

Creating Healthy and Sustainable Places

A PUBLIC HEALTH AND SUSTAINABILITY FRAMEWORK FOR WEST SUSSEX

2020



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Executive Summary

West Sussex County Council has a responsibility for delivering positive health and well-being outcomes for its residents. This framework provides public health guidance to decision makers about creating healthy and sustainable places and communities in West Sussex. It includes a **toolkit** that aims to provide background evidence, signposting to information and tools in order to assist users to achieve healthier places across West Sussex including ways in which to incorporate health, wellbeing and sustainability outcomes as part of healthy and sustainable placemaking.

The framework begins by setting out why it is important to consider health and wellbeing in shaping our communities and that public health and West Sussex County Council have an overarching role in delivering a consistent approach. Through the Vision (page 6) a thread of what shapes and characterises a healthy and sustainable life, runs through the framework, which feeds into the objectives (pages 9 -10). These in turn lead into practical guidance for users, the whole framework is therefore a holistic approach to developing a healthy and sustainable community.

Sections in the framework include looking at healthy development from a public health view (page 23) and sets out what is placemaking (page 7) and good design (pages 7- 8) in relation to health and wellbeing. The section on planning for health, wellbeing and sustainable development (page 13) reminds us how historically, planning and public health share the same roots, from which we are brought up to date with through more recent legislation (Appendix 1).

Guidance on how Health Impact Assessments (HIAs) can be used to ensure health is at the heart of new development and communities (pages 16-20 and Appendix 3). A growing awareness of the impact climate change has on human health and its linkages to development is looked at in section 2.

The final section, 'what should a healthy development do' as well as setting out what a healthy and inclusive development looks like, it offers practical suggestions to deliver a consistent approach. With signposts to background information (also Appendix 6) and evidence, see also Appendix 4 (meeting different housing needs). A useful check list is included in Appendix 5 setting out a range of health-related factors that should be considered for place making and any proposal i.e. built development, planning policy (local and neighbourhood plans).

This framework helps to deliver against:

- The [West Sussex Joint Health and Wellbeing Strategy 2019-2024](#) and its ambition to address the wider determinants of health, including the focus on the built and natural environment as well as the need to reduce health inequalities;
- The County Council's commitments set out in the [Climate Change Strategy 2020-2030](#). For example, *'we will work in partnership to find innovative solutions and collaborative ways of working to tackle climate change'*;
- The **West Sussex County Council's Reset Plan** and its four priorities which include the need to tackle inequality, work in partnership, deliver a sustainable and prosperous economy, prevent escalating needs and promote independence later in life for example.

We thank everyone who has kindly contributed to the development of this framework.

Foreword

Our health and the health of our places are the most precious and important assets - we must protect them.

Everyone has the right to live in a great place. Defining a great place, however, is not easy as there is no universal definition especially as places and people differ from each other as do expectations. However, a good starting point is the assertion that health and wellbeing is our most basic human right and one of the most important indicators of healthy and sustainable development.

The [Marmot Review](#) showed that poor health does not arise by chance and is not simply attributable to genetic make-up, unhealthy lifestyles and a lack of access to medical care, important as these factors are. Differences in health reflect the differing social, environmental and economic conditions of local communities and their places.

West Sussex County Council, as a public health authority, is committed to reducing [health inequalities](#) which requires us to take a coordinated and cross-sector action at multiple points across a complex system and to apply and embed '[health in all policies](#)'. We recognise the need to shape the system in ways that maximise health equity and opportunities for [sustainability](#). Cross-sector action is key to addressing health inequalities, environmental challenges and the '**causes of the causes**' as outlined by the [wider determinants](#) of health.

The built and natural environment are recognised as major determinants of health and wellbeing across the life course, they are a key aspect and can unlock many opportunities to create **healthy and sustainable places to live, work and play**. There are a considerable number of policies including planning policies, requirements and examples of projects and developments that consider the health and wellbeing of an area or development across West Sussex. However, built and natural environment professionals agree that not everyone is creating healthy and sustainable places¹ and where they are it is not being delivered in a consistent manner.

Significant gains in population health and sustainability can be achieved by delivering consistent standards across the county and by working in partnership to improve our built, natural and social environments. This has never been more important than now in the wake of a post Covid-19 world and in the face of a climate change.

One example of how this framework can be used is when considering the development of the areas, the places that are built today will be the built form for decades to come. They must be good-quality places that support communities now and for future generations. Creating healthy and sustainable places in West Sussex and making use of this framework can support the delivery of opportunities to improve putting 'health and sustainability into place'. It is fundamental to delivering healthier lives, delivering a consistent and holistic approach to place making as well as contributing towards '[planetary health](#)'. This approach is innovative, cross cutting and has the potential to reframe how we understand and protect '[Our planet, Our health, Our Future](#)' within the context of delivering public health, sustainability and place making. Central Government will need to consider this across policies and regulations to ensure all aspects of government functions that affect and influence the health of human civilisation and the state of the natural systems on which it depends.

Introduction

The role of West Sussex County Council

The transition of public health responsibilities, budgets and teams from the NHS to local authorities in 2013 enabled the debate about health, outside of healthcare settings, to develop. Debate and action now stretch across functions of local government such as strengthening communities, education and early years provision, planning, economic and social regeneration, access to employment and welfare, housing and access to green and blue spaces. Public health, which is part of West Sussex County Council, is well placed to facilitate, enable and deliver against agendas regarding healthy and sustainable place making even when housing, for example, is not delivered at a county council level. Therefore, West Sussex County Council, as a public health authority, has an influential role in helping decision makers address public health and wellbeing in their place making.

Who is the Framework aimed at?

This framework is aimed at '**Place makers**' including those involved in decision making concerning the creation and regeneration of places within West Sussex. Place makers include developers, designers, investors, policy makers, service providers, infrastructure providers and all those who influence the design, layout and function of places and developments. The framework is also for wider health and social care partners (including primary care, the West Sussex Clinical Commissioning Group (CCG), Sustainability and Transformation Partnership (STP) / Integrated Care Systems (ICS) and local NHS Trusts).

Purpose of the framework

The purpose of this framework is to:

1. Provide a vision and clear statement on our commitment, as a public health authority, to healthy and sustainable place making across the county.
2. Provide public health guidance in the form of this framework to delivering a consistent and holistic approach to healthy and sustainable placemaking in West Sussex.
3. To signpost users of the framework to the scale and scope of practical challenges, opportunities and **tools** for placemaking in specific relation to public health, sustainability, planning and the wider built and natural environment.
4. Provide clarity on how the requirements set out in the National Planning Policy Framework (NPPF) and Planning Policy Guidance (PPG) on healthy and safe communities can be met.
5. To lay the foundations to support health and wellbeing as a holistic thread running through the future development of plans, policies, design guides and codes.
6. To support decision making to take into consideration at the earliest opportunity health, wellbeing and sustainability impacts.

7. To guide and champion the proportionate use of Health Impact Assessments (HIAs).

How has the framework been developed?

The framework has been developed within the context of wider national approaches to public health and place making to support:

- The National Planning Policy Framework (NPPF) and the Planning Practice Guidance (PPG) on promoting healthy and safe communities (see Appendix 1).
- Local adoption of planning policies and guidance on the use of HIAs
- Consideration of how the planning process impacts population health, wellbeing and inequalities through the wider determinants of health

Having recognised the varying approaches, the County Council has tailored the information to provide a very local and holistic interpretation of current and new public health thinking around this agenda. The framework has been developed through engagement and consultation with a wide range of partners who have included our district and borough council colleagues, Public Health England (PHE), Sport England, NHS Estates, West Sussex CCG, the community voluntary sectors (CVSs), Healthwatch and the wider general public. The framework is in alignment with existing guidance and is not intended to supersede it.

How can the framework be used?

The framework can be used as a **toolkit** that supports place makers (in the broadest sense), to think in a **holistic** manner about public health and each place and each development with the **vision** for healthy and sustainable placemaking in West Sussex in mind. It is acknowledged that each location is unique, and what works in one place may not work in another. It is therefore important that the many professional disciplines work closely together and, when they do, that they pay close attention to the **characteristics, specifications, considerations** and practical details in this framework and apply these carefully to meet the needs of the local area. They can be applied to both new development and regeneration schemes improving an area for people, property and the quality of the local environment.

The role of this framework

This non-statutory framework addresses how the County Council, as public health authority, will engage in the planning system as a statutory consultee when commenting on planning applications, and emerging local and neighbourhood plans. It also outlines the County Council's approach to working with external agencies in relation to other public health matters, such as open space, town centre management etc.

To be clear, this framework only provides guidance to decision-makers from a public health perspective and it has not been adopted by the County Council as a statutory planning policy document. Accordingly, it carries no weight within the planning system, and it is not a material consideration in the determination of planning applications.

Vision



Six fundamental **characteristics** of a healthy and sustainable place in West Sussex:

Social cohesion and participation: There is a socially cohesive community; there is diversity; the community is safe and secure; there are spaces for community gathering and interaction; the colocation of local services and facilities with walking and cycling routes; there are minimal health inequalities; increased health equity and support for mental health.

Healthy housing: There is a range of housing options: size, tenure, affordability; protect from involuntary displacement; decrease concentrated poverty; ensure access to healthy, quality housing development and design.

Resilient built public infrastructure and services: There is affordable access to quality public climate resilient infrastructure; connected neighbourhood and community spaces, education, childcare, public health, health and social care, recreation facilities, sport and leisure, daily goods and services; affordable access to healthy food through community shops and allotment schemes.

Safe and sustainable travel options: There is accessible, affordable public transportation, innovative sharing schemes to cars and bikes; there are safe, quality environments for movement and access, walking and cycling resulting in fewer miles travelled by private vehicle.

Prosperous and sustainable economy: Where everyone has the chance to benefit, with opportunities for enterprise and social mobility, there are opportunities for all to have gainful, meaningful and well-resourced employment; offering local jobs for local people; social value and procurement; to have the infrastructure and conditions for businesses to start, grow and thrive and to make use of the local supply chains; innovation in green energy and develop the commercial provision of energy-related services to support the growth sector; opportunities for green growth post-Covid-19.

Thriving and accessible natural environments: Natural environments, open spaces, biodiversity and wildlife are restored, enhanced, preserved, protected and accessible for all; good air quality, good water quality and resources, and safe levels of noise; reduction on carbon emissions for new and proposed development.

Section 1: Background and Context

Defining Healthy and Sustainable Place Making

‘Place’ is a driver for exposure to opportunities to enjoy good health and wellbeing and a sustainable future for generations to come.’

Both the **Covid-19 pandemic and the climate change situation** have highlighted two important social and public health concerns in regard to ‘places and people’:

- Firstly, that those who live in more deprived urban and rural areas are more susceptible to their effects. For example in regards to COVID-19 this is outlined in Public Health England’s [disparities in the risk and outcomes of COVID-19](#) report.
- Secondly, both have helped to bring into sharp focus the importance of our places, the design and functionality of spaces, the way we value our relationship with them and adapt. They have highlighted issues with restrictions, access and the value of green and blue nature as essential to our continued wellbeing.

Placemaking is both a process and a philosophy. On one level, ‘[place making](#)’ refers simply to the planning, design and management of public spaces. However, it tends to be used to describe a broader perspective that emphasises not just the spaces themselves but how people use them, based on the belief that thriving neighbourhoods and inviting public spaces play a profoundly important role in community life ([Project for Public Spaces 2016](#)).

Placemaking facilitates creative patterns of use, paying particular attention to the physical, cultural, and social identities that define a place and support its ongoing evolution. When put into practice, the approach often places significant value on **collaboration and co-design between professionals and local people**. It is centred around observing, listening to, and asking questions of the people in a space in order to understand their needs and aspirations for that space and for their community as a whole. Working with the community **to create a vision around the places** they view as important to community life and to their daily experience is key to building a strategy for implementation.

Placemaking inspires people to collectively reimagine and reinvent public spaces as the heart of every community. It is a collaborative process by which we can shape our public realm in order to maximize shared value. The concept of ‘[healthy place-making](#)’ builds on the assertion that an explicit goal of those involved in place-making should be to improve the health and wellbeing of the local population² and ‘**good design**’ can facilitate improvements to the way we live, work and play. This makes the lives of people happier, healthier and safer. In addition, it brings communities together and facilitates long term [behaviour change](#), transforming our lifestyle for the better and **making the healthier choice the easiest choice**.

What we mean by good design

Good quality design need not cost more; proper investment in design can bring numerous social and economic benefits over the lifespan of the development. In order to create places, it is not enough to know the **characteristics** that are necessary for place making. We also have to take into consideration what constitutes as ‘good design’. Many of the aspects of good design in considering health and wellbeing are considered already through planning policies

across West Sussex, a sharper focus on health and wellbeing though with regarding to design could, it is considered, improve developments and future communities in the county.

[Building for a Healthy Life: A Design Code for neighbourhoods, streets, homes and public spaces](#) (2020) is Homes England's key measure of design quality. Building for a Healthy Life is foremost a design process structure, not a scoring system and offers a process for collaborative working between developers, local authorities, communities and other stakeholders by providing principles for creating better places and focusing attention on them. When using BHL it is important that local authorities and developers discuss the 12 considerations at the very start of the design process. BHL offers written and visual prompts directing you to the components of successful places and is a useful tool to use.

In addition, the [National Design Guide](#) sets out the characteristics of well-designed places and demonstrates what good design means in practice. Well-designed places have individual characteristics which work together to create its physical Character. The **ten characteristics** help to nurture and sustain good health and wellbeing as well as a sense of Community. They also work to positively address environmental issues affecting Climate. They all contribute towards the cross-cutting themes for good design set out in the National Planning Policy Framework. The ten characteristics are:

- **Context** – enhances the surroundings.
- **Identity** – attractive and distinctive.
- **Built form** – a coherent pattern of development.
- **Movement** – accessible and easy to move around.
- **Nature** – enhanced and optimised.
- **Public spaces** – safe, social and inclusive.
- **Uses** – mixed and integrated.
- **Homes and buildings** – functional, healthy and sustainable.
- **Resources** – efficient and resilient.
- **Lifespan** – made to last.



