**PLANNING FOR HEALTHY WEIGHT ENVIRONMENTS**

**DRAFT MODEL HEALTHY WEIGHT SUPPLEMENTARY PLANNING GUIDANCE**



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**Chapter 1 – Introduction and background information**

1. **Role of the South West Healthy Weight Supplementary Planning Document (SPD)**

1.1 The purpose of the South West Supplementary Planning Document (SPD) tool is to provide a blueprint for local authorities in the region to use to develop their own local SPDs designed to support local people to achieve a healthy weight. It builds on national data, Department of Communities and Local Government Planning Healthier Food Q&A as part of the updated Health and Wellbeing Planning Practice Guidance and Public Health England’s Spatial Planning for Health Evidence Review as well as a range of other policy documents.

1.2 Supplementary Planning Documents (SPDs) can be produced to provide detailed guidance on planning policies. This additional detail will guide applicants and will be a material consideration when determining planning applications, thereby helping to provide a transparent, consistent and efficient development management system. Compliance with SPDs will promote planning applications that have the best chance of achieving planning permission.

1.3 SPDs should be prepared only where necessary and be written in accordance with the National Planning Policy Framework (NPPF). They should help applicants to make successful planning applications and should not add unnecessarily to the administrative and financial burdens on developments.

1.4 This template SPD focuses on providing healthy weight environments and how they can be positively promoted and created through the development planning process.

1. **Key objectives of the Healthy Weight SPD**

**2.1 The key objectives of this SPD are to:**

* provide local authorities in the South West with a template Healthy Weight SPD to support the development of local planning policies;
* inform pre-application advice of any potential health-related issues and be a material consideration when determining applications, as well as providing information and guidance that can be used to support a Health Impact Assessment;
* promote opportunities for people to live healthier lifestyles and encourage healthier choices relating to food and physical activity;
* improve local people’s health and reduce the demand on the NHS, health professionals and local authority services
* provide an evidence-based resource with supporting information and guidance to enable local areas to take action;
* inform the preparation of future plans, strategies, development briefs, and policy decisions;
* inform communities and provide guidance to aid with the preparation of Neighbourhood Plans;
* inform the allocation and use of developer contributions by way of s106 agreements or the Community infrastructure levy (CIL).

**3 Relationship to the Local Plan and national planning policy**

3.1 The National Planning Policy Framework (NPPF) sets out the responsibility of local planning authorities (LPA) to promote healthy communities. Local plans should ‘take account of and support local strategies to improve health, social and cultural wellbeing for all’. LPAs are required to prepare planning policies and take decisions to achieve places that promote ‘strong neighbourhood centres and active street frontages which bring together those who work, live and play in the vicinity’.

3.2 Paragraph 171 of the NPPF details that Local Planning Authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population, including expected future changes, and any information about relevant barriers to improving health and well-being.

3.3 The NPPF has a presumption in favour of sustainable development, with three dimensions to the concept: economic; social; and environmental. The social role comprises ‘supporting strong, vibrant and healthy communities, by creating a high quality built environment, with accessible local services that reflect the community’s needs and support its health, social and cultural well-being’. The NPPF highlights the importance of promoting competitive town centre environments and sets out that ‘the planning system can play an important role in creating healthy, inclusive communities’.

3.4 The National Planning Practice Guidance (NPPG) refers to planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promotes access to healthier food, high quality open spaces, green infrastructure and opportunities for play, sport and recreation.

3.5 The NPPG confirms that planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role in enabling a healthier environment by supporting opportunities for communities to access a wide range of healthier food production and consumption choices. Policies may also request the provision of allotments or allotment gardens, to ensure the provision of adequate spaces for food growing opportunities.

3.6 The inclusion of health and wellbeing in planning policy and decision-making is clearly supported by both the NPPF and the supporting guidance. Healthy weight environments are also clearly relevant matters for determining local policy and the outcome of applications. This has been upheld by the views of planning inspectors in many appeal cases.

3.7 Health is a cross-cutting issue across planning and connects into many areas within the Local Plan and other policies and strategies. This is because the wider determinants of health have multiple dimensions across the economy, environment and society.

Of particular importance to note are: (***local content should be added***)

Xx

Xx

Xx

**4 The rationale (policy context and evidence) for promoting healthy weight environments through planning.**

**Demographic data and local needs assessment**

4.1 Nationally, two thirds of adults and a third of all primary school children are overweight and obese, and that trend is increasing. Diet, physical activity and a healthy weight are key factors in determining the future health of an individual. The national data is reflected in local areas in the National Child Measurement Programme and Health Survey for England data. The figures are significantly worse in areas of high deprivation.

