Local Development Framework
Supplementary Planning Document

Healthy Urban Planning

March 2012
1. INTRODUCTION

Healthy Urban Planning

Health is defined by the World Health Organisation as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

1.1 Planning plays a key role in shaping the physical environment, and the physical environment can have a significant impact on health and well-being by making it possible for people to make healthier lifestyle choices, improving access to key services and amenities, and creating spaces for social interaction.

1.2 For example, people with easy access to greenspace are more likely to take regular exercise and physical activity, thereby reducing the risk of obesity and cardio-vascular disease. Improved accessibility and the availability of sustainable travel modes can help reduce road traffic and emissions, helping reduce respiratory disease as well as providing opportunities for physical exercise and improving access to community services. Well-designed neighbourhoods which have accessible local community facilities and provide safe and walkable environments, provide increased opportunity for social interaction within a community, and reduce fear of crime and feelings of isolation. Consequently well-designed neighbourhoods can have a positive impact on mental health and well-being.

1.3 ‘Healthy Urban Planning’ is about how we plan and build our cities, towns and neighbourhoods to improve both the quality of the environment and quality of life for its residents. Healthy Urban Planning enables planners to consider the impact of their work and decisions on the health and well-being of local communities. Healthy Urban Planning is about making health central to the planning process.

1.4 The Royal Town Planning Institute (RTPI) produced a Good Practice Note ‘Delivering Healthy Communities’ in 2009 to confirm the need for more effective integration between public health and the spatial planning system in delivering healthy and sustainable communities. The guidance promotes Joint Working between Planning and Health, through consideration of health in planning policy and major development proposals, as well as integration of health in other assessments such as Environmental Impact Assessment (EIA) and Strategic Environmental Assessment (SEA). Health Impact Assessments (HIA’s) are increasingly being used to inform spatial planning decisions and to support major development proposals.

1.5 The RTPI guidance also sets out Planning Principles for Healthy Communities - to implement in plan-making and place-shaping, and when evaluating plans, schemes or proposals. These principles are:
- Partnership and Inclusion
- Healthy Neighbourhoods
- Planning for Active Lifestyles
- Protecting the Environment
- Designing for Safety and Well-Being
What is a ‘Healthy City’?

A healthy city is …

“... one that is continually creating and improving the physical and social environments and expanding the community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential”

(World Health Organisation)

1.6 The World Health Organisation (WHO) Healthy Cities project is a global movement launched in 1986. There are approximately 100 WHO designated European Healthy Cities and 14 of these are major cities from the UK. A Healthy City is committed to the process of trying to achieve better physical and social environments which support and promote better health and quality of life for its residents.

1.7 The Healthy Cities programme aims to put health high on the political, economic and social agenda of those cities’ governments. The Healthy Cities movement promotes comprehensive and systematic policy and planning for health and emphasises:

- The need to address inequality in health and urban poverty
- The needs of vulnerable groups
- Participatory governance
- The social, economic and environmental determinants of health.

1.8 This cannot be achieved by the health sector alone, and requires health considerations to be taken into account in economic, regeneration and urban development decisions. Involvement of local planning authorities in individual Healthy City programmes is crucial to increase the understanding of the relationship between planning and health and to mainstream Healthy Urban Planning.

Stoke-on-Trent - Healthy City

1.9 Stoke-on-Trent is a designated member of the WHO European Healthy City Network for Phase V (2000 – 2014), but has been a Healthy City since 1998. In order to achieve this status, Stoke-on-Trent has to demonstrate a high level political and executive commitment to reducing health inequalities across the city, and this commitment is set out in the Stoke-on-Trent Declaration for Healthy Cities: Health and Health Equity in all Local Policies (2009) - attached as Appendix 1.
1.10 Stoke-on-Trent’s Healthy City Partnership is led by the City Council and NHS Stoke-on-Trent. The following core themes are identified as priorities for the Healthy City Partnership and each has a contribution to play in meeting the WHO’s commitment to Health and Health Equity in all Local Policies.

- **Caring and supportive environments**: A healthy city is a city for all its citizens: inclusive, supportive, sensitive and responsive to their diverse needs and expectations.
- **Healthy Living**: A healthy city provides conditions and opportunities that encourage, enable and support healthy lifestyles.
- **Healthy Urban Planning and Design**: A healthy city offers a physical and built environment that encourages, enables and supports health, recreation and well-being, safety, social interaction, accessibility and mobility, a sense of pride and cultural identity and is responsive to the needs of all its citizens.

