



# The Association of Directors of Public Health

## Draft revised National Planning Policy Framework Consultation Response

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

### Chapter 1: Introduction

#### **Do you have any comments on the text of Chapter 1?**

ADPH welcomes the opportunity to respond to this consultation on the new draft National Planning Policy Framework (NPPF). Housing and the nature of the built environment are key determinants of health across the life-course. Poor, 'unhealthy' housing can have serious long-term effects on both physical and mental health and wellbeing. Planning has a central role in delivering environments that are health promoting and positive, and we would like to see public health and planning teams working together more closely to deliver healthier places for local populations.

Neighbourhood design influences physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes. Because health is so definitely linked to the environment in which people live and work, Directors of Public Health have a clear role in working within local planning systems to use the built environment to improve health outcomes for local populations.

Although we welcome some of the strengthened wording about healthy environments in the new revised document, there are areas where the new draft is lacking.

In general, we welcome the focus on increasing the supply of housing to meet population need and recognise that there is a need for action to address the crisis of housing supply. However, housing needs to be both good quality and affordable. We do not feel that the revised NPPF goes far enough to address the quality and affordability of housing. There is an over-focus in the document on the delivery of homes at maximum density, and we are concerned that the removal of the statutory duty to produce a Local Plan will have a negative impact on the quality of both new homes and local environments.

Housing affordability has worsened in all local authority districts in the last two decades. Between 1st January and 31st March 2017 local authorities accepted 14,600 households as being statutorily homeless and the total number of households in temporary accommodation on 31st March 2017 was 77,240, up eight percent on a year earlier. The definition in the NPPF of 'affordable' as 80% of market rent is unrealistic and will not help to address the housing affordability crisis.

We would like to see some reference in the NPPF to the usefulness of Health Impact Assessments. Proportionate Health Impact Assessments (HIA) should be made statutory for all developments. A systematic empirical study of the influence of HIA on decision-making and implementation of proposals in Australia and New Zealand found that HIAs are often directly effective in changing, influencing, and broadening areas considered and in some cases having an immediate impact on decisions. Another analysis of evaluation reports for HIAs in the US, Europe, Australia and New Zealand found that the major impacts of HIA were ‘directly influencing some decisions, improving collaboration among stakeholders, increasing awareness of health issues among decision makers, and giving community members a stronger voice in local decisions’.

The NPPF would be more useful for improving population health if it addressed the current lack of local authority powers to tackle the proliferation of unhealthy establishments e.g. betting shops and fast food takeaways. We would also like to see some reference in the NPPF to the importance of cross-sector working between local authority planning teams and other departments, particularly public health.

## **Chapter 2: Achieving sustainable development**

### **Do you agree with the changes to sustainable development objectives and the presumption in favour of sustainable development?**

We agree with the presumption of sustainable development. However, we are disappointed that the former reference to the 2005 UK Sustainable Development Strategy has been removed from the NPPF and there is now no link to the UN Sustainable Development Goals.

### **Do you agree that the core principles section should be deleted, given its content has been retained and moved to other appropriate parts of the Framework?**

Yes, as this will help to make the document more concise and better structured.

## **Chapter 3: Plan-making**

### **Do you have any other comments on the text of Chapter 3?**

ADPH is extremely concerned about the removal of the mandatory nature of Local Plans. Local Plans are a cornerstone of local planning and removing their requirement to be statutory will result in a varied level of focus on healthy places within different local authorities, which could exacerbate health inequalities.

The lack of a Local Plan would make it difficult for public health teams to bring forward health promoting Supplementary Planning Documents. To embed healthy design into a place, a detailed approach is needed, and this cannot be addressed in a higher level ‘strategic plan’. The requirement to produce a detailed Local Plan should continue to be mandatory.

At paragraph 20, we would like to see the inclusion of the text ‘provide g) the necessary guidance for creating a built and natural environment that is conducive to improving people’s health and wellbeing’.

## **Chapter 4: Decision-making**

**The revised draft Framework expects all viability assessments to be made publicly available. Are there circumstances where this would be problematic?**

We welcome the proposal that all viability assessments should be made publicly available, as this will improve transparency.

**What would be the benefits of going further and mandating the use of review mechanisms to capture increases in the value of a large or multi-phased development?**

There could be the introduction of different tax regimes or more obligations on developers to deliver affordable housing when the land value has increased dramatically due to the granting of planning permission

**Do you have any comments on the text of Chapter 4?**

ADPH welcomes the proposed reform to viability testing which will restrict it to those policies which do not comply with councils' local policies. This will prevent developers from negotiating on aspects of planning permission such as the proportion of affordable homes. However, to ensure affordable housing is delivered consistently the government should introduce a national minimum contribution of affordable housing for developments across England.

Under Paragraph 44, we would like to see the inclusion of Health Impact Assessments in the list.