***Local data should be used to set out the position in a local authority area, referencing the Joint Strategic Needs Assessment, locally collected data, including obesity figures, and strategies***

**National policy context**

4.2 The influential Foresight report: Tackling Obesities: Future Choices Project Report set out an obesity system map, together with scientific and other evidence, which confirmed that energy balance (or imbalance) is determined by a complex multifaceted system of determinants (causes) where no single influence dominates.

4.3 Changes to our environment (including both the activity and food-related environment) are a necessary part of any response to support behaviour change and appropriate behaviour patterns. Solutions to address the obesogenic environment such as changes in transport infrastructure and urban design can be more difficult and costly than targeting intervention at the group, family or individual. However, they are more likely to affect multiple pathways within the obesity system in a sustainable way.

4.4 Healthy Weight, Healthy Lives published in 2008 encouraged local authorities to use existing planning regulations to control more carefully the number and location of fast food outlets. In March 2009 the Health Committee Report for Health Inequalities, again highlighted the need to address the rising numbers of fast food takeaways on the high street. The National Institute for Clinical Excellence (NICE) has also made reference to the need to control takeaway numbers and their location through planning. The Public Health Guideline on Cardiovascular Disease Prevention (PH25) recommendation 11 calls for action to encourage local planning authorities to restrict planning permission for take-aways and other food retail outlets in specific areas (for example, within walking distance of schools).

4.5 A number of policy and best practice reports have been developed that set out what action is required and provides case studies of action in pioneering local authorities.

4.6 Government Buying Standards for Food and Catering provide a framework for procuring healthier and more sustainable food by the public sector and PHE has recently published an **out of home food environment toolkit** to support work with local businesses to provide a healthier food offer.

4.7 The evidence base has been fully evaluated in Public Health England’s Spatial Planning for Health Evidence Review. Key findings relevant to the South West Healthy Weight SPD are set out in Appendix One and referred to through the sections on priority areas for action.

**Defining a healthy weight environment**

4.8 A healthy-weight environment supports people in avoiding being overweight or obese through the way in which a place is designed and the facilities it provides. It promotes physical activity, provide opportunities for sustainable transport which prioritise active travel, in particular active travel, which helps people build physical activity into daily life, and helps people access and choose healthier food options and access support services.

4.9 In Planning Healthy Weight Environments the Town and Country Planning Association (TCPA) set out six elements to help achieve healthy weight environments through the planning process. These provide a useful framework for councils and developers to consider the impact of new developments and the ways in which they can designed to support people to maintain a healthy weight. The six elements are: **movement and access; open spaces, recreation and play; food environment; neighbourhood spaces; building design; and local economy**.

 4.10 Key features of these elements are creating places that:

• **prioritise walking, cycling and mass transit** through simple changes such as dedicated cycle lanes, well-placed bike racks and wide, well-lit pavements, which encourage individuals to leave their cars at home;

• **provide communal spaces** that support wellbeing and encourage active behaviour in children and adults;

• **create buildings which are able to promote a healthy lifestyle**, such as building homes with kitchens big enough for people to store, prepare and cook home-made meals and eat together, or commercial building design that encourages the use of stairs;

• **tackle the food environment** such as limiting clustering of takeaways in communities and close to schools and working with local out of home food environments to provide healthier choices as well as providing gardens and allotments for food growing.

4.11 This SPD tool provides expectations of how a development should be designed, built and maintained by understanding the six elements to help achieve healthy weight environments identified by the TCPA.

**Chapter 2 – Priority areas for action**

**5.0 Priority 1- Promoting physical activity and community connectivity**

5.1 This section covers the following Town and Country Planning Association elements:

* movement and access;
* open spaces;
* recreation and play.

5.2 When considering development proposals, the Local Authority will take a positive approach that reflects the presumption in favour of sustainable development contained in the NPPF. Sustainable development includes promoting accessibility to everyday facilities, especially those without a car.

5.3 As well as encouraging physical activity, access to open and green space, spaces for play, sports and other recreation facilities promotes relaxation and reduction in stress. It can also bring about social interaction within communities, including those people who may feel ‘excluded’ for particular reasons. Public open spaces are the ‘glue’ that binds a place and community, making it accessible, attractive and safe and an easy place to move around. It is considered that the provision of functional open space is necessary in order to achieve active, healthy and integrated communities.

