DEVELOPING HEALTHIER PLACES
HOW COUNCILS CAN WORK WITH DEVELOPERS TO CREATE PLACES THAT SUPPORT WELLBEING
We all know instinctively that the places where we live affect our health and wellbeing and there is powerful evidence to support this. However, turning this understanding into practical actions that will help us create healthy environments is not so easy. It involves policies, organisational structures, professional practices and social and cultural change. It is not straightforward, but it is important: if we can create places in which it is easy to have a healthy lifestyle we will help prevent illness, improve people’s lives and cut health and social care costs.

We know we must create places where it is easy for people to lead healthier lifestyles. We need to plan places with space for children to play, places that encourage modest exercise for everyone – whether walking, cycling, or enjoying nature - and spaces for sport and recreation. We know that the environment we live in has a huge impact on our health. An ever-increasing body of research indicates that the environment in which we live is inextricably linked to our health across the life course. For example, the design of our neighbourhoods can influence physical activity levels, travel patterns, social connectivity, mental and physical health and wellbeing outcomes. The World Health Organisation estimates that 23 per cent of global deaths are due to modifiable environmental factors. Their report which assessed the burden of disease showed us that wherever we live, our health is hugely impacted by our surrounding built and natural environment and moreover, to a significant degree, that premature death and disease can be prevented through healthier environments.

At a local level, many councils are starting to emphasise the need to create healthy places in their Local Plans and policies. However, there is only so much that can be achieved by councils alone. Influencing the way that developers approach creating new buildings and places will be vital if we, as a society, are to maximise our potential to create places where it is easy to live a healthy life.

Developers work in very different ways to councils and have different priorities, motivations and timescales. As a consequence, many councils find it difficult to secure the health benefits from new development that they would like to see. The transfer of responsibility for public health in 2013 to councils has sparked a renewed interest in the link between the built environment and health and wellbeing. Some are featured in these case studies. They include councils spread across England, covering both rural and urban environments and with varying levels of deprivation and affluence.

The challenge for us all is not just to develop good practice but to champion and share it.

Councillor Izzi Seccombe OBE
Chairman, LGA Community Wellbeing Board
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In the last few years there has been a reawakening of awareness that the built environment has a profound effect on whether or not people live healthy lives. Put simply, the places in which we live shape the way we live. People who live in neighbourhoods with clean air, good parks, streets that are easy and pleasant to walk and cycle along, places to meet and socialise, jobs and opportunities, find it easier to live healthy fulfilling lives than those who are not so lucky.¹

Recognising this, all over the country councils have been bringing together their planners and their public health teams and encouraging them to collaborate to try to ensure that new development is planned and designed to make it easier for people to live healthier lives.² A lot of progress has been made. Public health teams have helped planners understand their role in shaping the ‘wider determinants’ of health in their areas, and have raised awareness of the particular public health challenges faced by their local populations. Planners have helped public health colleagues understand the potential of the planning process to influence the shape and function of places. The National Planning Policy Framework makes it clear that planning has a role in helping to create healthy places³.

This is reinforced by the national Planning Practice Guidance, which was updated in 2017 to strengthen the information it provides on this subject.⁴ At a local level, many councils are starting to emphasise the need to create healthy places in their Local Plans and policies.

However, there is only so much that can be achieved by councils alone. The majority of new homes that are built in England today are built by private sector developers.⁵ Influencing the way that developers approach constructing new buildings and places will be vital if we, as a society, are to maximise our potential to create places where it is easy to live a healthy life.

Private sector developers work in very different ways to councils and have different priorities, motivations and timescales. As a consequence, many councils find it difficult to secure the health benefits from new development that they would like to see and say they need a better understanding of how developers operate. This purpose of this guide is to start to help fill that gap.

The information in this guide has been drawn from 10 workshops, and other events, held across England in 2017. Facilitated by the Town and County Planning Association (TCPA), each workshop was hosted by a council and focused on a development in that area, and included presentations from, and discussions with, the developer. In addition to the workshops, the TCPA also interviewed

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² For example, the TCPA has facilitated more than 50 such workshops as part of its ‘Reuniting health with planning’ workstream. See: https://www.tcpa.org.uk/healthyplanning


⁴ See the ‘Health and wellbeing’ section of the Planning Practice Guidance https://www.gov.uk/guidance/health-and-wellbeing

10 developers about their attitudes towards creating healthier places, and held a national round-table meeting with developers at which a range of topics were discussed. None of the councils or developers involved claim to be getting everything right: but all of them, by agreeing to be involved in the project, have demonstrated a commitment to facilitating health and wellbeing through their work.

Cumulatively, the discussions, workshops and interviews have provided useful insights into developers’ motivations and an understanding of what they would find helpful from councils in order to increase the health and wellbeing potential of their developments. These insights are set out as ‘key messages’, below.

Following the key messages, there are four case studies describing how a range of councils have been working with developers. The councils are in different parts of the country and encompass a range of planning and health challenges. Each one has taken a slightly different approach that can provide useful insights for other councils to consider.