### Health Profile for Stoke-on-Trent

1.11 A Health Profile of Stoke-on-Trent is produced annually to provide an overview of health in the area and to help local government and health services improve health and reduce health inequalities.

1.12 **Stoke-on-Trent ‘at a glance’** …

- The health of the people of Stoke-on-Trent is generally worse than the England average. Deprivation is higher than average and 15,690 children live in poverty. Life expectancy for both men and women is lower than the England average.
- Life expectancy is 8.1 years lower for men and 5.2 years lower for women in the most deprived areas of Stoke-on-Trent than in the least deprived area (based on the Slope Index of Inequality published on 5th January 2011).
- Over the last 10 years, all cause mortality rates for women have fallen. The early death rate from heart disease and stroke has fallen but is worse than the England average. The early death rate from cancer is also worse than the England average.
- Estimated levels of adult ‘healthy eating’, smoking and obesity are worse than the England average. Rates of smoking related deaths and hospital stays for alcohol related harm are higher than average.
- Priorities in Stoke-on-Trent include quitting smoking, action on obesity and raising cancer awareness.

Source: **Health Profile 2011 - Stoke-on-Trent, Association of Public Health Observatories for Department of Health** [www.healthprofiles.info](http://www.healthprofiles.info)
Links between Health and Planning

1.13 In recognition of the challenging health issues facing the city, the planning framework needs to reflect the strong local commitment to reducing health inequalities and promoting healthy lifestyles.

1.14 There are strong and historic connections between health and planning. Modern town planning originated in the 19th century to address health problems associated with poor housing and sanitation in urban industrial areas. There is now increasing recognition that the environment can contribute to reducing and mitigating the impact of disease and illness. Better planning, management and control of the natural and built environment can enable individuals and communities to adopt health promoting lifestyles. In particular, there is growing evidence of the influence of the natural and built environment in contributing to the major killers of the 21st century e.g. heart disease, obesity, cancer and respiratory illnesses, and on how healthy urban environmental policy and planning is one of the most important ways of improving population health and well-being.

1.15 This is highlighted in research and guidance produced by organisations such as the Commission for Architecture and the Built Environment (CABE), Natural England, the Natural Heart Forum, the Royal Town Planning Institute (RTPI), National Institute of Health and Clinical Excellence (NICE) and the UK Faculty of Public Health.

1.16 National planning policy guidance set out in PPG’s/PPS’s, provides policy support for healthy and sustainable communities. In particular PPS1: Delivering Sustainable Communities (2005) sets out a planning commitment to developing strong, vibrant and sustainable communities and to promoting community cohesion. This means meeting 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 citizens.

Development Plan policies should:
- 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 all the community, including particular requirements relating to age, sex, ethnic background, religion, disability or income;
1.17 Other national guidance notes, including: PPS3 Housing; PPS4 Planning for Sustainable Economic Growth; PPS10 Planning for Sustainable Waste Management; PPS12 Local Spatial Planning; PPG13 Transport; PPG17 Open Space, Sport and Recreation; PPS22 Renewable Energy; PPS23 Planning and Pollution; PPS24 Noise and PPS25 Flood Risk; all provide further support for healthy and sustainable communities.

1.18 At a local level, the Stoke-on-Trent Local Development Framework (LDF) provides the opportunity to deliver the Healthy City core objective of Healthy Urban Planning.

1.19 This Healthy Urban Planning SPD has been prepared to ensure that health and well-being are key considerations in the planning process and that health and well-being issues are given weight in creating planning policies and in making planning decisions. The SPD supports the Council’s commitment to the Healthy City, as set out in the Declaration for Healthy Cities, and in particular the core objective of Healthy Urban Planning.

How to use the SPD

1.20 **Section 1 – Introduction**
Provides the policy context and background to health issues within the City.

1.21 **Section 2 - Healthy Urban Planning Checklist**
This incorporates a checklist which is based on the RTPI’s Planning Principles for Healthy Communities. The checklist is intended to be used during the preparation of all planning policies, development proposals and masterplans including its use as part of the assessment of planning applications.

1.22 **Section 3 - Health Impact Assessment (HIA)**
Provides guidance on the use of Health Impact Assessments (HIA) as a systematic approach to identifying the health and well-being impact of policies, plans and projects. By using the approach proactively, it is possible to support and add value to decision-making processes and to amend polices and programmes in such a way as to enhance well-being and to mitigate negative health impacts.
1.23 **Section 4 - Further information**

Provides links to sources of further information relating to Healthy Urban Planning and best practice/guidance on HIA.