5.4 In addition to benefits of improving the physical and mental health of residents, access to open and green space, promotes increasing bio-diversity in cities, reduces carbon emissions associated with long distance food distribution, and greening the urban landscape. Green walls and roofs can contribute to reducing the effects of urban heat islands and contribute to energy savings and reduced carbon emissions.

**Provision of green space**

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| **Developments should provide an appropriate quality, quantity and variety of open space, including open green space, allotments, community gyms, leisure and recreation facilities to achieving better health and well-being for the population.**  |

5.6 Open spaces should be designed to be accessible to all. Children's play areas and outdoor community uses, such as outdoor gyms, will be encouraged and should be placed in accessible locations that within a reasonable travel distance. Commercial sites should provide accessible space that promotes physical activity by those employed on the site, e.g. walks, trails or communal open space.

5.7 When assessing open space provision and usage reference will be made to existing open space policies in order to determine appropriate standards for the provision of open space, sports and recreation facilities.

5.9 This takes into account the multiple benefits delivered through the various functions of open space including: strategic functions; urban quality; promoting health and well-being; havens and habitats for flora and fauna; as a community resource; and as a visual amenity. The impact of any loss of open space should be assessed (e.g. the ORVal tool - <http://leep.exeter.ac.uk/orval/> or by the use of local data)

***Add details of any local open space assessment and policy***

**Design of the built and natural environment**

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| **Development proposals should enhance opportunities to use public transport and the provision of high quality infrastructure to support active modes of transport (e.g. walking and cycling) and also consider the incorporation of walking and cycle routes and the creation of ‘walkable environments’.**  |

Proposals linked to existing public rights of way (PROW) and improvements to PROW and cycle networks will be looked on favourably. Developments should include travel plans and include links to sustainable transport modes such as the Cycle Network and PROW where possible.

5.11 Developers should set out within a Design and Access Statement how they have addressed accessibility. This can be by way of appropriate designs, choice and siting of street furniture, road design and pedestrian interaction, adequate lighting and other actions to ensure an area which is not only safe but free from the fear of crime and disorder. This should be used to develop physical and social features that support lifetime neighbourhoods

5.12 When considering the detail of development, proposals should:

* give priority to pedestrians and cyclists through the design and layout of development including traffic calming measures;
* 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 housing and commercial developments, i.e. bike storage, showers, clothes drying facilities;
* seek to reduce noise and air pollution along active travel routes;
* ensure design of places and spaces allows direct and safe movement for people and that public spaces are well maintained and safe to encourage their use;
* consider over-looking and street surveillance in the design of development proposals;
* design recreation areas and natural green spaces to encourage human interaction for all ages and abilities;
* as far as is reasonably practicable ensure that everyone at every life stage has the facilities and services they require, for example, public toilets, appropriate street furniture design and shading;
* where possible, ensure new employment developments should include attractive and safe outdoor areas or good links to existing outdoor areas that will give employees opportunities for recreation;
* ensure any urban greening or shading must consider the impact on local air quality, due to the potential to limit the dispersal of vehicle emissions.

***LINKS TO LOCAL PLANS / POLICY***

**6 Priority 2 - Provision of a balanced local food environment, which promotes healthy choice**

6.1This section reflects Department of Communities and Local Government Planning Healthier Food Q&A issued as part of the revision of its Health and Wellbeing Planning Practice Guidance. This highlights that planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. It states that local planning authorities can have a role in enabling a healthier environment by supporting opportunities for communities to access a wide range of healthier food production and consumption choices.

**Allotments and Community Food Growing Spaces**

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| **Developments should provide an appropriate space for the provision of allotments and spaces for local food growing** |

Food 2030 (2010), The Department for Environment, Food and Rural Affairs (DEFRA) food strategy, refers to the benefits growing food can have for individual health and for community cohesion and praises the positive impact small-scale food projects can have on the local community. A Report of the Fruit and Vegetable Task Force (2010) comments that local food growing will help people understand food’s origin and seasonality; promote healthy eating; be mentally and physically beneficial; support school curricula and develop young people’s skills’. It further recommends that ‘…an increased amount of land, and infrastructure such as soil quality, is allocated for fruit and vegetable production in planning proposals…’

6.3 The provision of allotments on new developments will assist the Council in meeting its duties and assist with local waiting lists.

6.4 A National Allotment Society survey of allotment waiting lists held by the English principal local authorities were surveyed in January 2013, and 321 responded. The main findings were that nationally allotment waiting lists remain high. ***(LOCAL DATA)***

6.6 The growing of food in any new developments must be seen as a normal option to be integrated into other green space. Housing developments (including mixed-use schemes) exceeding XX dwellings are required to contribute towards the provision of allotments, community green space and edible green space. This should be accessible to all members of the local community.

