



The Association of Directors of Public Health

The Raynsford Review Consultation Response

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

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

Introduction

ADPH welcomes the initiation of the Raynsford Review and the opportunity to contribute to it as public health and planning are inextricably linked. Neighbourhood design influences physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes.¹

Because health is so definitely linked to the environment in which people live and work, Directors of Public Health have a clear role in working within local planning systems to use the built environment to improve health outcomes for local populations. The role of the Director of Public Health and local public health teams is vital, particularly for carrying out activities such as Health Impact Assessments. Improving health and wellbeing is a requirement of the National Planning Policy Framework but the system could be improved to more effectively embed health and wellbeing as a part of the planning process.

1. Sustainable development

1.1 The planning system is not currently working effectively to ensure sustainable development in the long-term public interest. There needs to be more focus on the resilience of developments particularly in the light of environmental factors such as increased flooding and air pollution. Planning policy needs to more effectively keep up with climate change. According to the Committee on Climate Change, climate change in the UK is expected to alter weather conditions and increase the frequency of extreme events with flooding projected to become more common.² Over five million households and businesses in England (one in six) are currently at risk of flooding with 2.4 million properties at risk from river or coastal flooding and three million from surface water.³

1.2 Houses need to be built which are better able to withstand flooding as this is both cost-effective but also reduces the social and community devastation which can be caused by severe floods. The government is currently reviewing its approach sustainable drainage systems (SuDs) and it should strengthen the policy on this to ensure new homes have well designed SuDs schemes. The Chartered Institute for Water and Environmental Management (CIEWM) has suggested that drainage of surface water into sewers should be conditional on new developments including high-quality SuDS, which reduce flood risk by slowing and storing flood water using natural processes.⁴ As CIEWM puts it, 'the urgent need to deal with the housing shortage must also be linked with the connected crises of flood risk, water scarcity, water quality, public health and wellbeing and biodiversity loss'.⁵



- 1.3 The planning system should be equipped to deliver developments that more effectively reduce outdoor air pollution. About 40,000 deaths a year in the UK are attributable to exposure to outdoor air pollution and it has been linked to cancer, asthma, stroke, heart disease, diabetes, obesity and changes linked to dementia.⁶ Spatial planning has a role to play in reducing air pollution both in terms of local planning policies and decisions taken on individual planning applications. Policies need to promote high quality building standards, reduce energy use, and require the preparation of low emissions strategies.⁷
- 1.4 There is a clear health inequality element to air pollution. Research carried out by Imperial College London showed that there were higher concentrations of particulate matter and nitrogen dioxide in the most deprived 20% of neighbourhoods in England.⁸ Planning policy must take the health inequality of air pollution into account and ensure poorer people do not become 'travelled upon' by the more affluent due to the layout of towns and cities. Furthermore, planning policy should be designed to more effectively protect children from the impact of poor air quality by restricting construction of school buildings in Air Quality Management Areas and on major roads.
- 1.5 There should be a renewed focus in the planning system on providing housing and neighbourhoods which are not health damaging and promote good health. For example, homes should be designed with good insulation to manage the escape of heat from dwellings, which may be further impacted by climate change in the future. Cold homes lead to poorer health outcomes and increased morbidity and mortality.⁹ Good ventilation and adequate daylight are also extremely important; good ventilation can help to mitigate the risk of indoor air pollution.
- 1.6 Mental health is hugely impacted by living conditions and the planning system must enable the construction of dwellings and neighbourhoods that create positive mental health and wellbeing. According to a recent survey by Shelter, one in five English adults (21%) have had a housing issue negatively impact upon their mental health in the last five years.¹⁰ The Centre for Urban Design and Mental Health has recently explored how to build good mental health into urban environments as city dwellers have an almost 40% increased risk of depression, over 20% more of anxiety and double the risk of developing schizophrenia.¹¹ The 'Mind the GAPS' framework identifies four key areas for mitigating risk factors and improving mental health using urban planning: accessibility to green spaces, integration of activity, creating pro-social places, and providing safety and security.¹²
- 1.7 Neighbourhoods that are conducive to good health are just as important as healthy dwellings. The planning system should make it easier for local authorities to deliver healthier neighbourhoods with movement and access, open spaces, play and recreation, healthy food environments, social and neighbourhood spaces, healthier design and layout of homes and commercial spaces, and town centre retail and food diversity.¹³
- 1.8 More focus is needed on delivering housing that is future-proof and can meet the needs of our ageing population and of disabled people. There are currently around 1.8 million people with an accessible housing need in the UK, including around 300,000 disabled adults whose need is unmet.¹⁴ Only seven per cent of homes in England offer minimum accessibility features.¹⁵



