Planning for Health and Wellbeing
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Contact Information

Elizabeth Pearson  
Senior Planning Officer  
Spatial Planning  
Planning & Regeneration  
Places Directorate  
North Lincolnshire Council  
Telephone: 01724 297585  
Email: Elizabeth.Pearson@northlincs.gov.uk

Kate Mills  
Senior Planning Officer  
Spatial Planning  
Planning & Regeneration  
Places Directorate  
North Lincolnshire Council  
Telephone: 01724 297574  
Email: Kate.Mills@northlincs.gov.uk

Tracey Wartnaby  
Health Improvement Practitioner  
Public Health Hub  
North Lincolnshire Council  
Telephone: 01724 298355  
Email: Tracey.Wartnaby@northlincs.gov.uk

Fiona Phillips  
Consultant in Public Health  
North Lincolnshire Council  
Telephone: 01724 298181  
Email: Fiona.Philips@northlincs.gov.uk
1 FOREWORD

1.1 Planning has a clear and strong influence on healthy choices made by individuals, and can be seen as a force for social justice in positively addressing the issues highlighted below.

1.2 Evidence suggests that the following issues impact on physical and mental health:

- The location, density and mix of land uses
- Street layout and connectivity
- Access to public services, employment, local fresh food and other services
- Safety and security
- Open and green space
- Affordable and energy efficient housing
- Air quality, noise and quality of land
- Extreme weather events and a changing climate
- Community interaction
- Transport

1.3 The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. Though this relationship extends beyond physical factors and includes other non-planning-related issues, the role of planning in facilitating the pattern and scale of land use and development undoubtedly contributes – both as a cause and solution – to the level of health inequalities witnessed in many towns and cities today. Like spatial planning, health is cross-cutting and should not be viewed in isolation.

1.4 North Lincolnshire has prepared this ‘Planning for Health and Wellbeing ’ Supplementary Planning Document (SPD) that forms part of North Lincolnshire’s Local Development Framework (Local Plan) and it will be taken into account in making planning decisions for the area. The SPD contains information on how health and health inequalities can be positively impacted upon by good planning, and it will give guidance on ensuring that the health implications of any new development are considered. The document will also be strategically linked to North Lincolnshire’s Health and Well being Strategy and North Lincolnshire’s Joint Strategic Assessment.

1.5 Good planning means linking economic, social and environmental matters with the strategies of public agencies and service providers in the aim of creating attractive, safe and accessible places to live. This in turn improves the quality of life and wellbeing of individuals and communities. Developing strong, healthy and vibrant communities is vital to ensuring the wellbeing of the area’s population and planning therefore, has a crucial role to play in ensuring health, and health inequalities, are addressed. The health and wellbeing of communities must begin with the planning process and it is accepted that if communities and households have access to facilities and services, healthy food outlets, local employment opportunities, alternative transport options and well designed, open public space, they will be happier, healthier and more stable. Local planning policies, and the location of new developments and facilities, should enable people to have a choice of high quality and attractive places to live and allow them to reach the services they need and for the services they need to reach them.
There has been much research and guidance formulated in recent years regarding ways of improving health and wellbeing through healthy spatial planning and health professionals and planners are now adopting a much more collaborative approach to facilitate actions to tackle unhealthy lifestyles and health inequalities. Formulating and implementing planning policies or introducing planning for health guidelines can allow health to be built into our environment at the earliest possible stage. This is often referred to as ‘designing in health’ much in the same way as we can ‘design out’ crime. This can be as important as investment in healthcare but whereas healthcare treats the symptoms, healthy planning can help address the causes of health inequalities and poor health.

**How this guidance should be used**

This SPD should be used in preparing future plans, strategies or development briefs, in making policy decisions and as a material consideration when determining planning applications. The SPD sets out the areas where planning influences health outcomes in the form of themes and presents a list of recommendations for each theme.

A Health and Planning Screening Checklist is presented at the end of the document which should be used to assess whether a planning application has satisfactorily taken on board the health impact and implications of the proposal.

This SPD sets the basis for discussions at a pre-application stage to ensure that health is an early consideration in the planning process. Additionally, the guidance should give input into larger regeneration projects and master plans and is intended to be used by both planners and developers/investors.

This document is strategic and considers all aspects of how the built and natural environment impacts on our health and wellbeing as set out in the following diagram.

![Diagram of how the spatial environment impacts on health & wellbeing](image-url)
Purpose of this SPD

1.11 The purpose of this SPD is:

• To offer guidance for addressing the effect of the built, natural and historic environment on health as part of a strategic approach to tackling the area’s health inequalities and promoting healthy lifestyle options.

• To identify the strategic links between spatial planning and health and Wellbeing and influence where planning can facilitate an improvement in health and well being.

• To present the social aspects of planning and demonstrate concisely how social, environmental and economic conditions influence health and health inequalities.

• To clarify the importance of accessibility, its role in creating healthy, sustainable communities and how it helps support a better quality of life.

• To ensure places are well designed as evidence shows that the design of the built environment has a significant impact on physical and mental health and how people perceive their environments.

• To be an important material consideration in the determination of planning applications by providing guidance against which to assess development proposals.

What this document is not

• It is important to understand that this document is not intended to improve NHS service delivery; it will not set out new policies for health, nor will it provide allocations for new health facilities. However, the document will underpin and add value to the work of all health services in North Lincolnshire, in particular public health, by presenting the approaches which can be taken to improve the impact that the built environment has on health. This SPD will raise awareness and recommend how opportunities to make healthier choices can be facilitated through spatial planning and planning decisions. It will also encourage a state of mental and physical wellbeing by considerations for enhancements and changes to the built, natural and historic environment.
INTRODUCTION

2.1 The purpose of this Supplementary Planning Document (SPD) is to provide supporting information and guidance for planners, developers and investors on how our environment and the planning decisions we make impact on the health and wellbeing of the population. When adopted, the SPD will be a material consideration in determining planning applications and should be used in preparing future plans, strategies and development briefs and in making policy decisions.