6.7 Redevelopment of existing allotment sites for other uses will not be permitted unless alternative, suitable provision is provided.

6.8 The local standard for allotments is XX hectares per 1,000 population, within a XX minute walk time/ Km distance, with a minimum size XX hectares. Smaller provision can be considered on a case by case basis. The term allotments’ may be widely interpreted, but it must be protected as an allotment/food growing space for current and future residents.

6.9 Allotment and community growing opportunity can be challenging in high density situations but new developments create the potential to incorporate food growing opportunities in their design. The conventional provision of gardens and allotments will continue, but the creative use of roofs, walls and balconies where external space is limited should be considered. It might also include landscaping with edible plants rather than ornamental trees and shrubs.

6.10 Raised Beds are acceptable as a way of providing growing space where there is poor ground, hardstanding or on rooftops. Raised beds should be designed to be accessible for wheelchair and siting gardening. Guidance is available from:

<http://www.carryongardening.org.uk>

**Takeaways and local retail food provision**

6.11 The majority of hot food takeaways offer food which is energy dense and nutritionally poor, which can contribute to obesity. Hot food takeaways within close proximity to schools, i.e. within easy walking distance, provide an unhealthy but attractive and affordable food option for pupils and could be a contributing factor to poor eating habits in children and counter healthy eating programmes within schools.

6.12 In order to create a local environment, which promotes and supports the local community’s health, the Council wishes to minimise the proliferation of hot-food takeaways, particularly in the vicinity of schools and community centres.

6.13 There are a number of publications and research papers that identify a need to limit the availability of hot food takeaways as part of a strategic approach to reduce obesity and the subsequent costs to society and health care services. These publications include details of the evidence base on which their findings and recommendations are based.

6.14 The National Institute for Clinical Excellence (NICE) has also made reference to the need to control takeaway numbers and their location. The Public Health Guideline on Cardiovascular disease prevention (PH25) recommendation 11 calls for action to encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools).

6.15 A number of studies have found that takeaway food outlets are often located in areas of higher socioeconomic deprivation. PHE’s obesity knowledge and information team has produced a briefing paper on fast food outlets, together with downloadable data on fast food outlets by local authority. The team found that although the concentration of fast food outlets and takeaways varies by local authority in England, there is a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 population.

6.16 Conversely, the availability of healthy food, and in particular fresh produce, is often worse in deprived areas. This has led some to propose that the creation of so-called ‘food deserts’ (areas where there is poor access to healthy and fresh foods) in deprived areas may contribute to obesity.

6.17 Improving the quality of the food environment around schools and in the community has the potential to influence children’s food-purchasing habits, potentially influencing their future diets. However, it is important to note that taking action on hot food takeaways is only part of the solution, as it does not address sweets and other high-calorie food that children can buy in shops near schools.

6.18 It is accepted that food of limited nutritional value is sold from and at a range of premises within a variety of other businesses, such as coffee or sandwich shops, bakeries etc. A1 (Shops) and A3 (Restaurant and Cafes) may also sell calorie rich food, although this tends to be a smaller proportion of the goods on offer and these businesses provide an essential service to local communities providing local access to food, provide part of the local community infrastructure and improve the vitality of local centres. As planning has no remit to specify what type of food can be sold by these businesses they are not covered by this guidance although the local authority will wish to work with food business to promote healthy eating through its out of food environment approach.



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| The following criteria will be used for managing planning applications which have an element of fast food to promote healthy food environments:**Concentration and Clustering of Hot Food Takeaways*** **Applications for new A5 hot food takeaways should not lead to an overconcentration of A5 uses within any one individual locality by overly dominating the street scene or have an adverse impact on the standard of amenity for existing and future occupants of land and buildings. It is also appropriate to control the number of outlets where there are concerns regarding levels of obesity or where it exceeds average densities.**
* **Decisions regarding appropriate concentrations of hot food takeaways will be based on the following:**
* **within primary frontages, no more than 5% of the frontage will be in A5 use;**
* **within secondary frontages, no more than 10% of the frontage will be in A5 use;**
* **within Local Centres or Neighbourhood Centres, no more than TBC of the frontage will be in A5 use;**
* **at all locations no more than 2 hot food takeaway’s being located adjacent each other;**
* **at least 2 non-hot food takeaway units between groups of hot food takeaway units;**
* **locations where there are high levels of obesity, planning permission will not be granted for A5 use in wards where there is more than X% of the year 6 pupils classified as obese;**
* **planning permission will not normally be granted for A5 use where the number of approved A5 establishments, within the ward, equals or exceeds the UK national average, per 100,000 population.**
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**Location of hot food takeaways**

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| **Applications for A5 hot food will not normally be granted at locations closer than 400 metres from an entrance to a primary or secondary school, youth centre, leisure centre or similar location.** |

6.21 The 400m distance is recognised as a reasonable walking distance, which equates approximately to a 10 minute walking time, and is suitable given the length of normal school break times. The 400m exclusion is a direct line measurement; therefore individual applications will need to consider physical barriers such as roads, crossings, etc.