**Status of the SPD**

1.24 A Supplementary Planning Document provides amplification of existing policies set out in a Development Plan Document - in this case, the Newcastle-under-Lyme and Stoke-on-Trent Core Spatial Strategy (October 2009). This SPD provides greater details on the following:

**Core Spatial Strategy Strategic Aim 2 (SA2):**

To facilitate delivery of the best of healthy urban living in the development of the conurbation and to ensure that new development makes adequate provision for all necessary community facilities including health care, education, sports and recreation and leisure and that the quality and accessibility of existing facilities are enhanced and retained where they provide for the justified community needs.

**Core Strategic Policy 1 - CSP1 Design Quality**

New development should be well designed to respect the character, identity and context of Newcastle and Stoke-on-Trent’s unique townscape and landscape and in particular, the built heritage, its historic environment, its rural setting and the settlement pattern created by the hierarchy of centres.

New development should also:

1. Promote the image and distinctive identity of Newcastle and Stoke-on-Trent through the enhancement of strategy and local gateway locations and key transport corridors.
2. Be based on an understanding and respect for Newcastle’s and Stoke-on-Trent’s built, natural and social heritage.
3. Protect important and longer distance views of historic landmarks and rural vistas.
4. Contribute positively to an areas identity and heritage (both natural and built) in terms of scale, density, layout, use of appropriate vernacular materials for buildings and surfaces and access.
5. Be easy to get to and to move through and around, providing recognisable routes and interchanges and landmarks that are well connected to public transport, community facilities, the services of individual communities and neighbourhoods across the whole plan area.
6. Have public and private spaces that are safe, attractive, easily distinguished, accessible, complement the built form and foster civic pride.
7. Ensure a balanced mix of uses that work together and encourage sustainable living in the use of water, energy and re-use of materials and minimises the impact on climate change.
8. Provide active ground floor frontages where located in the City Centre, Newcastle Town centre, local or district centres.
9. Be accessible to all users.
10. Be safe, uncluttered, varied and attractive.
11. **Contribute positively to healthy lifestyles.**
12. Support and foster innovative management and service delivery.

and …
Core Strategic Policy 5 – CSP5 Open Space/Sport/Recreation

The plan area’s open space, sports and leisure assets will be enhanced, maintained and protected through the following measures:

1. Close partnership working to deliver the key elements of the Urban North Staffordshire Green Space Strategy.
2. Close partnership working to deliver improved quality and accessibility, and additional sports and leisure facilities will be developed to meet local needs identified in Newcastle’s Leisure Needs and Playing Pitch Strategy and Stoke’s Sports and Physical Activity Strategy and any approved revisions or replacement strategies.
3. Ensuring that all new residential development will be linked to existing and new open spaces and sport and recreation facilities through a series of well-defined safe routes/streets, incorporating pedestrian friendly routes and cycle ways.
4. Ensuring that the plan area’s network of open spaces, sports and leisure assets are interlinked and accessible to all, secure, and provide quality leisure and amenity facilities.
5. Developer contributions will be sought to provide a key funding source to meet the needs of new residents and for the delivery of Newcastle’s Leisure Needs and Playing Pitch Strategy, Stoke’s Sport and Physical Activity Strategy and the Urban North Staffordshire Green Space Strategy and any approved revisions or replacement strategies.

1.25 This SPD also sets out links to other relevant LDF policies, national planning policy and other material considerations which are referred to in the plan-making process. Links between health and urban design are especially important and this document should therefore be read in conjunction with the Urban Design Guidance SPD - links are set out within Section 1 of this document.

1.26 Diagram 1 (below) shows the relationship between the Healthy Urban Planning SPD and other LDF documents.

1.27 All LDF documents can be accessed via: www.stoke.gov.uk/ldf

1.28 Once adopted, the Healthy Urban Planning SPD will be a material consideration in the determination of planning applications. In the meantime, the principles of the SPD will be used to assist plan preparation and decision-making on planning applications.
Purpose of the SPD

1.29 The main purpose of the Healthy Urban Planning SPD is to provide a practical tool - for planners, developers and investors, health professionals and the public - to refer to when involved in policy making and planning decisions. This document once adopted will form part of the Local Development Framework alongside existing and planned Development Plan Documents.