## **Chapter 8: Promoting healthy and safe communities**

**Do you have any comments on the new policies in Chapter 8 that have not already been consulted on?**

ADPH strongly welcomes the new text that has been included at Paragraph 92c making clear that developments should enable and support healthy lifestyles. We are very pleased to see that this section has more strongly referenced health and listed ways in which health and wellbeing needs could be met e.g. through green infrastructure and through the encouragement of walking and cycling. We would like to see reference to enablement of walking and cycling through well-designed infrastructure, rather than encouragement, and to creating networks that enable people to get safely and easily to key points like schools, shops, and healthcare facilities.

We would like to suggest an addition to Paragraph 92c to include 'managing proliferation and overconcentration of certain uses which may be deemed unhealthy subject to health evidence'. This would provide a mechanism for local authorities to more effectively tackle proliferation of unhealthy premises such as hot food takeaways and betting shops.

**Do you have any other comments on the text of Chapter 8?**

More focus is needed in this section on delivering housing and communities that are future-proof and can meet the needs of our ageing population and of disabled people. There are currently around 1.8 million people with an accessible housing need in the UK, including around 300,000 disabled adults whose need is unmet.

## **Chapter 9: Promoting sustainable transport**

### **Do you have any other comments on the text of Chapter 9?**

We are pleased that the text states that designs should prioritise pedestrians, cycling and access to public transport. Active travel is key for improving the health of the population but also has the co-benefit of reducing vehicle emissions. However, we would like to see more direct reference to air pollution in the chapter focusing on transport. About 40,000 deaths a year in the UK are attributable to exposure to outdoor air pollution and it has been linked to cancer, asthma, stroke, heart disease, diabetes, obesity and changes linked to dementia.

## **Chapter 11: Making effective use of land**

### **Do you agree with the proposed approaches the under-utilised land, reallocating land for other uses and making it easier to convert land which is in existing use?**

When considering converting brownfield land to residential use e.g. converting former car parks, thought and consideration must be given to the suitability of these sites for housing in terms of local infrastructure, noise pollution, air pollution, green space and access to natural light.

### **Do you agree with the proposed approach to employing minimum density standards where there is a shortage of land for meeting identified housing needs?**

Appropriate density of housing developments is vital if people are to live healthy lives. We would prefer to see maximum, not minimum density standards being set and an understanding that people need access to suitable natural light and appropriate infrastructure. Higher overall density can lead to healthier communities but only if the right infrastructure is in place and places are carefully designed. Good ventilation and adequate daylight are extremely important; good ventilation can help to mitigate the risk of indoor air pollution. Noise pollution can be detrimental for mental health and access to green space is vital, as is access to appropriate health and social infrastructure such as local shops, schools, healthcare facilities and parks.

There is also likely be higher levels of air pollution in places of high density housing due to easy access to transport links and less distance from busy roads. Infrastructure to enable active travel and good public transport are important to enable higher density without detrimental impact on health. Cars can take up a huge proportion of urban space. Reducing car dependence frees up valuable space as well as cutting air pollution, noise, improving safety, and getting people active and healthier.

Overdevelopment may be harmful for wellbeing due to issues such as lack of access to daylight, overcrowding or restricted access for the disabled and may be detrimental to both physical and mental health. High density developments can create an increased demand on existing health and community facilities. Density policies in local planning documents should be made available to health professionals as it must be ensured that such policies are appropriate when considering the wider health of the local population.

## **Chapter 12: Achieving well-designed places**

**Do you have any comments on the changes of policy in Chapter 12 that have not already been consulted on?**

We are pleased that the White Paper proposal that the Building for Life assessment framework should form part of a local authority toolkit for assessing design has been taken on board. Building for Life is a useful design standard. However, there should be opportunities for planners and health officers to have more discussion and collaboration on where good design enables health and wellbeing. This should be integrated into policies and planning documents. It is important that all new homes are easy to adapt, and homes that are wheelchair friendly and accessible should be built. Reducing restrictions on planning constraints would assist with enabling this.

**Do you have any other comments on the text of Chapter 12?**

The chapter on design should have more of a focus on changing demographics and future need, for example, how we provide housing that is suitable for the ageing population. We would also encourage the housing requirements of other groups to be considered, such as children and young people. Urban planning decisions have a key role to play in combatting rising levels of childhood obesity. Additionally, it should be ensured that all homes can adapt through the life course of individuals and families.

## **Chapter 14: Meeting the challenge of climate change, flooding and coastal change**

**Do you have any comments on the text of Chapter 14?**

This section is sensible and comprehensive; however, it does not make strong enough links with the Government's 25 Year Environment Plan. Planning has a key role to play in helping to meet the challenges of climate change and therefore to achieve the ambitions of the Environment Plan the link between the two policy documents needs to be strengthened.

**Association of Directors of Public Health**

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