Objectives for healthy and sustainable place making in West Sussex

Everyone has a role to play in this important agenda. It requires us to plan collectively if we are to significantly reduce local health inequalities and create healthy and sustainable places. In order to achieve healthy and sustainable placemaking, and where appropriate, the following **objectives**, apply:

1. **Avoid and mitigate adverse health and sustainability impacts from development:** take local health inequalities into account by making use of public **health intelligence and evidence** (see Appendix 6), actively utilise and enable community leadership and participation in planning, make use of **health impact assessments** and checklists (see Appendix 3 and 5), design and manage buildings, facilities and the surrounding environment and infrastructure to improve health and reduce inequalities.
2. **Provide safe, healthy and sustainable living and recreational environments:** housing (quality, accessible, space standards, affordability, comfort, mixed tenure, type and density); good quality safe and stimulating public realm; '[design out crime](#)', accessible for all to social spaces and green/blue open spaces; employment opportunities; education and learning; walking and safe cycling routes; public transport network; food production and distribution.
3. **Provide convenient and equitable access to innovative models of health and care services and social infrastructure:** access to health facilities and services – health centres, community hubs, community voluntary sector organisations (CVSs), GP's, dentists, hospitals, pharmacists, sports and leisure facilities to meet current and future population needs whilst also promoting self-care and prevention of ill health
4. **Design in opportunities to promote and facilitate healthy lifestyles:** pattern of development (mixed use), movement/connectivity and urban design quality to promote active travel, physical activity and mental well-being; healthy eating, active travel (safe direct routes, secure parking and facilities for walking and cycling); physical activity (access to green space, play, recreation and sports facilities; safe space for social interaction and play; buildings to be designed to maximise physical activity by encouraging walking and use of stairs and providing sufficient cycle storage.
5. **It is vital to consider all four aspects of health and wellbeing equally – mental, social, physical and economic as part of place making:** Some industries are, perhaps, more used to dealing with the environmental design parameters associated with physical occupant health, and while these aspects are critically important, they are only one part of the picture. In order to provide the most favourable environments in which people can flourish, it is vital to consider all four aspects of health and wellbeing equally.
6. **Promote access to fresh, healthy and locally sourced food:** e.g., community gardens, allotments and local enterprises.
7. **Make use of inclusive design to design better-connected places:** creating economically and socially viable local communities with accessible local amenities, providing opportunities for everyday physical activity through mobility for all and opportunities to stay connected with socially connected spaces and access to technologies including gigabit capable connectivity.
8. **Ensure that developments embody the principles of lifetime neighbourhoods and promote independent living:** people stay safe, independent and happy at home

and in the care of their communities for as long as possible, with the opportunity to up- or down size housing to remain in the community. Homes and neighbourhoods offer the opportunity to be accessible, adaptable and attractive.

9. **Create environments that are more socially inclusive:** involving people in making places that cater for a variety of needs and aspirations, through the life-course and in different circumstances, promoting informal interaction through public open space. The local community has a pivotal role in contributing knowledge about the experience and use of their living environments – without them, **local buy-in** and outcomes are weakened.
10. **Design settlements that are less demanding on resources and more resilient:** using nature-based solutions, and good practices of production, consumption and disposal to promote health, protect the environment and improve resilience to climate change and natural disasters. To reduce energy consumption through design i.e. passive cooling/ heating will help produce climate / environmental benefits and reduce fuel poverty.
11. **Respond to global and local environmental issues:** climate change resource depletions, biodiversity loss, waste management, food security, minimising carbon emissions by transport and development; sustainable design, construction methods and building material; suitable/renewable energy; flood risk; biodiversity and nature conservation.
12. **Co-locate community facilities:** multipurpose facilities, co-location and concentration of retail, community and associated uses to support linked trips, mix of land uses and activities, avoid the uniform zoning of large areas to single uses, multipurpose destinations, reduction in the number of trips, opportunities to participate in sports and leisure (including arts, culture and heritage).
13. **Embrace the smart technologies:** by incorporating and future proofing for new technology and innovation that improves health and environmental outcomes across a range of areas both at an individual level and also within the public realm.
14. **Recognise people and places are assets to unlock the power of communities:** i.e. [communities as building blocks for health](#), sustainability and 'inclusive economies' (healthy people equals a healthy economy), through neighbourhood planning. Local communities and the organisations representing them may hold key knowledge vital to unlock better public health in their locality and shape the places in which they live
15. **Make use of place-based interventions:** they are important and should be designed to improve population health and strengthen community bonds simultaneously and should be taken into account. By creating healthy places, we can create opportunities through group-based social activities in public spaces. This can be particularly helpful in new places where the community is still becoming established, but it is also applicable elsewhere.

These **objectives** help to deliver the **vision** and must not be confused with 'design principles'.

Section 2: What we should be doing to deliver healthy and sustainable placemaking

Putting Health and sustainability into Place

"Prevention cannot be solved purely by the health and social care system alone. Everyone has a part to play, and we must work together across society. This includes recognising the responsibilities of individuals and families in reducing the chances of becoming unwell in the first place, but also how the wider environment we live in determines our health". (Government policy document '[Prevention is better than a cure](#)' (2018).

Public health is usually defined as, '*the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society*'. Implicit in the definition is a focus on reducing health inequalities and putting prevention¹ and early intervention first³. Public Health is a part of a much wider system within 'health'. It is the primary source of advice on population health, health improvement and health prevention. It works in collaboration with organisations that commission and provide other health services such as GPs and hospitals to ensure the delivery of healthcare to residents through NHS England, Clinical Commissioning Groups (CCG's), Primary Care, NHS Trusts, Foundations Trusts, private providers, voluntary providers and NHS providers in the community.

The West Sussex public health team work with local political leaderships to champion health and wellbeing across our local authorities by promoting healthier lifestyles, commissioning public health services and scrutinising and **challenging** partners to promote better health and wellbeing in order to ensure that threats to health and wellbeing are addressed.

Public health with its focus on population health as a theme, acts as a potent catalyst and enabler for more people-centred approaches and disciplines such as placemaking and planning. If public health professionals are involved early on in a planning process, for example, they can contribute up-to-date, localised health and equity data. They can also support evidence-informed design solutions and decision making around health protection, improvement and prevention.

Both health and the built and natural environment are complex, multidimensional systems, with a multitude of interdependent factors as highlighted in PHE's '[Spatial Planning and Health Getting Research into Practice \(GRIP\): study report](#)' (2020). Putting '**health and sustainability into place**' and delivering public health requires us to engage a [whole systems approach](#) in order to improve, promote and protect the health and wellbeing of communities, species and places.

A whole system approach 'responds to complexity' through a 'dynamic way of working', bringing stakeholders (public, private and voluntary) including communities, together to develop 'a shared understanding of the challenge' and integrate action to bring about sustainable, long-term systems change. It means working across traditional sector boundaries on common goals; addressing the immediate needs but importantly, the root causes and wider determinants of preventable health conditions and poor wellbeing.

A whole system approach



The [West Sussex Health and Wellbeing Board](#) and the [West Sussex Joint Health and Wellbeing Strategy](#) call to action the need to deliver '**environmental solutions**' as part of delivering local **health and wellbeing priorities** (Starting Well, Living and Working Well and Ageing Well) for our communities by implementing this approach.

The [NHS Five-Year Forward View](#) sets out opportunities to test innovative approaches to health in new places with fewer constraints. In addition, the [NHS Long Term Plan's](#) (2019) and the [Healthy New Towns programme](#), delivered by NHS England in partnership with Public Health England, identified the need to:

1. Shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people living independently;
2. Radically rethink the delivery of health and care services and to support learning about new models of integrated care;
3. Spread learning and good practice to future developments and regeneration areas.

The NHS calls for local authorities to work with health commissioners to determine the type and level of services, infrastructure and workforce required to support people to live longer, healthier lives. The roll out of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs) provides a platform for local NHS organisations to work increasingly in collaboration with councils and others, including on the development of new, healthier places.

Early engagement and collaboration are needed to ensure that health facilities are properly planned, and sufficient homes are available for NHS staff as these are crucial to the provision of services and a healthy community. As outlined in the NHS' '[Putting Health into Place](#)'

(2019), health commissioners have [local clinical and estates strategies](#), which should inform local authority development plans and strategies to ensure that they are aligned, and the required services and infrastructure are planned with healthier built environments in mind and new ways of providing integrated health and care services.

'Planning' for health, wellbeing and sustainable development

'It is essential that councils, who now find themselves at the forefront of public health, grasp this agenda and reconnect planning and health to improve the wellbeing of both people and places.'

Historically, public health and planning share the same roots – both professions emerged from a desire to create places that would support good health. To deliver healthier places a return to these integrated ways of working is needed. The earliest national Public Health Act in 1848 brought in to tackle issues of poor housing, sanitation and unwholesome food. The first Planning Act in 1907 which brought in town planning had the aim of creating '... the home healthy, the house beautiful, the town pleasant, the city dignified, and the suburb salubrious.'

Today, the reuniting health with planning agenda in England has been built on two policy levers: [National Planning Policy Framework \(NPPF\)](#) (see Appendix 1) and the [Health and Social Care Act 2012](#). 'The Act' gives responsibility for health protection to the Secretary of State and health improvement to county and unitary local authorities. The vision behind this transition was aimed at facilitating local leadership for public health which aimed to provide the heart of the new public health system **making local authorities responsible for improving the health and wellbeing of their populations**⁴.

In 2017, Public Health England published the '[Spatial Planning and Health: evidence resource for planning and designing healthier places](#)' to establish an authoritative and evidence-informed set of principles for designing healthy places from an evidence review examining the links between health, and the built and natural environment⁵. Findings from the report identified that 'local authorities, planning committees and Health and Wellbeing Boards were ranked as the top 3 organisations/decision-making bodies perceived to have the greatest responsibility for integrating health into spatial planning at the local level. Town planners, both those involved in setting policy and in development management along with directors of public health, were the top 3 professions perceived to have the greatest responsibility for integrating health into local planning'.

The report articulated important actions to consider for planning and public health to do together in local settings to ensure that:

- **Local health and wellbeing needs and priorities are integrated into the local plan and decision-making process** - This means that partners in local planning, health systems and sustainability should work together to adopt a clearly defined set of priorities and an integrated approach to planning for health, wellbeing and the environment, starting with local representative bodies of the health system to ensure that their respective delivery plans and strategies are aligned. In working together, local planning authorities and healthcare commissioners should develop joint statements or plans regarding planning for local healthcare needs.

- **There are clear communication and engagement processes between the two professions** - Local authorities need both to gain a better understanding of the range of powers at their disposal, including planning, and to make better use of these powers to drive transformative change in local health and wellbeing. Local authorities should, with their health and sustainability partners, set out their expectations (in line with national priorities and plans) on what planning for health means, requiring, for instance, the use of proportionate and relevant health impact assessments to further support assessments in local policy and guidance.
- **Spatial planning and health tools and evidence are presented to meet the practical needs of both planning and wider health professionals** - Local planning authorities should specifically refer to local health needs evidence when developing their Local Plans/Local Development Plans. They should engage with wider health and social care partners including primary care, CCGs, STPs/ICSs and NHS trusts.

The following categories can be used to further develop health and wellbeing policies within local plans:

Joint Health and Wellbeing Strategy in planning	Does the Local Plan reference the Joint Health and Wellbeing Strategy?
Health needs assessment in planning	Does the Local Plan take into account the local health needs set out in the Joint Strategic Needs Assessment (JSNA), Public Health Outcomes Framework and local health profiles?
Promoting sustainable transport	Does the Local Plan promote opportunities for active travel?
Requiring good design and collaboration	Does the Local Plan require good design in development? Early collaboration with developers through the planning system on what is meant by 'good design' would be good for all
Providing open space, play and recreation opportunities	Does the Local Plan provide opportunities for open space, play and recreation?
Healthcare infrastructure provision	Does the Local Plan set out provision for healthcare infrastructure?
Monitoring and review	Are there indicators that can help to monitor health impacts and benefits?
Using health impact assessment (HIA)	Does the Local Plan require the use of a Health Impact Assessment (HIA) when a planning application is submitted? Please see Appendix 3

Mapping health Impacts

The Health Map by Dahlgren and Whitehead (below), provides a dynamic **tool** which can provide the basis for discussions between spatial planners, health professionals, ecologists, urban designers and other service providers to ensure that awareness on what affects health and wellbeing is recognised and that the best outcomes are achieved through the planning process for example. The map highlights the wide range of factors which determine the health of the population, including personal characteristics, lifestyle factors, social networks, living and working conditions, and socio-economic and environmental conditions. The map shows that lifestyle factors are nested within the wider social, economic, and environmental determinants of health which are, in turn influenced by the built and natural environments in which we live.



The health map illustrates how the factors that influence our health are multiple and complex. Most of these factors lie outside the health and social care system. Since 2010 evidence of the relationships between health and built and natural environments has grown and the role the environment plays in influencing health is now better understood⁶. Research shows that the unequal distribution of poor-quality built and natural environments contributes to health inequalities in England⁷. It has been estimated that socio-economic and physical environments determine 60% of health outcomes⁸. Focusing on these determinants of health is essential for improving population health and wellbeing and reducing inequalities.

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. Together, planning and public health can be extremely effective and can bring into alignment virtually all of the Sustainable Development Goal targets (please see Appendix 2). '[Planning for health](#)', therefore, involves thinking about the interrelated factors that affect health, including social and psychological elements, such as wellbeing and fulfilment. The NPPF advises that local planning authorities should work with public health leads make use of **health impact assessments** (HIAs) as a tool in which to successfully do this

Making use of Health Impact Assessments (HIAs)

'Health Impact Assessment is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.' Gothenburg Consensus (1999).

