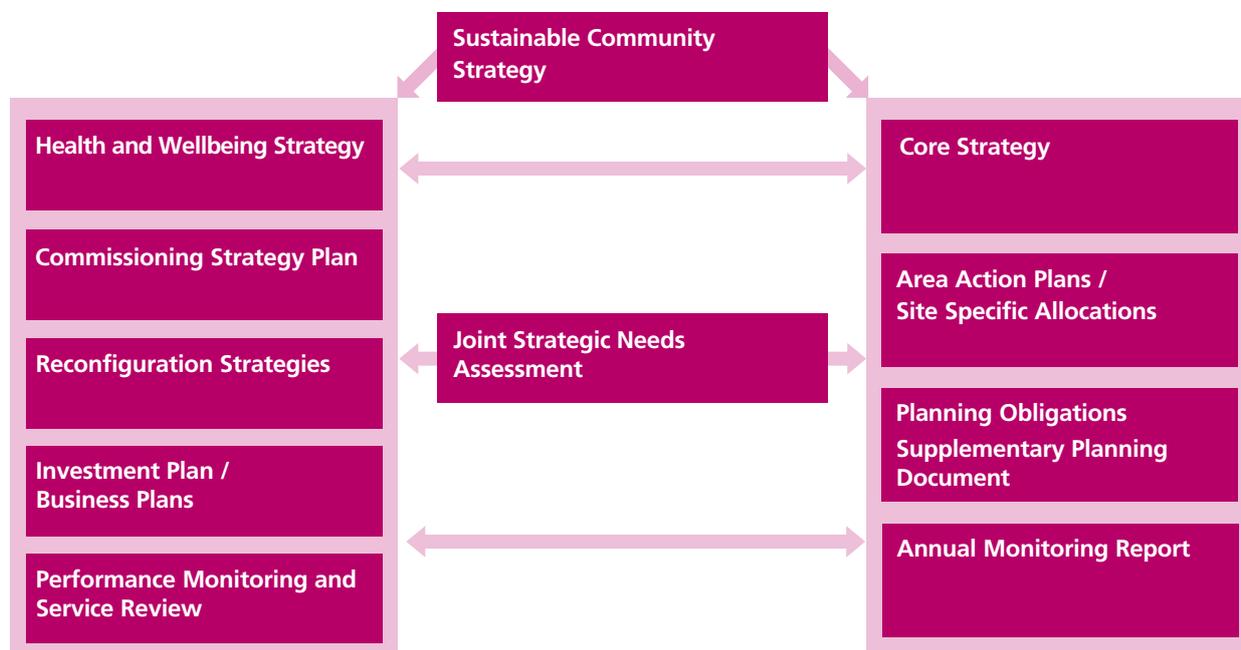
The development plan, comprising the London Plan and the LDF will be largely implemented through the

planning application process, including the use of planning obligations. If the LDF and the health strategies have been aligned then this process should deliver positive health outcomes, both in terms of a healthier built environment, but also through the provision of modern, accessible health services. It therefore follows that PCTs should have a significant interest in ensuring that the LDF policies are soundly based and are implemented in way which supports its health strategies. The approach to aligning the PCT strategies with the LDF through a common spatial framework is illustrated in Figure 8.

The process of aligning strategies should ensure that the LDF and the PCT's strategies are developed in a spatial context and address the location and timing of development and population change. The key benefits of effective alignment are:

- Helping the PCT to reconfigure health services by ensuring investment plans in the health service take account of development and population growth
- Securing sites for health services
- Securing financial support for health services, through developer contributions

Figure 7. Aligning health strategies with the Local Development Framework



- Ensuring that development protects and promotes health and well-being
- Ensuring that the core strategy supports the development of the health service, in terms of the PCT and other trusts role as a developer, as an employer and to maintain medical excellence.

**Aligning the Commissioning Strategy Plan with the core strategy**

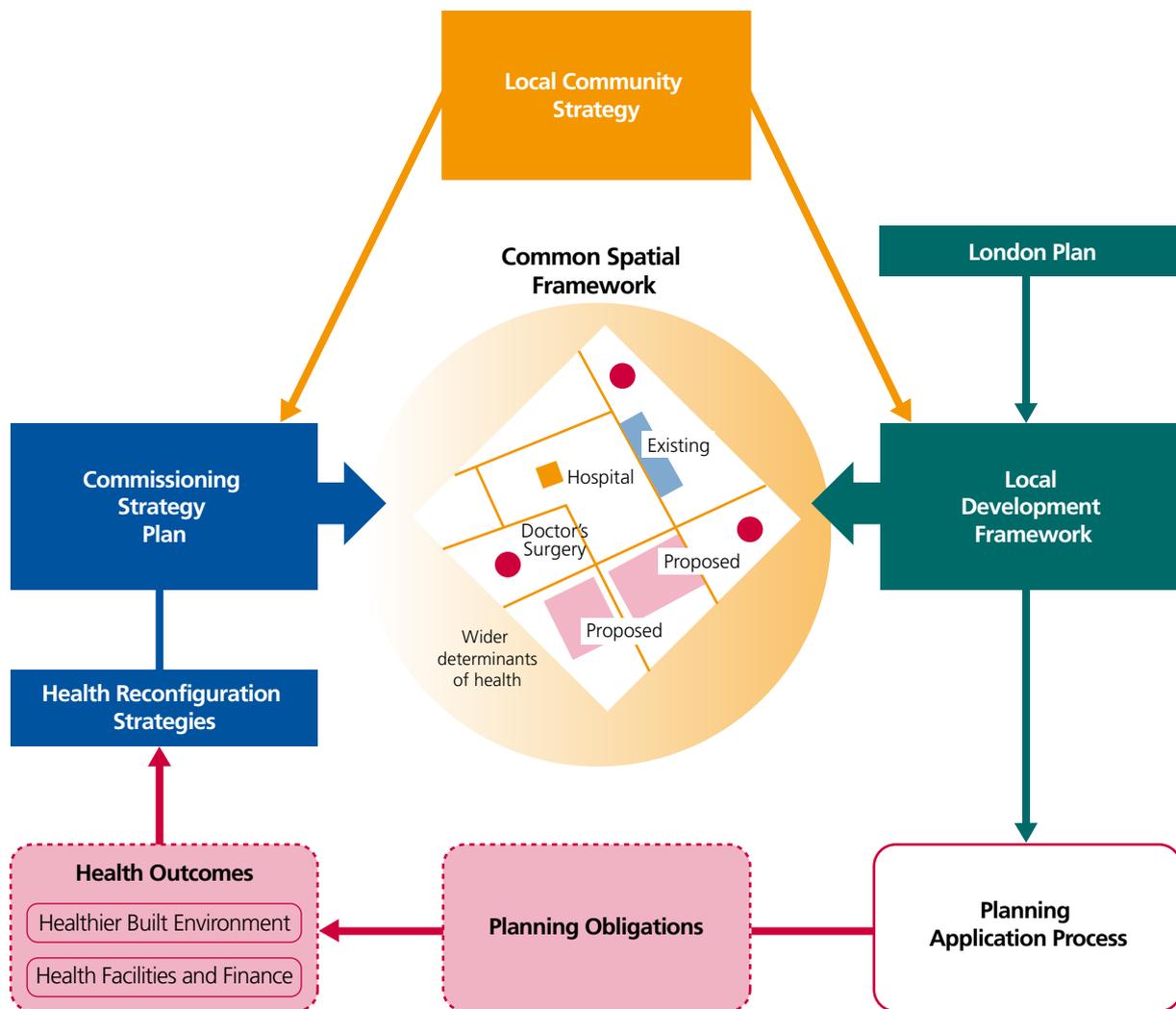
Each PCT must prepare a Commissioning Strategy Plan (CSP) or ‘Strategic Plan’ which sets out its intentions in detail for the next 5 year period. In putting together the plan the PCT should identify those priorities and initiatives which can be actively supported and enhanced by the core strategy. These may include, for instance, regeneration proposals in areas of health inequality, the provision of open space to promote physical activity and the reduction of air pollution. Identifying these potentially positive links may help directly to deliver or enhance specific commissioning initiatives. Therefore, in preparing its strategic plan, the PCT should:

1. Draw on a common evidence base of health needs provided by the JSNA.
2. Ensure that the vision and priorities in the strategic plan (CSP) are consistent with the vision and objectives of the core strategy and the sustainable community strategy.