1.30 The Healthy Urban Planning SPD is intended to be used in the following circumstances:

- **Planning Policy** - throughout the preparation of Development Plan Documents (DPD’s) and Supplementary Planning Documents (SPD’s);

- **Planning Applications** - in preparing development proposals and in assessing major planning applications; and as part of pre-application discussions and consideration of planning enforcement matters for these types of developments.

- **Pre-application enquiries** – at the earliest stage in proposal development, prior to planning applications being submitted;

- **Neighbourhood Planning and Regeneration Projects** - during the commissioning, managing and preparation of neighbourhood plans and major regeneration projects.
2. HEALTHY URBAN PLANNING CHECKLIST

2.1 The following key issue builds on Core Spatial Strategy Policy CSP1 Design Quality and is based on Planning Principles for Healthy Communities, which the RTPI encourages to be used in plan-making and place shaping, and when evaluating plans, schemes or proposals.

KEY ISSUE 1 - Healthy Urban Planning Checklist

New development should contribute positively to healthy lifestyles.

Policies and proposals should consider the following Planning Principles for Healthy Communities.

1. Partnership and Inclusion
2. Healthy Neighbourhoods
3. Planning for Active Lifestyles
4. Protecting the Environment
5. Design for Safety and Well-Being

2.2 The following pages set out a checklist for each of the above planning principles.

2.3 The checklist is intended to be used by:

- Developers and their agents in preparing development proposals;
- The Local Planning Authority as part of pre-application discussions and in assessing and negotiating improvements to proposals; and
- The Local Planning Authority in writing planning policies.

2.4 For planning applications, it is advised that the checklist is used at an early stage, ideally at the pre-application discussion stage, so that improvements to development proposals can be negotiated where this is possible. Whilst it is unlikely that all proposals can meet all criteria, proposals should aim to consider all issues wherever possible, and to address any adverse impacts which are identified.

2.5 For planning policy writing, the checklist should be used in assessing draft policy documents to ensure that health and well-being are considerations throughout.

2.6 The checklist is cross-referenced with other planning policies (local and national levels), guidance and evidence base documents. Links are set out throughout the checklist.

2.7 Those people, as set out above, who are developing policies and proposals are referred to within the checklist as Checklist Users.
# Healthy Urban Planning Checklist

## 1. Partnership and Inclusion

Creating a sense of community is important to individual's health and well-being and can reduce feelings of isolation and fear of crime, especially for the more vulnerable members of society such as the elderly, disabled and children.

Planning can support communities and improve quality of life for its individuals, by creating environments with opportunities for social networks and friendships to develop. Through effective and inclusive consultation, planning also provides opportunities for communities to help shape their own environments.

*Policies, Proposals and Checklist Users should....*

- Ensure that health and planning are integrated at the early stage of plan making and programme preparation.
- Ensure active involvement of communities, especially vulnerable and hard to reach groups, in the development of policies and proposals.
- Consider the impact of policies and proposals on the health of communities - via Health Impact Assessment (HIA) or as part of a wider environmental assessment process.
- Plan neighbourhoods and communities with a range of services and facilities, which are well designed, safe and easily accessible.
- Create safe and permeable environments where people can meet, for example Home-Zones or similar environments provide opportunities for social interaction.
- Be designed to facilitate community integration, for instance through multi-functional or shared community buildings and/or public spaces.

## Policy links and references

- **Local Development Framework**
  - Core Spatial Strategy
  - Strategic Aims (SA) - 2 and 18
  - Policy CSP1 - Design Quality
  - Policy CSP9 - Comprehensive Area Regeneration
- **Statement of Community Involvement (2008)**
- **SPD - Inclusive Design (2008)**
- **SPD - Urban Design Guidance (2010)**
  - Principles - R1 and R11
- **National Planning Policy**
  - PPS1: Delivering Sustainable Development
  - PPS12: Local Spatial Planning
- **Secured by Design**
  - [www.securedbydesign.com](http://www.securedbydesign.com)
### 2. Healthy Neighbourhoods

Overarching sustainable development principles, as set out in Development Plan Documents (DPD’s) and national planning policies, will influence the location of large scale new development. This guidance will ensure that neighbourhoods have adequate provision of community facilities: health care, education, sports, recreation and leisure, to support the population and ensure quality of life.

Access to decent and appropriate housing is critical to healthy urban planning, and the location, type, affordability and design of housing all has an impact on the health and well-being of the city’s population, regardless of age and lifestyle.