6.22 The evidence and publications suggests that limiting the availability of takeaways within walking distance of schools can contribute to tackling the rising levels of obesity and other health impacts such as cardiovascular disease. 400 metres has been considered a reasonable walking distance and is outlined within the Urban Design Compendium 2 and the Institute of Highways and Transport, Guidelines for providing journeys on foot. The 400 metre zone is an accepted standard across many planning policies and supplementary planning documents although a number of local authorities are now looking to increase their zones to 800 metres.

6.23 This principle includes primary schools even though it is acknowledged that the majority of primary school pupils are not permitted out of the school grounds during the school day, and pupils are likely to be accompanied by a supervising parent, guardian or adult, during the journeys to and from school. Some primary school children, such as those in year 6, are allowed to walk to and from school on their own, in preparation for the transfer to secondary schools. It is noted that families may use fast food outlets on the way home from school and the presence of an adult does not necessarily mean that take away food will not be purchased and subsequently consumed by children. The Council considers the issue of primary school children patronising A5 units is a concern that should be addressed alongside secondary school pupils.

6.24 The PHE publication, Healthy People, Healthy Places briefing - Obesity and the Environment: Regulating the Growth of Fast Food Outlets (2014), reports evidence concerning children’s diet and healthy school meals. It finds that children who eat school meals tend to consume a healthier diet than those who eat packed lunches or takeaway meals. While there have been many initiatives to improve standards of school meals, including nutrient-based standards and the School Food Plan, these currently only affect around four in ten children who take school meals. Uptake of school meals decreases when children move from primary to secondary school (46.3% compared to 39.8%), and in many cases secondary school pupils are allowed to leave the school premises at lunchtime. A report from the Nutrition Policy Unit of London Metropolitan University found that food outlets in close proximity to, and surrounding, schools were an obstacle to secondary school children eating healthily.

6.25 Each application will be considered on its own merits and the 400m zone must be considered in the particular topography and context of the individual application. There are mitigating factors that can be considered, for example the potential for natural or man-made barriers that limit accessibility from schools, even within the 400m direct line exclusion zone. Equally applications beyond 400m zone may be subject to additional controls, for example if the site is along the main access route to a school used by a large number of pupils.

**Operational control**

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| **In order to minimise impact on the local environment, amenity and promote a healthy weight environment it may be appropriate to control the operational and opening hours of the premises.** |

6.27 Where an application for a hot food takeaway has been granted within an exclusion zone the business shall not be open during school breaks and at times covering the beginning and end of the normal school day.

6.28 In cases where planning permission is granted, it may be appropriate to restrict opening hours in order to support the provision of a healthy weight environment. Where planning permission is granted, operating hours will be controlled via planning condition (acceptable hours therefore vary depending on the location of the takeaway).

6.29 Premises selling hot food may also require a Premises Licence. It must be noted that restrictions placed on the hours of operation of premises through a planning permission may be different to those granted in a Premises Licence.

**Availability of healthy option**

6.30 Operators of takeaways are encouraged to support the Council healthy eating priorities and to provide healthy food options and dietary information. Although planning cannot directly relate to the type of food being sold, it is appropriate to highlight the issue to food operators during the planning process. PHE has recently published an **out of home food environment toolkit** to support work with local businesses to provide a healthier food offer.