Realistically, achieving the things that help create healthy places will be easier in some parts of the country than in others. Local factors such as land values, the housing market, the economy, and the political context will all affect how possible it is. However, it is worth noting that many of the things that contribute to creating healthier places can be achieved at no additional cost – often what is required is strong Local Plan policies; political leadership; as well as cross-departmental and professional focus.

The developers who agreed to take part in the project are not necessarily typical of developers all over the country. However, it is clear that the idea of creating places that are good for people’s wellbeing is moving up the agenda across the development sector. One reason for this is the growing body of evidence that good place-making adds value. As one developer put it, ‘Quite often the cost is little and the value enhancement is huge’. There is, then, reason to be optimistic that council public health and planning teams will increasingly be able to work collaboratively with developers to create places where it is easier for people to live healthier lives. 

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7 For more information about the TCPA project on which this guide is based see: https://www.tcpa.org.uk/developers-wellbeing
WHAT DO WE MEAN BY ‘HEALTH’, ‘WELLBEING’ AND ‘PUBLIC HEALTH’?

The World Health Organisation defines health as, ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. This definition is widely accepted.

There is no consensus about the definition of ‘wellbeing’. However, the World Health Organisation defines mental health as, ‘as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’.

Public health is usually defined as, ‘the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society’. Implicit in this definition is a focus on reducing health inequalities.

WHAT ARE THE ‘WIDER DETERMINANTS’ OF HEALTH?

The ‘wider determinants of health’, sometimes called the ‘social determinants of health’ are the many factors that influence whether or not people live healthy lives. The government-commissioned Marmot Review, published in 2010, raised awareness of the importance of the wider determinants of health. Some of them, such as our genes, our age and our gender, are things over which we have no influence. Others, such as our homes and neighbourhoods, social networks, natural environment and climate are things that are shaped by the societies in which we live. The planning system has an influence over (although not total control over) many of the wider determinants of health, including people’s lifestyles, their local communities, the local economy, the activities available to them, the built environment, the natural environment, and the mitigation and adaptation of the effects of climate change.

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8 See: http://www.who.int/about/mission/en/
9 See: http://www.who.int/features/factfiles/mental_health/en/
10 Acheson, 1988
11 For instance, see Public Health England’s website and scroll down to ‘what we do’. https://www.gov.uk/government/organisations/public-health-england
WHAT DO WE MEAN BY ‘DEVELOPERS’?

In the context of this guide the term ‘developers’ includes several types of private sector organisations with roles which can roughly be described as follows:

**Strategic land developers**: They buy the land, commission the design of the masterplan, obtain ‘outline’ planning permission, and install basic amenities such as drains, electricity, roads. Sometimes they also build the houses, but often they will sell plots of land on the site to other house-builders. Strategic land developers can be involved in a site for many years, often more than a decade.

**Housebuilders**: Usually buy a plot of land which already has the basic utilities (roads, electricity, sewers etc). They oversee the design of the homes, get ‘detailed’ planning permission, build the homes, and then sell them to house-buyers.

**Housing associations**: Can be strategic land developers, or housebuilders or both. Increasingly, housing associations build homes to sell on the open market in order to cross-subsidise the affordable and social rent homes that they were originally founded to provide.

New homes are also built by councils, either acting alone or in partnership, and by self-builders and custom-builders. The focus of this guide, however, is to understand the motivations of the more commercial developers listed above.

WHAT DO WE MEAN BY ‘PLANNERS’?

Put simply, councils have two sorts of planners. ‘Policy planners’ help create the Local Plan, the document that sets out the council’s vision for its community over the next 20 years or so, backed up by a range of policies. Unless the Local Plan contains strong policies about health and the built environment it will be very difficult for health and wellbeing considered effectively in the way that new developments are designed and planned. The Local Plan is updated periodically and public health teams should get involved with the process of updating it to help shape it.

‘Development management’ planners assess (or ‘determine’) planning applications to see whether they are in line with the Local Plan. If they are, they will recommend that they get planning permission. If the Local Plan and its policies say little or nothing about the built environment and health it will be very difficult to refuse planning applications on the basis of not contributing to healthy place-making.

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14 See Self-build and custom build housing (England), House of Commons Library (2017)
THE DETERMINANTS OF HEALTH AND WELLBEING IN OUR SETTLEMENTS

Source: Barton and Grant, 2006
WHAT IS ‘HEALTHY’ DEVELOPMENT?
Most parts of the country have similar population-wide health challenges which the planning system can help tackle when bringing forward new development or regeneration proposals. These include:

- reducing health inequalities
- reducing obesity and overweight
- planning for an ageing population
- improving mental health and addressing social isolation

Every place is unique and will need to respond to its health challenges in its own way. There is growing consensus about the elements that make a healthy development. Much of this is covered by the TCPA's framework of 6 elements:

<table>
<thead>
<tr>
<th>Movement and access</th>
<th>Open space play and recreation</th>
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<tbody>
<tr>
<td>Creating a place that prioritises active and inclusive environments which provide easy and safe opportunities for everyone to be physically active through sustainable modes of travel.</td>
<td>Delivering a comprehensive network of natural and public open spaces and places which provide for a range of informal and formal activities to happen for everyone’s participation and enjoyment.</td>
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<table>
<thead>
<tr>
<th>Food Environment</th>
<th>Buildings</th>
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<tbody>
<tr>
<td>Providing the local community with access to a diversity of food outlets selling healthy food options and the opportunity to grow their own food in designated public and private spaces accessible from the home, school, or workplace.</td>
<td>Constructing high-quality, human-scale buildings with healthy working and living, internal and external environments that will promote the long-term health and comfort of their occupants.</td>
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<tr>
<th>Neighbourhood spaces and infrastructure</th>
<th>Local Economy</th>
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<tbody>
<tr>
<td>Providing improved access to community and health infrastructure to meet local needs, maximising redevelopment and, in the meantime, the use of redundant premises and spaces, and actively seeking opportunities for co-location.</td>
<td>Providing a dynamic environment with accessible local industries, services and facilities, which help to secure employment, enterprise, and training opportunities for residents, and attract key workers.</td>
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This framework does not specifically include air pollution, which is an increasingly high priority and could also be considered.

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15 For more information see: [https://www.tcpa.org.uk/healthy-environments](https://www.tcpa.org.uk/healthy-environments)
MANY DEVELOPERS WANT TO CREATE PLACES THAT FACILITATE WELLBEING, BUT THEIR MOTIVATIONS FOR DOING SO ARE DIFFERENT FROM THE PUBLIC SECTOR

The Calcutt Review of housebuilding pointed out that, ‘housebuilders are not in business to serve the public interest, except incidentally. Their primary concern is to deliver profits for their investors, now and in the future’\(^{16}\). Although many developers say they want to create places in which encourage wellbeing, they will only do so if it helps them commercially – and will avoid anything that damages them financially. Developers increasingly recognise that the elements that contribute to residents’ wellbeing are also things that can help them sell homes more quickly. As one developer put it:

‘We put in the roads, play areas and trees from day one, so it was an attractive place for people to move into. We weren’t thinking about it in health and wellbeing terms’.

From the developer’s point of view, there are a number of things that would encourage them to focus on providing health and wellbeing in their projects.

- getting consent for planning applications more quickly.
- selling the homes that they build more quickly.
- selling the homes that they build for more money because the value of the development has increased as a result of the health and wellbeing features.

Developers are increasingly aware that ‘wellbeing’ is a useful marketing tool that can help sell homes for more money, more quickly in affluent areas where buyers can choose what they buy. Some are starting to incorporate this into their branding and marketing, using their focus on wellbeing to differentiate them from competitors. As one developer said: ‘We are selling at the premium end of the market so there’s an expectation that you’d get quality open space and so on. It’s trickier at the “value” end of the market.’

Clearly in areas where house prices are relatively low, developers might be reluctant to contribute to creating healthier places if they think it will add to their costs. However, if the council were to have a strong and consistent focus on health and wellbeing, which resulted in an easier and quicker planning application process for the developer, they might be persuaded that it is in their interests to deliver. As one developer put it: ‘If you can offer me better and quicker [planning application] consent because I’ve delivered health and wellbeing then great. But that doesn’t happen. Until it does, it [healthier places] won’t happen – or not much.’ This suggests that there is a need for some councils to have a stronger, clearer message about health. This is set out in the second key message.

IF IMPROVING LOCAL HEALTH AND WELLBEING ARE HIGH PRIORITIES FOR A COUNCIL THEN THIS MUST BE COMMUNICATED CONSISTENTLY TO DEVELOPERS

Nearly all of the developers who contributed to this research said that they were given different priorities by different parts of the council. These confusing, and sometimes conflicting, messages made it much harder for the developers to respond and added time (and therefore cost) to the process.

If councils want to achieve healthier developments this will need to be set out clearly in the Local Plan, its supporting policies, in pre-application discussions, and by the planning committee. One developer said, ‘I’ve never heard a planning committee ask, “What are you doing about health and wellbeing?”, it never happens.’

In areas with two tiers of councils the Local Plan will be developed by the district council, but the public health team will be based in the county council. This adds to the complexity of achieving strong planning and health policies in the Local Plan. However, in many two-tier areas county public health teams and district planners are collaborating effectively. The TCPA has published a range of guides that explain how this can be achieved.17

For large developments it could be useful if all the relevant council teams meet at the earliest possible stage to agree the priorities that will be communicated to the developers during pre-application discussions and the application process. This could include the planners, the public health team, highways, the parks department, regeneration – and any other department that might be involved in the shaping the proposal or maintaining the development once it has been built.