2.2 Planning influences health, in the way that the built, natural and historic environments function, and their effects upon public health and health inequalities. Decisions about local transport infrastructure, housing provision, economic development, parks and green spaces can have long-term consequences on physical and mental health.

2.3 Local authorities are responsible for public health, planning and related disciplines such as housing, transport planning and regeneration. This gives councils an opportunity to work jointly to improve health and reduce health inequalities locally.

2.4 Developing strong, healthy and vibrant communities is vital to ensuring the wellbeing of local people. The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. The health and wellbeing of communities cannot be an afterthought. It must begin with the planning process, making best use of the information that is available. If a community has access to a range of health services, food outlets and well designed public spaces, it will be healthier, happier and more stable. It is the responsibility of planners, developers and policy makers to ensure all of our communities have access to amenities that will enable them to lead healthier lives.

2.5 In recent years much evidence has accumulated which shows just how important the physical, social and economic environment in which we live and work is for our health. Many of the issues for which spatial planners are responsible interact with human health and can, if we get them right, contribute to improving our physical and mental health, and diminish inequalities in health. Given that so little of our communities change each year, it takes a long time to rectify past errors. Hence there is an imperative to ensure that new development does not exacerbate health inequalities and make it harder for people to live healthy lives. Failure to grasp these opportunities leads to a missed opportunity to improve health and reduce inequalities, and risks increasing the burden falling on local health and wellbeing services.

2.6 Local planning policy has a crucial role to play in ensuring that the opportunities exist for people to be able to make healthier lifestyle choices and address health inequalities. There is overwhelming evidence to show that health and environment are inexorably linked and that poor environments contribute significantly to poor health and health inequalities. This SPD helps develop a way to consider health and wellbeing outcomes through the planning process by giving detailed guidance on making planning decisions.

2.7 The Town & County Planning Association (TCPA)/Public Health England document ‘Planning healthier places - report from the reuniting health with planning project’ identified a number of public health priorities which reflect those in North Lincolnshire which are:

- Reduce obesity, diabetes, and heart and circulatory disease;
- Promote mental health and wellbeing;
- Reduce health inequalities;
- Improve the health of an ageing population;
- Reduce the incidence of respiratory diseases;
- Reduce traffic-related injuries.
2.8 The SPD focuses on the following key ‘themes’ which highlight all the fundamental links between planning and health which were set in the Planning healthier places report, and sets out policy guidance for each:

- Sociable places
- Environmentally sustainable places
- Well designed places
- Accessible and active places
- Inclusive places

2.9 The Economically active places theme is covered throughout the other key themes and existing planning policy documents so there is no specific section on this theme.

2.10 This SPD has key links to the Local Transport Plan (LTP) which is a statutory document setting out how the local authority will deliver strategic transport improvements over a given period of time. The Transport Strategy sets out the strategic approach to transport in North Lincolnshire over the next 15 years, whilst the Implementation Plan sets out how the Strategy will be delivered. The LTP underpins the aspirations of the Health and Wellbeing SPD.

2.11 Together with the Council’s other key planning policy documents this SPD seeks to deliver the Council’s aspirations set out in its strategic plans and priorities. This SPD proposes a way of considering health and wellbeing through the planning process and provides guidance to ensure that the health of North Lincolnshire’s population is given the paramount consideration it deserves.
3  PLANNING AND PUBLIC HEALTH CONTEXT

National Planning Policy Framework

3.1 On 27 March 2012 the Government published the National Planning Policy Framework (NPPF), replacing most previous planning policy guidance and circulars. The NPPF chapter 8 sets out national planning guidance for Local Authorities on promoting healthy communities. It focuses on ensuring that local communities are engaged in the planning process and that the mechanisms are put in place to encourage people to choose healthier lifestyle options. The NPPF recognises the importance of accessibility for all and acknowledges how changes to our built and natural environment can significantly affect our health and wellbeing.

North Lincolnshire Core Strategy

3.2 The Core Strategy sets out the long term spatial planning framework for the development of North Lincolnshire up to 2026 by providing strategic policies and guidance to deliver the vision for the area including the spatial distribution of development, the provision of infrastructure to support it and the protection of our natural, built and historic environment with a strong focus on the principles of sustainable development.

3.3 The Council worked with Neighbouring Authorities to develop the Core Strategy. This is important when considering planning for health. For instance, community and health facilities, sport centres and open space will potentially be used by people outside the area. Therefore accessibility across a wider geographical area should be considered for these types of facilities.

3.4 The principle of incorporating health within planning for the future is embedded throughout the Core Strategy, for instance:

Spatial Objective 8: Promoting Community Health and Wellbeing

The aim of this is to promote an improvement in the health and wellbeing of North Lincolnshire’s residents by maintaining and providing quality open spaces, play and sports facilities, better access to the countryside and improved health facilities.

Community wellbeing and improving the health of North Lincolnshire’s residents is an important priority for the Sustainable Community Strategy and the local community. Therefore, the Local Development Framework will set a planning policy framework that encourages the protection and improvement of sport, play and recreation facilities as well as key open spaces. It will also support the delivery of new facilities that will be required as a result of any growth in North Lincolnshire or as a result of the renaissance programmes. This will involve working with developers, other council services and organisations like Sport England to identify the level of provision needed.

In respect of health, the Local Development Framework will set a framework for the delivery of high quality health facilities. This will involve working closely with commissioners and providers of local health services to identify future requirements for new/enhanced facilities.

Spatial Objective 10: Creating a Quality Environment

The environment in which residents of North Lincolnshire live has an impact on their health and wellbeing therefore Spatial Objective 10: Creating a Quality Environment is relevant. Paragraph 4.35 aims to transform North Lincolnshire’s image by ensuring that all new development exhibits a high standard of design and architectural quality that respects and enhances the distinctive landscapes and townscape of North Lincolnshire’s towns and villages.
The design of new developments will contribute to the future image and perception change of North Lincolnshire. It should make the best of its surroundings, be accessible to all sections of the community, contribute to an enhanced feeling of safety and security, maximise resource efficiency, minimise pollution and waste. Poor quality design will not be acceptable.