An HIA aims to systematically identify health and wellbeing impacts and then make recommendations to:



Maximise the positive health and wellbeing impacts



Minimise the negative health and wellbeing impacts



Reduce health inequalities

HIAs are a useful a **tool** that help to identify the **health impacts** and **unintended consequences** of a plan or project and the potential health impacts that they might have on the local population. They require the need to develop recommendations to maximise the positive impacts and minimise the negative impacts, while maintaining a focus on addressing health inequalities⁹. By bringing such health considerations to the fore, HIAs add value to any project, proposal, policy and strategy and help to put people and their health at the heart of the planning process for example. In fact, **local authorities are encouraged by public health to adopt policies that require an HIA to be carried out for certain types of developments in their local plan or spatial development processes.**

Whilst other technical assessments might consider potential impacts to health, for example an air quality assessment might consider the impact of more traffic emissions on the respiratory health of local people, an HIA specifically looks to the impacts on health of the whole proposal. It brings together the health impacts from all technical areas whilst going further to consider the impacts **cumulatively**. HIA recognises that in the development of policies and services no one sets out 'to do harm' and it does this by considering the impacts using the **wider determinants checklist** (see Appendix 3).

The Ministry of Housing, Communities and Local Government (MHCLG) Planning Practice Guidance (PPG) on Healthy and Safe Communities (Para 005) considers HIA: **a useful tool to use where there are expected to be significant impacts'** and yet, there is still a need 'to increase the coverage of HIAs in the planning process' as outlined in PHE's '[Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams](#)' (October 2020).

The use of an HIA in planning can ensure communities' current and future health and wellbeing needs are met, and local authority public health teams are ready to support planners and impact assessment practitioners in this endeavour. HIAs are only intended to be used for significant applications, the definition of what is 'significant' is down to the local authority to define. They are also intended to be proportionate, rather than encouraging standalone HIAs, local authorities may include the HIA assessment through Sustainable Appraisals (local plans) and Environmental Impact Assessments (planning applications).

Health impacts assessments can be used:

- As a flexible decision-making tool to inform and support decision making and can be used for local planning authorities (LPAs) to determine planning applications
- By everyone – brings people together to work in partnership
- As a systematic way of assessing health and well-being (H&WB) impacts. In the planning system HIAs can also identify opportunities to deliver co-benefits across a range of policy areas such as better housing and better active travel infrastructure
- The process can also be used to inform the development of a policy or strategy
- To look at all health impacts and unintended consequences- both negative and positive, help to maximise the potential benefits and scope in mitigation measures
- To identify issues and influence change
- They help to ensure that the potential health impacts are understood before any action is taken
- To make recommendations

A further key part of HIA is its link to promoting **sustainable development**. If health impacts are identified early on in a proposal, health can be considered at the same stage as objectives in other areas such as social and economic impacts. This parity can then be used as a basis of moving forward with development that is sustainable across a range of objectives including health rather than health being an afterthought. This is why a **HIA is most effective when it is undertaken prospectively and concurrently to inform and shape a plan, policy or development project during options appraisal and design**.

There are **three types** of HIA:

1. Comprehensive:

- Most in-depth and resource intensive
- Requires extensive literature searches, the collection of data, and stakeholder and public engagement
- Most suited to more complex proposals
- weeks/months

2. Rapid/Intermediate:

- Brief assessment of health impacts is carried out, including a literature review of quantitative and qualitative evidence
- A small steering group may be established
- Stakeholder workshop may be carried out
- days/weeks

3. Desktop:

- Draws on existing knowledge and evidence, often using checklists or templates
- Provides a broad overview of potential health impacts
- Can involve engaging a small number of participants
- hours/days

In terms of their **timing** they can be conducted:

- **Prospective** - at the proposal stage or before the plan or policy has been commissioned
- **Concurrent** - during the lifespan of the plan, policy
- **Retrospective** - after implementation, useful for evaluation.

The HIA process follows **five stages** which includes:

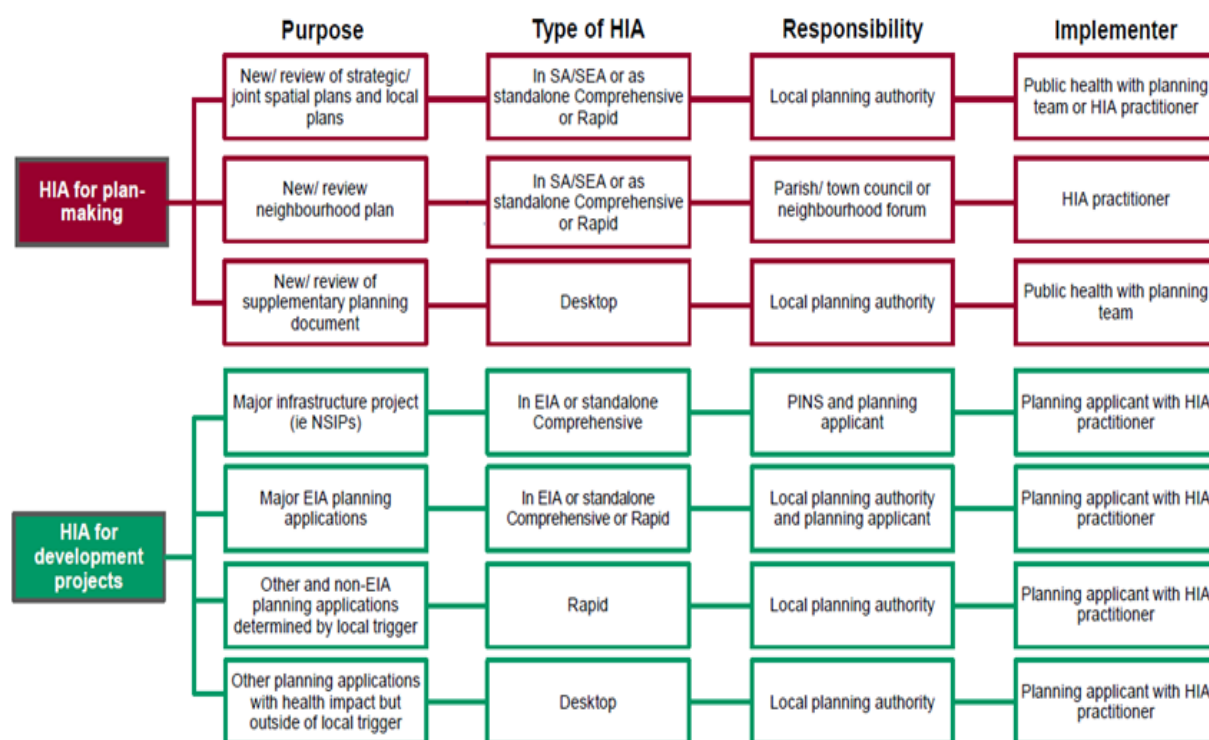
1. **Screening** - determine whether an HIA is needed and justified subject to anticipation of health impacts on population groups
2. **Scoping** - determine the type of HIA needed (rapid / intermediate / comprehensive) and identify the potential health issues to be appraised.
3. **Assessing**: Assess the significance of health impacts, qualify and quantify potential costs and benefits, how health varies in different circumstances, across different populations and any alternatives
4. **Reporting** - engage all relevant stakeholders and recommend preventative and mitigation actions to deliver the greatest possible health gain
5. **Monitoring and evaluating** - include indicators and mechanisms and set out processes and resources for the local authority and/or with the planning applicant to undertake and act on results of regular monitoring.

The key set of principles for the HIA process adapted to development include the need for:

- **Robust evidence** - prompting knowledge and evidence-based planning
- **Transparency and openness** – identify connections and supports co-ordination
- **Participatory approach** – providing the structure to bring together all stakeholders
- Contributes to reducing health inequalities and promotes greater equity
- **Promoting sustainable development** - Maximises health benefits and minimises health risks for now and the future
- **Democracy** - Increases awareness of how decisions may affect health and gives people a chance to influence decisions that may affect them which allows them the opportunity to actively engage rather than to provide passive consultation.

As outlined by PHE¹⁰, local authorities can adopt guidance (e.g. Supplementary Planning Documents (SPDs) to clarify when an HIA is required and the range of health and wellbeing considerations to include in the scope.

Appropriate use of each HIA type¹¹:



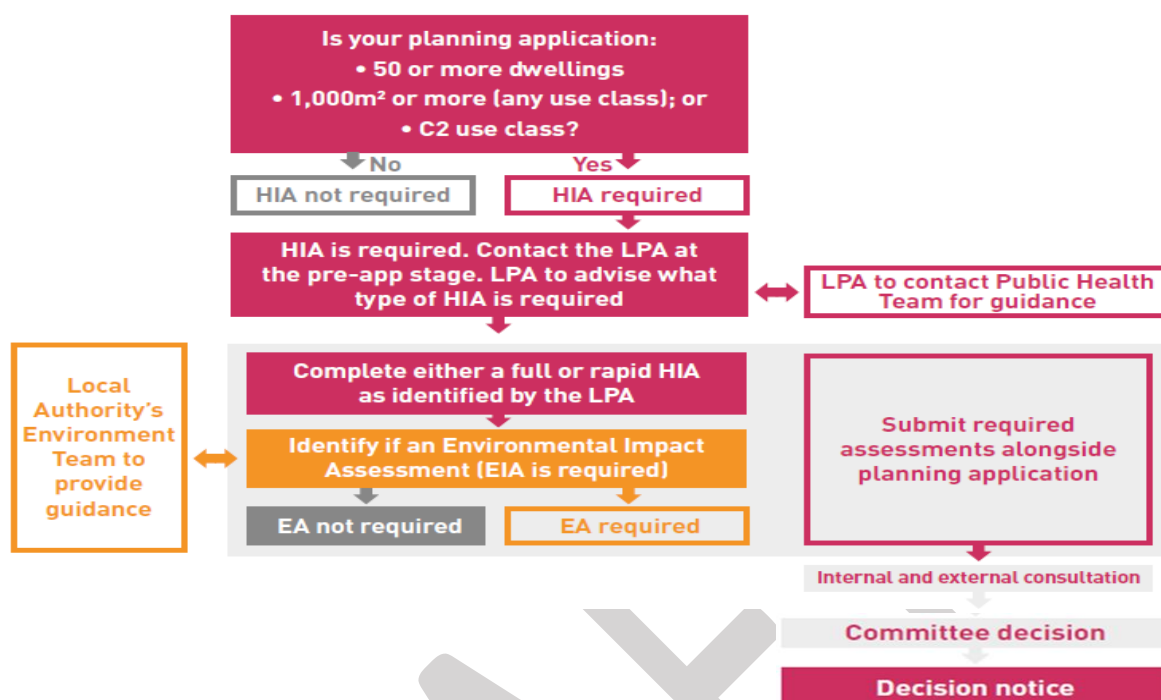
For planning applications, PHE have identified the available options to improve the use of an HIA which are¹²:

- Adopt an HIA policy with triggers in the strategic or local plan
- Where appropriate, inclusion in the local information requirements list for applying for planning permission or a prior approval application for change of use
- Provide detailed guidance on how to carry out an HIA, for example as an SPD
- Discuss with planning applicants during the pre-application stage
- Use of planning conditions to implement HIA recommendations
- Use of Section 106 planning obligations to implement HIA recommendations, including requiring developers to cover monitoring costs for some years after construction

HIA should only apply to 'significant applications'; local planning authorities can set out where they should be requested, based on Triggers. Examples of local triggers for HIA policy in local plans include:

- **Size** – 'major' developments defined as 10+ dwellings / area over 0.5 hectares or a floorspace of over 1,000sqm / area of 1 hectare, and major infrastructure
- **Use** – developments which include uses for education, health and social care, leisure or community, A5 hot-food-takeaways or other food retail, and betting shops
- **Location** – sites in areas of high deprivation, fuel poverty, poor health, elderly or vulnerable groups, levels of childhood obesity using the PHE Wider Determinants tool

Example of the [Health Impact Assessment Process developed by Brentwood Borough Council](#):



Where possible, local authorities should evaluate the effectiveness of HIAs/HIA policies against a range of health outcomes outlined in Appendix 5.

Further information on existing HIA guidance in the UK can be found at:

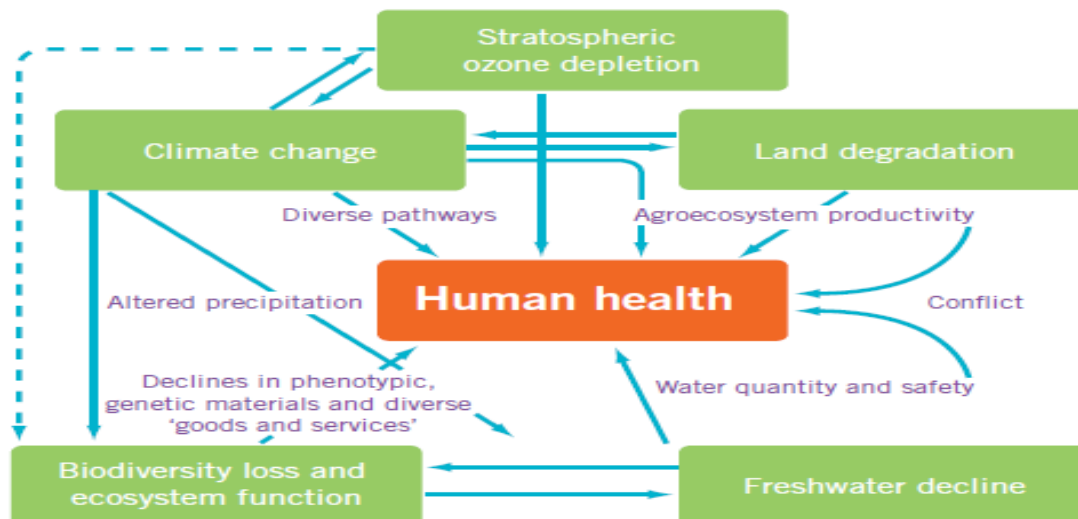
General HIA	<ul style="list-style-type: none"> • Health impact assessment of government policy by the Department of Health
Carrying out of an HIA	<ul style="list-style-type: none"> • Health Impact Assessments – a practical guide by the Wales Health Impact Assessment Support Unit (WHIASU) • Rapid Health Impact Assessment Tool by NHS London Healthy Urban Development Unit and other HIA guidance • Health Impact Assessment (HIA) and Local Development Plans (LDPs): A toolkit for practice by WHIASU
Quality assurance methods	<ul style="list-style-type: none"> • Quality Assurance Review Framework for Health Impact Assessment by WHIASU • Review Package for Health Impact Assessment Reports of Development Projects by Ben Cave Associates
Health in other impact assessments	<ul style="list-style-type: none"> • Health in Environmental Impact Assessment. A briefing for public health teams in England by PHE • Health in Environmental Impact Assessment. A Primer for a Proportionate Approach by Institute for Environmental Management and Assessment (IEMA) • Addressing human health in Environmental Impact Assessment by International Association for Impact Assessment (IAIA) and European Public Health Association (EPHA) (20) • Health Equity Assessment Tool (HEAT) by PHE

For a list of practical examples on local authorities who have developed local HIA guidance and how they have used HIAs please see Appendix 3.