3. Identify the objectives, priorities and initiatives in the CSP that could be enhanced by the proposals and policies in the core strategy which have the potential to improve health and avoid detrimental health effects, for example:
  - reducing injuries – safer roads and footways
  - reducing obesity – better, more accessible open space and play
  - improving Chronic Obstructive Pulmonary Disease (COPD) – reduced air pollution
 See Table 1 for more detail.

4. Ensure that plans for the reconfiguration of health services fully take into account the locations for housing growth and population change identified and planned for in the core strategy.
5. Test options for reconfiguration plans against current accessibility and planned transport improvements.
6. Explore the opportunities for co-location or integration with borough and voluntary services.
7. Identify funding requirements for new or enhanced health services and agreed with the borough the approach to secure s106 developer contributions, which should then be supported by a policy in the core strategy and reflected in the PCT’s financial plans.
8. Set out the method of delivery through a LIFT company or other method.

Figure 8. Aligning strategies to produce a common spatial framework



**Using a Common Spatial Framework to plan health services**

To assist infrastructure planning, it is recommended that infrastructure providers reflect the core strategy within their own future strategies and relevant agencies and the local authority attempt to align their planning processes.<sup>32</sup> Key infrastructure stakeholders are encouraged to engage in such discussions and to reflect the core strategy within their own future planning.

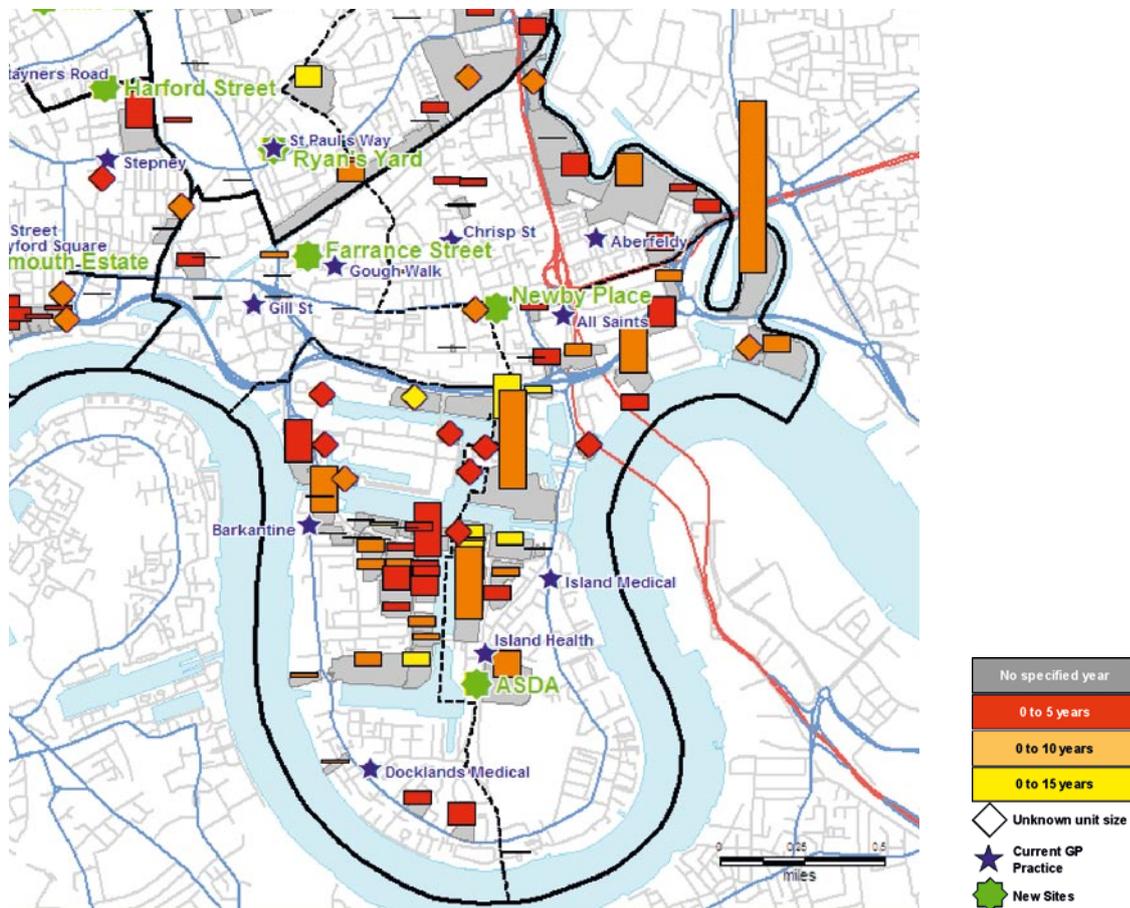
The key to aligning health service planning and the core strategy is the preparation of a common spatial framework which ensures that facilities are provided within the overall model of care are in the right place, are accessible and are available at the right time when new and existing communities need them. Figure 8 illustrates how a common spatial framework links health strategies and the LDF.

The framework is a kind of geographically based model or map that enables the spatial and temporal relationship between the demand for health services (i.e. the population and its characteristic and growth and locations) and the supply (that is the scale, location and quality of health facilities) to be matched. This could be prepared using a Geographical Information System (GIS) to produce a map of future catchments with the proposed pattern of facilities and key development sites identified.

The core strategy must be supported by an infrastructure plan which sets out a coordinated approach to infrastructure delivery and funding, including justification for s106 contributions. This is explained further in section 5.2.

32. Paragraph 4.10 Planning Policy Statement 12 – Local Spatial Planning

Figure 9. Example of a common spatial framework  
 Map of south east locality in Tower Hamlets showing identified development sites, estimated time of completion and relative size of new population on each site



## 4.2 Health as part of the spatial vision and strategic objectives

There should be a clear ‘chain of conformity’ between the core strategy spatial vision, its strategic objectives and the policies. In other words, the objectives should fully reflect the vision for health and health services and the policies should be formulated so that they are able to achieve the strategic objectives and deliver positive health outcomes.

The spatial vision articulates what the borough will be like in at least 15 years time, and should give direction to the core strategy. Health should be integrated into the overall vision for the area and reflect the health aspirations of the sustainable community strategy and long term aims of the PCT as set out in its Commissioning Strategy Plan. The vision may include aspirations such as:

- A healthy place to live and work;
- A safe, prosperous and fair borough; and
- Equal access for all to homes, jobs, leisure, community and healthcare services and facilities.