17 See: https://www.tcpa.org.uk/Pages/Category/health
LANGUAGE IS IMPORTANT. COUNCILS NEED TO BE CLEAR WHAT THEY MEAN BY TERMS SUCH AS ‘HEALTH’ AND ‘WELLBEING’

Perhaps not surprisingly there is considerable confusion about what exactly terms such as ‘health’ and ‘wellbeing’ mean in terms of the design of places. Councils need to be very clear about what they are asking for – perhaps using the TCPA’s framework of six elements of healthy development to pin down what they want as precisely as they can and to guide pre-application discussions.

In general, developers are more comfortable talking about ‘wellbeing’ rather than ‘health’. Images that connote wellbeing, such as families walking in the park, or active older people, are often used in developers’ marketing materials. Wellbeing, is perhaps, more associated with happiness whereas ‘health’ has medical connotations, or associations with poor health and illness – neither of which would make great marketing messages to prospective residents of a development.

As one developer put it, ‘

“Health”, to many people, means doctors and dentists, not “wider determinants”.

A planner said, “Health” i.e. the NHS, is not the same as public health. Developers might think that they’ve consulted “health”, and not realise they’ve not had any input from public health’.

It was notable that some of the developers that were involved either directly or indirectly in this project claimed to be, ‘doing all this already’, while some of the councils that some of them worked with felt quite strongly that this was not the case. Possibly the developers had addressed the issue of providing health care facilities, such as GP surgeries, but had not realised that the council also expected them to address public health concerns and the ‘wider determinants’ of health through the design of the development.
DISCUSSIONS ABOUT CREATING HEALTHY PLACES NEED TO START AS EARLY IN THE DEVELOPMENT PROCESS AS POSSIBLE AND SHOULD BE A KEY THEME OF PRE-APPLICATION CONVERSATIONS

The factors that determine whether or not it is easy to live a healthy life in a place range from the fundamental – such as, ‘Is the development in the right place?’ – to the relatively minor – such as ‘Is there somewhere to keep my bike?’ It is, therefore, vital that discussions about health and wellbeing take place as early as possible in the pre-application process, to ensure that it is taken into consideration during the master planning or other early stages in the design. For instance, if a site has no public transport and any development on it would result in car-dependent communities then perhaps it is not a good place to build new homes. Often, by the time a health impact assessment takes place it is too late to change important aspects of the proposal.

THE JOINT STRATEGIC NEEDS ASSESSMENT IS AN IMPORTANT AND USEFUL DOCUMENT AND DEVELOPERS SHOULD BE MADE AWARE OF IT

In each area the annual joint strategic needs assessment (JSNA) assesses the current and future health needs of the local population, based on a wide range of data. Its aim is to help improve health and wellbeing outcomes of the local population. Producing a JSNA has been a statutory requirement of the local authority and NHS since 2007.

However, few developers seem to have heard of the JSNA. The council is a key partner in creating the JSNA and should ensure that the major developers in their area are aware of it and use it to inform their thinking as early as possible in their proposals. Making developers aware of the local health data already collected in the JSNA could help save money and time if it reduces the amount of research they need to commission.
There are a number of things that can be done to create a healthier place that should not add to the cost of development. For instance, master planning a site so that it is easy and pleasant to walk and through, with direct routes, rather than culs-de-sac, should be cost neutral. So should ensuring that, in commercial and public buildings, the staircases are visible and attractive, rather than hidden and shabby.

It could be argued that these sorts of features are just good planning and common sense – yet they often seem not to happen. When councils set out their health and wellbeing priorities for developers they could highlight the cumulative impact that these types of relatively small design initiatives could have on the health of the populations.

Throughout the country councils are facing similar public health problems, such as the increase in childhood obesity, poor air quality, and increasing instances of social isolation. However, although these are nationally occurring problems, tackling them effectively requires responses that take into account the local population, culture, environment, and so on.

For instance, if air quality is a particular problem it might be a priority to encourage people to walk and cycle rather than drive. However, making this happen in practice could require a good understanding of local public transport issues, attitudes and habits. Simply building a cycle path and hoping for the best is unlikely to be enough to trigger the necessary changes to behaviour.

Councils need to support developers to respond to local health challenges in locally appropriate ways. It needs to be clear to the developer that simply duplicating aspects of another development, created for a different place, will not be considered an adequate response.
COUNCILS SHOULD MAKE THE MOST OF WHATEVER INFLUENCE THEY HAVE OVER THE DEVELOPMENT IN ORDER TO SECURE A HEALTHY PLACE

This includes prioritising health in the Local Plan, having strong policies about health or ‘health in all policies’, and ensuring that the councillors on the planning committee give a clear message that creating healthy developments is important to them. If the local authority owns land that is being used in the development, or is considering releasing green belt land for the development, it could use this to insist that high standards are achieved. In some areas planners and public health teams have jointly decided that planning applications of a certain size should always be reviewed by public health, or undergo a health impact assessment.