Planning policies influence the location and availability of employment development, and facilitate new opportunities for business investment and growth. Job security has a significant impact on health and well-being, with unemployment being a major contributor to stress and ill-health.

**Policies, Proposals and Checklist Users should …**

- Ensure that large scale residential development is located where residents have access to a range of community facilities and public services and locate community facilities on sites which are well-located for walking, cycling and public transport.
- Design neighbourhoods with a mix of housing types and tenures, and provide accommodation which is adaptable to cater for changing needs of a local community, including the ageing population.
- Provide new employment development where accessible by sustainable travel means.
- Encourage opportunities for access to fresh food, for example through the provision of allotments, local markets, and providing usable private amenity spaces.
- Seek to restrict the inappropriate location of fast-food outlets/hot-food take-aways (separate planning policy on hot food take-aways will be provided).
- Where appropriate consider the use of developer contributions for large scale development proposals, to deliver community facilities in line with local requirements.

### Policy links and references

**Local Development Framework**  
Core Spatial Strategy  
Strategic Aims (SA): 1, 2, 4, 5, 10 and 18  
SP1 - Spatial Principles of Targeted Regeneration  
SP2 - Spatial Principles of Economic Development  
Policy CSP1 - Design Quality  
Policy CSP3 - Sustainability and Climate Change  
Policy CSP5 – Open Space/Sport/Recreation  
Policy CSP6 - Affordable Housing  
Policy CSP7 - Gypsy’s and Travellers  
Policy CSP10 - Planning Obligations

**SPD - Affordable Housing** (2008)

**SPD - Urban Design Guidance** (2010)  
Principles: C1, R1, R2, R20 and E2

**SPD - Hot Food Takeaways** (anticipated 2012)

**National Planning Policy**  
PPS1: Delivering Sustainable Development  
PPS3: Housing  
PPS4: Planning for Sustainable Economic Growth  
PPG17: Open Space, Sport and Recreation

**Stoke-on-Trent Sports and Physical Activity Strategy 2009-16**

**Stoke-on-Trent Local Housing Needs Index**

**BREEAM and Code for Sustainable Homes**
### 3. Planning for Active Lifestyles

Planning can influence healthy lifestyles and maximise opportunities for physical exercise. Provision of appropriate quality, quantity and variety of opportunities for physical exercise, including outdoor and indoor sports facilities, public open space and greenspace, woodland and allotments, are all important in supporting active lifestyles.

Increased physical exercise not only has physical health benefits but is also known to have positive impacts on psychological health and well-being. Access to such facilities also provides opportunities for social interaction and participation in communities.

**Policies, Proposals and Checklist Users should …**

- Protect and enhance existing greenspace, sports facilities, woodlands and allotments, to ensure it is of a suitable quality, quantity and variety to serve the local community.
- Promote new greenspace, sports facilities, woodlands and allotments in line with local requirements via planning obligations, and consider long-term maintenance.
- Ensure that major new development is linked to the city’s greenspace network.
- Be designed to maximise physical access to public open space and views over open space, and explore creative ways to introduce new greenspace into communities, for example, rooftop gardens, shared spaces, etc.
- Introduce trees and landscaping schemes into development and along existing and new travel routes, where appropriate.

### Policy links and references

**Local Development Framework:**
- Core Spatial Strategy
- Strategic Aims (SA): 2, 13, 15 and 16
- Policies:
  - Policy CSP1 - Design Quality
  - Policy CSP2 - Sustainability and Climate Change
  - Policy CSP4 - Natural Assets
  - Policy CSP5 - Open Space/Sport/Recreation
  - Policy CSP10 - Planning Obligations

**SPD - Urban Design Guidance (2010)**
- Principles: T5, CR1, R1, R8, R16, PR1, PR7, PR9, PR10, PR11, PR20, PR21 and PR22

**National Planning Policy**
- PPG17: Planning for Open Space, Sport and Recreation

**North Staffordshire Greenspace Strategy (2007)**

**Stoke-on-Trent Sports and Physical Activity Strategy (2009)**

**Woodland Trust - Woodland Access Standard (WAST)**
### 4. Protecting the Environment

Protecting residents against environmental impacts from infrastructure is important in creating healthy environments. Waste (disposal and management), transport, industrial operations and construction can generate high levels of traffic, noise, vibration and pollution, which have potential to damage the health and well-being of the local population and as such need to be managed effectively.