The environment which people live in is important, e.g. the direct link between factors associated with poor housing (e.g. cold and damp) and ill health is well established. Air pollution also has an impact and direct relation to people’s health. Contaminated land can affect human health in cases where it is not adequately assessed and remediated.

**Policy CS6: Historic Environment**

The aim of this policy is to ensure that North Lincolnshire’s important sites and areas of historic and built heritage value are protected, conserved and enhanced in order that they continue to make an important contribution to the area’s scene and the quality of life for local people.

**Policy CS16: North Lincolnshire’s Landscape, Greenspace and Waterscape**

The key aim of this policy is to ensure that strategic spaces are protected and enhanced, contributing to the formation of sustainable linked communities. Strategic landscape, greenspace, estuary and water environments and archaeology are of importance to North Lincolnshire as a whole in terms of its character, biodiversity value, recreation/sports value and its potential for improving and enhancing green tourism value.

Green spaces provide a much needed space for people to take part in organised or informal sports and provide recreational opportunities. The mental health benefits of parks and green space are well documented.

**Policy CS17: Biodiversity**

The key aim of this policy is primarily about conserving and enhancing North Lincolnshire’s wildlife, including intertidal and peat moor locations and supporting a richness of biodiversity that will underpin the creation of sustainable neighbourhoods and green tourism. There is a significant body of evidence to demonstrate that contact with nature is important for mental health.

**Chapter 17- Delivering Sustainable Communities**

Delivering sustainable communities is at the heart of the planning system. The chapter goes into specific detail about key strategies from the Department of Health, provision of healthcare facilities and leisure and recreation facilities. This chapter also highlights the importance of and ensures that alongside homes, jobs and transport infrastructure, all local people have ready access to those services and facilities they need for their everyday lives and that contribute positively to the health and wellbeing of the community. Many factors influence the community’s health, including lifestyles, the living environment, the opportunities to exercise and the access to health facilities, education, community facilities, childcare, provision for youths, sporting facilities, natural green spaces and open space. A wider sense of wellbeing is influenced by a variety of factors such as opportunities for work and recreation, personal relations, feelings of safety and community.

**Policy CS22: Community Facilities and Services**

The aim of this policy is to protect and improve community facilities (including community/village halls and health services) as these are essential to the quality of life of local residents and will reduce the need for people to travel to obtain essential services.
Policy CS23: Sport, Recreation and Open Space
The aim of the policy is to ensure that leisure and recreation facilities are sustained and improved so that they can continue to make an important contribution to the quality of life for local people.

Policy CS24: Health Care Provision
The aim of this policy is to ensure the development of primary and social care buildings facilitate improvements in the range and quality of services offered in primary care. The development of health care provision must enable safe and effective services, which are provided as locally as possible. Clinical Commissioning Groups and the NHS Commissioning Board are responsible for the provision of hospitals and health services, in partnership with other agencies including the council. In turn, the council works with its partners, appropriate agencies and the voluntary sector to secure the provision of a wider range of good quality community services and facilities, which meet the needs of local communities, either through direct funding or improvements provided in connection with new development.

3.5 The Council vision is to be “A dynamic, high performing, customer focused council, giving the best possible value for money and changing outcomes for all people living and working in the area”.
3.6 To support this vision four priorities have been identified which are each underpinned by a number of aims which are:
  • Excellence in customer service
  • Provide value for taxpayers money
  • Make our communities safer and stronger
  • Regenerate our area and increase prosperity

Joint Strategic Needs Assessment
3.7 Under the Health and Social Care Act, 2012, which came into force in April 2013, there is a new shared statutory obligation on Clinical Commissioning Groups (NHS) and Local Authorities to work together to produce a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, (JHWBS) and to commission services with regard to them.
3.8 The purpose of JSNAs is to bring together all the information that is available on the health and wellbeing and care needs of the people of North Lincolnshire in a single ongoing process. The statutory guidance on JSNA emphasises that this should include information on current and future needs and assets, the quality and accessibility of services, evidence of what works and should include the views and perspectives of people living and working in the area.
3.9 The issues identified in the JSNA should then inform the priorities of the Joint Health and Wellbeing Strategy and used to make decisions about how services are provided in the future.
North Lincolnshire’s Joint Strategic Assessment

3.10 In North Lincolnshire partners have worked together to develop a Joint Strategic Assessment, which as well as health and care needs covers other issues such as housing, economy, sport and leisure. It is regularly updated and can be accessed through the Council’s Data Observatory webpages at http://nldo.northlincs.gov.uk/IAS_Live/ The information presented here should be used as an evidence base when submitting plans for development.

North Lincolnshire Health and Wellbeing Board and Strategy

3.11 Health and wellbeing boards (HWB) are statutory committees of upper-tier (county and unitary) local authorities.

3.12 Health and wellbeing boards:

• assess the current and future health and social care needs of the local community in Joint Strategic Needs Assessments and develop Joint Health and Wellbeing Strategies (JHWS) to meet those needs and reduce inequalities;
• promote integration and partnership working between the local NHS, local government and other local services;
• provide democratic accountability for the planning of local services; and
• bring oversight and strategic planning to major service redesign.

3.13 Health and wellbeing boards have a core membership as laid out in the Health and Social Care Act 2012, of at least one elected councillor, a representative of each clinical commissioning group, the director of public health, the director of adult social services, the director of children’s services, and a representative from the local Healthwatch.