The core strategy objectives should illustrate, in a meaningful way, how the strategy contributes to the outcomes outlined in the spatial vision. Given that health should form part of the spatial vision, health should be integrated into the objectives. The objectives should be based on the evidence of health issues and the policy interventions identified (see Table 1). They need to be ‘SMART’ – i.e. specific, measurable, achievable, relevant and time based, as the borough is required to monitor progress in meeting all objectives.

The borough and the PCT should work together to identify objectives which address local health issues and support the policy interventions to deliver positive health outcomes. The following are generic examples:

1. To ensure that health inequalities are addressed through equal access for all to homes, jobs, sports and leisure facilities, open and green spaces, as well as social, community and healthcare facilities.
2. To ensure that the potential health impacts of development and regeneration are identified and addressed at an early stage in the planning process.

3. To ensure that the design and management of new developments and regeneration schemes promote and maintain healthy lifestyles.
4. To encourage physical activity, e.g. through the provision of opportunities to walk and cycle in the design of new developments and regeneration schemes.
5. To provide opportunities to improve physical and mental well-being through the provision of high quality open and green spaces and sports and recreation facilities.
6. To avoid mental illness arising from exposure to crime or from the fear of crime through appropriate design in new developments and regeneration schemes.
7. To avoid the public health impacts related to climate change, such as overheating, through adaptation and mitigation measures.

### 4.3 How to treat health in the core strategy

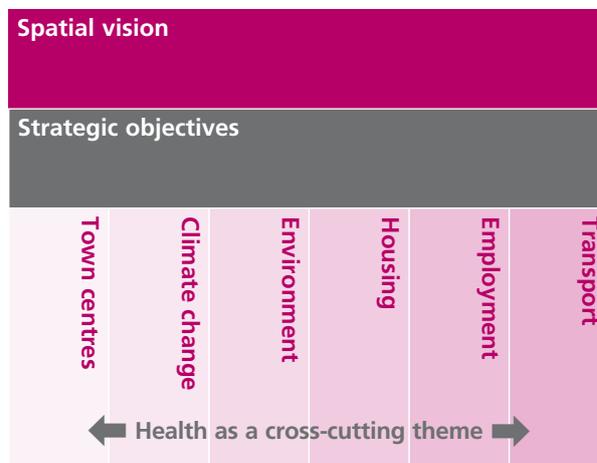
Health can be treated in the core strategy as a **crosscutting** theme, with the implications explicitly dealt with throughout the strategy. If some health issues are significant enough then they can be dealt with together in a **specific policy topic** on its own. Figures 10 and 11 illustrate these options.

#### Health as a cross-cutting theme

Health as a cross-cutting theme enables health to be considered under each topic heading (e.g. housing, transport, etc). If a borough intends to adopt a cross-cutting approach then it is important that the health implications of each policy are explicitly identified and addressed by actions or interventions that will help achieve positive health outcomes. PCTs should resist vague statements about improving health or accepting that health is implicit within policies. For example, policies addressing open space provision should contain criteria that ensures that physical activity is increased for all sections of the community and that the effectiveness of such provision in increasing levels of physical activity are actually measured over time.

To assess how health issues cut across conventional policy topics, it may be useful to produce a matrix identifying how all health issues and outcomes can be addressed under relevant policy topics. **HUDU’s Delivering Healthier Communities** provides further guidance on this approach.

Figure 10. Health as a crosscutting theme of the core strategy



#### Health as a specific policy topic

Health may feature as a separate key priority in the sustainable community strategy and the core strategy could treat health in a similar way. Whilst this approach may explicitly set out the strong links between public health issues and spatial planning, it may result in policy overlap between topics of the plan.

Boroughs often argue that including health as a topic in its own right would result in duplication as for instance, open space; housing and transport will all have implications for health. PCTs should judge whether in relation to a particular geographical area or a particular health issues a separate policy is justified.

Figure 11. Health as a specific policy topic in the core strategy



## 4.4 Planning policies for health

Section 3.4 and Table 1 identifies the kinds of health issues that spatial planning can positively influence, based on the Wider Determinants of Health model. The question of what works in this area is a difficult one as there is a fundamental difficulty in linking interventions with outcomes given the large number of variables that can have an influence. It is important to remember that there is no prescription for spatial planning for health.

The key to arriving at an effective policy framework is:

- To identify those conditions that are susceptible to interventions through spatial planning
- To identify those interventions that are calculated to be most effective.

To ensure that a core strategy achieves the appropriate outcomes for health, policies should be **positively calculated** to:

- Deal with local health issues by identifying them and their spatial implications and apply the interventions most likely to be effective.
- Protect against ill-health by prohibiting land use and development that is a significant risk to health which can be achieved through criteria or mechanisms for assessing health impacts such as Health Impact Assessment.
- Improve health and well-being by requiring all new development to support, enhance and protect health.
- Tackle health inequalities by targeting the most effective interventions in specific parts of the borough or in relation to specific groups.
- Ensure that the need for social infrastructure, including health services, is assessed and that resources are available to provide it where and when it is needed.
- Reflect the PCTs plans and allocate sites for health services where required.
- Locate development to make best use of existing capacity and optimise the NHS estate.

### Policies to protect and promote health and wellbeing

As mentioned in section 3, the PCT will already have set out the evidence for health and wellbeing issues and initiatives for dealing with them in its Commissioning Strategy Plan, its Annual Public Health Report and in a range of other reports such as Health Equity Audits. The Joint Strategic Needs Assessment should identify current and future health and wellbeing needs of the local population. This should inform the priorities for the sustainable community strategy and the local area agreement as well as the use of PCT resources.

### Policies which help the PCT to reconfigure health services

The evidence that supports the core strategy is also vital to help the PCT to forecast health needs and plan services more effectively. Population projections informed by housing targets can be used to quantify future demand for health services. The development sites identified as appropriate for housing will point to where growth will occur, helping the PCT to plan where new health services should go. By taking into account the phasing of development the PCT should be better able to coordinate the delivery of services where and when they are needed. Engaging in the core strategy production process will help the PCT to source this information and enable its plans for developing health services to be integrated into the delivery plan of the core strategy.

Reconfiguration of health services will inevitably be a sensitive issue for the community. The PCT will need to ensure its plans for reconfiguration are robust and properly consulted through its own mechanisms. However, the core strategy production process will provide another opportunity for the PCT to explore these changes with the community and stakeholders. Unless these two processes are managed effectively there is a risk that the PCTs plans could be challenged through the core strategy production process.

### Securing sites for health services

The core strategy can help protect or secure sites required by the PCT to deliver health services. A new facility may for instance be built as part of a larger development proposal but only if that is properly anticipated and planned for. In a few cases entirely new and substantial sites may be needed. Equally some NHS land may be surplus and the range of realistic development options will be crucial to determining its value. It is essential that these outcomes are anticipated and incorporated in the core strategy, where the scale warrants it.

### Policies which secure financial support for health facilities

The core strategy will set the framework for securing financial contributions from developers where population growth from new development impacts on the short or medium term ability of a PCT to provide services (i.e. pump-priming funding).<sup>33</sup> A methodology, such as the HUDU Planning Contributions Tool, for assessing the impact and calculating the cost to the PCT should be built into the core strategy even if the detail is set out in a later or parallel supplementary planning document. Section 106 (s106) is the main means for securing developer contributions but the Government is introducing other mechanisms. Triggers can be built in to the s106 agreement to help coordinate delivery of health services, especially where pump-priming

33. Circular 05/05: Planning Obligations (DCLG 2005)

or phased funding is required to make provision of services feasible. Funding for smaller sites can be pooled to meet needs not justified by a single development.

