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# RSS - Health - Notes for Policy Authors

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## 1. Introduction

These notes are offered to help Regional Spatial Strategy (RSS) authors identify ways to make policies as *health-proofed* as possible while they are being drafted.

They were produced after a workshop on the 9<sup>th</sup> September and discussions between policy authors and appraisers on 10<sup>th</sup> September 2005. This is part of the Sustainability Appraisal/Strategic Environmental Assessment being carried out on the draft RSS.

These notes are structured in a similar way to the *Notes on Sustainability for Policy Authors* circulated on 10<sup>th</sup> August 2005. There are many overlaps between the messages in these notes and in the notes on sustainability. There are some generic points applicable to all sections, then some specific points for each RSS topic. We provide brief comments on individual policies.

## 2. Overarching Comments

Looking at the RSS with a health focus immediately threw up the tension between the regional and the local. Health effects are felt at a local level. We ask below for health effects to be routinely and explicitly considered as part of planning applications.

We discussed the relative non-involvement of the health sector in the planning process. The health sector is currently an untapped resource that shares many agenda with planners. The workshop participants were clear that this should be the start of a mutual collaboration.

To start this process these notes are being circulated to the regional public health network. Please note that Brenda Fullard at the Regional Public Health Group, co-located with GO-NW is your named point of contact. E-mail: [brenda.fullard@dh.gsi.gov.uk](mailto:brenda.fullard@dh.gsi.gov.uk) Tel: 0161 952 4104.

Public health makes visible that which is hidden – adverse health effects are often the unintended side effect of otherwise *successful* developments *eg* incidence of facial injuries and assaults increasing with the night-time economy. How can these *externalities* be included when considering development proposals? Again we refer you to our request to require health effects to be routinely considered as part of strategic planning applications.

Will the approach in the RSS increase inequalities *eg* it is always looking to build on success?

Cross-referencing within the document will increase the strength of the policies and make the RSS more coherent as a whole document.

One way of shortening the document is by making reference to regional strategies *eg Investment for Health*, regional food strategy, physical activity strategy

The health stakeholders were asked to come up with a list of key requests ... these are as follows:

1. Require the public health effects of developments to be routinely and explicitly considered, and addressed, as part of development proposals.

2. Make health promotion and health protection a core development principle of the RSS. Design, of individual dwellings and of the wider built environment, has implications for both health promotion, *eg* social inclusion, and health protection *eg* emergency planning.
3. Development across the region, in urban and rural areas, needs to prioritise a reduction in the need to travel. The transport network should favour public transport and above all, encourage people to walk and to cycle.
4. Green space has a positive effect on mental health. It should be an active part of the built environment. We support the protection and active use of rural areas. We also support increasing access to rural areas.

We heard a lot about supporting documents that were going to be drafted and extra research that will be commissioned to support the RSS. The health stakeholders would like to contribute to these documents. The examples we heard about were

Document	A public health input would bring ...
a Sustainable Design Guide	health promotion and health protection
research into key service centres	input on health and social care service planning
research into housing needs assessment	a focus on locating individual dwellings within sustainable communities and a link to public health focussed population profiles and needs
Vital Signs	regional indicators on health and wellbeing (link to Public Health Observatory).

### 3. Vision, objectives, principles

We welcome *health* as a cross cutting theme but feel that it gets lost within the document.

In general we make a similar point about health & well-being as made for environment policies in *Notes on Sustainability for Policy Authors* ie it is fine for them to be subsumed in other parts of the RSS – we don't need lots of extra policies on health – PROVIDED it's clear that the health & wellbeing of people in the North West is strongly and consistently promoted. We provide some text changes where we feel that *health* should be explicitly included.

We also ask that improving and protecting the health of people in the North West is made a core development principle of the RSS.

### 4. Overall spatial options

A key overarching recommendation is to recognise the links between the spatial development strategy's key aim - economic development and the massive potential for health gain. This is a virtuous relationship. Amartya Sen, the Nobel Prize winning economist, pointed out that *the dead cannot do much* (1992). Poor health is closely linked with social exclusion. This is particularly important in the case of East Lancashire which has the highest infant mortality rate in the UK. A healthy population is an asset to the region, not a cost. Recent research by the EU shows that an increase in 1 year's life expectancy increases GDP by 1% (DG Sanco, March 2005).

#### Health Impact Assessment

Health Impact Assessments were considered an important element in the consideration of planning applications. It is recommended that the RSS provide guidance on the types of

planning applications for which HIA be required. These are likely to be strategic applications but may also include smaller scale development proposals which, because of their, particular use, or when viewed cumulatively will have the potential to affect health and well-being. We ask that the following policy, or similar, is included: *Local Planning Authorities should require the public health impacts of developments to be taken into account.*

We provide examples below in response to the request from the RSS team to precedent from other regions and national legislation on which to hang this recommendation.