3.14 The production of a JHWS is a key function of the HWB. The North Lincolnshire JHWS makes it clear that tackling the health and wellbeing agenda and the wider determinants that affect health and wellbeing is a responsibility for everyone. That making a positive impact and achieving the HWB vision requires all partners and local communities to understand how they contribute and how they work together for better outcomes for the population of North Lincolnshire, across the life stages, the whole area and individual localities and communities. A copy of the North Lincolnshire JHWS and supporting documentation is available on the following link: www.northlincs.gov.uk/people-health-and-care/health-and-healthy-lifestyle/health-and-wellbeing/

3.15 To do this, North Lincolnshire HWB has stated that its JHWS will be delivered, as a partnership in line with an adopted set of values to ensure that the people of North Lincolnshire:

• have the right to live and work in a safe and friendly environment;
• should have equality of life chances and life expectancy;
• should be empowered and have the opportunity to discover their strengths and achieve their potential;
• should have a quality of life and be able to contribute positively;
• should be empowered to make their own choices and be independent;
• are unique and each person has the right to have their individual needs met;
• are different and their circumstances, background and culture should be recognised, respected and valued;
• should be celebrated and promoted;
• have the right to be involved in plans, interventions and services that affect them;

and that service delivery will take place in line with principles that ensure we have quality services that:
• are acceptable, accessible, available and effective;
• set priorities based on evidence of greatest need;
• delivery value for money;
• deliver outcomes based priorities;
• maximise resources to achieve the greatest outcome;
• are delivered in partnership by public, private and voluntary services;
• support communities and individuals to have increased choice and control;
• consider and address health and wellbeing and the wider determinants of health through all policies, plans and service developments.

Health Impact Assessment

3.16 Health Impact Assessment (HIA) is a method used to assess the possible effects of a new development, policy, programme or project on a community or population. Resulting in evidence and recommendations that can be used, by partners e.g. planners, local authorities, HWBs to assess and identify the positive health impacts of a development, policy, programme or project as well as the negative health impacts on a community or population.

3.17 According to the World Health Organisations (WHO), HIA is built upon four principles that link it to the policy environment in which it is being carried out. Those principles include:

• ethical use of evidence – identifying and making use of the best quantitative and qualitative evidence available;
• democracy – engagement and participation of communities and people in projects which may have an impact on them;
• equity – an HIA assess the spread of impacts, from a project, on the whole population, in particular how it will affect the most vulnerable;
• sustainable development – the short and long term impacts of a project.

3.18 HIA can be an element of a wider Integrated Impact Assessment and produced by a consultant/team working for the planning applicant or assistance to produce one can be sought from NLC planning and public health departments.

3.19 HIAs are considered necessary for significant planning applications and while there are many methods for undertaking an HIA, a general focus is to develop the HIA along a number of stages that overlap, as can be seen in this diagram, which gives as a guide the procedure for developing an HIA.
3.20 There are also varying levels of HIA, for instance a desktop rapid HIA, which requires less resource and is suited to smaller developments or policies. There are many examples of these; however a good example is from the London Healthy Urban Development Unit www.healthyurbandevelopment.nhs.uk/wp-content/uploads/2013/12/HUDU-Rapid-HIA-Tool-Jan-2013-Final.pdf

3.21 Other impact assessments are similar to an HIA and may incorporate elements to assess health impacts, these include:

- **Strategic Environment Assessment** (SEA) – which is undertaken early in the decision making process which permits a longer time frame to consider environmental and health impacts. An SEA places distinct emphasis on human health within an environmental assessment.

- **Environmental Impact Assessment** (EIA) – similarly an EIA investigates the effects of policies etc. on the environment. EIA tend to underpin plans which may have a significant effect on the environment. EIA, however do not tend to include assessment of the health impacts of a plan or proposal.

- **Environmental Health Impact Assessment** (EHIA) – includes a health element within the assessment process, while an EIA does not. Whilst an EHIA is not as detailed as HIA, it does include some health elements such as potential pollutant exposure.

3.22 Undertaking an HIA requires input from the JSA/JSNA in order to include key supporting data and local recommendations regarding North Lincolnshire health priorities and future needs.
Further advice to support carrying out an HIA can be obtained via:

What can be done locally in planning healthier places

3.23 With the move of public health to local authorities, councils now have control of all related disciplines such as housing, transport and regeneration in order to be able to have an impact. As outlined in the ‘Planning healthier places…’ 2013 document, some of the potential actions for local authorities, planners, public health and partners could include the following:

- driving an integrated work programme to support health promoting environments by local authorities – in the form of a cohesive, sustainable approach which focuses on places and people (not structures and systems);
- by engaging local partners in local interventions through the local plan;
- bringing forward large developments that support health promoting activity;
- planning healthcare infrastructure;
- targeting particular health issues e.g. obesity, lack of physical activity;
- supporting developers to create health promoting environments;
- working outside professional boundaries to collaborate on shared health and wellbeing priorities for successful delivery and ensuring delivery within existing financial restrictions.
4 PLANNING FOR HEALTH THEMES AND GUIDANCE

4.1 This chapter focuses on the themes which represent the strategic links between spatial planning and health and gives guidance on where planning can facilitate an improvement in health and wellbeing.

4.2 The health and planning screening checklist at the end of this chapter should be used in assessing planning applications, specifically for residential and town centre uses. The purpose of the checklist is that it can be used as a quick reference to ensure that the impact on health of any particular development proposal has been considered.

Sociable Places

Policy 1 Sociable Places

Guidance in planning decisions:

• Ensure that people are given adequate opportunities to access services that are important for their physical health, mental health and general wellbeing, and evaluate this through effective monitoring;

• Street layout, layout of housing and open spaces should be consciously planned and designed to promote social interaction;

• Health care, community and cultural facilities should be locally available or accessible by ‘sustainable transport modes’;

• Developments which are large generators of healthcare demand should be appropriately located to serve the local community. Additionally, developments involving a significant number of residential properties may be required to provide additional facilities;

• Community facilities should be available/ flexible for multi functions, events and services;

• The retention and provision of community facilities, including places of worship, recreational centres, social centres, community halls and cultural facilities should be supported and encouraged.