### Policies and standards which support the health service as a developer

The LDF will set the criteria for assessment of planning applications including those for health facilities. Therefore the PCT needs to think about how the core strategy will affect its proposals as a developer, not just a service provider. The PCT will need to ensure that the policy and s106 requirements that will apply to a planning application are acceptable to the PCT. A number of standards and requirements from car parking and staff travel to the use of renewable energy will be sought and the PCT should anticipate these. Car parking standards are likely to be a particular cause of difficulties unless the design concept and location is carefully chosen.

The NHS is producing a carbon reduction strategy for the NHS in England. When planning new health facilities, higher standards for building energy use and efficiency, sustainable travel and waste management will be expected.

### Policies with support the health service as an employer

The PCT and other trusts will also have an interest in the core strategy as an employer. The core strategy plays a key role in supporting and creating employment and skills in the borough, and can help ensure that the health service has access to a local workforce with the right skills. Staff will also expect good living conditions in their neighbourhoods. Good quality and especially affordable housing and other facilities are also essential to allow staff to live close to where they work.

### Policies which maintain medical excellence

Healthcare organisations, in particular the acute and teaching trusts may have other interests in the core strategy, for example in maintaining medical excellence. The ability of the PCT to commission world class health services where and when they are needed in the face of population growth pressures, for example, will demand medical excellence. The London Plan requires the core strategy to promote medical excellence and specialised facilities.<sup>34</sup> Some PCTs and partners will need to pay particular attention to this issue.

### Locally distinctive policies

Policies should be locally distinctive and be supported by appropriate evidence. They should not repeat national or London Plan policies and should address local health issues and inequalities. Locally distinctive policies are based on spatial planning interventions which are tailored to

addressing health issues facing different areas or different groups of the population.

Detailed guidance on formulating policies for health is provided in **HUDU's Delivering Healthier Communities in London**. It includes the following examples of health policies where health is treated as a specific policy topic:

- Mental health
- Obesity and cardiovascular disease
- Respiratory disease
- Excess winter (cold) and summer (heat) mortality
- Injuries
- Healthcare provision
- Health impacts

If health is to be treated as a cross-cutting theme, then it is important that the health implications of each policy are explicitly identified and addressed by actions or interventions. These actions will be derived from the evidence of health issues and an analysis of possible spatial planning interventions.

### Summary of requirements for preparing effective policies

1. Policies must conform to national policy, the London Plan and the community strategy.
2. The policies must not result in negative health impacts
3. There should be clear a link or 'chain of conformity' between the vision, strategic objectives and policies.
4. The vision, objectives and policies must give spatial interpretation to the health priorities and objectives in the sustainable community strategy and health plans and strategies
5. The policies must set out realistic and effective and measurable actions to achieve the strategic objectives
6. The policies must be locally distinctive, targeting interventions in specific areas of the borough where justified by the evidence.
7. All the key health issues should be explicitly dealt with by the range of policies either directly or indirectly
8. If the core strategy includes site allocations, proposals and sites for health facilities should be included in the document and identified on the proposals map
9. There are clear mechanisms for monitoring the policies that involve the PCT
10. The policies support the provision of future healthcare services and establish the policy basis and approach to secure developer contributions.

34. London Plan Policy 3A.22 Medical excellence

## Section 5: Implementing the core strategy – delivering health outcomes

**Read this section to understand how the core strategy policies will be implemented to promote health and wellbeing and secure modern, accessible health services.**

The core strategy has a key role to promote health and wellbeing and help deliver modern, accessible health services. The effective implementation or delivery of the core strategy is now a key requirement for a ‘sound’ plan. Boroughs need to demonstrate how the policies will achieve the objectives in the core strategy and how the infrastructure needed to support the forecast housing and population growth is to be provided. It is vital that the PCT is engaged in the preparation of an infrastructure plan and in processes of implementing and monitoring the core strategy. The implementation of the core strategy will occur through the planning application process. The PCT should get fully involved in the planning application process and in s106 negotiations.



### 5.1 Policies that deliver – promoting health and well being

If the core strategy has been constructed around health objectives then it should play a vital role in addressing local health and well being issues, promoting public health and enhancing the effectiveness of health initiatives. The PCT will have played a key role in identifying the health issues and their spatial implications, as well as the interventions that can be built into and delivered through the core strategy. These opportunities should be fully recognised and integrated in the PCT’s Commissioning Strategy Plan and objectives and targets set accordingly. The purpose of this stage in the process is to make sure that the good intentions are delivered in the following 10-15 years.

#### Tackling health inequalities

The core strategy should highlight health inequalities between geographical areas (or social groups) towards which policy interventions could be targeted. The core strategy, linked with regeneration strategies could support physical regeneration in specific areas, which, for example, could lead to improved housing and financial support to improve health services. The PCT should be involved in the delivery of these initiatives and needs to be engaged in their design and implementation and monitor their progress. This may involve the development of master plans

or area policies in parallel with the core strategy. The nature of this engagement should be agreed with the borough so that communications are effective.

By identifying and mapping future health needs, it should be possible to identify ‘hotspots’ where spatial planning interventions could be targeted to reduce health inequalities. These could relate to the location of future housing development sites. Such interventions should complement health improvement initiatives and programmes. It therefore follows that a PCT has a direct and significant interest in ensuring that spatial planning policies are soundly based and that wherever possible they reinforce its health improvement policies.

#### Assessing the impact of development on health

The core strategy will be looking to improve the health and well-being of the community generally by requiring new development to promote, support and enhance health and by avoiding adverse health impacts. The policies should make clear how the health impacts of future development will be assessed. This is likely to take the form of a Health Impact Assessment (HIA) and as such the criteria for scoping or carrying out the assessment and the PCT’s role in this should be made clear. The PCT needs to be satisfied that it can resource this process in a timely and effective way.

## 5.2 Securing modern, accessible health services – an infrastructure plan

The steps needed to ensure that the core strategy and the PCTs plans for health services are effectively aligned and consistent have been described in detail in section 4.1. In order to meet the soundness test, the core strategy must identify where infrastructure will be needed and how and when it will be provided. An infrastructure plan will therefore be required which can only be prepared in partnership with all of the key service and infrastructure delivery agencies, which includes the PCT.

The plan should identify, as far as possible, the costs involved, the funding sources, funding gaps and the timescales for delivery. The co-ordination of infrastructure funding and development programme will pose enormous challenges given the diversity of financial planning processes covering utilities, transport, health and local government. A degree of uncertainty and flexibility will be inevitable.

The delivery programme must be costed and sites identified where necessary. The 'common spatial framework' described in section 4.1 will provide an essential foundation for this programme. The costs should be set alongside the resources that the PCT can realistically expect to receive over the plan period. This will enable funding gaps to be identified and a robust 'business plan' to be prepared.

