



# Havant Healthy Borough Assessment

November 2018



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# 1. Introduction

- 1.1 A key priority for both Havant Borough and Hampshire County Councils is to address health inequalities and improve the health and wellbeing of the population, both physical and mental. This report builds upon the November 2017 report of the same title and has been updated in collaboration with Hampshire County Council's Public Health Team.
- 1.2 The purpose of this report is to provide a summary of the evidence-base for spatial planning and health and provide recommendations for the emerging Havant Borough Local Plan (HBLP) 2036 to improve the health and wellbeing of the borough's residents.
- 1.3 The health needs of Havant Borough can be split into two broad categories:
- The needs associated with public health; and
  - The needs associated with clinical health
- 1.4 This report focuses on the needs associated with public health and how the planning system, or more specifically how the HBLP 2036, can help promote public health and enable residents to live a healthy lifestyle.
- 1.5 The needs associated with clinical health include the provision of facilities and services including GPs, health centres, ambulances and hospital spaces. These are addressed separately in Havant Borough's Infrastructure Delivery Plan (IDP).
- 1.6 The UK's Faculty of Public Health (2018) defines public health as:
- "The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society"*
- 1.7 This definition recognises that public health is the responsibility of society and not just one organisation. It means that individuals, groups and partners need to work together to maximise public health benefits.
- 1.8 The physical (built, historic and natural) environment plays a key role in shaping the social, economic and environmental circumstances that determine health and wellbeing for both an individual and a community. Although it may be difficult to quantify the exact impact of the physical environment on health, a growing body of research demonstrates that many health and wellbeing outcomes can be explained by factors other than healthcare (Kuznetsova, 2012; McGinnis *et al.*, 2002). These factors include many, sometimes conflicting themes such as (although not exhaustive to); housing, employment, schools, open space (i.e. parks and recreation), transport, communities/neighbourhoods and environmental quality.

# 2. Health and Planning

- 2.1 The link between health and planning has long been established. The built, historic and natural environments are all major determinants of public health and wellbeing. Indeed, whilst individuals have responsibility for their own health, it is now widely recognised that behaviour is heavily influenced by the environments in which they interact. The planning system can help promote public health through the shaping and provision of environments and facilities which promote, enable and support health and wellbeing. Healthier environments, such as well-planned green space, can also facilitate prevention and early intervention initiatives and programmes<sup>1</sup>. These initiatives and programmes can help reduce the pressure on healthcare services in the future, whilst contributing to wider societal benefits.
- 2.2 To achieve this, Local Planning Authorities (LPAs) should ensure that health and wellbeing is considered in local plans and planning decisions. As stated by Public Health England (2014), the aim should be to help make the healthy choice the easiest choice via environmental change and action at population and individual levels. Moreover, the emerging HBLP 2036 provides an opportunity to ensure that new development improves both physical and mental health and wellbeing in the Borough. This could include through means such as efficient pedestrian and cycle routes, co-location of community facilities, healthier food options and accessibility of outdoor spaces.

## National Planning Policy Framework [NPPF] (July 2018)

### Healthy and Safe Communities

- 2.3 Chapter 8 of the National Planning Policy Framework [NPPF] (2018) is dedicated to promoting healthy and safe communities. Paragraph 91c highlights that planning policies and decisions should aim to achieve healthy, inclusive and safe places which:
- “enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling”*
- 2.4 Paragraph 92b adds to this stating that to provide the social, recreational and cultural facilities and service the community needs, planning policies and decisions should:
- “take into account and support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community”*

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<sup>1</sup> Recent examples in Havant Borough include [Havant Parkrun](#) and [Couch to 5K](#).

- 2.5 In addition to the above, Chapter 12 of the NPPF, which is focused on achieving well-designed places, includes Paragraph 127f. This states that planning policies and decisions should ensure that developments:

*“create places that are safe, inclusive and accessible and which promote health and well-being, with a high standard of amenity for existing and future users; and where crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion and resilience”*

## Open Space and Recreation

- 2.6 Paragraphs 96 and 97 of the NPPF outline the protection and provision of open space, sport and recreation. A review of Havant Borough’s open spaces, indoor sports facilities and playing pitches has been undertaken as part of the Havant Borough Open Space, Indoor Built Leisure and Playing Pitch Strategies.
- 2.7 In addition, Paragraphs 99 to 101 of the NPPF refer to the designation and importance of Local Green Spaces. A review of existing Local Green Spaces and assessment of newly suggested Local Green Spaces sites can be found in the Havant Borough Local Green Space Assessment.