1.9 The number of people aged over 65 is forecast to rise over the next decade from the current 11.7 million people to 14.3 million people by 2025, a 22% rise.¹⁶ At the current time, the vast majority of over 65s live in mainstream housing and so the suitability of the housing stock is crucial to the future health of individuals. There is currently a lack of affordable retirement accommodation.¹⁷

1.10 The National Planning Policy Framework states that viability should consider ‘competitive returns to a willing landowner and willing developer to enable the development to be deliverable.’¹⁸ ‘Competitive returns’ can be interpreted in diverse ways. Shelter have recommended that a more balanced concept of viability should be developed which is fairer to communities and is not judged based on excessive prices paid for land but on a fair price based on existing use values plus a premium.¹⁹ Viability assessments must also be more transparent. A Welsh government commissioned longitudinal study of viability in the Welsh planning process concluded that viability is an area of complexity and disconnect between developers and local planning authorities.²⁰

1.11 The social implications of development (for example high density living) need to be more adequately considered as part of the planning system. Higher overall density can lead to healthier communities but only if the right infrastructure is in place and places are carefully designed.

2. Spatial structures

2.1 As government devolves more powers to the regions and health and care structures become increasingly focused on local geographies that span more than more local authority the planning system needs to keep pace. The planning system should be aligned with new and emerging geographical demarcations such as Sustainability and Transformation Partnership areas and devolved areas such as Combined Authorities.

3. Community involvement in planning

3.1 Ensuring the planning process is democratic and there is strong involvement from local communities is vital. The community voice in the planning process needs to be protected and strengthened. It is important to note that there is a clear inequalities dimension to consider when thinking about the best structures and processes for encouraging or facilitating community involvement in planning. Putting together an objection or becoming involved in a local planning application process takes knowledge, resources and time. More deprived areas may have less capacity to represent their views to local Councillors and make their voice heard. Any geographic engagement processes around housing will be likely to bypass those who most housing for example the homeless. It is therefore important to mitigate this by trying to include their voice or at least assessed needs.

4. Planning and taxation

4.1 Current mechanisms are not effectively capturing land value increases in a way that serves the public interest. A lack of affordable housing is leading to increased homelessness which has adverse health impacts. There is currently a lack of housing supply to meet population needs and housing is becoming increasingly unaffordable.²¹ Housing affordability has worsened in all local authority districts in the last



two decades.²² Between 1st January and 31st March 2017 local authorities accepted 14,600 households as being statutorily homeless and the total number of households in temporary accommodation on 31st March 2017 was 77,240, up eight percent on a year earlier.²³ The longer a person experiences homelessness the more likely it is that their health and wellbeing will be at risk. The average age of death of a single homeless person is 30 years lower than the general population.²⁴ In addition, housing affordability is the most frequently referenced issue by those who see housing pressures as having had a negative impact on their mental health.²⁵

- 4.2 The housing crisis is being perpetuated and worsened by the existing planning system. The current speculative housebuilding model does not work in the best interest of communities as it incentivises developers to negotiate terms that are worse for communities (such as lower percentages of affordable housing) to drive up returns. It also incentivises developers to build homes slowly as not to disrupt supply and bring prices down meaning homes are unaffordable for many people and supply cannot effectively meet demand.²⁶ The Local Plan is supposed to set the price of land by determining key factors such as the proportion of affordable housing that should be delivered by developers. Instead, the value of land is being set by the market and obligations on development are then being negotiated according to those values.
- 4.3 To ensure affordable housing is delivered consistently the government should introduce a national minimum contribution of affordable housing for developments across England. In addition, local authorities need tools to incentivise builders to turn applications into developments. For example, local authorities should be given council tax flexibility on empty sites. Other mechanisms could be introduced to recoup the value of the land more effectively in the public interest, for example different tax regimes or more obligations on developers to deliver affordable housing when the land value has increased dramatically due to the granting of planning permission.
- 4.4 Directors of Public Health have reported that they found the Community Infrastructure Levy to be a more effective mechanism than Section 106 agreements to recoup the value of land in the public interest.

5. Effective implementation

- 5.1 Proportionate Health Impact Assessments (HIA) should be made statutory for all developments. A systematic empirical study of the influence of HIA on decision-making and implementation of proposals in Australia and New Zealand found that HIAs are often directly effective in changing, influencing, and broadening areas considered and in some cases having an immediate impact on decisions.²⁷ Another analysis of evaluation reports for HIAs in the US, Europe, Australia and New Zealand found that the major impacts of HIA were 'directly influencing some decisions, improving collaboration among stakeholders, increasing awareness of health issues among decision makers, and giving community members a stronger voice in local decisions.'²⁸
- 5.2 Planning teams should develop the skills and expertise to work effectively with public health teams during their training and education.



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