Planning for Climate Change

We usually think of climate change as affecting the ecosystems of the earth, and not of the impact on our health. Changing weather patterns, extreme weather and rising temperatures will have direct implications on our health i.e. physical and mental health. Climate change has become, and will increasingly become, an issue of central importance to the health and wellbeing of our local communities.

Interlinkages between major types of global environmental change¹³



Covid-19 has understandably led to shifting priorities, but the Climate Emergency remains at the forefront of our recovery. Clear evidence now exists that **climate change** has occurred because of human activity¹⁴ and it is the biggest threat to public health. The 2010 Marmot Review labelled climate change as a fundamental threat to health as "*climate change presents unprecedented and potentially catastrophic risks to health and wellbeing*". However, the Marmot Review stated that mitigating climate change would also help mitigate health inequalities¹⁵.

Floods, storms, snow and heatwaves already affect health system infrastructure and service delivery through effects on staff, buildings and equipment. Therefore, health services are considered vulnerable to an increase in the frequency and intensity of extreme weather events. The current and future capacity of the health and social care system to manage climate risks is unknown.

Impacts on health requires a better understanding of the contextual factors that increase vulnerability such as those related to:

- Floods
- Heatwaves
- Infectious diseases
- Energy
- Health and Wellbeing
- Economic consequences for communities

Individual and contextual factors of climate change related to mortality include:

- Demographics – age, gender, socio-economic factors
- Housing – indoor health exposure, building fabric, behaviour
- Greenspace – regulates indoor and outdoor temperature

Fairness and **climate justice**¹⁶¹⁷ should be at the heart of planning for climate change, based on an acknowledgement that climate change affects those on the lowest incomes the worst. The [Climate Just resources](#) provides a powerful way of mapping the relationship between social exclusion and the impacts of climate change, offering the opportunity to tailor policy to meet the needs of those likely to be most vulnerable to climate change.

Planning makes a major contribution to both mitigating and adapting to climate change, through decision-making on the location, scale, mix and character of development (as well as density and layout, including building orientation, massing and landscaping). Planning can do this over the long periods of time necessary to deal with impacts such as sea level rise.

Local planning authorities in England are required to take strong, outcome-focused action on climate change, as outlined in NPPF Planning for Climate Change (paragraphs 149 – 154)

which states that: *‘The planning system should ... help to: shape places in ways that contribute to radical reductions in greenhouse gas emissions ... Plans should take a proactive approach to mitigating and adapting to climate change ... In line with the objectives and provisions of the Climate Change Act 2008.’* **Paras 148 and 149 (including footnote 48)**

The following parts of the **‘Climate change’ section of Planning Practice Guidance (PPG)** also provide clear support for a comprehensive and proactive approach to assessing the climate impact of local planning policy:

‘In addition to supporting the delivery of appropriately sited green energy, effective spatial planning is an important part of a successful response to climate change as it can influence the emission of greenhouse gases....Addressing climate change is one of the core land use planning principles which the National Planning Policy Framework expects to underpin both plan making and decision-taking. To be found sound, Local Plans will need to reflect this principle ...’ **Para. 001**

Every area will have different challenges and opportunities for reducing carbon emissions from new development such as homes, businesses, energy, transport and agricultural related development.

■ Robust evaluation of future emissions will require consideration of different emission sources, likely trends taking into account requirements set in national legislation, and a range of development scenarios.

...

■ *The distribution and design of new development and the potential for servicing sites through sustainable transport solutions, are particularly important considerations that affect transport emissions. Sustainability appraisal should be used to test different spatial options in plans on emissions.’* **Para. 007**

Section 3: What should a healthy development do?

The Town and Country Planning Association's report on '[Securing constructive collaboration and consensus for planning healthy development](#)' (2018) describes the development process as being complex whereby there are variations to the processes depending on the business model and type of developer.

In West Sussex, we believe that the need to understand this process **and deliver a consistent approach** can help us better understand where external influences such as planning policy requirements and public health engagement can add value and deliver consistent standards for placemaking and development in order to support good health and wellbeing.

A healthy development should take into consideration the following eight **considerations**:

1. **Climate change**
2. **Biodiversity and wildlife**
3. **Air quality**
4. **Healthy food**
5. **Prosperous and sustainable economy**
6. **Quality housing development and design**
7. **Neighbourhood and community spaces**
8. **Movement and access**

The Earth's atmosphere is warming, faster than it probably ever has. In some cases, weather patterns, climates and natural environments are changing quicker than wildlife or people can adapt. Extreme weather events such as heatwaves and flooding for example are a risk to both the health and wellbeing of people but also a risk to our health services and their ability to respond.

A healthy development should address the impacts to climate change by:

- Reducing dependency on fossil fuel enabling the move to a low – carbon economy
- Planning major development to both mitigate and adapt to climate change (including during the construction phase)
- Plan development with climate change in mind, i.e. building orientation, shading from trees, electric charging points for both cars and bikes etc
- Responding to sea level rise and surface water flooding by planning development away from areas of flood risk and to enable mitigation
- Minimising the need to travel in the first place and maximising opportunities to work more remotely
- Encouraging more walkable and cyclable development to reduce the demand for car use
- Promoting greater water efficiency to minimise the potential for drought
- Providing shade and green infrastructure to reduce overheating of built up areas during warmer summers

What to do and design elements:

- Climate change has an impact on flood risk at new developments. New developments should be designed to reduce and mitigate flood risk and to avoid increasing flood risk elsewhere.
- Provide public or private open space so that an accessible choice of shade and shelter is offered, recognising the opportunities for people, biodiversity, flood storage and carbon management provided by multi-functional green spaces and green infrastructure networks.
- Give priority to the use of sustainable drainage systems, paying attention both to the potential contribution to water harvesting to be gained from impermeable surfaces and to layouts that accommodate wastewater recycling.
- Support sustainable waste management by providing space for recycling and composting with developments and at a strategic level through safeguarding land for the expansion of waste facilities.
- Support the development of business premises offering sustainable energy solutions

Local Planning Authorities:

- Does the Local Plan include a policy on flooding and encouraging open space, allotments and community orchards on allocations?
- Development management should refer to West Sussex Local Lead Flood Authority Policy for the Management of Surface Water
- Do supporting design principles/development management policies require the development to design in mitigation measures from the outset?
- When drafting local plans and taking planning decisions LPAs should pay particular attention to integrating adaption and mitigation approaches and looking for solutions that will support sustainable development, such as
 - by maximising summer cooling through natural ventilation in buildings and avoiding solar gain;
 - through district heating networks that include tri-generation (combined cooling, heat and power); or
 - through the provision of multi-functional green infrastructure, which can reduce urban heat islands, manage flooding and help species adapt to climate change – as well as contributing to a pleasant environment which encourages people to walk and cycle.

For further information:

- [Guidance: Climate Change](#)
- [Rising to the Climate Crisis: A Guide for Local Authorities on Planning for Climate Change](#)
- [West Sussex LLFA Policy for the Management of Surface Water](#)

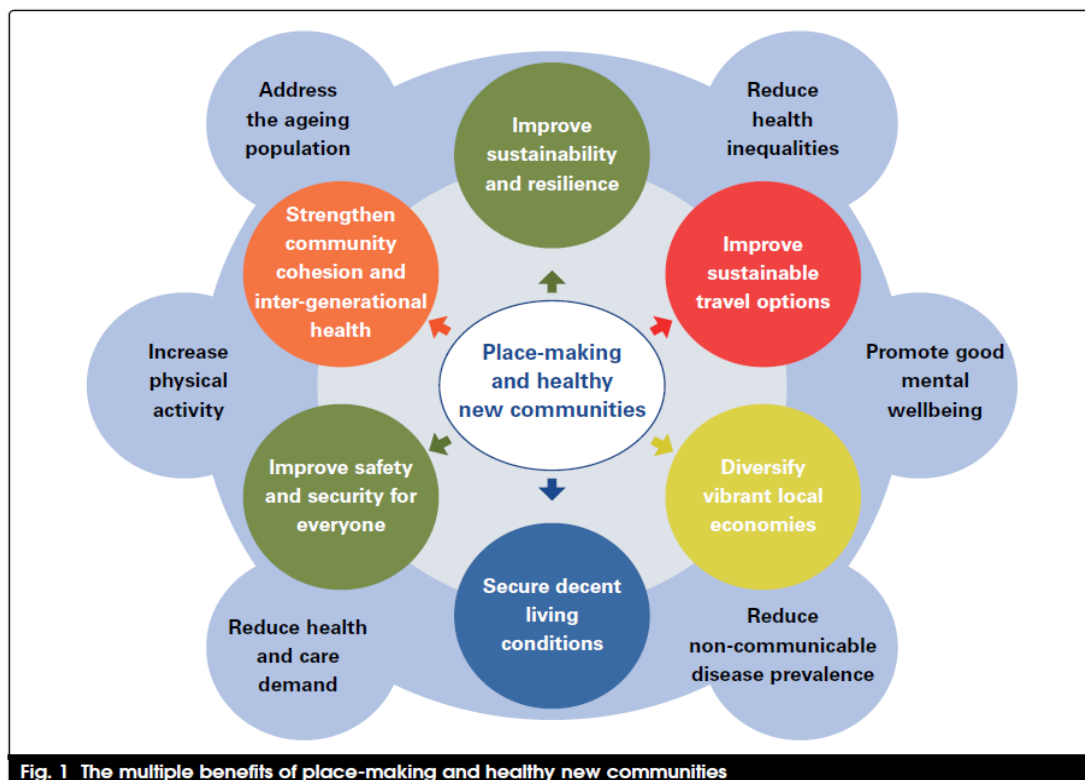
We rely on healthy ecosystems to support healthy communities and societies. Well-functioning ecosystems provide goods and services essential for human health. They can also help to limit disease and stabilize the climate.

A healthy development should protect and increase biodiversity and wildlife by:

- Increasing the extent, interconnectedness and diversity of wildlife habitats to enable animals and plants to adjust to warmer summers.
- Gain biodiversity, support healthy well-functioning ecosystems and establish coherent ecological networks, with more and better places for nature for the benefit of wildlife and people.

What to do and design elements:

The [UK National Ecosystem Assessment](#) (NEA) published in June 2011 provides a comprehensive account of how the natural world, including its biodiversity, provides us with services that are critical to our wellbeing and economic prosperity. However, the NEA also showed that nature is consistently undervalued in decision-making and that many of the services we get from nature are in decline. Over 40% of priority habitats and 30% of priority species were declining in the most recent analysis.



- Where large scale growth is planned, has consideration been given to the interconnectedness and diversity of wildlife habitats?
- View biodiversity as an opportunity not a constraint; where wildlife is successfully incorporated into the design of a development it can be an asset for the local community particularly for health and wellbeing;

- There are opportunities to provide new wildlife and biodiversity net gain on nearly all development sites, examples include extending and enhancing retained habitats, creation of new habitats, designing in generous buffers for offsite ecological features, like woodland or watercourses, and provision of bird and bat boxes/bricks.
- Are there opportunities to enhance green infrastructure, such as street trees, parks, can have positive impacts including promoting biodiversity, removing particulate matter from the air, improving flood risk management etc

Local Planning Authorities:

- Does the local plan include policies to place ecosystem assessment at its heart?
- Are there policies in the local plan to encourage green infrastructure, biodiversity and wildlife to flourish?
- Has the NPPF paragraph 174a been taken into account “Identify, map and safeguard components of local wildlife-rich habitats and wider ecological networks, including the hierarchy of international, national and locally designated sites of importance for biodiversity; wildlife corridors and stepping stones that connect them; and areas identified by national and local partnerships for habitat management, enhancement, restoration or creation.”. Further guidance on ecological networks can be found in the PPG.

For further information:

[Biodiversity net gain: updating planning requirements](#)

Sussex Biodiversity Records Centre which provides data on, and locations of, the international, national and locally designated sites of importance for biodiversity, as well as areas of priority habitat and records of rare or protected species.

- [The Wildlife Trusts](#)

Air quality is critically important. Air pollution is the top environmental risk to human health in the UK, and the fourth greatest threat to public health after cancer, heart disease and obesity.

A healthy development should deliver improvements to air quality by:

- Implementing measures to improve air quality
- Facilitating sustainable modes of transport, use of low emission vehicles e.g. electric vehicles and enable active travel
- Reducing the need to travel, especially by car
- Locating key facilities, services and vulnerable communities away from traffic hotspots
- Addressing mitigation from the outset, with a focus on design-led solutions

What to do and design elements:

- How can the development enhance land, air and water quality?
- Is the development within an Air Quality Management Area (AQMA)?

- Can the development reduce pollution by encouraging less polluting modes of transport or reducing the need to travel by car?
- Where large scale growth is planned, has consideration been given to the location of key facilities and infrastructure, such as new schools, care homes and play areas in the context of proximity to traffic hotspots?
- Electric vehicle and bike charging points can support adoption of zero (at-point) emissions vehicles – has this been considered in respect to both private homes and public areas?
- Is the development accounting for the mitigation of poor air quality in its design?
- Has the development undertaken an Air Quality Assessment?
- Is the retention and planting of natural vegetation planned to follow best practice to directly improve air quality and enable ongoing management, long term?