## National Planning Practice Guidance [NPPG]

- 2.8 The National Planning Practice Guidance [NPPG]<sup>2</sup> goes further and outlines how Local Planning Authorities (LPAs), can consider public health issues in plan making and decision taking:
- How development proposals can support strong, vibrant and healthy communities and create healthy living environments which should include making physical activity easy to do;
  - How the local plan promotes health, social and cultural wellbeing and supports the reduction of health inequalities;
  - How the local plan considers the local health and wellbeing strategy and other relevant health improvement strategies in the area;
  - How opportunities for healthy lifestyles have been considered<sup>3</sup>;
  - How potential pollution and other environmental hazards, which might lead to an adverse impact on health are accounted for in the consideration of new development proposals; and
  - How access to the whole community by all sections of the community, whether able-bodied or disabled, has been promoted.

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<sup>2</sup> Paragraph 002 Reference ID: 53-002-20140306.

<sup>3</sup> For example, planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity, and promotes access to healthier food, high quality open spaces, green infrastructure and opportunities for play, sport and recreation.

## Healthier Food Environment

2.9 The NPPG<sup>4</sup> also states that LPAs can have a role in enabling a healthier environment by supporting opportunities for communities to access a wide range of healthier food production and consumption of choices. To do this, LPAs can bring forward local plan policies and supplementary planning documents (SPDs) which limit the proliferation of certain use classes in identified areas providing there is a sufficient evidence base to do so. Local plan policies may also request the provision of allotments or allotment gardens to ensure the provision of adequate spaces for food growing opportunities

2.10 As part of the above, LPAs can have regard to the following issues:

- Proximity to locations where children and young people congregate (such as schools, community centres and playgrounds);
- Evidence indicating high levels of obesity, deprivation and general poor health in specific locations;
- Over-concentration and clustering of certain use classes within a specified area;
- Odours and noise impact;
- Traffic impact; and
- Refuse and litter.

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<sup>4</sup> Paragraph 006 Reference ID: 53-006-20170728.

## 3. Health Profiles

3.1 To identify ways in which the HBLP 2036 can help improve health and wellbeing, it is first essential to understand the health status and needs of the local population. This understanding can then be used to determine the health priorities of Havant Borough which can be used to inform policy considerations in the HBLP 2036. To achieve this, the chapter outlines the health profile of Hampshire County and Havant Borough using the following:

- Towards a Healthier Hampshire - A Strategy for Improving the Public's Health 2016-2021 (produced by Hampshire County Council);
- Joint Strategic Needs Assessment (JSNA) (produced by Hampshire County Council); and
- Havant Borough Local Authority Health Profile (produced by Public Health England)

### The Health of Hampshire

3.2 The key health and wellbeing issues for Hampshire, as a whole, are identified in the document [Towards a Healthier Hampshire](#) (HCC, 2016a), Hampshire County Council's Public Health Strategy. The key issues identified are:

- The widening gap between how long people live and how long they live in good health (especially for women);
- The significant inequality in the health outcomes experienced between the most and least deprived people in our communities;
- The financial pressures which are beginning to impact on services; and
- The increasingly uncertain and stressful environment in which we live and, from this, the need to improve our mental health and access to mental health services.

3.3 The measures to address these issues are outlined in the strategy and include:

- The focus on prevention and early interventions to reduce the pressure on healthcare services when health problems arise;
- The need to act to help reduce the health inequality between different groups in our communities; and
- The empowerment of people to use their own resources and assets to stay healthy and independent.

3.4 It is notable from the above that there is a focus on encouraging and facilitating healthy lifestyles at an early stage, to help people to live longer, healthier lives – not just physically, but mentally as well. This is a key area in which the planning process can help. By ensuring the provision of accessible and appropriate facilities in well-designed communities, opportunities for people to live healthier lives will be maximised. The planning process can also ensure that the right infrastructure is in the right place to enable people to make positive choices to shape their own health.



# The Health of Havant Borough

- 3.5 Havant Borough has some of the most and least deprived neighbourhoods in the country which, alone, highlights the marked health inequalities throughout the Borough. In 2015, the Indices of Multiple Deprivation (IMD) identified 18 areas of Havant Borough within the 20% most deprived areas in England. Of these, six neighbourhoods in the wards of Bondfields, Battins and Warren Park (all of which make up Leigh Park) were identified in the 10% most deprived areas in the country.
- 3.6 The below sub-sections on the JSNA and the Havant Borough Health Profile draw out the main health issues which affect the Borough.