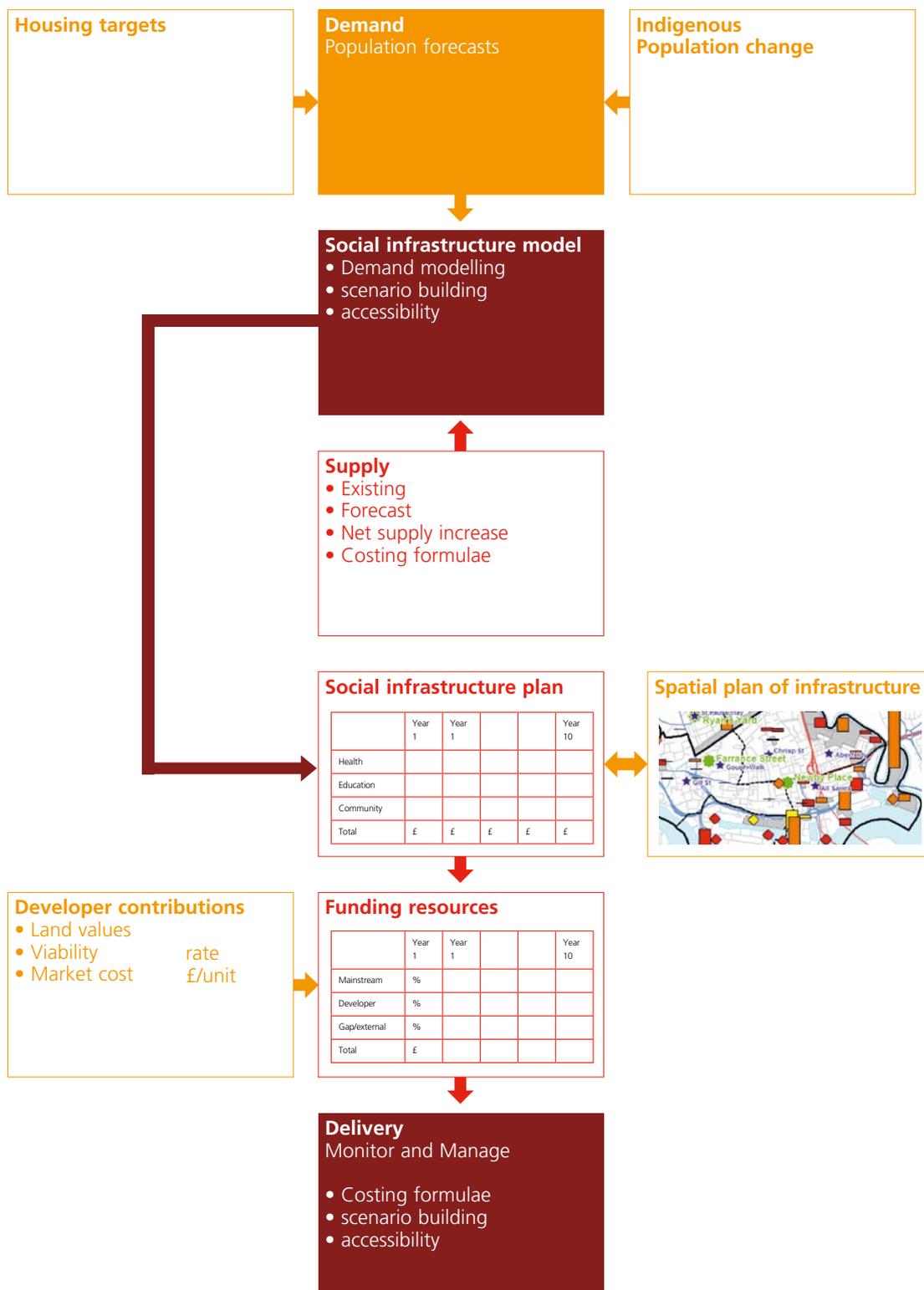
The business plan must obviously be fully integrated with the Commissioning Strategy Plan and related plans. The delivery programme may need to be endorsed by the Strategic Partnering Board that steers the activities of the relevant LIFT Company. The LIFT Company should be fully engaged in relevant stages of this process. To produce an infrastructure plan the use of a social infrastructure methodology is strongly recommended.

### Social Infrastructure Methodology

A social infrastructure methodology is an attempt to illustrate a process to identify and cost infrastructure from an assessment of supply and demand. The stages in the methodology are as follows:

1. Demand forecasting reflects both expected new development and churn within the existing population
2. Assessments of current supply are undertaken to identify the location, capacity and condition of existing facilities.
3. Deficits in supply are identified in space and in time arising from modelling of the demand and of the physical relationship of the supply patterns and demand through accessibility. A social infrastructure model is used that draws on transparent assumptions about the infrastructure implications of population growth. Proposed or forecast changes in the supply model should be reflected at this stage. A spatial framework is used to illustrate the evolving future pattern of supply at successive time horizons.
4. The scale of the infrastructure needed is quantified and costed and its phasing identified. The range of infrastructure needed is plotted and a comprehensive table known as a social infrastructure plan is drawn up to arrive at a forecast of investment needs over the plan period.
5. The sources of funding for the investment are defined, any gaps identified and a judgement made as to what proportion of costs should legitimately fall on new development.
6. A judgement is made as to the appropriate level of developer contributions given the scale of growth that has been used in generating the demand forecasts and the local circumstances, including locally specific viability considerations. The funding table is iterated to achieve a balanced financial outcome.
7. This process and outcome must be undertaken in collaboration with service providers (infrastructure providers) and may have varying levels of other stakeholder input including the private sector.
8. Once agreed and adopted the fluctuations in supply and demand must be monitored and managed within a collaborative framework and on a regular basis.
9. Investment decisions and developer contributions will need to be adjusted in the light of forecast fluctuations in the pace and location of development.

Figure 12. Social Infrastructure methodology



**Infrastructure plan**

Paragraph 4.9 of PPS12 requires the borough not only to identify infrastructure needs to support development but to address issues of costs, sources of funding (including gaps) and timescales for delivery. The purpose of the core strategy is to coordinate the provision of infrastructure to ensure the timely delivery of development. It should not simply be a list of infrastructure projects.

To produce an infrastructure plan for health, boroughs and PCTs should:

- Reach a common understanding of the scale of health infrastructure needed over 10-15 years
- Share up to date data on all assets owned and explore options for joint provision, co-location or adjacencies of services should be explored, within an agreed social infrastructure planning model where possible.
- Produce a delivery programme supported by business plans showing the timing, location, funding and delivery vehicle for the necessary health infrastructure.
- Agree the manner in which investment programmes can be reflected in the LDF

- Meet on a regular basis and at least annually to review progress and to adjust forward programmes in the light of known and forecast changes in the pace of development, population and funding regimes.

It is recommended that a plan for social infrastructure, including health, is produced using the social infrastructure methodology described above. The core strategy should:

- Include an infrastructure trajectory against which the delivery of infrastructure can be monitored. The need to provide contingencies for the delivery of development will be dependant upon any delays in infrastructure implementation.
- Identify what infrastructure will be needed to deliver elements of the strategy, including other social and community infrastructure such as schools, and identify opportunities for co-location and joint provision.
- Identify the funding requirements and sources and a justification for S106 or other developer contributions
- Identify who the implementation agencies are likely to be.

**What would an infrastructure plan look like?**

Name and location of new or enhanced facility	Timing / Phasing	Funding requirement	Mainstream funding identified	Developer contribution (financial / in kind)	Responsibility for delivery
X health centre	2010-2012	£x million	£y million	£x-y million	PCT / LIFT Company
Y school	2010-2012	£x million	£y million	£x-y million	Borough
Z community facility	2010-2012	£x million	£y million	£x-y million	Borough

**Funding health services**

To ensure that the borough develops in a sustainable way the core strategy is required to take into account the resources available to meet future needs before making key decisions on the scale and location of growth. This includes the resources available to the PCT to meet health needs. Planned development should not put undue pressure on the PCT and impact detrimentally on services to existing residents. It will be vital that the PCT identifies the resources that will be available through the plan period and make a judgment as to whether these will be adequate to meet the needs of the expected population change at the right time, and shares that view with the borough.