- Although climate change is the most serious global environmental threat, promoting new, modern, sustainable ways of living, working, producing and travelling also stand to achieve wider benefits to **human health and well being.**' (UK Sustainable Development Strategy) (our emphasis).
- **The Health Select Committee of the House of Commons** recommend that HIAs are carried out on transport proposals with particular reference to physical activity.
- Local authorities have responsibility and a specific legal power to promote wellbeing (**Local Government Act 2001**).
- The Public Health white paper **Choosing Health** states that
  - ... Para 24. At a local level, securing healthy communities depends on PCTs working closely with local authorities and other partners through Local Strategic Partnerships. (page 83, ch 4).
  - ... Para 12. In order to make a difference, and to enable local health services to provide a strong infrastructure for health locally to meet increased demand for health, we are giving PCTs the means to tackle health inequalities and improve health through ... development of a tool to assess local health and wellbeing that will help PCTs and local authorities jointly plan services and check on progress in reducing inequalities: a health and wellbeing equity audit. (page 123, ch 6).<sup>1</sup>
- London provides a regional precedent: Policy 3A.20 of the London Plan states that *boroughs should have regard to the health impacts of development proposals as a mechanism for ensuring that major new developments promote public health within the borough.*
- Precedent is being set by individual developments submitting HIAs alongside Environmental Statements eg an HIA was prepared for the Merseytram Line 1 proposal. It was submitted in evidence by Mersey Travel during the Inquiry into the Merseytram (Liverpool City Centre to Kirby) Order.

#### **Stakeholder Consultation**

The LPAs should also include health stakeholders in SEAs of plans. *Significant impacts on human health* is one of the key topics for SEA ... *but ...* health stakeholders are not statutory consultees and, this SEA aside, are not currently being included as a matter of course. This stipulation would not duplicate European and national guidance but would strengthen it and provide a regional focus.

The health service is currently restructuring (again): there will be a hierarchy of service provision so this is a golden opportunity to integrate the provision of specialist services with the Key Service Centres in the region and more local level provision with the local centres.

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<sup>1</sup> The North West are looking to strengthen capacity in health impact assessment.

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We recognise that the health sector and services need to fully realise that it has a large part to play in economic regeneration given that it is one of the largest employers within the region and largest landowner

### **Potential impacts upon the population of the North-West**

Look for ways to consider the diverse profiles of the resident populations in terms of their socio-economic status, ethnicity and health. Different populations possess varying needs / provision. A blanket approach and one size fits all policy of (economic) development will lead to regional inequalities.

On average the population of the North-West is ageing. What is the nature of this change? It does not mean that there will be a high proportion of single, dependent older women. Older people will want more opportunities for education, employment, entertainment. It is not the same everywhere ... within deprived conurbations an inverse relationship exists as the population is becoming younger.

The RSS tends to focus on *working age* populations (18-64). Can the scope be broadened to include younger age groups and the elderly? Very little mention is made within the document about the needs and required provision for children – playgrounds *etc* and elderly housing provision which are both linked to health outcomes.

## **5. Housing**

Housing developments should encourage a mix of generations in order to reflect the changing demographic profiles of the areas - life-time homes.

We looked at Policy L5 and the emphasis on *balanced and mixed communities*. Research evidence does not give a clear message that a mix of tenures and housing types automatically leads to positive social impacts and health gain. We can say that someone without a job is more likely to find employment if they know someone who is of a higher socio-economic status. This places the emphasis on social networks. The relationship between people in different socio-economic groups must, however, be facilitated via job clubs, local neighbourhood associations *etc*. In the absence of these mechanisms population groups are likely to remain atomised / separated, therefore resulting in low social capital and poor social networks.

City centre developments / regeneration tends to be focussed upon the working age groups – the ‘loft living’ single or married young professional couple. There is no mention of encouraging families to locate within the centre. Service development within these centres is focussed upon the needs of the professional middle class young person – leisure and entertainment – bars, nightclubs and restaurants. Likewise there were concerns about *dormitory towns* which will not achieve an economy of their own to sustain their population but feed the areas of economic growth. In the short term this leads to increased travel need and in the long term it disrupts the geographical density of social networks.

The future development of housing and the more rural conurbations need to be served by a range of services – retail, leisure and health services. This links with policy L1 and with transport policies.

There is a link between the housing section and the environment section. *Green space* is beneficial to psychological and physical health. We discussed whether the forthcoming Best

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Practice guidance could require developers to use sustainable construction methods such as green roofs.

There are also wider issues of neighbourhood quality in terms of safety, quality of physical spaces, incidences of graffiti, and broken windows – incivilities which have a variety of negative health outcomes. For instance a neighbourhood which is perceived as possessing a high number of incivilities leads to increased rates of fear of crime and prevents the uptake of physical activity with the local area.

The neighbourhood environment should enable physical activity not prevent it.

## 6. Environment

We found the environmental proposals were extremely positive particularly in terms of health.

HIA should be a compulsory process in assessing the environmental proposals.

Many aspects of the environmental proposals will be subject to SEA and SA's.

The integrated water management proposal was deemed to be very useful.