4.3 Health is more than just the absence of disease; it is a positive holistic concept which refers to the quality of life which, in turn, includes social care and community development. Community and cultural facilities, including places of worship, museums, heritage, etc play an increasingly important but often undervalued role in providing for the wellbeing of the community and facilitating social contact.

4.4 The Government is determined to address social exclusion in working towards fairer societies in which everyone regardless of race, creed, disability or economic status have the chance, and the right, to be included. In order to achieve this, equality of opportunity must be integrated into spatial planning to reduce the gap between the enfranchised and disenfranchised, the socially included and the socially excluded segments of our community. People can be excluded, or feel that they are excluded, for a variety of reasons, some of which include disability, age, gender, race, religious belief, sexual orientation or where they live and it is imperative in addressing social inequalities that these people are given adequate opportunities to access services that are important for their physical health, mental health and general wellbeing.

4.5 Accessibility to health care, community and cultural facilities must be addressed in terms of location and also in terms of physical access, that is, the ability and opportunity afforded to people to access these services. Like much of the UK, the population aged 85+ in North Lincolnshire has been increasing over recent years. According to latest Census figures (2011), the population aged over 85 has risen by 1,021 between 2001 and 2011, representing a rise from 1.8% of total population to 2.2% of total population. This trend is set to continue according to ONS Interim Population Projections 2011-2021, with the population aged 85+ increasing from 1,845 to 5,609 in 2021, representing 3.1% of total population.
4.6 As car ownership levels decrease with older age, a large percentage of our ageing population rely on living within close proximity to healthcare services or at least to have regular, reliable access to such facilities. Similarly, car ownership levels are found to be low for younger families or young people either in lower income groups and for the unemployed. It is, therefore, imperative that new residential development is accessible to healthcare and community services that new facilities are created to serve the new development, or that public transport is provided. Good quality pedestrian and cycling facilities should also be provided as an integral part of the development.

Environmentally Sustainable Places

Policy 2 Environmentally Sustainable Places

Guidance in planning decisions:

- Ensure that large scale residential development is located where residents have access to a range of community facilities, cultural 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 provide accommodation which is adaptable to cater for changing needs of a local community, especially an ageing population;
- Ensure that new employment development is located in accessible sites and encourage appealing and safe walking and cycling routes to be incorporated within development to encourage active travel to work;
- Encourage opportunities for access to fresh food, for example through the retention and provision of allotments, local markets, and usable private amenity spaces;
- Maximise opportunities for sustainable transport modes and aim to reduce carbon emissions through the location, siting and design of new developments;
- High quality facilities for pedestrians and cyclists should be incorporated into new developments and link into existing facilities;
- Encourage Travel Plans to be adopted in businesses and schools to enable integration between employment and residential land-uses within mixed-use developments and encourage the creation and use of electric vehicle charging points where appropriate;
- Ensure that all development proposals give due consideration to green and open space, links to green networks, trees and woodlands, the enhancement of biodiversity and heritage assets; and Accessible Natural Greenspace Standards (ANGSts);
- Encourage clean and green industries and the use of renewable energy sources where there are no negative impacts on the local community;
- Use and manage water efficiently, including the use of SUDs.

4.7 The common definition of sustainable development is “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

4.8 Human health and sustainable development are inextricably linked and action at the local level is especially important in achieving healthy, sustainable development. Sustainable development encompasses environmental and economic sustenance and socio-demographic dimensions including health.

4.9 Sustainable development is a much broader concept than environmental protection. From the definition, it implies a concern for future generations and for the long-term health and maintenance of the environment.

4.10 In the pursuit of healthy environmentally sustainable development, the Council will seek to follow the fundamental principles of sustainable development so that the benefits of new development are enjoyed by all sections of the community to ensure equality of opportunity for all.
4.11 Our communities need to be adaptable, flexible, welcoming and acceptable to everyone of all ages and from all walks of life. People should be at the heart of the planning system. This also links to ensuring that people have adequate access to warmth and that buildings are energy efficient.

Well Designed Places

Policy 3 Well Designed Places

When considering the detail of development, proposals should:

• Give priority to pedestrians and cyclists through the design and layout of development;
• 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;
• Promote ‘active travel’ in the design of major new developments, i.e. bike storage, showers, clothes drying facilities, — this helps if there are travel plans in operation;
• Seek to reduce noise and air pollution through ensuring planning applications include a Noise Impact Assessment and Air Quality Assessment in areas of concern;
• Ensure that the design of development takes account of the character of the historic built environment, including the historic landscape, and to incorporate heritage assets into overall design to provide community continuity and protect the sense of place;
• Ensure design of places and spaces allows direct and safe movement for people and that public spaces are well lit, secure and maintained to encourage their use;
• Create safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion and are visually attractive as a result of good architecture, layout and appropriate landscaping;
• The Manual for Streets Guidance principles should be followed.

4.12 Good design is fundamental to achieving high-quality, attractive places that are socially, economically and environmentally sustainable. It is therefore important to ensure a high level of co-operation among the disciplines involved in various elements of design.

4.13 Much evidence exists which suggests that the design of the built environment has a significant impact on physical and mental health and how people perceive their environments. The location, density and mix of land uses can have far-reaching effects on how individuals live their lives and access to public services, employment, local fresh food and open green spaces are all important for healthy lifestyles. Social exclusion can also be addressed by design solutions which integrate well maintained public spaces, community facilities, shops and parks into the surrounding development. This type of approach is known to increase levels of ‘incidental activity’ by making it easier for residents to access facilities near their homes, thus reducing reliance on motorised transport.