Where gaps in funding are identified then clearly steps need to be taken to identify additional resources. In designated areas like the Thames Gateway and North London growth areas specific funding may be available to contribute to the infrastructure necessary to support this

growth. Significant use has already been made of these funds in the recent past. The infrastructure plan described above will form a vital element in the case for securing such funding in the future. The PCT may be unable to access this source of funding if its plans are not integrated into the core strategy.

**Planning obligations**

The development industry can also be required to contribute to the costs of infrastructure made necessary by new development. Under section 106 of the Town and Country Planning Act 1990 planning permission can be made contingent on a developer making a financial contribution to the enhancement or provision of services such as health. Planning obligations are further explained in **HUDU's Health and Urban Planning Toolkit**.

The core strategy should make it clear under which circumstances such contributions will be required, in line

with Policies 6A.4 and 6A.5 of the London Plan. The core strategy will thus have a strategic policy along these lines and will most likely be supported by a supplementary planning document. The PCT must be fully engaged in developing that policy in order to ensure that it fully reflects the real impacts of new developments on the local health services. In order to secure contributions for health, substantive impacts need to be demonstrated. The infrastructure plan described above is a vital piece of evidence to support the case for health. If the borough and the PCT agree about the strategic need for resources and the timing and distribution then making the case in relation to individual planning applications will be much more straightforward and predictable.

The borough may propose a development 'tariff', by setting a sum to be paid by each development, on the basis that the contributions from the cumulative impact of development will be pooled for new infrastructure. The 'health' element of such a tariff must be worked out collaboratively by the borough and the PCT.

The Government is proposing a new system of contributions to be known as the Community Infrastructure Levy (CIL) that is likely to be introduced in 2009. If the borough chooses to go down the CIL route (it will be optional) then it will be essential for agreement to have been reached with the PCT amongst all other providers, on an infrastructure plan as described above. Should the borough decide to continue to use the conventional s106 approach then as described above it will still have to set out its policy and the criteria. These will make it clear what is likely to be funded and how contributions will be calculated. The PCT must ensure that the detailed policy meets its aspirations so that when development comes forward in an area where health services are under stress there is agreement as to what kind of contribution will be needed and crucially that developers are made fully aware of any specific requirement at the earliest possible opportunity.

For any of the above mechanisms to work effectively and for them to deliver necessary funding to the local health service the PCT must be in a position to influence policy and to monitor development on the ground. The objective of this will be to align investment in new facilities with changing demand and to ensure that gap funding is secured when it is needed.

### Infrastructure delivery mechanisms

The PCT will have a clear view as to how new facilities will be delivered. LIFT plays a key role in primary care facilities and the LIFT Company should be engaged in the core strategy alongside the PCT.

However the PCT and borough should take steps to explore the potential for more integrated mechanisms

for infrastructure delivery. Co-location or other forms of closer co-operation are increasingly being used to improve service access and quality and to reduce overheads. This cooperation should take place within the kind of strategic spatial framework that has already been described so that the risks to implementation are minimised.

Links between implementation of the core strategy and the **local area agreement** should be explored. There is the potential for more integrated mechanisms for infrastructure delivery, which could include local infrastructure funds and single delivery vehicles or local infrastructure management groups. This is particularly relevant in the growth areas and boroughs where infrastructure planning and delivery is vital for accessing external Government funding.

## 5.3 Delivering healthier communities

Implementation of the core strategy will primarily occur through the planning application process. All development of any significance needs planning permission. In the plan-led system all decisions must be taken in line with the development plan, which includes the core strategy. However, the core strategy is a 'spatial' plan that will also be coordinating the development activities of a wide range of organisations and agencies. Some areas of a borough will be covered by detailed plans, such as area action plans, masterplans or regeneration strategies.

### Development control

Development control is a generic term used to describe the function of the Local Planning Authority that manages the planning application process. The process of development control seeks to ensure that development meets all the policies and standards set out in the Local Development Framework. The impact of a development on the wider determinants of health ought to be positive and adverse health impacts avoided. Failure to secure these qualitative outcomes through development control means that the policies in the LDF, however robust and soundly based, will be frustrated. The LDF will also set out the policies and approach taken to negotiate and secure planning obligations from development.

Therefore, the PCT should aim to be fully involved in development control process, including pre-application discussions and negotiations on planning applications and s106 requirements. The PCT should develop effective links with the borough to enable them to appraise developments that may have health implications from the earliest stage. The PCT should aim to:

- Get involved in the scoping and preparation of an Environmental Statement (prepared as part of an Environmental Impact Assessment) or a Health Impact Assessment.

- 
- Use HUDU's 'Watch Out for Health' to assess the wider impacts on public health.
- 
- Suggest changes to a scheme to minimise negative health impacts and maximise positive benefits, which could include alterations to improve the design and layout of a proposal.
- 
- Use HUDU's 'Planning Contributions Tool' to assess the likely financial impact on health services and identify s106 requirements for health.
- 

For health developments, the PCT will need to ensure that the policy and s106 requirements that will apply to a planning application are acceptable. The PCT should clearly justify a scheme and state its operational requirements, for example car parking provision, travel plan, design and energy efficiency. Where a facility is to be delivered by a LIFT company these requirements should be specified in the business plan.

### Regeneration proposals and masterplans

A regeneration proposal or programme may cover a wide area and development will usually be implemented in phases. A masterplan will set an overall vision and policy framework to guide and shape development to lead to the physical, social and economic revival of an area. The masterplan may be adopted by the borough as a supplementary planning document or as an area action plan. An area action plan would carry 'development plan' status to resolve competing interests and objectives for an area. The plan should also detail infrastructure requirements for an area.

The masterplan may also be submitted to support an outline planning application for an area which will establish the development is acceptable in principle. Detail planning applications or applications for 'reserved matters' will follow for phases or parts of the overall development. The masterplan or outline planning application will set out an indicative layout for the scheme, including the use or uses proposed and the amount of development proposed for each use. The application may be accompanied by an Environmental Impact Assessment and a Health Impact Assessment.

The masterplan should be developed in collaboration with the PCT and the PCT should aim to:

- 
- Identify sites and development options for health facilities having regard to the health service model and opportunities for co-location or integration with other services and consistent with the CSP.
- 
- Identify options for the redevelopment of surplus NHS land
- 
- Work with the borough to undertake a health needs assessment of the area, which could draw on of the Joint Strategic Needs Assessment.
- 

- 
- Explore options for the use of s106 developer contributions for health, which could include pooling contributions, or the use of a tariff approach.
- 
- Get involved in the scoping and preparation of an Environmental Statement (prepared as part of an Environmental Impact Assessment) or a Health Impact Assessment.
- 
- Use HUDU's 'Watch Out for Health' to inform the design of each phase of the development and the implementation of the scheme as a whole.
- 
- Incorporate health initiatives and programmes to improve health and reduce inequalities
- 
- Recommend a long term health study of the new residents of a regeneration area.
- 

### Monitoring the plan

The borough and the PCT have a common interest in the successful implementation of the core strategy. For the core strategy to be effective it should deliver positive health outcomes. These outcomes should be monitored against indicators and targets derived from the core strategy objectives. The core strategy should set out a framework of indicators and targets and arrangements for monitoring and reporting the results. The PCT should ensure that this framework is able to monitor the health outcomes of the plan. A matrix similar to Table 1 could be used to help identify possible indicators and targets to monitor the health objectives. It should be possible to align these targets with the Local Area Agreement.

The borough will produce an Annual Monitoring Report (AMR) which monitors progress on implementing the LDF and the effectiveness of policies. The PCT should be involved in the preparation of the AMR.