**Policies, Proposals and Checklist Users should …**

- Ensure land contamination assessment and mitigation are undertaken if appropriate.
- Ensure waste management processes are in place to encourage the reduction, recycling and re-use of waste - both household and commercial.
- Encourage design and construction methods which minimise air, water, noise and light pollution.
- Encourage clean and green industries, to enable integration between employment and residential land-uses within mixed-use developments.
- Seek to reduce the risk of flooding through the design of development, sustainable drainage techniques and flood mitigation measures. Greenspace and green roofs can be used to help surface water management.
- Maximise opportunities for renewable energy sources, locally sourced and sustainable materials and sustainable transport modes. Recognise that trees are a resource for low-carbon/renewable energy and sustainable construction.
- Reduce carbon emissions through the location, siting and design of new developments.

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<td>SP3 - Spatial Principles of Movement and Access</td>
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<td>Policy CSP1 - Design Quality</td>
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<td><strong>Waste Core Strategy (to be adopted 2012)</strong></td>
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<td><strong>SPD – Sustainability and Climate Change (to be adopted 2012)</strong></td>
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<td><strong>National Planning Policy</strong></td>
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<td>PPS10: Waste Management</td>
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<td>PPG13: Transport</td>
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<td>PPS23: Renewable Energy</td>
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<td>PPS24: Noise</td>
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<td><strong>Stoke-on-Trent Local Transport Plan (20011/12-2013/14)</strong></td>
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<td><strong>Stoke-on-Trent Strategic Flood Risk Assessment Level 1 (2008)</strong></td>
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5. Designing for Safety and Well-Being

The design of development has a significant impact on the personal safety of its users and on how users perceive their environments.

Transport in particular has a direct impact on health and safety. Associated pollution, noise, traffic and congestion all impacts on an individual’s ability to use their environments for physical exercise. Major transport corridors can have the effect of severance on the local communities and can prevent people from moving about their neighbourhoods and using local facilities. The more vulnerable members of the community are most at risk from isolation from severance.

**Policies, Proposals and Checklist Users should …**

- Give priority to pedestrians, cyclists and other sustainable travel modes, through the design and layout of development and traffic calming measures.
- Promote ‘active travel’ in the design of major new developments, i.e. bike storage, showers, clothes drying facilities, etc.
- Connect major new residential development to existing walking and cycling networks, and in particular consider convenient, safe and attractive access to employment, homes, schools and public facilities.
- Consider how major new development can improve connections to and improve and maintain the city’s canal network - a ready made travel route and opportunity for recreational use.
- Seek to reduce transport severance through the design of development.
- Seek to protect people from the consequences of flooding.
- Design public spaces to be clearly defined, well-managed and maintained, and which allow direct and safe movement.
- Maximise opportunities for passive surveillance and introduce security features where appropriate.

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<td>Principles: T1, T2, T9, T10, CR7, R2, R4, PR2 and PR3</td>
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3. HEALTH IMPACT ASSESSMENT (HIA)

Paragraph 4 of PPS1 states that sustainable development …
... aims should be pursued in an integrated way through a sustainable, innovative and productive economy that delivers high levels of employment, and a just society that promotes social inclusion, sustainable communities and personal well-being, in ways that protect and enhance the physical environment and optimise resource and energy use.

The planning system seeks to promote development which leads to healthy and sustainable communities. Impacts of planning decisions can be long-lasting and can have significant consequences on the health and well-being of a population. There are many ways to reduce adverse impacts, if these are identified at an early stage. Health Impact Assessment (HIA) is a method of identifying the potential health consequences of a policy or proposal, and provides the opportunity to maximise positive impacts and minimise negative impacts.

KEY ISSUE 2 - Health Impact Assessments

New development should contribute positively to healthy lifestyles.

The impact of policies and proposals on the health of communities should be considered at an early stage.

Formal consideration of health impacts, via Health Impact Assessment, is encouraged for:

- Development Plan policies
- Planning application for 'large scale major' development
- Neighbourhood Plans and major regeneration projects

HIA’s will be required to identify all potential health impacts and should mitigate any adverse impacts arising from the proposal.

Guidance on the preparation of Health Impact Assessments is set out in this SPD.

3.1 The planning system seeks to promote development which leads to healthy and sustainable communities. Impacts of planning decisions can be long-lasting and can have significant consequences on the health and well-being of a population. There are many ways to reduce adverse impacts, if these are identified at an early stage. Health Impact Assessment (HIA) is a method of identifying the potential health consequences of a policy or proposal, and provides the opportunity to maximise positive impacts and minimise negative impacts.