4.14 Well designed places can also help to reduce crime and increase public confidence and security. The relationship of the physical environment and its influences on the levels of crime are well documented and it is noted that crime is most likely to occur in places which are less well connected and quieter, for instance:

• Unclear definitions between private and public space
• Exposed backs of properties
• Poor natural surveillance of the street scene
• Poor lighting
4.15 The design of places also needs to take account of transport which has a direct impact on health and safety. Air pollution, noise, traffic and congestion all have a negative impact on people’s ability to enjoy their environment and major transport routes can act as barriers between and around communities. There are areas of poor air quality in the area which has resulted in the declaration of an air quality management area. As such, more sustainable and ‘active’ forms of transport need to be considered within strategic plans and planning applications which include giving priority to pedestrians and cyclists.

4.16 Making space for planting also introduces a number of potential advantages. Planting helps to soften the urban street-scene, creates visual and sensory interest, and improves the air quality and microclimate. It can also be used to limit forward visibility to help reduce vehicle speeds.

**Policy 4 Accessible and Active Places**

In the detailed consideration of plans and proposals, development should:

- **Seek** new natural greenspace or improvements and enhancements to existing natural greenspace through planning applications where appropriate recognising the Access to Natural Greenspace Standard (ANGSt);
- **Ensure** that major new development is linked to North Lincolnshire’ green corridors; where this can be achieved without harming the natural interest;
- **Encourage** both physical access to public open space and views over open space, in terms of the design of major residential development;
- **Explore** creative ways to introduce new green areas into communities, for example, rooftop gardens, shared spaces, etc. through planning applications if possible;
- **Seek** to introduce trees and landscaping along existing and new transport and travel routes, where appropriate;
- **Ensure** that developments enhance the local character and distinctiveness of the heritage values of a place;
- **Design** new residential development to encourage both physical access to existing public open space and views over open space and incorporate children’s play areas / open space where required.

4.17 Creating a community that is accessible and safe for all ages and abilities will promote physical activity. Regular physical activity for all people is vital in maintaining good health and preventing chronic diseases such as heart disease and cancer. Promoting the importance of participation in sport and physical activity as a means of improving health and wellbeing should be supported. Active Design was produced by Sport England in partnership with Public Health England to promote new environments that offer opportunities for communities to be naturally active as part of their daily life. Active Design is a guide to planning developments that create the right environment to help people get more active, more often in the interests of health and wellbeing and sets out the Ten Principles of Active Design.

4.18 Accessibility is crucial for people to reach services, yet the location of healthcare facilities is often a barrier in itself. Accessibility means removing barriers that prevent people from accessing opportunities. These barriers may be physical, economic, social or political. For example, creating a safe and direct route to a local playground may encourage families to walk or cycle to the park.

4.19 It is important that people have access to open space close to where they live. Pleasant, well laid out open spaces for public enjoyment should be provided in residential areas to meet recreational needs. Providing appropriate quality, quantity and variety of open space, including open green space, allotments, community gyms, leisure, recreational and cultural facilities is imperative to achieving better health and wellbeing for the population.

4.20 As well as encouraging physical activity, access to open space, sports and other recreation facilities promotes relaxation and reduction in stress for those living nearby, and can also bring about social interaction within communities, including for those people who may feel ‘excluded’ for particular reasons.
4.21 Mind’s Ecotherapy report, which combined an evidence review with primary qualitative research, found that a greener, more active lifestyle aids positive changes to mental health. The report looked at the way in which people self-report their reactions to outdoor recreation and access to green space. It concluded that people experiencing mental distress frequently use physical activities such as walking, gardening and exercise to help lift their mood, reduce stress, provide purpose and meaning, and reduce their vulnerability to depression.

4.22 There is considerable evidence about the health and wellbeing benefits of increased physical activity, whether it is everyday activity such as walking or cycling to work, or increased active recreation. The benefits are preventative as well as therapeutic for people with existing conditions such as cardiovascular disease, type-2 diabetes and obesity.

4.23 Planning proposals for new gyms, including outdoor gyms such as those found in some parks, should be considered favourably where appropriate. Development proposals should also consider the incorporation of walking and cycle routes and the creation of ‘walkable environments’ where possible.

Inclusive Places

Policy 5 Inclusive Places

- Ensure that health and planning are integrated at the early stage of all development proposals through effective pre-application negotiations;
- Carry out community engagement at the early stage of development proposals;
- The design of large scale developments and new or redeveloped neighbourhoods should be safe and easily accessible. This will incorporate a high quality public realm, open spaces and shared community buildings and spaces;
- Ensure that new development proposals do not result in the exclusion of communities nor act as barriers to accessibility, as such, all buildings should be accessible with a wheelchair, for people with dementia, for people with limited mobility and for prams and pushchairs;
- In following the “guidance and direction” in Part M of the Building Regulations and best practice BS8300 and being mindful of the authorities responsibility under the Equality Act then developments where there is public access such as major leisure facilities, large shopping centre’s, transport hubs, and other large buildings where the public have access should have a Changing Places toilet in addition to a standard accessible toilet;
- If smoking shelters are provided, they should be designed so that they are away from the highway and frontages and placed to the rear of buildings out of sight.

4.24 Factors that promote good health, particularly good mental health, include community participation, social equity and family and friendship support networks. Positive feelings about one’s life, self-esteem, control, and a sense of purpose influence levels of mental wellbeing which in turn impacts on physical and mental ill health. Marmot noted that being in control of your life is related to your socio-economic position but that society can be made more inclusive in order to increase people’s overall health. “Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely”. (Marmot 2010). In this sense, looking at issues across different life stages is important. The role of spatial planning and public health should be to intervene at appropriate points in a person’s life in order to give each individual the independence required for improving their health and wellbeing. Of particular importance in this approach would be early intervention to help tackle health inequalities. The North Lincolnshire Health and Wellbeing Strategy takes on board this methodology.