**7. Priority 3 - Building design**

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| **As well as public spaces and public realm features, the buildings in which we live and work should promote physical activity as part of our normal routine and promote healthy eating.**  |

7.2 In order to meet the aims of this guidance buildings should be designed and constructed, where possible, with reference to the following:

* homes should have adequate access and spaces for secure bike storage;
* homes should include space for storing, preparing, cooking and eating home-made food;
* developments include private or semi-private outdoor space, such as a front or back garden, and/or adequate-sized balconies;
* car parking spaces per dwelling are minimised, and on-street car parking does not compromise safe walking and cycling networks;
* non-domestic buildings or communal areas have attractive, highly visible and signed stairwells close to the entrance or exit points. Internal design and layout should promote physical activity;
* Developments should create opportunities to provide healthy workplaces, which make the most of opportunities to encourage physical activity, healthy eating and positive mental health and wellbeing. This might include access to sports facilities/gyms (indoors and outdoors), informal areas for employees to relax or take part in physical activity and/or social interactions, as well as areas that could be used to grow food;
* non-domestic buildings, such as work places include cycle racks/ cycle storage and changing/shower facilities;
* developments should include a travel plan that promotes sustainable transport and green travel plans are prepared;
* as far as is reasonably practical ensure that everyone at every life stage has the facilities and services they require, including breastfeeding facilities, baby changing, public toilets, appropriate street furniture.

7.3 Schools are a key environment to promote a healthy lifestyle and as such the design and operation of schools is important. Schools should:

* develop school travel plans that encourage active travel to schools, for example walking buses;
* develop safe routes to school and as such schools should be orientated and have a lay out away from high traffic volumes and makes best use of the cycle and walking network;
* consider safe drop off points away from the school. This is to encourage some physical activity and also to reduce congestion and vehicle emissions adjacent to schools. Traffic congestion is exacerbated by children being driven sometimes quite short distances to school;
* separate pedestrian and vehicular access to schools where possible;
* have sufficient access to green space, play areas and sporting facilities.

**8. Priority 4 - Local economy.**

8.1 Having neighbourhoods with sustainable travel and an appropriate mix of businesses will support economic activity but also promote health. Retailers report an increase in trade of 40% when places are made more attractive for walking. The need to travel to employment can be a barrier to employment and therefore life opportunities. Jobseekers in England and Wales are three times more likely than employed people to live in a no-car household.

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| **In order to meet the aims of this guidance local commercial areas should be designed and constructed with reference to the following:****Town centres and high streets****● development enhances the vitality and viability of the local centre by providing a more diverse retail offer including a range of food options, within 400-800m of the majority of the housing development;****● the centre should be easy to get to by public transport and is on walking and cycling networks;****● facilities are provided for people walking and cycling, such as conveniently located benches, toilets and secure bike storage.****Job opportunities and access****● offices and other employment sites should be easy to get to by public transport, walking or cycling;****● development improves sustainable transport access to existing jobs.** |

**9. Priority 5 - Neighbourhood spaces**

9.1 Well connected and attractive public places and streets can encourage more people to exercise and make active travel choices.

9.2 Feeling unsafe within a neighbourhood is associated with a series of negative health outcomes and can prevent people from using the built and natural environments to undertake exercise. An attractive and well-designed public realm promotes use and enhances safety.

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| **In order to promote the use of community space and lifetime neighbourhoods, developments should:*** **provide community facilities early as a part of new development to help people feel connected and to provide a local destination;**
* **ensure community facilities such as healthcare services and leisure centres are co-located if appropriate;**
* **provide community facilities that are easy to get to from where people live, are well signposted, and are close to public transport and on walking and cycling networks;**
* **have travel plans that include healthcare and other community services that promotes sustainable transport;**
* **be designed to allow public spaces that are flexible, durable and support civic, cultural and community functions, such as local markets and food stalls;**
* **have public spaces are easy to get to by public transport and are on walking and cycling networks;**
* **have connected street patterns, with short trip distances between common destinations. Street patterns should minimise the distance between origins and destinations by active travel means, and allow for several possible routes. Layouts overly dominated by cul-de-sacs tend to reduce connectivity and walking but can support street play;**
* **provide areas that are attractive and easy to find your way around. Areas are more walkable if they are ‘legible’ – i.e. if they have characteristics such as landmarks, boundaries, nodes where paths meet, which are distinctive and that enable people to find their way around. There is evidence to suggest that the extent to which an area is seen as attractive influences the extent to which it is used for activities such as leisure walking, running and cycling;**
* **residential areas designed to give priority to the needs of pedestrians, cyclists and children. Fear of traffic and ‘stranger danger’ are the two major reasons why parents are reluctant to allow children to play outside. Current recommendations advise that pre-school children should be physically active for at least three hours a day and that school age children should do moderate to vigorous physical activity for at least one hour a day;**
* **designing residential environments to allow children to play safely outside, for example by providing playgrounds which are overlooked, using shared space and ‘Home Zone’ principles**
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**10. Priority 6 - Developer Contributions**

10.1 National Planning Guidance specifically mentions that planning conditions, section 106 planning obligations and the Community Infrastructure Levy may be potential mechanisms for securing a healthy environment in granting planning permission.