HOLDING REGULAR MEETINGS WITH LOCAL DEVELOPERS CAN HELP THEM UNDERSTAND THE COUNCIL’S PRIORITIES – SUCH AS CREATING HEALTHIER PLACES

In areas where there is a lot of development, or the Local Plan is being updated, councils might benefit from holding regular meetings with developers. This will help the council present a clear message about its priorities, and allow developers to feed back their thoughts very quickly. It could also help the council gain a more nuanced understanding of the local land market.
MANSFIELD, NOTTINGHAMSHIRE – BERRY HILL

Berry Hill will be a mixed-use community on 169 hectares of greenfield land to the south-east of Mansfield, bringing more than £100 million of investment into the area. Strategic land developer, the Lindhurst Group, is responsible for the overall masterplan and putting in place the infrastructure. Housebuilders will then develop homes on plots within the site.

DEVELOPMENT DETAILS

**Uses**
1,700 homes (10 per cent affordable housing on site plus an off-site contribution), a new local centre (3.7ha), employment space (21.9ha), health centre, leisure and primary school.

**Developer**
Lindhurst Group (Nottinghamshire County Council, Lindhurst Jersey Ltd, Westerman Ltd)

**Outline planning permission granted**
2013

**Project costs**
£70 million for infrastructure and a number of physical and financial contributions will be made via Section 106 to mitigate the impacts of the development.

**Policy context**
Since outline planning permission was granted for the Berry Hill development in 2013, health and wellbeing has become an increasingly important policy focus for Mansfield District Council. In 2016 the council adopted, 'Spatial planning for the health and wellbeing of Nottinghamshire', which gives an overview of the health challenges across the county and supporting information for planners, public health teams, health-care commissioners and providers, and developers. It includes a rapid health impact assessment checklist and guidance to district planners about assessing the impact of a development on the health and wellbeing of the population. It also gives the Lindhurst Group clarity about what is expected as the development of Berry Hill progresses. Healthy design principles have been incorporated into the design codes that provide the framework for the detailed planning applications for the individual plots and the homes that will be built on them.
What can be learned from the council’s approach?

Good planning has always included the aim of creating healthy places and in the early pre-application discussions the developer, Lindhurst Group, responded by including a large amount of green space throughout the development, as well as a new GP surgery. However, in the last few years Mansfield District Council, like many others across the country, has become more focused on ensuring that new development facilitates health and wellbeing.

As a result, during discussions about the development, the council has suggested some changes to the masterplan and design codes which the developer has been happy to address. ‘I’ve been quite surprised about how accommodating the Lindhurst Group has been’, says Clare Cook, Senior Development Management Officer at the council, adding that one thing she has learned through working on Berry Hill is, ‘Don’t assume that the developer will always say “no”’. Mansfield’s Local Plan – adopted in 1998 – is dated and a new plan is being consulted upon. Currently it is more difficult to require all developers to design health and wellbeing into their projects but it is the intention that the new adopted plan will contain strong, evidenced, policies around health and wellbeing which will provide more weight to require this to be an important consideration in new projects.

What has been achieved?

The masterplan provides a strategic network of traffic-free foot and cycling paths and shared surfaces throughout the site. Lindhurst Group will provide at least 500 covered cycle parking stands (1000 spaces) across the site, with associated locker facilities, changing areas and showers nearby. To promote walking the developer will install pedestrian signage and help raise awareness of the

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### Health and population profile for Berry Hill, Lindhurst and Ransom Wood wards

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<thead>
<tr>
<th></th>
<th>Mansfield</th>
<th>Berry Hill</th>
<th>Lindhurst</th>
<th>Ransom Wood</th>
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<tbody>
<tr>
<td>Population density</td>
<td>13.6</td>
<td>10.4</td>
<td>20.2</td>
<td>6.7</td>
</tr>
<tr>
<td>Very good/ good health</td>
<td>75.8%</td>
<td>76.4%</td>
<td>81%</td>
<td>72.2%</td>
</tr>
<tr>
<td>Economically active (full time)</td>
<td>38.7%</td>
<td>36.9%</td>
<td>38.7%</td>
<td>34.3%</td>
</tr>
<tr>
<td>No cars/ vans</td>
<td>25.2%</td>
<td>9.8%</td>
<td>9.1%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Method of travel to work – car</td>
<td>44%</td>
<td>51%</td>
<td>49%</td>
<td>38%</td>
</tr>
<tr>
<td>Method of travel to work – walk</td>
<td>6%</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Method of travel to work – cycle</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Physically active adults</td>
<td>53.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese Year 6 (2013/14)</td>
<td>20.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obese adults (2012)</td>
<td>32.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess weight adults (2012)</td>
<td>70.5%</td>
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health benefits of walking. A Travel Plan Co-ordinator will spend two to three days a week publicising sustainable travel opportunities.

There will be a network of green open spaces throughout the site, and all homes will have accessible outdoor spaces, such as private gardens.

Design Codes have been prepared to be used across the site by the housebuilders that will build on each plot. They set out mandatory minimum design standards based on the Building for Life principles and allow developments to respond to the six planning healthy weight environments elements.