3.2 The above key issue requires HIA to be prepared to inform and support Development Plan policies and large scale major development proposals. Large-scale major development is defined as:

- For residential development, a large scale major development is one where the number of proposed units is 200 or more. Where the number of units to be constructed is not given, a site
area of 4 hectares or more should be used as the definition of large-scale major development.

- For non-residential uses, a large scale major development is where the floorspace to be built is 10,000m² or more. Where the floorspace to be constructed is not given, a site area of 2 hectares or more will be large-scale major development.

3.3 HIA process should be used by ...

- Local Planning Authority (Planning Policy) in assessing Development Plan policies - this may form part of the statutory Sustainability Appraisal or Strategic Environmental Assessment, or may be a stand-alone exercise;
- Developers and their agents in preparing proposals for large scale major development;
- Individuals involved in Masterplans or regeneration projects to assist with options appraisal.

What is HIA?

Health Impact Assessment (HIA) is a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. HIA helps decision-makers make choices about alternatives and improvements to prevent disease/injury and to actively promote health. WHO supports tools and initiatives in HIA to dynamically improve health and well-being across sectors.

(World Health Organisation)

3.4 HIA checks whether a policy or proposal inadvertently reinforces health inequalities or damages people’s health and well-being. Whilst HIA is not a decision-making tool and is not set out in statute at present, its value and importance in helping to improve the quality of decisions is widely recognised.

3.5 The use of HIA also enhances the health-awareness of those involved in decision-making and can result in better co-operation across agencies (e.g. health professionals, planners, developers, communities, etc).

3.6 For developers, the incentives for undertaking HIA are:
- As a means of demonstrating to a community and stakeholders the positive benefits of proposals.
- Increased community support and reduced local opposition and thereby helps speed up the development process.
- To help improve the design, construction and implementation of a development.

3.7 HIA should ideally be carried out ‘prospectively’ i.e. prior to implementation (adoption of a policy or prior to submission of a planning application), as this means it is possible to influence the final outcome or decision.

HIA Process

3.8 Whilst there is no one definitive methodology for carrying out HIA, there is significant guidance available and numerous examples of ‘best practice’. Typically, HIA involves the following key stages.
1. SCREENING: Is HIA necessary?

Screening involves a quick review of possible health impacts of a particular policy or proposal. This quick review could be based on the Healthy Urban Planning checklist or established determinants of health.

Determinants of Health

Screening should consider:
- Who and the likely size of the population that may be affected positively or negatively by the policy/proposal?
- What determinants of health - e.g. employment, housing, education, safety, community cohesion, etc. may be affected positively or negatively by the policy/proposal?
- Whether further health research or evidence is needed to properly inform the policy/proposal?

For proposals (planning applications), not all development above the ‘major large-scale’ threshold will require a HIA, but all schemes meeting the criteria should be screened. Screening may conclude that the policy/proposal will have little impact on health, or that the impacts will be fully assessed elsewhere, as part of other Impact Assessments.

If the impacts are considered to be significant and there is opportunity to influence the policy/proposal, then a full HIA will be necessary.

Early discussions with the local planning authority and public health professionals can help screen proposals before an application is submitted and judge whether an HIA is needed.

2. SCOPING: How to undertake the HIA

The scoping stage will identify the methodology and depth of the HIA as well as populations and geographies to be considered in the HIA. It will include:

Setting the timescales for HIA
Consider what time-frames are available to carry out the HIA. This may depend on statutory planning timescales.

Deciding and justifying the depth of the HIA
Key questions include (but are not limited to):
- What HIA methodology and analysis and report template will be used?
- Will there be a HIA advisory group involving key professional and/or community stakeholders who will help inform the scope and recommendations of the HIA?
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- What population groups and geographical areas will be covered?
- Will all the determinants of health be considered equally or will there be a focus on some specific ones?
- Will the baseline profile include information on the determinants of health as well as on the health and well-being status of local communities? Will this information be at various geographical levels – city, district, ward, neighbourhood zones, super output areas, as appropriate?
- Will there be a HIA-specific community consultation or involvement activities e.g. a community workshop or public meeting?
- Will a literature review of the evidence on health and well-being impacts be undertaken?
- Will there be a quantitative, qualitative or both quantitative and qualitative analysis of health impacts?

Identifying who should be involved
HIA should consider the different population groups likely to be affected by the policy/proposal, and should ideally involve these groups as part of the assessment process. This will include key stakeholders and consultees; communities – both existing and new (where possible); and other individuals with a particular knowledge of the local area.