Local Planning Authorities:

- Does the local plan include a policy on air quality which defines the Council's expectations of developers to ensure a consistent approach? Does it set criteria for when an Air Pollution Assessment is required and a range of mitigation options (for both impact and exposure)? Does it cross-reference to a sustainable transport policy?
- Do supporting design principles/development management policies require the development to design in mitigation measures from the outset?
- Is the principle of 'no development' being enforced in Air Quality Management Areas (AQMAs)?
- Development management should consider unfavourably any applications for schools, care homes and other vulnerable communities that are within an AQMA or immediately adjacent to known traffic hotspots.
- Detailed air pollution modelling should be required for major developments to ensure that more mitigation, additional to the default for such developments, is required where 'adverse impacts' are actually predicted.

For further information:

- 'Air Quality and emissions mitigation guidance for Sussex (2020)': ['Breathing Better: a partnership approach to improving air quality in West Sussex'](#)
- [Estimation of costs to the NHS and social care due to the health impacts of air pollution: summary report](#) (2018)
- For help on how to assess the air quality impacts on designated nature conservation sites please see guidance from the Institute of Air Quality Management at: <https://iaqm.co.uk/guidance/>
- For help on how to assess the air quality impacts from biomass boilers please see guidance from Environmental Protection UK at: http://www.iaqm.co.uk/text/guidance/epuk/biomass_guidance.pdf
- [West Sussex County Council Electric Vehicle Strategy \(2019-2030\)](#)

Access to healthy food is vital for health and wellbeing, but the quality of our diets has deteriorated. On the one hand we have an epidemic of obesity, and on the other hand many people experience hunger. Food has never been more widely available and yet many people struggle to access the good food they need for a healthy and nutritious diet.

A healthy development should increase people's opportunities to enjoy healthy food by:

- Avoiding concentrated areas of unhealthy food outlets and enable choice
- Incorporating accessible local food outlets to meet local needs
- Improving opportunities for growing local produce such as allotments, community growing / orchards, community shops and farmers markets
- Providing adequate and suitable garden space for small scale domestic food production
- Enabling opportunities for leisure and physical activities.

What to do and design elements:

- Does the development avoid concentrated locations of unhealthy food outlets? Does it facilitate individual choice through improved availability of healthier foods and alternative food outlets?
- Has the development incorporated areas for local food outlets to meet the needs of the local community?
- Does the development improve the opportunities for growing local produce such as allotments or community growing areas?
- Does the development include access to physical activity opportunities, and can these be accessed via active or at least sustainable transport (i.e. without reliance on private car?)
- Does the development provide adequately sized rear gardens to allow small scale domestic food production?
- Does the development provide ground conditions that are safe and suitable for use for domestic food production?

Local Planning Authorities:

- Does the Local Plan include policies which aim to improve/promote availability/accessibility of healthier food options within each area?
- Does the Local Plan include policies which promote local shops located within walking distance and better access to shopping facilities such as the [20-minute neighbourhood](#)?
- Does the Local Plan include policies for the encouragement of space for allotment or for land to be used as community food-growing spaces?

For further information:

- PHE and partners: [Healthy weight environments: using the planning system](#) (2020)
- [Encouraging healthier 'out of home' food provision](#) Public Health England (2017)
- [Obesity and the environment: regulating the growth of fast food outlets](#)
- [Sustainable Food Places](#)
- [Building the Foundations: Tackling Obesity through Planning and Development](#) TCPA & LGA (2016)

- [Childhood Obesity – a plan for action: Chapter 2 DHSE \(2018\)](#)

Health is not only the absence of illnesses; it is also the ability of people to develop to their potential during their entire lives. Health and wellbeing affect economic growth directly through labour productivity and the economic burden of illnesses. Good health plays a substantial role in economic growth and life expectancy has an important correlation with income.

A healthy development/community should increase people's opportunities have access to a prosperous and sustainable economy by:

- Enabling access to public services (including health care) education, employment and local infrastructure
- Enhancing the viability of town centres
- Enabling access to job opportunities and training for local people
- Providing the business and travel infrastructure to deliver business growth opportunities
- Ensuring that there is access to all relevant external funding opportunities that help to build a healthy and sustainable economy

What to do and design elements:

- Does the development improve access to public services (including health care), education, employment and local infrastructure?
- Does the development enhance the viability of local town centres by providing a more diverse retail offer and access to other services? (TCPA)
- Are the areas of employment and the town centre easy to reach on public transport or via walking and cycle networks? (TCPA)
- Do the facilities provide for example secure cycle storage, toilets or shower facilities? (TCPA)
- Does the development offer job opportunities and training for local people? (TCPA)
- Does the development provide a safe environment for those working outdoors and travelling to and from work at night-time?
- Does the development support healthy workplace principles?
- Does the development maximise opportunities for sustainable energy?

Local Planning Authorities:

- Does the Local Plan policy set out an expectation that new development will provide inclusive, non-car reliant, means of access between employment areas, shops, education, sport and leisure facilities, new communities and public transport hubs?
- Does the Local Plan require new commercial/business/industrial or town centre regeneration to provide accessible, inclusive, safe, well maintained and sustainable infrastructure for non-car users?

For further information:

- [West Sussex Economy Reset Plan](#)

Houses are more than physical structures providing shelter. They're where we spend most of our time. It's clear that housing conditions can influence our physical health. For example, a warm and dry house can improve general health outcomes and specifically reduce respiratory conditions. However, housing also has a huge influence on our mental health and wellbeing – children living in crowded homes are more likely be stressed, anxious and depressed, have poorer physical health, and attain less well at school.

Whilst West Sussex County Council is a statutory consultee that does not provide housing and has no legal view on it.

We understand that a healthy development should provide good quality housing development and design by:

- Providing good quality, affordable housing
- Being built to specifications to meet the needs of a changing population and different ages
- Embedding sustainable principles, ensuring energy efficiency to reduce fuel poverty, zero carbon homes; prioritise active travel and reduce car use
- Providing mixed tenure housing spread across the development to facilitate community integration and tenure blind development
- Reducing social isolation through design
- Ensuring the most up-to-date advice on safer places and secure by design are incorporated in policies
- Recognising the importance of trees and landscaping
- Including shared surface streets, where appropriate
- Providing housing which meets or exceeds prescribed space standards.

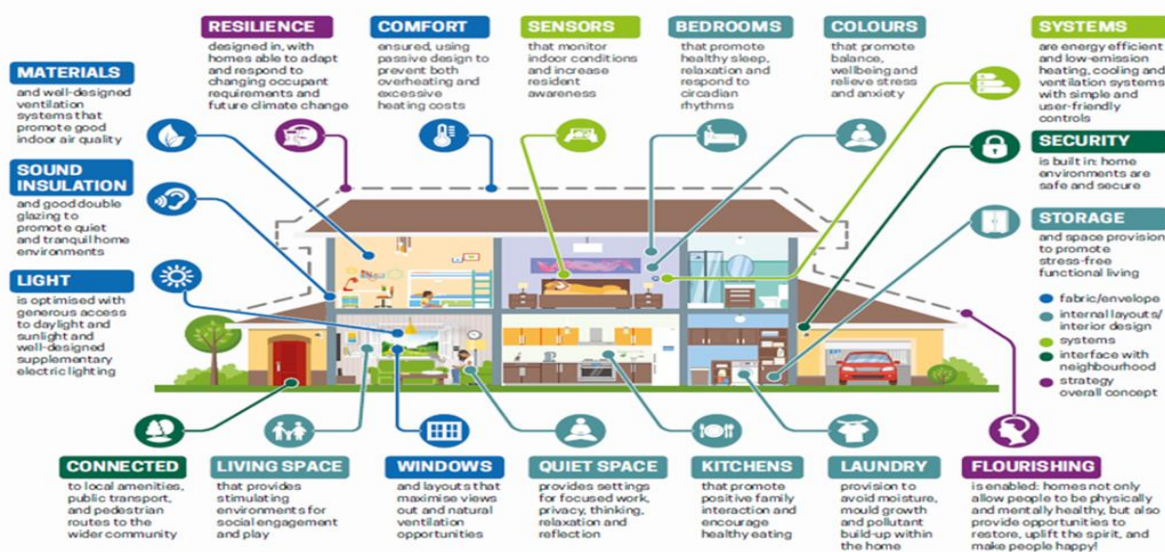
What to do and design elements:

- Does the development provide an element of decent quality, affordable housing?
- Does the development include 'lifetime homes' which can be easily adapted and suitable for all ages?
- Can the design of the homes reduce fuel poverty by ensuring that the homes are well insulated and energy efficient?
- Does the design of development and homes provide suitable space?
- Has the development improved water management and reduce flood risk to the development?
- does the development maximise opportunities for connectivity through walking and cycling networks?
- Does the development take into consideration footpath design, cycle paths and separate provision for cyclists, is it safe, accessible and useable by all? (NPPF, para 104).
- Does the development consider lighting and its impact on health and wellbeing as well as to avoid any dark areas?
- Does the development facilitate and maximise opportunities for communal areas?
- Does the development consider security for the dwellings?

‘Our home, both the location and the physical building itself, influences almost every aspect of our lives – from how well we sleep, to how often we see friends, to how safe and secure we feel. If we want to improve the health and wellbeing of individuals, families and communities, there can hardly be a more important place to start than the home: it is where most people spend most of their life’¹⁸.

‘A decent home, a job and friends are more important to good health than the NHS....’¹⁹

A healthy home has the potential to include²⁰:



There are opportunities for designers and contractors to:

- Act as advocates for healthy, sustainable design and challenge the client to be as ambitious as possible
- Put residents' health and wellbeing at the heart of building and neighbourhood design, including consideration of changing future needs.
- Select materials and systems that are robust, low maintenance, low emission and resource efficient, aiming for zero carbon construction
- Commit to strategies for testing and commissioning the construction so that the homes meet the intended functionality and performance
- Design smart rooms to facilitate functionality which enable technology facilities in the home to promote wellness

Consideration of health, wellbeing and sustainability is increasingly influencing consumers' buying and decision-making processes.

Local Planning Authorities:

- Does the Local Plan include policies which specifically address the housing needs of older people as well as considering the needs of other vulnerable groups? (see Appendix 4)

- Does the Local Plan set out the expectation to developers for the delivery of all aspects of housing including homes for older people either through policy or design principles? (NPPF, paras 59-61).
- Does the Local Plan include a parking policy (or refer to WSCC parking standards) to guide development and discourage on-street parking? (NPPF, para 105).

For further information:

- [Healthy Homes Principles \(TCPA\)](#)
- [Healthy Placemaking \(TCPA\)](#)
- [Secured by Design Development Guides](#)
- [West Sussex County Council Guidance on Parking at New Development](#)

The design of neighbourhood and importance of community spaces is important to the quality of life people can lead. It correlates to the arrangement of society in space and influences dynamic patterns of movement, connectivity, the ability work and socialise well. Local community may be enhanced by the spatial design of neighbourhoods and community spaces.

A healthy development should provide *neighbourhood and community spaces* by:

- Improving access to health care, education, employment, leisure, social and cultural facilities
- Providing clearly defined network of public spaces and attractive amenity that are joined up and easy to move between
- Providing community facilities that are collocated and within the early phases of build
- Creating safe, inclusive and accessible environments for all ages
- Promoting diversity and enable community interaction

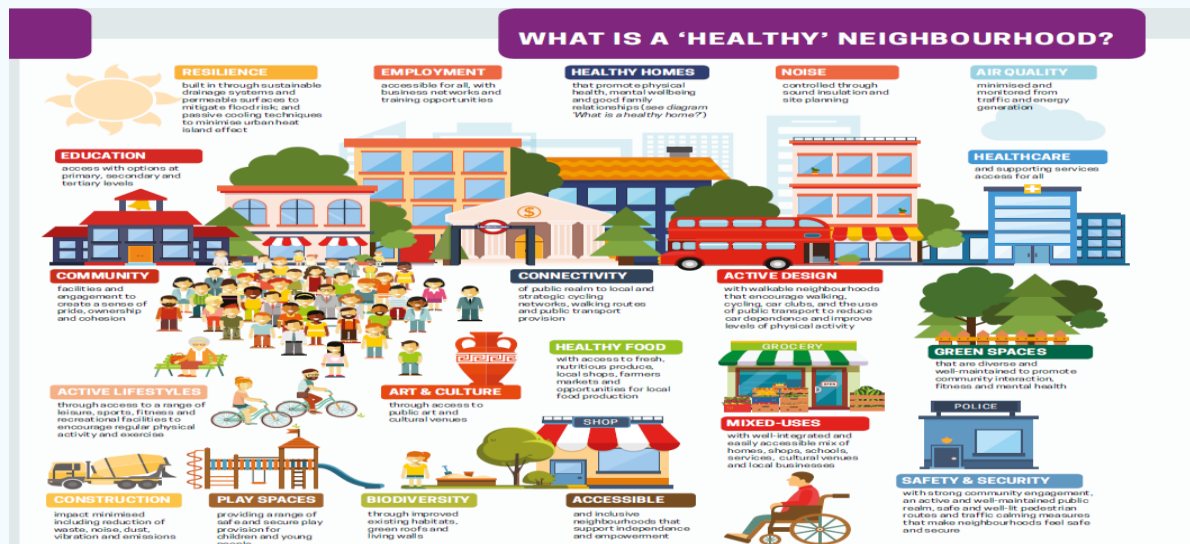
What to do and design elements:

- Is the development accessible and inclusive for all ages? (NPPF, para 127 f)
- Does the development improve access to health care, education, employment, open spaces, social, and leisure and cultural facilities? (NPPF, para 20)
- Are community facilities provided within the early phases of the development to help people feel connected and to provide a local destination? (TCPA)
- Does the development create attractive amenity space and an aesthetically pleasing and safe (in terms of both traffic and crime)?
- Does the development create a strong local identity?
- Does the development clearly defined spaces, are they public or private spaces?
- Are the public spaces flexible, long-lasting to support public, cultural and community functions (such as local markets and events), creating engaging places for users and aiding community interaction (including volunteering, informal networks)? (TCPA)
- Does the development promote diversity?