**Further information:**
http://berry-hill.co.uk

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THURROCK – PURFLEET TOWN CENTRE

The town of Purfleet, in Thurrock, on the north bank of the Thames, is in need of regeneration and significant parts of the population are in poor health. The town is spread out, lacking a proper centre, and local people find it difficult to access healthcare facilities. Purfleet has a good rail line into London, but getting to the station, and around Purfleet itself, is difficult due to acute traffic congestion and poor walking or cycling routes. Similarly, although the Thames riverfront is potentially a big asset, most of Purfleet is cut off from it.

Both the council and the developer are committed to using the opportunity of this major new development to improve the health and wellbeing of the existing local population.

DEVELOPMENT DETAILS

Uses
Up to 2,850 new homes, a new primary school, new state of the art media, film, and TV complex, town centre and retail spaces, community, health and education facilities

Developer
Purfleet Centre Regeneration Limited (Urban Catalyst, Regeneration Investments Ltd., Swan Commercial Services Ltd., Keltbray and Sir Tim Laurence) and Thurrock Council.

Year planning permission granted
Outline application was submitted in December 2017.

Policy context
In 2016 Thurrock Council and the Thurrock Clinical Commissioning Group published, as part of its joint strategic needs assessment, ‘A Needs Assessment to inform the Regeneration of Purfleet and a new Integrated Healthy Living Centre’. This document set out evidence of multiple and severe health problems in the local community, caused by both environmental factors and also a local shortage of GPs and other NHS services. It set out clear recommendations for the new development, including promoting active travel; mitigating poor air quality; and providing good green spaces - in addition to the provision of more local NHS services.

Thurrock is currently in the process of preparing a new local plan and has been actively engaging with a wide range of stakeholders, including local young people, businesses, developers, community forums and the wider public. The council is ambitious about what can be achieved in the area and how the new development can be designed to improve the lives of people who already live in Purfleet as well as new residents.
Health context for Thurrock

<table>
<thead>
<tr>
<th></th>
<th>Thurrock (Local Authority)</th>
<th>West Thurrock and South Stifford (Ward)</th>
<th>Aveley and Uplands (Ward)</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good or very good health(^a)</td>
<td>82.9%</td>
<td>86%</td>
<td>80.1%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Income Deprivation(^b)</td>
<td>15.2%</td>
<td>17.8%</td>
<td>16.2%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Utilisation of outdoor space for exercise/health reasons(^c)</td>
<td>36.9%(^*) (CI 15.5-58.3)</td>
<td>-</td>
<td>-</td>
<td>17.9% (CI 1.4-18.4%)</td>
</tr>
<tr>
<td>Healthy eating adults(^b)</td>
<td>25.1%</td>
<td>22.7%</td>
<td>23.2%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Adults obesity(^b)</td>
<td>28.1%</td>
<td>28.6%</td>
<td>28.2%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Reception year obese and excess weight(^b)</td>
<td>22.3%</td>
<td>25.4%</td>
<td>18.6%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Year 6 obese and excess weight(^b)</td>
<td>37.6%</td>
<td>42.5%</td>
<td>38.9%</td>
<td>31.6%</td>
</tr>
</tbody>
</table>

\(^a\) Nomis, Office for National Statistics - ‘Health and provision of unpaid care’ (Census 2011 data) [http://www.nomisweb.co.uk/census/2011/ks301ew](http://www.nomisweb.co.uk/census/2011/ks301ew)

\(^b\) Public Health England Local Health tool: [http://www.localhealth.org.uk/#l=en;v=map7](http://www.localhealth.org.uk/#l=en;v=map7)

\(^c\) Ward data estimated from MSOA level data

\(^*\) value based on effective sample size <100

What can be learned from the council’s approach?

The publication of ‘A Needs Assessment to inform the Regeneration of Purfleet and a new Integrated Healthy Living Centre’ in early 2016 clearly influenced the developers of Purfleet town centre and helped shape their thinking. ‘It set out how severe the problem is, the health statistics were surprisingly bad, and it’s in all of our interests to get this right’, says developer Ken Dytor of Urban Catalyst. Joint strategic needs assessments and similar documents can, this demonstrates, be powerful tools for helping developers understand in detail the health needs of the populations they are building for, and can help shape their thinking.

Another factor that has helped shape the thinking of both the council and its private sector development partners is the very active engagement and consultation that has been held with large parts of the community and other key stakeholders. In 2016 the council set up a Developers’ Forum to support the production of its new Local Plan and give
developers a chance to check and challenge emerging evidence and influence future policies. ‘The forum, which meets quarterly, is a great way for the council to gain a market perspective on key pieces of evidence including viability work. The forum also gives developers and strategic land agents the opportunity to raise concerns early on in the process and work with the council to produce a plan that is deliverable and realistic’ says Kirsty Paul, Principal Planning Officer. In September 2017 the council held a special Developer’s Forum, led by Thurrock Public Health’s Place, Environment and Communities team, focusing on health and wellbeing. The workshop provided participants with an insight into some of the health challenges the borough faces and the potential solutions that the authority is looking to introduce through plan-making.