10.2 **Where hot food takeaways are approved it may be appropriate to attract s106 contributions in order to mitigate the impact on the health of their customers.** This fee will contribute towards initiatives to tackle childhood obesity, such as providing facilities in green spaces to encourage physical activity and improvements to the walking and cycling environment, healthy eating campaigns and promoting healthy food options to food business operators.

**11. General approach**

11.1 Planning applications in relation to existing and new A3 uses which intend to have an increase or new element of A5 hot food takeaway use, will also be considered in the light of the above guidance proportionate to the extent of the overall impact of the ‘A5 aspect’.

**12 Monitoring and review**

12.1 It is essential to check that the SPD is being implemented correctly, that the desired outcomes are being achieved and if not, what corrective action needs to be under taken.

12.2 This will be done through a regular process of monitoring against a set of indicators. Such indicators may include:

* obesity among young children and young people (4-11 year olds). Obesity levels will be measured in reception aged children (4-5 year olds) and those in year 6 (10-11 year olds);
* the numbers of children rating their health as good or very good through local surveys; or frequency of hot food takeaways usage
* the proportion of children consuming 5 portions of fruit or vegetables a day;
* levels of physical activity;
* number of new permissions for A5 use class;
* density of A5 premises per 10,000 population at authority level and for each ward;
* evaluations involving the use of s106 contributions;
* success at appeals.

12.3 This document will be reviewed in accordance with policy timelines, changes in national or regional planning policy or as a result of the monitoring of this SPD.

 **Appendix One**

Key findings from Public Health England’s **Spatial planning for health evidence review**

**Principles for building healthy neighbourhoods**

**1. Enhance neighbourhood walkability:**

* improved street connectivity, mixed land use and compact residential design are considered to be important features of a walkable neighbourhood (Hajna et al., 2015)
* there is evidence to suggest that **walkable neighbourhoods can encourage active travel** and thereby promote physical activity
* improving neighbourhood walkability, and access to recreational and non-recreational destination (such as grocery stores, schools and other amenities) can also impact positively upon social interaction among older adults (Beard & Petitot, 2010; McCormack & Sheill, 2011)
* evidence suggests that **investing in infrastructure to support walking can increase levels of physical activity among all age groups** (Carlin et al., 2015; D’Hease et al., 2015; Grasser et al., 2013; Larouche et al., 2014; Mueller et al., 2015; Wanner et al., 2012)

**2. Build complete and compact neighbourhoods:**

* compact neighbourhoods, ie neighbourhoods with higher street connectivity (typically designed using finer grid patterns) with diverse land use mixes and greater residential densities are generally more conducive to non-motorised transport (Durand, 2001; Gomez, 2015; McCormack, 2011; WHO, 2007)
* long distance trips for travel or recreation, steep inclines, and increased proximity to amenities have been identified as having a negative impact on walking and cycling (Fraser et al., 2011)
* provision of local amenities can improve mobility and social engagement among older adults (Laevsseur, 2015). Mixed land use developments that prioritise access to schools, recreational centres and social amenities can increase physical activity among children, adolescents and older adults

**3. Enhance connectivity with safe and efficient infrastructure:**

* enhancing street connectivity via provision of walking and cycling infrastructure and improving access to public transportation, can help reduce perceptions of long distance trips and provide alternative routes for active travel (Hajna et al., 2015)
* public realm improvements such as provision of street lighting in residential areas can prevent road traffic collisions (RTCs) (Beyer & Ker, 2009), and increase pedestrian activity. General environmental improvements have the potential to reduce fear of crime (McCormack, 2011)

**Principles for healthier food environments**

**1. Healthy, affordable food for the general population**

* research of moderate quality indicates that increased access to healthy, affordable food for the general population (e.g., **food in schools, neighbourhood retail provision**) is associated with improved attitudes towards healthy eating and healthier food purchasing behaviour (Gannan et al., 2014). It also indicates that improved dietary behaviours, such as increased fruit and vegetable consumption, are associated with increased access to healthy, affordable food vegetables (Bambra et al., 2010; Calancie et al., 2015)
* research indicates that increased access to **unhealthier food retail** outlets is associated with increased weight status in the general population, and increased obesity and unhealthy eating behaviours among children residing in low income areas (Cobb et al., 2015; Giskes et al., 2010; Kent & Thompson, 2014)
* a consistent body of evidence suggests that provision **of healthy, affordable food in schools** is associated with improved healthier food sales, dietary behaviours and nutritional outcomes (Driessen et al, 2014). Evidence suggests that multi-component interventions, and taking an **integrated, whole school approach**, are effective in improving children's diet and food choices in schools (Davies, 2010)
* some evidence indicates that increased access to retail outlets selling healthier food is associated with improvements in dietary behaviours and adult weight status (Giskes et al., 2010)
* the impact of access to unhealthy food in the workplace on health was outside the remit of the review. However, a UK based empirical study found that exposure to **takeaway food outlets** was positively associated with consumption of takeaway food, particularly around the workplace (Burgoine et al., 2014). Evidence from primary studies conducted in Northern Europe suggests environmental strategies at worksites may help towards a more healthy diet (Lassen et al., 2012; Lassen et al., 2011; Lassen et al., 2004)