The AMR will indicate how infrastructure providers have performed against the core strategy infrastructure plan. As the core strategy will be implemented over a 15-20 year time frame it is inevitable that circumstances will change.

Where policies and targets are not being met, or if development or health infrastructure is not coming forward at the required rate, then the borough and PCT must address the matter. Assumptions made regarding infrastructure delivery may need to be revised and an alternative programme considered. If policies are not being implemented effectively or are having unintended effects, then the core strategy or supporting LDF document may need to be revised.

In particular, the PCT will also need to take a view on the rate of housing development so that it can adjust its strategic plans accordingly. Variations in the rate of house building will have obvious implications for services. Similarly, a failure by the PCT, for whatever reason, to

deliver on infrastructure commitments agreed as part of the core strategy may well have very serious implications for the borough. It is essential that the PCT keep the borough informed on progress on implementing its health strategies and this will require on-going engagement and communication. The review of the Joint Strategic Needs Assessment will also need to draw on the findings of the AMR.

### Summary – ensuring delivery

1. Assess and agree the key indicators and targets for health related policies in the core strategy.
2. Agree the way in which the PCT will be involved in decisions on significant planning applications, including responsibilities for EIA and HIA as and when they are required.
3. Agree, the location, scale, timing and cost of health facilities needed throughout the plan period.
4. Translate this into an infrastructure plan to support the core strategy which sets out a coordinated approach to infrastructure delivery and funding, including justification for s106 developer contributions.
5. Strategic sites for healthcare facilities have been identified and allocated in the LDF proposals map.
6. Agree the terms of any policy that will govern the requirement for financial contributions from s106.
7. Agree a regular and structured meeting cycle with the borough to monitor progress on the LDF.
8. Report to the Board on the key indicators and on the scale of financial contributions.
9. Ensure that responsibility for dealing with spatial planning is clearly identified at the right level in the PCT.
10. Ensure that the PCT is engaged in significant area interventions such as regeneration areas, major growth areas and town centres.

## A 'Health Check' for PCTs and boroughs

### Is the core strategy ready for examination?

The 'health check' is HUDU's suggested approach to evaluate the core strategy and ensure that it is justified and effective and has met legal requirements in relation to health. The checklist can be used by either the PCT or the borough but we would suggest that working together would be the most effective way of getting the most value out of it. The health check complements HUDU's 'Watch out for Health' checklist which we would suggest can also be used very early in the process in helping to scope the issues and policy responses.

By following the health check, the PCT will be able to identify any weaknesses and gaps in the core strategy. These must be addressed before the core strategy is submitted to the Secretary of State. Although focused on health, the checklist is also applicable to other forms of social infrastructure.

The table uses a simple 'yes, no, don't know' format. Clearly, it is not always that straightforward to answer 'yes' or 'no' – the key is to be honest and objective and

to choose the answer that you can justify. Obviously there shouldn't be too many 'no's' unless there is some reason why that element of the test can't be met. 'Don't knows' require you to find out more information about a particular requirement and then to reach a conclusion or solution. The comments column can be used to record, justify or explain your answer to identify additional steps as part of an on-going approach.

We would suggest that the health check could be used by the borough as part of its self-assessment of the core strategy and submitted to the Inspector as supporting material for the examination in public. It could be used together with the 'Soundness self-assessment toolkit' which is available to download from the Planning Advisory website. Please refer to 'Examining Development Plan Documents: Soundness Guidance' from the Planning Inspectorate (July 2008) for advice on the examination process.

	Yes ✓	No x	Don't Know	Assessment / Comments
<b>Legislation and policy requirements</b>				
<b>National planning policy</b> Does the core strategy address health in a spatial and locally distinctive way, by promoting healthier communities, addressing health inequalities and access to health services?				
<b>Sustainability Appraisal</b> Has the core strategy been subject to a sustainability appraisal?				
Did the scoping on the sustainability appraisal identify information sources and gaps?				
Were these information gaps filled?				
Has the sustainability appraisal identified the health implications and impacts of each policy?				
Have the adverse health impacts of policies been addressed?				

	Yes ✓	No x	Don't Know	Assessment / Comments
<p><b>Conforming to the London Plan</b></p> <p>Does the core strategy give effect to or amplify the following health policies of the London Plan and reflect the crosscutting theme for health?</p>				
<ul style="list-style-type: none"> <li>• <i>Policy 2A.1 Sustainability Criteria</i> – does the core strategy include mechanisms to address the impact of development on health infrastructure and the health of local people?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 3A.2 Borough housing targets</i> – does the core strategy make provision for health services to meet future needs?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 3A.18 Protection and enhancement of social infrastructure and community facilities</i> – does the core strategy assess the need for social infrastructure and ensure that they are capable of being met?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 3A.20 Health objectives</i> – does the core strategy include policies to improve health and reduce health inequalities, and reflect local health plans?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 3A.21 Locations for health care</i> – does the core strategy support the provision of additional, accessible healthcare as identified by health strategies?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 3A.22 Medical excellence</i> – does the core strategy support medical excellence and specialised health facilities?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 3A.23 Health impacts</i> – does the core strategy require health impact assessments for major development proposals?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 3A.27 Meeting floor targets</i> – does the core strategy set out how development in, or adjacent to, Areas for Regeneration could contribute towards national and local targets for health?</li> </ul>				

	Yes ✓	No x	Don't Know	Assessment / Comments
<ul style="list-style-type: none"> <li>• <i>Policy 3D.3 Maintaining and improving retail facilities</i> – does the core strategy support the provision of local shopping facilities, providing easy access to fresh food?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 5H.1 The Growth Areas</i> – does the core strategy reflect the Mayor's ambition to secure the optimum development of the growth areas by making available resources for infrastructure?</li> </ul>				
<ul style="list-style-type: none"> <li>• <i>Policy 6A.4 Priorities in Planning Obligations and Policy 6A.5 Planning Obligations</i> – does the core strategy support planning obligations for health facilities?</li> </ul>				
<p><b>Sustainable Community Strategy</b></p> <p>Does the core strategy clearly identify and give effect to the objectives and priorities for health and health services in the sustainable community strategy?</p>				
<p>Do the health targets and outcomes in the core strategy reflect the targets in the Local Area Agreement?</p>				
<p><b>Partnership working</b></p> <p>Has the PCT been consulted in accordance with the borough's Statement of Community Involvement and the regulations and guidance?</p>				
<p>Have key named contacts and communication links between the PCT and the borough been agreed?</p>				
<p>Has an engagement agreement or protocol for managing communications on planning and health been agreed?</p>				
<p>Have the key health issues and PCT's priorities been communicated to the borough and have possible policy interventions been discussed?</p>				
<p>Have regular and timely meetings been established to develop the core strategy?</p>				
<p>Do the PCT and borough have the resources and skills needed to prepare the core strategy, i.e. GIS mapping and analysis?</p>				
<p>Have opportunities for shared working arrangements been explored?</p>				

	Yes ✓	No x	Don't Know	Assessment / Comments
<b>Gathering evidence – is the core strategy justified?</b>				
Has population and demographic change been estimated, forecast and mapped, including future housing development sites?				
Have the findings of the Joint Strategic Needs Assessment been used to identify health and wellbeing needs and inequalities?				
Has the JSNA drawn on demographic and housing data and involved the borough planning department?				
Have the effects of the wider determinants of health in the borough been analysed and mapped?				
<b>Health and wellbeing</b>				
Have the health issues most susceptible to spatial planning interventions been identified from the JSNA and other sources				
Has the spatial distribution of these health issues been identified and mapped?				
Has the spatial dimension of health inequalities been identified and mapped?				
Have links with adjoining boroughs been identified in relation to health conditions?				
Have the causes or pathways of the health issues been identified and agreed?				
Have these causes or pathways factors been mapped to identify links and 'hotspots'?				
Have the potential options for intervention been identified and agreed, including targeted interventions in specific parts of the borough?				
Are the policies and interventions compatible with local health plans and strategies?				
<b>Healthcare facilities</b>				
Has the existing distribution of healthcare facilities been identified and mapped? This should include primary, acute and mental health facilities.				