**What has been achieved?**
The redevelopment of Purfleet by Purfleet Centre Regeneration Ltd (PCRL) will see the 56 hectare prime riverside location transformed into a vibrant residential community featuring new homes set around a town centre including schools, a health centre, community facilities, local shops and leisure uses. The first phase of the development adjacent to the riverfront, Zone 1, will comprise 1,045 new homes, retail and restaurant units, an Integrated Medical Centre and space for community uses.

Developer Ken Dytor highlights the important introduction to, and relationship with, the health sector, and is supportive of aspirations to have healthy, active living at the heart of its design. It has resulted in PCRL committing to making Purfleet healthy place to live and helping to meet the local health and wellbeing strategy priority to have ‘people live long lives which are full of opportunity, allowing everyone to achieve their potential’.

**Further information**


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SOUTHWARK – CANADA WATER

Canada Water is a 186 hectare strategic development site in east London set around the former Surrey Docks on the south bank of the Thames. The docks closed in the 1970s and parts of the area were redeveloped in the 1980s and 1990s with new homes and ‘out-of-town style’ shopping with huge shops and extensive car parks. Now, developers British Land, in partnership with Southwark Council, are planning to deliver a new urban centre with up to 3,500 homes, 2 million sqft of workspace and up to 1 million sqft of retail and leisure space, potentially creating 20,000 jobs. The health of the local population varies across the area, with pockets of very poor health in some parts, particularly Rotherhithe ward.

DEVELOPMENT DETAILS

**Uses**
3,500 new homes, 2m sqft workspace and 1m sq. ft retail, leisure and culture

**Developer**
British Land and the London Borough of Southwark

**Year planning permission granted**
Planning application to be submitted in spring 2018

**Project costs**
Estimated £3 billion with around £100 million for Section 106 and CIL

Policy context
Canada Water is a designated London Plan Opportunity Area. The 2015 Area Action Plan (AAP) for Canada Water provides the main policy context for the area’s regeneration. It identifies a number of local health challenges and notes ‘there is an opportunity to improve local healthcare facilities and improve the health and wellbeing of residents by encouraging healthy lifestyles’. The council’s vision for Canada Water, set out in the Area Action Plan, says that is will promote healthy lifestyles and ‘the development will contribute to achieving a high quality green infrastructure network’. ‘Development will meet the highest possible environmental standards to help tackle climate change, improve air quality and reduce pollution, waste and risk of flooding.’ The Southwark draft Local Plan will have a policy on healthy developments.

What can be learned from the council’s approach?
Southwark is a borough with a large amount of new development and regeneration and in the last few years health and wellbeing has become an important priority, with support from the Leader and a strong public health team. ‘A lot of the broad aspirations for the area have been aspirations for health,’ says Andrew Ruck, Planning Policy Officer. ‘At Canada Water we will be replacing a car-dominated environment with one that is much more fine grained, better for walking and cycling, and making the most of green infrastructure.’ The developer, British Land, has been very proactive and has often taken the initiative in terms of promoting health and wellbeing.
Health and population context for Canada Water

<table>
<thead>
<tr>
<th>Health and population indicators</th>
<th>London</th>
<th>Southwark</th>
<th>Rotherhithe</th>
<th>Surrey Docks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pop. density (person per sq km)</td>
<td>5,293</td>
<td>9,977</td>
<td>9,600</td>
<td>7,605</td>
</tr>
<tr>
<td>Wellbeing probability</td>
<td>-</td>
<td>-</td>
<td>-4</td>
<td>-2</td>
</tr>
<tr>
<td>Happiness and wellbeing</td>
<td>7.6</td>
<td>-</td>
<td>7.5</td>
<td>7.9</td>
</tr>
<tr>
<td>In employment (rate)</td>
<td>69.2%</td>
<td>68.3%</td>
<td>69.3%</td>
<td>77.7%</td>
</tr>
<tr>
<td>Cars per household</td>
<td>0.8</td>
<td>0.5</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>% travel by bicycle to work</td>
<td>4.0%</td>
<td>7.4%</td>
<td>5.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>% area that is open space</td>
<td>39.1%</td>
<td>22.6%</td>
<td>34.1%</td>
<td>40.3%</td>
</tr>
<tr>
<td>Physically active adults</td>
<td>57.8%</td>
<td>59.7%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Obese and excess weight - reception (age 4-5 years)</td>
<td>10.3%</td>
<td>12.2%</td>
<td>8.5%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Year 6 (age 10-11)</td>
<td>22.5%</td>
<td>26.7%</td>
<td>31.6%</td>
<td>30.2%</td>
</tr>
</tbody>
</table>

Source: London Datastore and PHE Fingertips Tool

The developer expects to be involved in the site for at least 20 years and this long-term perspective provides it with a strong motivation to create a place that is successful as it matures and not just for a couple of years.