For proposals (planning applications), this community involvement could form part of the pre-application consultation stage.

For policy-making, this community and stakeholder engagement will form part of the statutory consultation procedures.

The Council’s Statement of Community Involvement (SCI) provides the minimum standards for public consultation, including details of who should be consulted as well as techniques of community involvement.

3. ANALYSIS: Identifying and prioritising health and well-being impacts

Collecting baseline data and information
Collection of baseline data should create a local profile from which health and well-being impacts can be analysed. This should identify key health and well-being issues in Stoke-on-Trent generally and specifically in the proposal/policy area. Support is available from the local authority (Healthy City Team) in helping to identify this baseline data and information.

Policy analysis
HIA should include an examination of national and local health policies that relate to the policy/proposal.

Analysis of health and well-being impacts
The analysis of health and well-being impacts is based on a health impact table or matrix that analyses the potential health and well-being impacts in terms of key health and well-being outcomes and determinants using significance criteria to prioritise the likely and significant impacts.

Key questions considered in the analysis include (but not limited to):

What the individual impacts of the proposal are on the selected health determinants. Consider:
- Qualitative and Quantitative impacts
- Whether the impacts are positive, negative or neutral.
• The likelihood of the impact occurring
• The significance of the impact

When the impacts will take place. Consider:
• Both construction and operational phases of development.

Who will be affected by the policy/proposal. Consider:
• How the policy/proposal will impact on different population groups
• How particularly vulnerable groups may be affected
• How many people will be affected

4. RECOMMENDATIONS: Opportunities to improve health and well-being

On the basis of the analysis of health and well-being impacts, recommendations should be developed which aim to minimise the potential negative health and well-being impacts (mitigation measures); and maximise the potential positive health and well-being impacts (enhancement measures).

These recommendations should suggest modifications of policies/proposals so as to achieve health benefits and should be prioritised based on the significance and scale of impact on health and well-being.

Developers/proposers should take ownership of these recommendations and incorporate them into their planning for the design, construction and operation phases of development or policy.

Inevitably, recommendations arising from the HIA may conflict with other areas of 'planning', such as urban design, transport, environmental impact, etc. The decision-maker will need to take a balanced view taking into account all relevant considerations.

5. MONITORING AND EVALUATION

Recommendations in the HIA should identify measures for monitoring the health and well-being impacts during and after the implementation of a policy/proposal and how the health and well-being benefits of the policy/proposal could be evaluated during or after the life of the policy/proposal.
**HIA Best Practice**

3.9 This SPD highlights the key steps of the HIA process that need to be undertaken by those involved in writing planning policies and undertaking large scale major development or masterplan proposals in Stoke-on-Trent.

3.10 The Council will assess all HIA’s submitted with planning applications, with support from the Healthy City Partnership. The HIA will be considered along with all other planning application documentation.

3.11 Examples of HIA’s undertaken in Stoke-on-Trent can be found on the Stoke-on-Trent Healthy City Partnership website:

www.healthycity.stoke.gov.uk/

- Middleport Regeneration Masterplan Options HIA
- City Waterside East Regeneration Masterplan Options HIA
- North Staffordshire ‘Streetcar’ Bus Rapid Transport Scheme HIA
- City Centre and Etruria Road Corridor Area Action Plan HIA
- Stoke-on-Trent City Council Local Transport Plan 3 HIA

3.12 Other examples can be found at the Department of Health HIA Gateway website hosted by the Association for Public Health Observatories.

www.hiagateway.org.uk

The HIA Gateway website also has a list of HIA consultants that can undertake your HIA.
4. FURTHER INFORMATION

World Health Organisation  
www.who.int

Health Profiles  
www.healthprofiles.info

Healthy City Partnership  
www.healthycity.stoke.gov.uk

HIA Gateway  
www.hiagateway.org.uk

Royal Town Planning Institute  
www.rtpi.org.uk

NHS Stoke-on-Trent  
www.stokepct.nhs.uk
For further information please contact the City Council by post at:

Planning Policy and Design Team
City Renewal Directorate
PO Box 630
Civic Centre
Glebe Street
Stoke on Trent ST4 1HH

or by email: stoke.ldf@stoke.gov.uk

or by telephone on: 01782 232302
minicom 01782 236919

or in person at Main Reception, Civic Centre

This leaflet is also available on tape or in large print.

If you have difficulty reading this document or require further information, please call 01782 232302