Local Planning Authorities:

Planning can influence the social aspects of the community by:

- Ensuring early and sustained community engagement (both developers and planning authorities)
- By using the Joint Strategic Needs Assessment (JSNA) at the locality level to identify community needs (please see Appendix 6)
- Providing the physical infrastructure (amenities and facilities) and environmental conditions to support the creation of community networks
- Encouraging development that fosters social interaction through design
- Delivers safe, well maintained and attractive public places
- Creating social bonds and sense of community through the enablement of:
 - Social interaction
 - Civic engagement
 - Personal recreation
- Increasing social connections through parks, public spaces and mixed-use communities
- Planning should be mindful of the concept of Social Equity
- Everyone has access and the ability to meet their needs in their community
- Everyone has the ability to remain in their community throughout their lives
- Everyone has many housing options at different price levels
- Everyone has access to neighbourhood centres that support jobs, commercial activity, and amenities



Source: UK Green Building Council Health and Wellbeing in Homes (2016)

For further information:

- [National Planning Policy Framework](#) (2019)
- [Secured by Design – Design Guide Series](#)
- TCPA Planning healthy-weight environments December 2014
- www.tcpa.org.uk/healthyplanning

- Local Government Association Report – Task and Finish Group on Ageing ‘[Ageing: the silver lining The opportunities and challenges of an ageing society for local government](#)’ (June 2015)
- [Building for Life: The sign of a good place to live](#) (January 2015)
- Housing Learning and Improvement Network (LIN): [Active Ageing and the Built Environment](#), supported by Public Health England (February 2016)
- [UK Green Building Council, Health and Wellbeing in Homes](#) (July 2016)
- [Houses of Parliament – Creating Age Friendly Cities](#) (Post Note No.539, October 2016)
- [Royal Town Planning Institute](#)

A key driver to enjoying good health and wellbeing is the ability to enjoy good accessibility and movement through the promotion of physical activity, active travel and opportunities to enjoy leisure.

A healthy development should provide movement and access by:

- Promoting active travel in line with the principles of the road user hierarchy
- Increase physical activity and reduce obesity
- Restricting motor vehicle access
- Promoting active travel by bringing forward the delivery of infrastructure and public transport during the first phase of development
- Increasing public transport provision, where appropriate
- Improving connectivity and accessibility to existing communities, bus and rail services
- Ensuring adequate facilities are provided to support active travel and leisure i.e. secure cycle parking
- Improving or adding green spaces and tree cover improves air quality, as well as making spaces feel more welcoming
- Small-scale improvements, such as good street lighting (whilst mindful of dark skies policies) or improved road crossings

What to do and design elements:

- Sustainable Transport Infrastructure – does the development reduce the need to travel in the first place and is the development balanced between vehicles and pedestrians?
- Are spaces both usable and accessible spaces which encourages prioritisation of pedestrians and other sustainable modes of travel?
- Does the development integrate active travel routes into interlinking, multi-functional green and blue infrastructure throughout and beyond the development footprint?
- Has the development promoted the creation of safe, pleasant walking and cycling options, increasing community interaction and physical activity? This could be through limiting traffic speeds and traffic noise
- Does the development ensure that enough secure cycle parking is provided for the development which is covered, secure and well located at home and other development? Does the development allow for the provision of showers, changing facilities and lockers as standard?

- Does the design utilise street layout and improve connectivity?
- Does the development increase public transport provision from major employment centres to surrounding residential areas and accessibility to bus stops?
- Does the development connect to existing public rights of way, including cycle path networks which may be more direct than car routes and clear signage with walking distances and times provided? Developer contributions will be sought where appropriate to enhance access to buses (funding new services / service enhancements and infrastructure), walking and cycling (through Rights of Way and Highways projects).
- Does the development set out a comprehensive travel plan for the promotion of sustainable transport and active travel measures, targets for modal shift and a strategy for monitoring this?

Local Planning Authorities:

- Do supporting design principles/development management policies require developments to prioritise active and sustainable travel?
- Does the Local Plan establish expectations from the start that new developments should be sustainably located, with appropriate densities and provision for walking, cycling and bus services as part the first phase of development?
- Do supporting design principles/development management policies expect new homes to be within specific distances from bus stops and 'walkable' distances from local shopping centres ([20-minute neighbourhood](#))?
- Are local parking standards appropriate to avoid excessive parking and therefore undermining sustainable travel infrastructure and initiatives?
- Do local parking standards set high expectations for cycle parking provision?

For further information:

- [Working Together to Promote Active Travel A briefing for local authorities](#)
- [Cycling and Walking for individual and population health benefits](#) (2018)
- [Guidance on light pollution](#)
- [South Downs National Park - Dark Skies Technical Advice Note](#) (2018)
- [Everybody active, every day: framework for physical activity](#) PHE (2018)
- [Active Design: Planning for health and wellbeing through sport and physical activity](#)
- [Sport England](#) (2015)
- [Designed to Move](#) (2015)
- [Pedestrians First: Tools for a Walkable City Institute for Transportation & Development Policy](#) (2018)

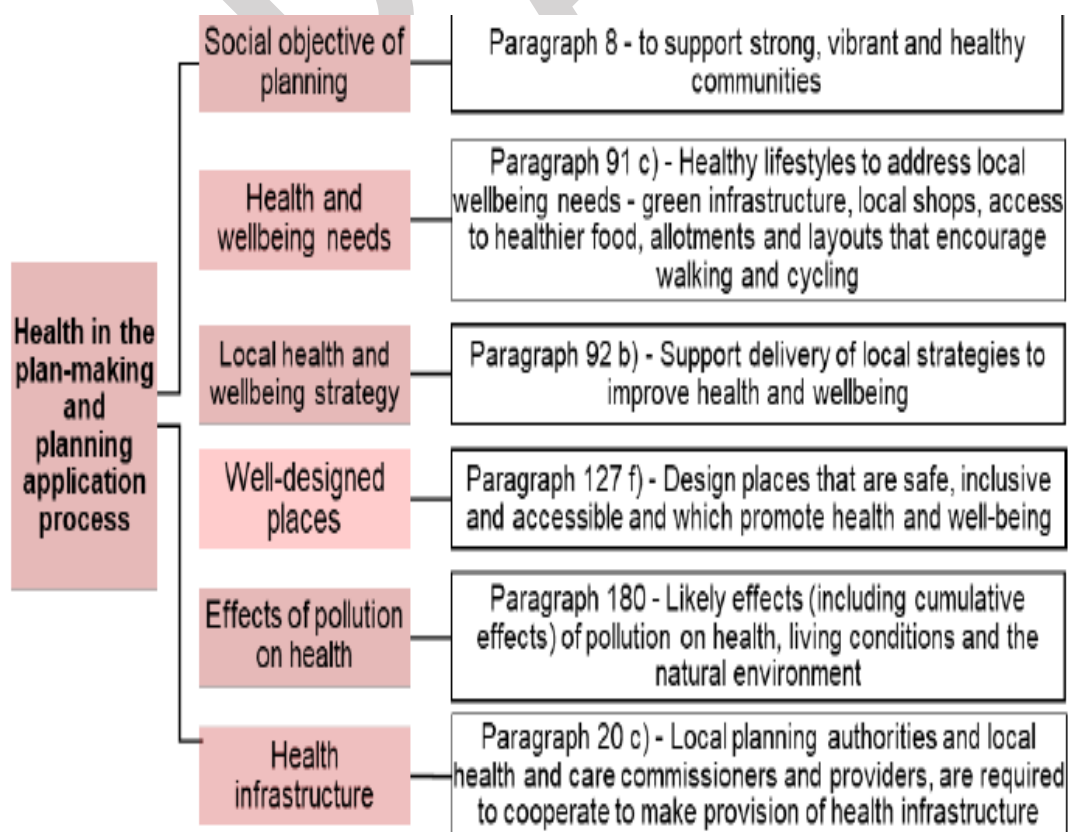
Appendix 1: Requirement to consider Health and Wellbeing in planning and decision making'

National Planning Policy Framework (NPPF)

Planning is the joint mechanism for governance and stewardship that can control changes to our environments. At a local level the planning system needs to be deployed as health protection and support for population wellbeing and in line with the NPPF and PPG.

NPPF sets out the Government's economic, environmental and social planning policies for England. The policies in NPPF apply to the preparation of local and neighbourhood plans and to decisions on planning applications. Paragraph 8 of NPPF discusses the three dimensions of sustainable development and the roles that the planning system plays to achieve this; an economic role, a social role and an environmental role. The social role is said to support strong, vibrant and healthy communities with development that reflect the community's needs and support its health, social and cultural wellbeing. However, the social role should not be taken in isolation, but should be sought alongside the economic and environmental roles.

NPPF highlights that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities by setting out the wide-ranging ways in which planning should promote healthy, inclusive and safe communities (Chapter 8). It focusses on promoting healthy communities ensuring that local communities are engaged in the planning process at all levels and that mechanisms are embedded to encourage people to choose healthy lifestyles. NPPF places great emphasis on the importance of accessibility for all to high quality open space, safe communities, recreational facilities/services, walking and cycling, cultural facilities, and the importance of improving air quality, all of which can all make an important contribution to the health and wellbeing of communities. The Policy basis for considering health in the National Planning Policy Framework is detailed through the following:



Planning Practice Guidance (PPG)

Policy provided by NPPF is expanded upon by [Planning Practice Guidance \(PPG\)](#) which notes that local planning authorities should ensure that health and wellbeing are considered in local and neighbourhood plans and in planning decision making. The guidance goes on to discuss the links between built and natural environments as determinants of health and wellbeing. Planning should aim to promote healthy communities which are places that are good to grow up and grow old in through support of healthy behaviours and reductions in health inequalities.

Paragraph 002 of PPG on Health and Wellbeing discusses a range of issues that could be considered through the plan-making and decision-making process, in respect of health and healthcare infrastructure. These issues range from creating spaces and place to meet and support community engagement and social capital to promoting reductions in health inequality. In 2017 the PPG was revised to encourage local planning authorities and planning applicants to have regard to the ways in which planning can influence the built environment to improve health and reduce obesity and excess weight in local communities.

Paragraph 006 of the PPG on health and wellbeing suggests ways in which the proliferation of uses detrimental to health could be addressed, including restricting growth of new fast food outlets.

Appendix 2: What do we mean by sustainable development?

On 25 September 2015, the Member States of the United Nations agreed on the [17 Sustainable Development Goals \(SDGs\)](#) of the Post-2015 Development Agenda. The SDGs build on the Millennium Development Goals, the global agenda that was pursued from 2000 to 2015 and will guide global action on sustainable development until 2030²¹.

Sustainable development means acting in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

At national and global levels, the ‘**sustainable development goals**’ (SDGs) agenda demands a high degree of coordination and collaboration across sectors to reap multiple benefits, requiring governments at these levels to involve far more stakeholders than those traditionally associated with spatial approaches to infrastructure and resource planning.

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, economic, and socio-demographic dimensions including health. Sustainable communities are communities which succeed now, economically, socially and environmentally, and respect the needs of future generations. They are well-designed places where people feel safe and secure. National Planning Policy Framework (NPPF) sets out how the planning system should play a key role in delivering sustainable communities.

The strong relationship between public health and sustainability is becoming an increasing area of significance. This is evidence by the fact that health is threaded throughout the **17 SDGs, and not restricted to SDG 3** (health and well-being). Some of these relationships are indicated in Fig.1 below. It is also recognized at a high level that non-communicable diseases threaten the resiliency and sustainability of places. The strong reciprocal links that exist between planning, health protection and supporting healthier lives (health promotion) also provide a basis whereby many of the targets in SDG 11 (sustainable cities and communities) support population health.

“The New Urban Agenda reaffirms our global commitment to sustainable urban development as a critical step for realizing sustainable development in an integrated and coordinated manner at the global, regional, national, subnational and local levels, with the participation of all relevant actors. The implementation of the New Urban Agenda contributes to the implementation and localization of the 2030 Agenda for Sustainable Development in an

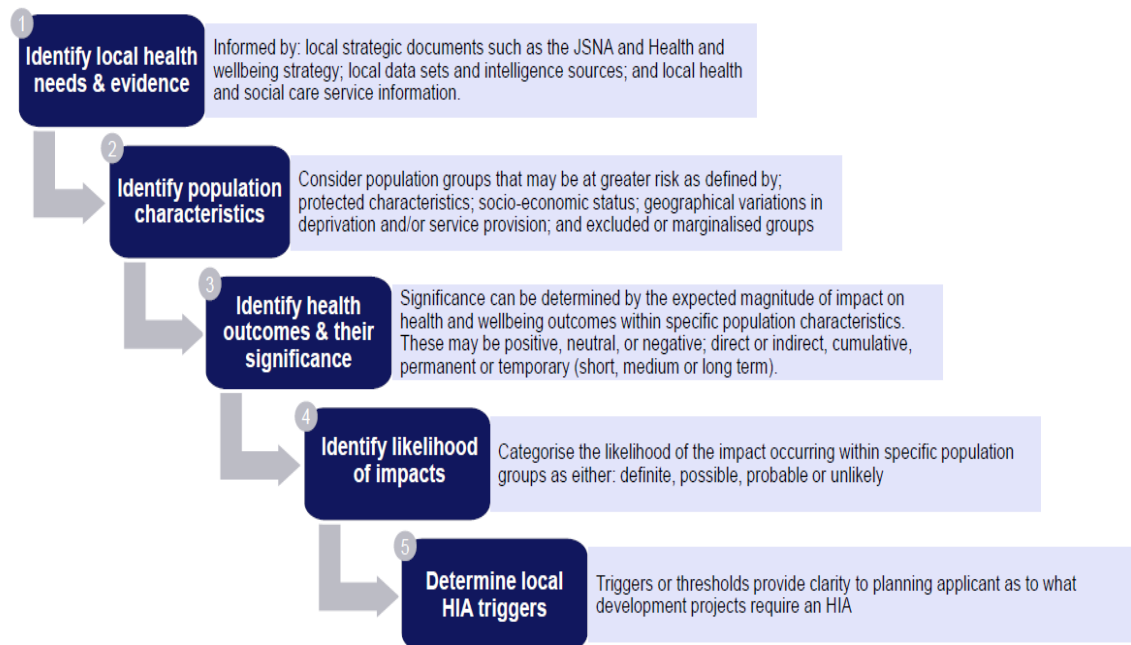


integrated manner, and to the achievement of the Sustainable Development Goals and targets, including Goal 11 of making cities and human settlements inclusive, safe, resilient and sustainable.” New Urban Agenda: Quito declaration on sustainable cities and human settlements for all, p.4 (United Nations, 2017).