## 7. Retail

Consider how retail developments can be made accessible to all as in stated policy L1. Can the RSS address the fact that it is more expensive for lower socio-economic groups to shop relative to their disposable income? Often the, easily accessible, neighbourhood shops do not stock adequate or affordable, fresh and healthy foods.

The 2001 London Economic Development Strategy<sup>2</sup> had a policy to promote Londoner's health (4.4) and a specific action stating that ... *the LDA will undertake further work on the links between health, nutrition and food policy (4.45).*

## 8. Economic development

It is not clear how increasing access to gambling and gaming facilities will contribute to improving the health of, and reducing health inequalities within, the local population.

We are currently reviewing a study from the United States which showed that a casino provided health benefits to deprived local populations via job creation. We will provide a summary and critique of this study.

In policy L2 we like the reference to education and training being a key part of economic development. We want to flag up that this doesn't specify who should get this training. The economic regeneration and development of a particular area may have adverse health consequences for the original population. Often the jobs provided by development are taken up by commuters because the resident population does not possess the skills base to access the new employment. There is often a 'spatial mismatch' between deprivation and employment, i.e., the deprived do not live close to employment demand. This links to transport issues.

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<sup>2</sup> Success through diversity. LDA

What types of jobs will be provided by economic development with the North-West? *Bad jobs* ie low pay and insecure are generally not good for people (or their health). As they often provide the unemployed with the first rung on the ladder low pay jobs are not necessarily *bad* jobs. However research shows that the health effect of employment is directly linked to the quality of that employment *Bad* jobs can also may lead to labour market ‘churning’ and further compound the income and health inequalities to which low socio-economic groups are already exposed.

## 9. Transport

We wondered how you define sufficient capacity for commuter travel? Does that equate with everyone who currently travels by car. We questioned the emphasis on commuters. They are an important group but the *capacity* or *level of provision* needs to cover non-peak times eg daytime, evening *etc*.

We liked the emphasis on public transport networks. One point of clarification – the focus on *corridors* in policy RT1 should explicitly include orbital as well as radial corridors. Public transport providers often tend to favour radial routes over orbital routes.

Policy RT2 could include a statement about avoiding, or minimising, the social severance effects of large roads with fast moving traffic.

In this section cycling and walking are conspicuous only by their absence. Increasing cycling and walking and use of public transport is a win-win action. We understand that RT7, the policy on Active Transport, no longer applies only to rural areas.

We understand that policy RT1 no longer talks about using disused railway lines for public transport use. This recommendation could be part of RT7 and extended to include cycling.

There are clear links between transport and policy L1.

## 10. Rural, Education & Skills

Access to transport is a key determinant of the choices for education and training under 16s make. A reliable and regular public transport network is vital across the rural areas.

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The workshop was attended by the following people whose insight and input informs this briefing note:

Mark Dooris, Healthy Settings Unit, University of Central Lancashire; Brenda Fullard, NWPHT; Dominic Harrison, NICE; Malcolm Kennedy, NWDA; Jeremy Hooper, PHO; Dr Stephen Morton, HPA; Dave Ward, HPA; Danila Armstrong, NWPHT; Sue Kidd, Lecturer/Consultant, Liverpool John Moores University; Matthew Wilkinson, NWRA; David Herne, Chorley PCT; Kate Arden, Greater Manchester Strategic Health Authority; Colette Bridgeman, Oldham PCT; Karen Toque, NW Public Health Observatory; Dave Forster, Environment Agency NW; Steve Watkins, Stockport PCT; and Carolyn Berry, Greater Manchester Strategic Health Authority.

Oliver Bird, NWRA, provided technical assistance to the workshop participants.

Ben Cave and Sue Kidd facilitated the workshops. Brenda Fullard and Adam Coutts took notes.

Notes on specific policies ... *to be read in conjunction with notes above*

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**Policy SDF1 Overall purpose ...**

Does the focus on 3 cities allow the support of development and investment across the other areas eg Wirral, Cheshire and Cumbria?

**Policy L1 Achieving Social Inclusion and Accessibility**

Include mention of community and voluntary sector.

Link definitions of services to that used in SDF20 ... or strengthen the definition to include healthier food, leisure/culture, and physical activity.

Cross reference to existing Regional Food and Health Strategy.

Policy text insert *Innovative ways of maintaining or re-introducing local services in centres of town and villages, ESPECIALLY THOSE that are identified as being deficient or vulnerable to decline should be promoted.*

**Policy L2 Access to Education and Skills**

Explicitly mention older people.

Explicitly mention rural areas.

**Policy EM9 Sustainable Waste Management**

RSS cites SA & SEA – opportunity to highlight requirement to consider impacts on human health (and the opportunities for both promotion and protection) ... and involving health stakeholders in commissioning of SA/SEA

**Policy RT1, RT5 & RT7**

Participants asked about the Mersey Ferry and the canal system and highlighted possibility of trams and trains using the same track. Sunderland quoted as a successful example.

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