4.25 Being inclusive means thinking and planning to take account of the circumstances of individuals, groups and communities in relation to the opportunities in which they should expect to participate at all life stages. This applies to widespread services as well as specialised services and resources that may be targeted according to individual need. As a Local Authority, it is our responsibility to ensure that individuals, groups and communities are not excluded and marginalised from opportunities and experiences.
4.26 Children and young people need opportunities for sport, recreation, and places where they can interact socially with their peers and as they become older, job and training opportunities must be available and accessible. Similarly, every individual in any community, regardless of age, sex, physical or mental ability should have access to community facilities, cultural facilities and the services they require throughout all stages of their life. As we progress into later life, our daily requirements will change and it is imperative that communities are developed to incorporate services and opportunities which older people may need and desire.

4.27 The Public Health White Paper: Healthy Lives, Healthy People: Our strategy for public health in England sets out the Government’s long-term vision for improving public health in England. The White Paper recognises the devastating impact that tobacco use has on public health in our communities and it sets out the commitment to publish the Governments Tobacco Control Plan in order to maximise our efforts to reduce tobacco use. Smoking is harmful not only to smokers but also to the people around them. Smoke-free legislation in the Health Act 2006 came into force in England in 2007. Its aim is to create smoke-free places, and to protect workers and the public from the harmful effects of passive or secondary smoke. The legislation makes it illegal to smoke in enclosed and substantially enclosed premises. Smoking shelters do not have to be provided but if you wish to do so, you must make sure that your smoking shelter is less than substantially enclosed. This means that more than half (50%) of the shelter’s sides must be permanently open. Furthermore the Council is committed to reducing the negative visual impact which smokers can have on the street scene. Therefore the Council requires smoking shelters to be designed so that they are at the rear of buildings.

4.28 It is against the law and contrary to the Equality Act 2010 to discriminate against anyone due to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. As individuals, we require different services and opportunities at different stages of life. For instance, parents may require baby-changing and child-friendly facilities when they are out and about with babies and young children. Mothers who are breastfeeding require environments where this is welcomed and they will feel at ease to feed their baby in public places.

Allotments and Food Growing Spaces

Policy 6 Allotments and Food Growing Spaces

The redevelopment of allotment areas for other uses should not be allowed if a substantial part of the site is in use or there is proven demand for allotments in the area;

- Redevelopment of an allotment site should only be allowed if there is sufficient capacity provided in the locality;
- Water saving measures, on site composting and solar power will be encouraged at all sites where appropriate;
- Proposals for the provision of new allotment sites should consider:
  - Providing running water on site;
  - Accessibility by a variety of means;
  - Visual amenity, landscape setting and appearance of the area;
  - Potential multi-use of the site;
  - Whether there are any land contamination issues to be resolved;
  - Safeguarding and enhancing any biodiversity features and heritage assets where possible.

4.29 Over recent years there has been a renaissance in ‘grow-your-own’ gardening as we increasingly appreciate both the health and environmental benefits that come with growing food locally. The escalating popularity of ‘grow-your-own’ has meant that waiting lists for allotment plots have soared, leaving local authorities struggling to meet demand. The majority of allotment authorities (e.g. parish, town) may have one or more allotment sites in their area and will maintain their own waiting lists of people wanting a site.
4.30 In March 2011 the Department for Environment, Food and Rural Affairs commissioned a ‘Food Growing in Schools’ Taskforce, chaired by Garden Organic and bringing together expertise from the private sector, schools, environmental organisations and the media. The report raised further awareness of the opportunities available for food growing in schools, the benefits that such activities can bring to children’s education, health and wellbeing and the range of support available for schools interested in getting involved in food growing projects. The Royal Horticultural Society also offers comprehensive support for school gardening projects through its Campaign for School Gardening.

4.31 Individuals wishing to grow food but who do not have the space in which to do so might want to consider sharing land with homeowners or other landowners who may not have the time, capacity or inclination to maintain that land. The ‘Landshare’ website was set up specifically to match up such individuals. Community gardens (and farms) are mainly community-managed projects in urban areas ranging from tiny wildlife gardens and fruit and vegetable plots on housing estates to large city farms. Community gardens are usually set up by local volunteers and many rely on dedicated volunteers to continue running, although some are run as partnerships with local authorities or even employ paid workers. The activities of these community gardens will vary considerably but as well as food-growing activities, can include training courses, school visits, individual allotments and community businesses.

4.32 Through local and neighbourhood plans, local communities are able to identify for special protection green areas of particular importance to them such as allotments. By designating land as Local Green Space, local communities will be able to rule out new development other than in very special circumstances. The one potential drawback to food growing spaces is where there is an issue with potentially contaminated land therefore assessments to determine this may be necessary. This is to ensure that any new proposed allotment or growing space is suitable for the proposed new use.

Hot Food Takeaway Establishments

Policy 7 Hot Food Takeaway Establishments

Proposals for restaurant and hot food takeaway establishments will only be permitted in town, district and local centres subject to the following criteria;

• We may limit the units of hot food takeaways (A5 use) within the centre or frontage;
• the premises are not located where individually or cumulatively they would have an adverse impact on the occupiers of nearby residential properties by reason of noise and disturbance, litter or on-street parking;
• the development must not create a road safety hazard or create traffic congestion, due to its being located on a bend, junction, hill or any other restriction on the public highway;
• suitable off or on-street parking is available on or near the premises so as to avoid detriment to road safety or residential amenity;
• an effective extraction system and refuse storage area is installed to ensure that the amenity of nearby residents is protected from the emission of smells and fumes that blends with the environment;
• when planning permission is granted for restaurants and hot food takeaway establishments the Council will consider whether it is desirable to impose conditions, including limiting the hours that the premises may remain open, so as to avoid possible loss of amenity to nearby residents resulting from noise and disturbance.
4.33 National planning policy recognises the role which planning takes in better enabling people to live healthier lifestyles. England’s obesity epidemic has attracted considerable policy attention in recent years and central government has called for the NHS, local authorities, schools and workplaces to deliver joined up action to make healthier lifestyles an easier option. Of particular concern is the proliferation of hot food takeaways within many of the country’s town and city centres, however, the recent obesity strategy for England.