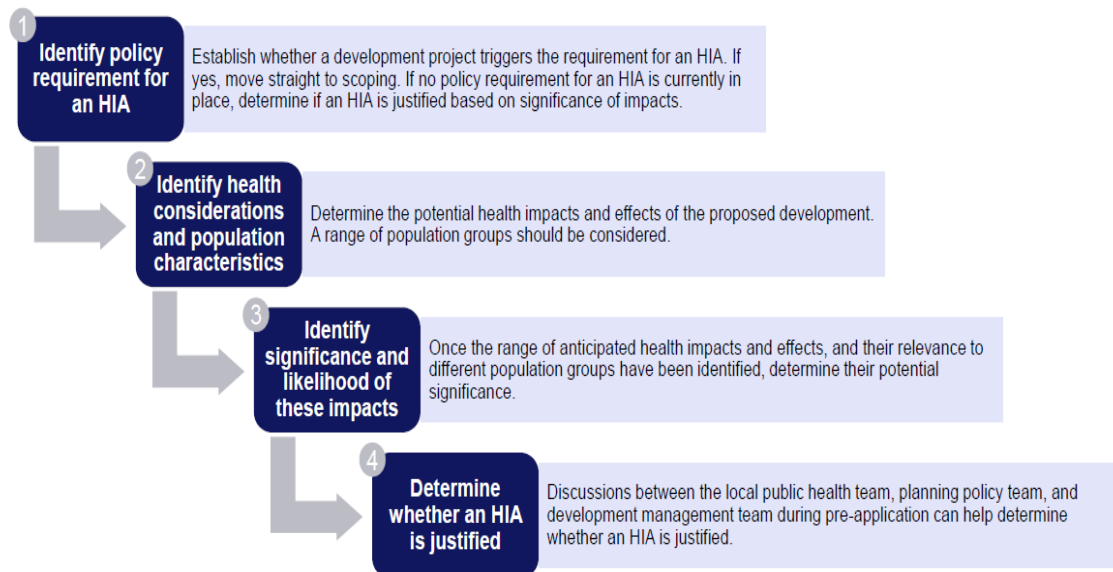
We want amenities and infrastructure, social and cultural life as well as voice and influence to be at the heart of an active, healthy and connected community that create and sustain community connections that protect, improve and enhance wellbeing and quality of life as well as our environment²².

Appendix 3: Health Impacts and Health Impact Assessments (HIAs)

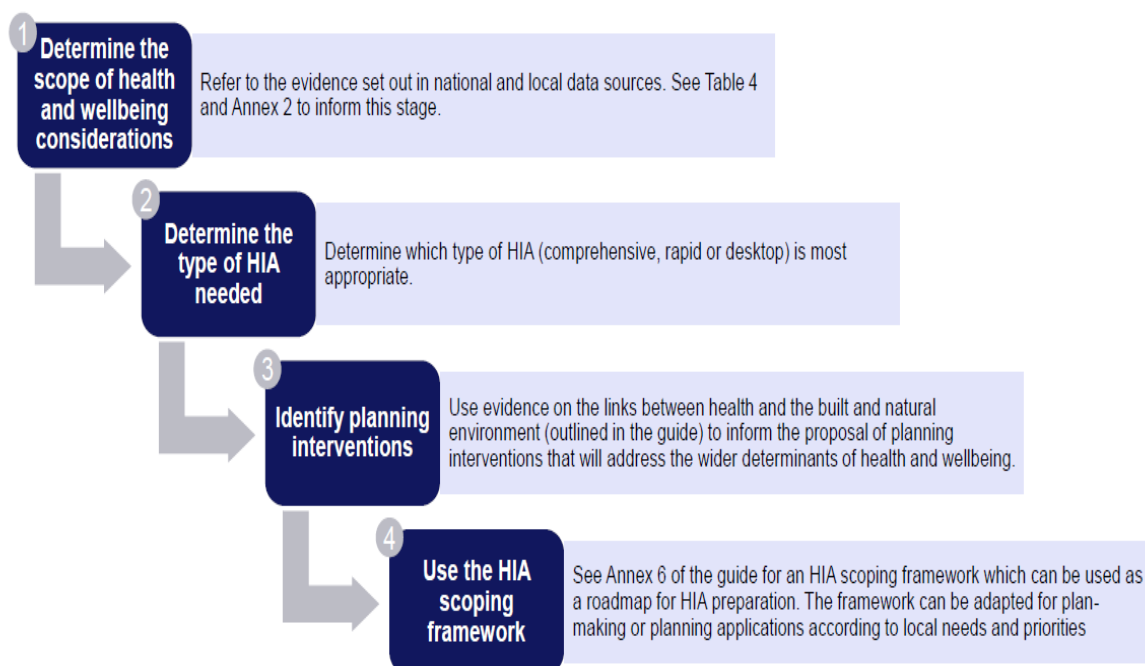
Stages for Stages for developing HIA policy and guidance from Public Health England



Stages for screening planning applications



Stages for scoping planning applications



The table below is from the Welsh Health Impact Assessment Support Unit (WHIASU) and it provides some examples of **health impacts** relating to a range of wider determinants. The examples focus on individual determinants, but these determinants are often experienced together and cumulatively over time. Particular groups can be disadvantaged across a number of factors, and these disadvantages can be mutually reinforcing. Deprived areas have, for example, on average nine times less access to [green space and open space](#), higher concentrations of [fast food outlets](#) and more limited availability of affordable healthy food. We can assess health impacts by working through the '[Health and Wellbeing Determinants Checklist](#)':

1. Lifestyle	<ul style="list-style-type: none"> • Diet / Nutrition / Breastfeeding • Physical activity • Risk-taking activity i.e. addictive behavior, gambling • Sexual activity • Social media use 	<ul style="list-style-type: none"> • Use of alcohol, cigarettes, Electronic Nicotine Delivery Systems (i.e. e-cigarettes), • Use of substances, non-prescribed medication, and abuse of prescription medication 	Physical, mental, social, environmental health & wellbeing
2. Social and community influences on health	<ul style="list-style-type: none"> • Adverse childhood experiences i.e. physical, emotional or sexual abuse. • Citizen power and influence • Community cohesion, identity, local pride • Community resilience 	<ul style="list-style-type: none"> • Neighborliness • Other social exclusion i.e. homelessness, incarceration • Parenting and infant attachment (strong early bond between infant and primary caregiver) • Peer pressure • Racism • Sense of belonging 	

	<ul style="list-style-type: none"> • Divisions in community • Domestic abuse and violence • Exploitation i.e. modern-day slavery, child and labour • Family relationships, organization and roles • Language • Cultural and spiritual ethos 	<ul style="list-style-type: none"> • Social isolation/loneliness • Social capital, support and social networks • Third Sector and Volunteering 	
3.Mental health & wellbeing	<p>Consider:</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? <p>You can use the following as a Mental Wellbeing Checklist (South London and Maudsley NHS Foundation Trust)</p>		
4.Living & environmental conditions affecting health	<ul style="list-style-type: none"> • Air Quality • Attractiveness of area • Community safety • Access, availability and quality of green and blue space, natural space • Housing quality and tenure • Indoor environment • Health and safety i.e. falls, home safety, safety of public places • Light pollution 	<ul style="list-style-type: none"> • Noise • Quality and safety of play areas (formal and informal) • Road safety • Odors • Urban/Rural built and natural environment & neighborhood design • Waste disposal, recycling • Water quality i.e. sea water 	
5.Economic conditions affecting health	<ul style="list-style-type: none"> • Unemployment • Poverty including food and fuel poverty • Income • <input type="checkbox"/> Personal and household debt 	<ul style="list-style-type: none"> • Economic inactivity • Type of employment i.e. permanent/temporary, full /part time • <input type="checkbox"/> Working conditions i.e. work environment, bullying, health and safety 	
6. Access and quality of services	<ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • <input type="checkbox"/> Medical and health services 	<ul style="list-style-type: none"> • Other caring services i.e. social care; Third Sector, youth services, childcare • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • <input type="checkbox"/> Transport including parking, public transport, active travel 	
7.Macro-economic, environmental	<ul style="list-style-type: none"> • Biodiversity • Climate change i.e. flooding, heatwave 	<ul style="list-style-type: none"> • Government policies i.e. Sustainable Development principle (integration; collaboration; 	

and sustainability factors	<ul style="list-style-type: none"> • Cost of living i.e. food, rent, transport and house prices • <input type="checkbox"/> Economic development including trade 	<ul style="list-style-type: none"> • involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	
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Alongside this the '**Population Groups Checklist**' is for use during a HIA Screening and Appraisal in order to identify the population groups who could be more impacted than others by a policy/project/proposal. The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA Screening and Appraisal. In a HIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself. This list is therefore just a guide and is not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages. Please also note that terminology can change over time.

Sex/Gender related groups

- Female
- Male
- Transgender
- Other (*please specify*)

Age related groups (*Could specify age range for special consideration*)

- Children and young people
- Early years (including pregnancy and first year of life)
- General adult population
- Older people

Income related groups

- Economically inactive
- People on low income
- People who are unable to work due to ill health
- Unemployed/workless

Groups at higher risk of discrimination or other social disadvantage

- Black and minority ethnic groups (*please specify*)
- Carers
- Ex-offenders
- Gypsies and Travellers
- Homeless
- Language/culture (*please specify*)
- LGBTQ+
- Looked after children
- People seeking asylum
- People with long term health conditions
- People with mental health conditions
- People with physical, sensory or learning disabilities/difficulties

- Refugee groups
- Religious groups (*please specify*)
- Lone parent families
- Veterans

Geographical groups and/or settings

- People in key settings: workplaces/schools/hospitals/care homes/ prisons
- People living in areas which exhibit poor economic and/or health indicators
- People living in isolated or over-populated areas
- People unable to access services and facilities

Examples of local authorities who have adopted HIA local plan policies on the use of HIAs:

Coventry	Local Plan Policy HW1: Health Impact Assessments <ul style="list-style-type: none"> - The use of land for mineral-working deposits - Waste development - All forms of residential development where: <ul style="list-style-type: none"> (i) Number of homes to be provided is 150 or more (ii) Site area is 5 ha or more - All forms of urban development (not involving housing) where: <ul style="list-style-type: none"> (iii) The area of development exceeds one hectare (iv) In the case of industrial estate development exceeds 5 ha 	Coventry City Council Local Plan (2017), with further detail included in the Health Impact Assessment SPD
Greater Norwich	Joint Core Strategy Policy 7: Supporting Communities <ul style="list-style-type: none"> - In areas providing over 500 dwellings - In areas of complexity that will be master planned - Over 100 dwellings in areas not identified in the Joint Core Strategy 	Local Plan: Joint Core Strategy for Broadland, Norwich and South Norfolk (2014) with more detail available in the Health Impact Assessment Advice Note (2012)
London	GG3 Creating a healthy city (D) <p>Assess the potential impacts of development proposals and Development Plans on the mental and physical health and wellbeing of communities, to mitigate any potential negative impacts, maximise potential positive impacts, and help reduce health inequalities, for example using HIAs</p>	Draft New London Plan. Intend to Publish Spatial Development Strategy for Greater London (December 2019)
Plymouth and the South West Devon	Policy DEV1 Protecting health and amenity <p>Requiring a Health Impact Assessment to be submitted as part of any Environmental Statement submitted in relation to planning applications with a likely significant health impact.</p>	Plymouth and South West Devon Joint Local Plan (March 2019)

South Cambridgeshire	Local Plan Policy SC2: Health Impact Assessment - Development of 20 or more dwellings - - Applications for 1,000 sqm or more floorspace *For developments over 100 dwellings or 5,000 sqm a full HIA is required. For developments between 20 and 100 dwellings or 1,000 to 5,000 sqm of floorspace an extended screening or rapid HIA can be undertaken	South Cambridgeshire Local Plan 2018
Tower Hamlets	Local Plan Policy D.SG3. Health impact assessments Developments required to complete and submit a rapid health impact assessment: a. Major development within an area of sub-standard air quality b. Developments which contain any of the following uses: c. Developments of a scale referable to the Greater London Authority	Tower Hamlets Local Plan 2031: Managing Growth and Sharing Benefits (January 2020)

For more information on Health Impact Assessments as well as how to quality assure them please contact Lourdes.Madigasekera-Elliott@westsussex.gov.uk

Appendix 4: The importance of meeting housing needs for older and disabled people

The importance of housing needs of older people?

The need to provide housing for older people is critical. People are living longer lives and the proportion of older people in the population is increasing. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million. Offering older people, a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities and help reduce costs to the social care and health systems. In addition, by moving to accommodation which suits their needs it may free up family housing for those moving onto the property ladder. Therefore, an understanding of how the ageing population affects housing needs is something to be considered from the early stages of plan-making through to decision-taking.

Why is it important to plan for the housing needs of disabled people?

The provision of appropriate housing for people with disabilities, including specialist and supported housing, is crucial in helping them to live safe and independent lives, with greater choice and control over their lives. Unsuitable or unadapted housing can have a negative impact on disabled people and their carers. It can lead to mobility problems inside and outside the home, poorer mental health and a lack of employment opportunities. Without accessible and adaptable housing, disabled people risk facing discrimination and disadvantage in housing. An ageing population will see the numbers of disabled people continuing to increase and it is important we plan early to meet their needs throughout their lifetime.