**2. Enhance community food infrastructure:**

* there is limited, newly emerging evidence showing a positive association between urban agriculture, as defined by Kent & Thompson 2014, and improved attitudes towards healthier food, increased opportunities for physical activity and social connectivity, and increased fruit and vegetable consumption. The overall evidence base for these associations is relatively small and requires further research to clarify causal links (Kent & Thompson, 2014; McCormack et al., 2010)
* the impact of provision and access to allotments and adequate garden space on health was outside the remit of the review. However, findings from a recent non-systematic literature review suggest that gardening in an allotment setting in the UK may result in numerous positive physical and mental health-related impacts and outcomes (Garden Organic & Sustain, 2014)

**Principles for healthy transport**

**1. Provision of active travel infrastructure**

* there is a wealth of high quality evidence to show **that investing in infrastructure to support walking can increase physical activity levels** and improve mobility among children, adults and older adults (Carlin et al., 2015; D’Hease et al., 2015; Grasser et al., 2013; Larouche et al., 2014; Mueller et al., 2015; Wanner et al., 2012).
* There is moderate to high quality evidence that indicates that prioritising active travel, through investment in cycling infrastructure, can lead to numerous health gains. For example the implementation of new cycle lanes can lead to improved cardiovascular outcomes and improved weight status among children, adults and older adults (D’Hease et al., 2015; Larouche et al., 2014; Mueller et al., 2015; Wanner et al., 2012)

**2. Provision of public transport:**

* **evidence suggests that combining public transport with other forms of active travel, such as walking and cycling, can improve cardiovascular fitness** (Xu et al., 2013). Provision of high quality public transport is associated with higher levels of active travel among children (Davison & Lawson, 2006)
* active travel in areas with low pollution levels is associated with increased physical activity among older adults. The perception of air pollution appears to constitute a barrier to participating in outdoor physical activity and active transport (Annear et al., 2014)

**3. Prioritise active travel and road safety:**

* **attempts to prioritise pedestrians and cyclists through changes in physical infrastructure are associated with positive behavioural and health outcomes**. For instance, the separation of cycling and pedestrian infrastructure from road traffic can encourage active travel (Fraser & Lock, 2011)
* traffic calming measures, including speed humps, speed tables, cushions and roundabouts, are associated with increased walking behaviour and a reduced risk of pedestrian injury (Rothman et al., 2013; Cairns et al. 2015). However, the impact of such measures on reducing health inequalities is not yet known. A recent report by the Royal Society for the Prevention of Accidents (ROSPA) suggests that traffic calming measures are effective when used in 20mph zones (ROSPA, 2015). This umbrella review found no review level evidence relating to the effectiveness of home zones that met eligibility criteria. However, there are reports in the grey literature that home zones, which can effectively reduce traffic speed to 10mph -15mph, reduce risk of road traffic collisions (Department for Transport, 2005)
* public realm improvements, such as street lighting, have been shown to increase physical activity participation among older adults and reduce the incidence of road traffic collisions (Beyer & Ker, 2009)

**4. Enable mobility for all ages and activities**

* **there is evidence that built environment strategies to promote physical activity can have a positive impact upon engagement in physical activity behaviours. For example, increasing access to playgrounds and recreational facilities is associated with increased walking among adolescents** (Davison & Lawson, 2006; Rothman et al., 2003).
* evidence from high quality studies affirms **a positive association between active travel to school or work and** improved cardiovascular outcomes (Xu et al., 2013).
* the specific impacts of living in a rural setting on health were outside the remit of the review, however, a recent report by Active Living Research (2015) suggests that active travel is difficult to achieve in rural areas where residents live far away from local amenities and social services.
* the impact of improved mobility on the health outcomes among mentally and physically impaired people was outside the remit of the review. However Lezzoni et al., (2001) reported that addressing mobility issues among mentally and physically impaired individuals can improve quality of life

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