The council is now developing a Social Regeneration Framework to help ensure that the new development in the borough will benefit existing residents.

What has been achieved?
The masterplan, which will be submitted in spring 2018, will provide 3,500 new homes, and will replace the huge retail sheds and surrounding car-parks that dominate the site with a new urban centre, a much greener environment, and one that is far easier to walk around – or through – with better connections to surrounding streets. Given the time it will take to build, some aspects of the masterplan are being left flexible enough to respond to future concerns.

Further information
http://www.canadawatermasterplan.com/

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NORTH KESTEVEN, LINCOLNSHIRE – WITHAM ST HUGHS

Witham St Hughs is a new settlement in the district of North Kesteven. The first two phases, a total of 1125 homes, were built during the last 20 years. Phase 3 was given planning permission in 2016. The strategic land developer, Strawsons, wants Witham St Hughs to be like a typical Lincolnshire village.

DEVELOPMENT DETAILS (PHASE 3)

**Uses**
1,250 new homes including provision of 150 care/retirement units (C2/C3), 30 hectares of public open spaces and green infrastructure

**Developer**
Strawsons Property

**Year planning permission granted**
September 2016

**Project costs**
£38 million with £8.5 million for Section 106 and £7 million Community Infrastructure Levy (CIL) contributions

**Policy context**
North Kesteven District Council resolved to grant outline planning permission for Phase 3 of Witham St Hughs in 2016. The proposal had considered the relevant policies of the North Kesteven Local Plan in place at that time, along with the emerging policies of the Central Lincolnshire Local Plan, including Policy LP9 Health and Wellbeing. The scheme will deliver contributions to healthcare facilities and other measures to promote access to a healthy food environment.

In the following year the Central Lincolnshire Local Plan was adopted, replacing North Kesteven’s Local Plan with a strategy jointly shared by the central Lincolnshire local authorities. A Central Lincolnshire-wide Healthy Planning Checklist has also been introduced to assess the potential health impacts of development proposals, demonstrating the commitment of the local planning authorities to creating healthier places.
Health and population context

<table>
<thead>
<tr>
<th></th>
<th>North Kesteven</th>
<th>Eagle, Swinderby and Witham St. Hughs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good general health</td>
<td>55.4%</td>
<td>58%</td>
</tr>
<tr>
<td>Relatively inactive population</td>
<td>56.5%</td>
<td>53.8%</td>
</tr>
<tr>
<td>Never/almost never use open spaces</td>
<td>36.3%</td>
<td>39.3%</td>
</tr>
<tr>
<td>Physically active adults</td>
<td>58%</td>
<td>N/A</td>
</tr>
<tr>
<td>Overweight or obese adults</td>
<td>71.5%</td>
<td>N/A</td>
</tr>
<tr>
<td>Overweight or obese children (Year 6)</td>
<td>16.8%</td>
<td>N/A</td>
</tr>
</tbody>
</table>


What can be learned from the council’s approach?
The Phase 3 expansion of Witham St Hughes is the latest chapter in the creation of this settlement, which started with initial conversations between the developer and North Kesteven council in the 1990s. Phil Eley, principal planning officer, stresses that the communication between the developer, Strawsons, the council, and the local community has been very extensive and has continued for many years. As a result a shared vision and values for Witham St Hughes has been extensive and that shared values and understanding of what they were trying to achieve has developed between them. Eley explains that there were very extensive pre-application discussions. ‘There was a significant amount of care taken over health and wellbeing issues at the master planning stage’, he says. The people who now live in the first two phases of Witham St Hughes were consulted extensively about Phase 3 and were clear that they wanted the extensive green infrastructure that they enjoy to be continued in new masterplan. Strawsons were happy to do this: ‘It’s been a very successful development and Strawsons were keen to continue with anything that made it popular,’ Eley says.

What has been achieved?
Phase 3 is a 68 hectare site located north of the existing settlement, which has housing, a primary school, community buildings, shops and extensive public open space and green infrastructure. Strawsons are responsible for the masterplan and basic infrastructure, but the new homes will be developed by housebuilders.

Further information
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FURTHER INFORMATION

Barratt Development, Great Places, 2014

Berkeley Group, Creating Strong Communities. How to measure the social sustainability of new housing development


CBRE, Placemaking: Value and the Public Realm, 2017

Department for Communities and Local Government, Planning Practice Guidance. Viability www.gov.uk/guidance/viability


The Prince’s Foundation, 2016, Building a Legacy. A landowner’s guide to popular development

PHE, Spatial Planning for Health: evidence base, 2017

Redrow, Creating Britain’s new communities, 2017


RICS, RICS professional guidance, UK. Placemaking and value, Feb. 2016


Sport England, Active Design, 2015

TCPA, Planning Healthy Weight Environments, 2014

PROJECT OUTPUTS


Town & Country Planning, July/August 2017, TCPA ‘reflecting on creating healthy places – views from a TCPA roundtable’

TCPA Healthy Developments Framework