4.34 “Healthy Weight; Healthy Lives” indicates opportunities for local authorities to control the establishment of fast food outlets through planning powers.

4.35 In the detailed consideration of plans and proposals, development should consider that:

- While cold snack and sandwich bars are classed as shops (Use Class A1), restaurants and cafes comprise Use Class A3 and hot food takeaway establishments fall under a different class (A5) of the Town and Country Planning (Use Classes) Order 1987. Hence changes of use from existing shops and other uses to hot food takeaways and restaurants require planning permission. Although these uses complement town and district centre retail areas, it is important that they do not become too dominant in primary retail frontages.

- A number of problems are often associated when new takeaway food premises are proposed near residential areas. They will, therefore, only be appropriately located within town, district and local centres.

4.36 The need for further criteria to assess hot food takeaways is considered necessary in order to help tackle the growing problem of obesity, particularly childhood obesity in the UK. The Town and Country Planning (Use Classes) Order 1987 (as amended) puts uses of land and buildings into various categories known as ‘Use Classes’. Since 21 April 2005, for planning purposes, Hot Food Takeaway shops have been classified as falling within Class A5 of the Town and country Planning Use Classes Order. This means that land or premises not already in class A5 use will require planning permission to operate as a takeaway.

4.37 North Lincolnshire’s adult obesity prevalence is currently higher than both the regional and national averages, at 32% compared with 23% nationally. It is expected that over the next 15 years this will increase. The rates of childhood obesity are also above the national average.

4.38 North Lincolnshire is committed to tackling obesity and recognises that this can only be done through a broad range of measures aimed at individuals, organisations and the wider environment. To support individuals the Council provides a number of initiatives aimed at providing education, interventions for physical activity and weight management. These are informed by the North Lincolnshire Change4Life Strategy.
Evidence on the relationship between the density of unhealthy food outlets in local neighbourhoods with diet and body weight has been limited. However, a systematic review by Engler-Stringer et al found moderately strong evidence that community and consumer food environments may influence diet among children and young people. Away from the boundaries of residential neighbourhoods, there is emerging evidence that areas around workplaces and commuting routes are important – a UK based study found that exposure to takeaway food outlets in home, work, and commuting environments combined was associated with a higher consumption of takeaway food, greater body mass index, and greater odds of obesity. There is also strong evidence of a positive association between availability of unhealthy food outlets and increasing deprivation.

### Health and Planning Screening Checklist

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes / No</th>
<th>Action</th>
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<tbody>
<tr>
<td>Will the proposal have a direct impact on health, mental health and wellbeing? For example would it cause ill health or affect social inclusion, independence and participation? You should consider whether any socio economic or equalities group will be particularly affected.</td>
<td>If the proposal is identified to have a direct impact on health, mental health and wellbeing, a full Health Impact Assessment (HIA) would be required.</td>
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<td>Will there be a change in demand for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?</td>
<td>A developer contribution may be required where there is an increase in the demand for or access to health and social care facilities.</td>
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<tr>
<td>Is the proposal site located close to and accessible for community services and facilities, including fresh food, GP and schools?</td>
<td>Residential development should be designed to reduce the need to travel and provide greater opportunity for social interaction. New residential development should be well served by public transport and where possible amendments to bus routes or stops should be incorporated for large scale development. New walking/cycling facilities should be provided within all new developments and existing facilities should be improved (where necessary) as part of development.</td>
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<tr>
<td>Is the proposal site within close proximity to employment opportunities?</td>
<td>Reducing dependence on the car leads to increased physical activity and reduced levels of chronic illnesses and this should be encouraged by the promotion of active travel solutions and linking into existing cycle/walking routes or creating new routes if feasible.</td>
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<td>Are walking and cycling opportunities available which are safe and appealing?</td>
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<td>Is the proposal site well served by public transport?</td>
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<td>Does the proposal promote good air quality through the planting of trees?</td>
<td>Biodiversity needs to be enhanced where feasible and surveys and mitigation undertaken where appropriate.</td>
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<td>How has biodiversity enhancements been considered?</td>
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<td>How have heritage assets and the historic built environment been considered?</td>
<td>Heritage Assets should be enhanced and incorporated into the design where appropriate</td>
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<tr>
<td>Has land contamination been considered?</td>
<td>A land contamination assessment may be needed where appropriate.</td>
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<tr>
<td>Will the construction use local building services, supplies and material?</td>
<td>The use of local trade and material should be sought by the developer in the interests of sustainable development.</td>
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<tr>
<td>Does the proposal enhance the opportunities for access to open space, amenity space, parks and play areas?</td>
<td>The availability of amenity space within a development stimulates physical and mental health. Green spaces can act as ‘green lungs’ within the built environment. This includes the addition of trees and greenery to enhance the attractiveness and public realm of places. This also helps with air quality, people’s mental health and general positive perceptions of a place.</td>
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<tr>
<td>Does the proposal include amenity space which could be used for allotments or community food growing areas?</td>
<td>Negotiations should be undertaken with the developers to ensure that open space is included within the development where possible and some of this space can be used for food growing. The quality of land should be considered to ensure the land is not contaminated.</td>
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<tr>
<td>Has the scheme considered the following in terms of design and layout: Code for Sustainable Homes BREEAM</td>
<td>All development proposals are already assessed for their design and reference is made to the Manual for Streets, the NPPF Chapter 7 and Core Strategy Policy CS5. However, the health implications of design should also be considered, including how design affects mental health and how good design facilitates accessibility, social interaction and general wellbeing.</td>
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<tr>
<td>Does the scheme comply with the North Lincolnshire Accessibility Criteria?</td>
<td>All housing developments will be expected to meet the standards set out in the North Lincolnshire Accessibility Criteria. Each proposal will be assessed according to the Accessibility Criteria and awarded either a negative or positive score.</td>
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</table>
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