	Yes ✓	No x	Don't Know	Assessment / Comments
Has the capacity of existing facilities been identified and mapped?				
Has the condition of existing facilities been identified and mapped?				
Has transport accessibility to existing facilities been analysed and mapped?				
From assessments of capacity, condition and accessibility, have deficiencies or 'hotspots' been identified?				
Has the future demand for health services been assessed from population and demographic change?				
Has the future demand for health services been assessed by forecasting changing health conditions spatially?				
Has the future demand for health services been mapped against accessibility to the current supply network?				
Have links with adjoining boroughs been identified in relation to health services?				
Have options for future health infrastructure provision been identified by using models to generate different scenarios of health service configuration?				
Has a preferred option for future health infrastructure provision been identified and mapped?				
Does the core strategy anticipate changes in the health estate, including disposals, new sites and options for co-location of services?				
Has a common spatial framework phased over the plan period been developed to aligning health service planning and the core strategy?				

	Yes ✓	No x	Don't Know	Assessment / Comments
<b>Developing an effective policy framework</b>				
<b>Vision</b> Does the spatial vision align with the PCT's aspirations for health and health services?				
Does the spatial vision support the sustainable community strategy and give spatial interpretation to its aims and priorities?				
<b>Strategic Objectives</b> Have objectives been identified to address the health issues and deliver positive health outcomes from the spatial policies?				
Are the objectives specific, measurable, achievable, relevant and time based?				
<b>Planning policies for health</b> Do the policies fully address the health objectives and set out realistic and effective measurable actions to achieve the objectives?				
Has a matrix been used to demonstrate the conformity and compatibility of national policy, the London Plan, the community strategy spatial policies, the strategic objectives and the spatial policies?				
Have all the key health issues been explicitly dealt with by a range of policies – either directly or indirectly?				
Do the policies: <ul style="list-style-type: none"> <li>• Reflect best practice, guidance and current research in creating healthier environments?</li> <li>• Address local health issues and their spatial implications?</li> <li>• Identify the health implications of other policies, such as open space?</li> <li>• Avoid development that will be detrimental to health?</li> <li>• Identify ways of reducing health inequalities?</li> <li>• Enable provision of health services?</li> </ul>				
Are the policies locally distinctive, targeting interventions in specific areas of the borough where required?				

	Yes ✓	No x	Don't Know	Assessment / Comments
<b>Implementing and monitoring the core strategy</b>				
Has an infrastructure plan or programme for health been jointly prepare and agreed with the PCT, identifying the: <ul style="list-style-type: none"> <li>• Scale, location and timing of new provision or enhancement?</li> <li>• Sources of funding, including justification for s106 or other developer contributions?</li> <li>• Responsibilities for delivery?</li> </ul>				
Does this infrastructure plan demonstrate an effective delivery strategy for health infrastructure as identified in a common spatial framework?				
Have the risks of delivery been analysed and have possible alternative strategies for provision been identified so that the core strategy is sufficiently flexible to deal with changing circumstances?				
Have strategic sites for healthcare facilities been allocated where required, including primary, acute, specialist and mental health services?				
Do the policies fully address the health objectives and set out realistic and effective measurable actions to achieve the objectives?				
Do the policies support the provision of future health services, and establish the policy basis and approach to secure s106 and other developer contributions?				
Have Environmental Impact Assessment and Health Impact Assessment procedures and responsibilities been set out?				
<b>Monitoring</b>				
Are the arrangements and responsibilities for monitoring the core strategy clear and realistic?				
Have clear targets and indicators for health improvement and health services been derived from the evidence?				
Is the PCT actively involved in monitoring and has its role and responsibilities of the PCT been agreed?				

## Glossary

**Area Action Plans** – a development plan document which provides the planning framework for areas where significant change is needed, for example to deliver planned growth areas or regeneration programmes.

**Development Control Policies** – a development plan document which sets out additional policies which the borough will use to determine planning applications

**Development Plan** – consists of the Regional Spatial Strategy (or the spatial development strategy for London – the London Plan) and the Local Development Framework, prepared under the Planning & Compulsory Purchase Act of 2004.

**Geographical Information Systems (GIS)** – a computer application used to store, view, and analyse geographical information and produce maps.

**Health Impact Assessment (HIA)** – a method of estimating the potential health effects of the implementation of a plan or development proposal, which may or may not be aimed at influencing the health of the population.

**Health inequalities** – variations in health or health determinants between different population groups or geographical areas.

**Infrastructure planning** – an approach to support the delivery of infrastructure in the Local Development Framework which should identify infrastructure needs and costs, phasing of development, funding sources and responsibilities for delivery.

**Joint Strategic Needs Assessment** should identify current and future health and wellbeing needs of the local population, informing the priorities including the sustainable community strategy, the local area agreement and the core strategy to help improve outcomes and reduce health inequalities for the community.

**Local Area Agreements (LAAs)** set out the priorities and outcomes for a local area agreed between central government and a local area (the local authority and the Local Strategic Partnership) and other key partners at the local level.

**Local Development Framework (LDF)** is a collection of policy documents produced by local authorities which sets the spatial planning framework for managing development and change in each borough over the next 15 to 20 years. Each London borough is required to produce a LDF

**Local Improvement Finance Trust (LIFT)** – is a delivery vehicle involving the private sector in financing primary and social care and community infrastructure. PCTs and Local Authorities are usually share holders in the LIFT for the local area.

**Local Strategic Partnership** is responsible for preparing and reviewing the sustainable community strategy and the local area agreement.

**S106 agreement** – is a legal agreement, also known as “planning obligations”, between a developer and local authority and others with an interest in the land to make a development acceptable in planning terms.

**Site Specific Allocations** – a development plan document which sets out proposals for major development sites not included in the core strategy, such as sites for waste management facilities

**Spatial planning** brings together and integrates policies for the use and development of land with other policies and programmes which influence the nature of places and how they function.

**Strategic Environmental Assessment (SEA)** was introduced by European Directive 2001/42/EC (the SEA Directive) and requires a formal environmental assessment of certain plans and programmes, including the Development Plan, which are likely to have significant effects on the environment (including health).

**Supplementary Planning Documents** provide greater detail on policies in development plan documents, for example guidance on planning obligations, including developer contributions for health

**Sustainability Appraisal (SA)** assesses the economic, environmental and social effects, including health, of a plan from the outset of the preparation process to allow decisions to be made that accord with sustainable development. Sustainability Appraisal incorporates Strategic Environmental Assessment as an integrated process in England.

**Sustainable Community Strategy** – Local Authorities are required to prepare a sustainable community strategy under the Local Government Act 2000. The objective of the sustainable community strategy is to improve the economic, environmental and social wellbeing of local areas and contribute to the achievement of sustainable development. The Local Strategic Partnership made up of public, private, voluntary and community organisations that operate locally help set the vision and priorities of the strategy.

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