Should plan-making bodies set minimum requirements for accessible housing?

Plans need to provide for specialist housing for older people where a need exists. Innovative and diverse housing models will need to be considered where appropriate. Where an identified need exists, local planning authorities have the option to set [additional technical standards](#) exceeding the minimum standards required by Building Regulations (as referred to in footnote 46 of the NPPF) to help bring forward an adequate supply of accessible housing. Based on a housing needs assessment and other available datasets it is for local planning authorities to set out how they intend to approach demonstrating the need for:

- M4(2) Category 2: Accessible and adaptable dwellings
- M4(3) Category 3: Wheelchair user dwellings

Planning policies for accessible housing need to be based on evidence of need, viability and a consideration of site-specific factors.

How can places be designed to be age-friendly and accessible for all?

The inclusive and age-friendly design of public spaces such as town centres, and of individual buildings, including housing, has clear benefits. Inclusive design can help older and disabled people live more independently and reduce health and social care costs. Inclusive design should not only be specific to the building, but also include the setting of the building in the wider built environment, for example, the location of the building on the plot; the gradient of the plot; the relationship of adjoining buildings; and the transport infrastructure.

Developments should address the needs of people with disabilities and reduced mobility in relation to all modes of transport. Issues to consider include:

- Ease and comfort of movement on foot and with mobility aids between homes, services and town centres;
- Proximity and links to public transport and local amenities;
- Parking spaces and setting down points in proximity to entrances;
- The positioning and visual contrast of street furniture and the design of approach routes to meet the needs of people with different needs, including wheelchair users, people who need to rest while they walk and people with visual impairments;
- Whether entrances to buildings are clearly identified, can be reached by a level or gently sloping approach and are well lit;
- The accessibility of public spaces including step free spaces and seating; and
- The availability of public toilets.

Design principles such as those set out in the [HAPPI](#) report are applicable to housing for older people and age-friendly places.

How can for the needs of people with dementia be addressed?

Evidence has shown that good quality housing and sensitively planned environments can have a substantial impact on the quality of life of someone living with dementia. People with dementia need to have access to care and support to enable them to live independently and homes need to be designed with their needs in mind.

Local planning authorities should consider design principles when developing new housing in the context of the wider built environment, especially housing aimed at people with dementia. Characteristics of a dementia-friendly community include, but are not limited to:

- easy to navigate physical environment
- appropriate transport
- communities shaped around the views of people with dementia and their carers
- good orientation and familiarity
- reduction in unnecessary clutter
- reduction in disorienting visual and auditory stimuli

There should be a range of housing options and tenures available to people with dementia, including mainstream and specialist housing. Innovative and diverse housing models should be considered where appropriate. The RTPi practice advice [Dementia and Town Planning](#) gives advice on how good planning can create better environments for people living with dementia. If planning can get an area right for those living with dementia, it will be right for older people, young disabled people, for families with young children, and ultimately everyone. For more information about the aims to improve the health and wellbeing of people living with and supporting those with dementia in West Sussex please refer to the [West Sussex Joint Dementia Strategy \(2020-2023\)](#).

Appendix 5. West Sussex Quality Assurance Review Framework for Health, Wellbeing and Sustainability

This checklist is a **tool** that has been developed by adapting the [Quality Assurance Review Framework for Health Impact Assessment by WHIASU](#) (Welsh Health Impact Assessment Support Unit) and the **West Sussex County Council Sustainability Appraisal**. This allows users to take into consideration health, wellbeing and sustainability impacts in order to provide a holistic impact assessment for people and places in West Sussex. The Checklist can be used in the following ways by local authority officers, developers and investors:

- As a Quality Assurance Checklist for local authority officers
- Local Plan Review for local authority officers
- Screening for potential health and sustainability impacts as part of a Health Impact Assessment (HIA) and Sustainable Appraisal (SA) (local authority officers but also developers can use it as a means to develop their schemes with health, wellbeing and sustainability in mind)
- To help with decision making and the development of project and business proposals and feasibility studies (this can apply to local authority officers, developers, investors and decision makers)
- To accompanying a planning application, subject to local validation requirements (for developer and investors)
- By internal and external consultees when responding to planning consultations
- To assist in the development of neighbourhood plans (Town and Parish Councils)

Assessment criteria	Relevant?	Details/evidence	Potential health impact	Potential sustainability impact	Recommended amendments or enhancement actions to the proposal under consideration
1. Evidence					
1. Is evidence used to identify and assess impacts?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
2. Does the proposal make use of: 1. Community /population health and socioeconomic data profile 2. Literature/evidence review 3. Stakeholder opinion and experience	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		

4. Technical data (if relevant) i.e. air quality statistics or health outcome projections					
3. Is there a clear link between the evidence gathered, assessment and recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
2. Housing quality and design					
4. Does the proposal seek to address the housing needs of the wider community by requiring provision of variation of house type that will meet the needs of older or disabled people? [For example, does it meet all Lifetime Homes Standards, Building for Life etc?]	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
5. Does the proposal promote development that will reduce energy requirements and living costs and ensure that homes are warm and dry in winter and cool in summer	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
3. Access to healthcare services and other social infrastructure					
6. Does this proposal contribute to access and quality services: medical and healthcare services ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
7. Does this proposal contribute to access and quality services: leisure services ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
8. Does this proposal contribute to access and quality services: Career advice ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
9. Does this proposal contribute to access and quality services:	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		

shops and commercial services?					
10. Does this proposal contribute to access and quality services: public amenities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
11. Does this proposal contribute to access and quality services: sustainable transport?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
12. Does this proposal contribute to access and quality services: education and training?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
13. Does this proposal contribute to access and quality services: information technology, internet access, digital services?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
14. Does the proposal seek to retain, replace or provide health and social care related infrastructure?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
15. Does the proposal address the proposed growth/ assess the impact on healthcare and social services?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
16. Does the proposal explore/allow for opportunities for shared community use and co-location of services?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
4. Access to open space and nature					
17. Does the proposal seek to retain and enhance existing and provide new open and natural spaces to support healthy living and physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
18. Does the proposal promote links between open and	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral		

natural spaces and areas of residence, employment and commerce?			<input type="checkbox"/> Uncertain		
19. Does the proposal seek to ensure that open and natural spaces are welcoming, safe and accessible to all?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
20. Does the proposal seek to provide a range of play spaces for children and young people (e.g. play pitches, play areas etc.) including provision for those that are disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
5. Air quality, noise and neighbourhood amenity					
21. Does the proposal seek to minimise construction impacts such as dust, noise, vibration and odours?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
22. Does the proposal seek to minimise air pollution caused by traffic and employment/commercial facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
23. Does the proposal seek to minimise noise pollution caused by traffic and employment/commercial facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
6. Accessibility and active transport					
24. Does the proposal prioritise and encourage walking (such as through shared spaces) connecting to local walking networks?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
25. Does the proposal prioritise and encourage cycling (for example by providing secure cycle parking, showers and cycle	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		

lanes) connecting to local and strategic cycle networks?					
26. Does the proposal support traffic management and calming measures to help reduce and minimise road injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
27. Does the proposal promote accessible buildings and places to enable access to people with mobility problems or a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
7. Crime reduction and community safety					
28. Does the proposal create environments & buildings that make people feel safe, secure and free from crime ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
8. Access to healthy food					
29. Does the proposal support the retention and creation of food growing areas , allotments and community gardens in order to support a healthy diet and physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
30. Does the proposal seek to restrict the development of hot food takeaways in specific areas?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
9. Access to work and training					
31. Does the proposal seek to provide new employment opportunities and encourage local employment and training?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
10. Social cohesion and lifetime neighbourhoods					
32. Does the proposal connect with existing communities where	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral		

the layout and movement avoids physical barriers and severance and encourages social interaction ? [For example, does it address the components of Lifetime Neighbourhoods?]			<input type="checkbox"/> Uncertain		
11. Minimising the use of resources					
33. Does the proposal seek to incorporate sustainable design and construction techniques?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
12. Economic factors					
34. Does the proposal consider gross domestic product?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
35. Does the proposal consider economic development (rural & urban)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
36. Does the proposal consider economic inactivity?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
37. Does the proposal consider income?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
38. Does the proposal consider poverty including fuel and food?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
39. Does the proposal consider personal and household debt?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
13.Environment and Sustainability factors					
40. Does the proposal consider social justice and equality issues?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
41. Does the proposal consider climate change i.e. flooding, heatwaves	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		

42. Does the proposal consider the cost of living i.e. food, rent, transport and house prices	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
43. Does the proposal consider sustainable development principle (integration; collaboration; involvement; long term thinking; and prevention)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
44. Does the proposal incorporate renewable energy and ensure that buildings and public spaces are designed to respond to winter and summer temperatures, i.e. ventilation, shading and landscaping?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
45. Does the proposal maintain or enhance biodiversity	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
46. Does the proposal consider access, availability, and quality of green and blue space , natural space?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
47. Does the proposal consider health and Safety i.e. falls, home safety, safety of public places?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
48. Does the proposal consider light pollution?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
49. Does the proposal consider odour pollution ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
50. Does the proposal consider waste disposal ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		

51. Does the proposal consider noise pollution ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
52. Does the proposal consider road hazards ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
53. Does the proposal consider injury hazards ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
54. Does the proposal consider quality and safety of play areas ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
14. Health inequalities and equity					
55. Does the proposal consider health inequalities and encourage engagement by underserved communities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
56. Does the proposal focus on contributing to achieving health equity ?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Neutral <input type="checkbox"/> Uncertain		
Any other comments					
Name of assessor and organisation					
Date of assessment					

Appendix 6: Health Intelligence: Local challenges

There are a number of public health intelligence and data sources that can highlight the needs of West Sussex and how inequalities present themselves. Data sources include:

- [Joint Strategic Needs Assessment](#)
- [Public Health Outcomes Framework](#) (PHOF)/census/Wider determinants data
- [PHE Public Health Profiles](#)
- [West Sussex Annual public Health Report](#)
- **Subject Specific Needs Assessments:** ([Black and Minority Ethnic Groups](#), [Carers and caring](#), [Children and Young People \(including Children Looked After\)](#), [Children and Young People's Emotional Health and Wellbeing](#), [Falls Prevention](#), [Gypsies and Travellers](#), [Homelessness](#), [Lifelong Disabilities](#), [Military Veterans' Health](#), [Oral Health](#), [Pharmaceutical Needs Assessment \(PNA\)](#), [Self-Harm and Suicide Prevention](#), [Sexual Health](#), [Substance Misuse \(including Dual Diagnosis\)](#) and [Tobacco Control](#))
- [West Sussex Sexual Health Needs Assessment](#)
- [Health and Happiness Survey](#)
- [Drug related deaths audit](#)
- [National Child Measurement Programme \(NCMP\)](#)
- [Clinical Commissioning Group \(CCG\) data](#)
- [Indices of Deprivation](#)
- [Measures of National Wellbeing Dashboard](#)
- [Strategic Health Assets Planning and Evaluation](#) (SHAPE)
- [Active Lives, Active People, Active Places data](#)
- [People and Nature survey](#)
- [Food Environmental Accessibility Tool](#) (FEAT)

The Consumer Data Research Centre have produced very accessible outputs at **neighbourhood level**. Data are freely accessible in [map form](#) and data behind the maps can be downloaded from the same website.

There needs to be concerted action on health inequalities as part of efforts to create healthy places, **informed by data on the specific health needs of local communities**. For more information please contact the West Sussex County Council Public Health Social Research Unit: <https://jsna.westsussex.gov.uk/contact/>

Glossary

Biodiversity: is the variety and variability of life on Earth. Biodiversity is typically a measure of variation at the genetic, species, and ecosystem level. Terrestrial biodiversity is usually greater near the equator, which is the result of the warm climate and high primary productivity.

Ecosystems: is a geographic area where plants, animals, and other organisms, as well as weather and landscape, work together to form a bubble of life. Ecosystems contain biotic or living, parts, as well as abiotic factors, or non-living parts. Biotic factors include plants, animals, and other organisms.

Gigabit capable connectivity: capable broadband means any technology that can deliver 1 gigabit per second (1 Gbps is equal to 1000 Mbps). 1 Gbps allows a high definition film to be downloaded in under one minute. Gigabit broadband usually means full-fibre technology but could also include cable broadband and future 5G networks.

Health in All Policies: is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

Lifecourse approach: values the health and wellbeing of both current and future generations.

Lifetime neighbourhoods: An environment that is accessible and inclusive, aesthetically pleasing and safe (in terms of both traffic and crime).

Place based interventions: a collaborative means to address complex socioeconomic issues through interventions defined at a specific geographic scale.

Planetary health: is based on the understanding that human health and human civilisation depend on flourishing natural systems and the wise **stewardship** of those natural systems. Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends²³

Wider determinants of health: Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes.

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- ² [Spatial Planning for Health An evidence resource for planning and designing healthier places](#) (PHE 2017)
- ³ [Prevention is better than cure](#) (Department of Health and Social Care 2018)
- ⁴ [The new public health role of local authorities](#) (Department of Health 2012)
- ⁵ [Spatial Planning and Health Getting Research into Practice \(GRIP\): study report](#) (PHE 2019)
- ⁶ [Citizens Advice. Achieving income security for all](#) (Citizens Advice 2019)
- ⁷ [Wider determinants of health](#) (PHE)
- ⁸ [Advancing our health: prevention in the 2020s](#)
- ⁹ [Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams](#) (PHE 2020)
- ¹⁰ [Health Impact Assessment in spatial planning: A guide for local authority public health and planning teams'](#) (October 2020)
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- ¹³ McMichael AJ et al., eds. Climate change and human health: risks and responses. Geneva, World Health Organization, 2003.
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- ²¹ [The Sustainable Development Goals: What Local Governments Need to Know](#) (United Cities and Local Governments)
- ²² [Connecting Communities: Housing at the heart of integrated health and social care in Scotland](#) (Hanover Scotland 2019)
- ²³ [Our Planet, Our Health](#) (House of Commons Environmental Audit Committee 2019)