## Joint Strategic Needs Assessment [JSNA] (2015-17)

- 3.7 The [Joint Strategic Needs Assessment](#) (JSNA) is produced by Hampshire County Council (HCC, 2017) and sets out the key issues affecting not only the County, but also the individual Boroughs and Districts within Hampshire. The JSNA highlights the key issues according to three categories: Starting Well, Staying Well and Ageing Well. The key findings for each category are summarised below:

### 1) Starting Well

- 3.8 Evidence shows that infant and child mortality and weight are good indicators of current and future health. As such, "Starting Well" considers these indicators, along with education and employment opportunities.
- 3.9 In Havant Borough, infant and child mortality is generally lower than the national average, as is the proportion of babies born with a low birth weight. However, between 2012 and 2014 there was a sharp increase in the proportion of mothers smoking at the time of childbirth. This can have a significant effect on birth weight.
- 3.10 As for infant and child weight, in recent years around 20-25% of 4-5-year olds were carrying excess weight, with this increasing to 30-35% by age 11. In conjunction with this, 18.6% of children aged 11 years (Year 6 pupils) were classified as obese in 2016. The Havant Borough Local Authority Health Profile (Public Health England, 2018a) [see below] confirms that this figure has now risen to 19%. Public Health England (2014) highlight that obesity in children tends to track into adulthood, so obese children are more likely to become obese adults increasing their risk of preventable illnesses such as heart disease, type 2 diabetes and some cancers (Public Health England, 2018b). They are also more likely to have poor self-esteem and be subjected to bullying and stigma (*Ibid*). Moreover, there are stark inequalities in obesity rates between different socioeconomic groups; for example, amongst children, the prevalence of obesity in the 10% most deprived areas is approximately double that of the 10% least deprived (*Ibid*). This is particularly relevant and concerning given the proportion of deprived neighbourhoods in Havant Borough.
- 3.11 In terms of education, the number of children achieving five A\* to C grades at GCSE is significantly worse than the England average. The ability to access employment and maintain a job has been shown to have a positive impact on mental health. Nevertheless, the number of 18-to-24-year olds claiming job seekers allowance for more than 12 months is considerably higher in Havant Borough than the rest of Hampshire and the South East. Encouragingly however, this figure has decreased since January 2013.

3.12 The JSNA concludes that the key issues in Havant Borough for children and young people are support and intervention on healthy weight, emotional wellbeing and education.

## **2) Staying Well**

3.13 This section focuses on the factors which indicate how healthy a population is, including both physical and mental health.

3.14 The main causes of premature death in adults in Havant Borough, as well as nationally, are cancer, heart disease and respiratory disease. While mortality rates from cardiovascular disease and cancer in women are decreasing, they have continued to rise in men. More specifically, the rate of malignant melanoma<sup>5</sup> is generally higher in Havant Borough compared to the South East and England.

3.15 Mental health, as well as diabetes, are identified as having an impact on employment opportunities and future wellbeing. Regarding the latter, the recorded rate of diabetes in Havant Borough is rising but in line with national trends. This indicates a national issue rather than one specific to Havant Borough. Of specific concern to Havant Borough, however, is the former factor given the rate of self-harm hospital stays which is significantly worse than the England average. The rate is higher amongst men.

3.16 In terms of Staying Well, the findings of the JSNA align with the issues identified for Hampshire. Given that the working aged population is reducing, there will be increased pressure on health services and care. This demonstrates a need to improve lifestyles and encourage the self-management of health conditions and initiatives to improve mental health, which could, in turn, help reduce this pressure.

## **3) Ageing Well**

3.17 The greatest demographic growth is expected in the age group 85+, where a 27.2% increase is predicted by 2023 (HCC, 2016b). This is compared to an 11% increase in the 65-84-year age group and a 6.5% increase in those aged 0-15-years (*Ibid*). An ageing population has significant implications for the Borough and will result in the following (Kings Fund, 2015):

- An increase in annual costs and the need for further health and social care facilities;
- An increase in the number of hospital admissions for older residents;
- A higher proportion of older people living on their own who would be more likely to require formal care; and
- An increase in the number of older people with care needs by more than 60% nationally in the next 20 years.

3.18 As the population continues to age there will be a corresponding drop in the proportion of working-age people. The Census (2011) showed that for every 100 working age people, there were 61 older people. This is predicted to rise to 71 older people by 2021. Coupled with the fact that healthy life expectancy (HLE) is decreasing for both men and women (see paragraph below), there will be

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<sup>5</sup> An aggressive and life-threatening form of skin cancer.

significant implications for the provision of health services and care in the future. This is also explored in the Specialist Housing Analysis.

- 3.19 Healthy Life Expectancy (HLE) is an estimate of how long a person might live in a healthy state<sup>6</sup>. If a person is living longer, but the last 10 or 20 years of their life are in ill health, they are more likely to need medical care, specialist accommodation or assistance from a friend or relative. As the HLE in Havant Borough is decreasing despite individuals living longer, there will be increased financial, physical and emotional costs associated with the provision of future care. Helping people to live healthier lives through exercise, activity and improved wellbeing are some ways in which the planning system can help address these issues over the longer term.
- 3.20 While physical injuries in older people can lead to a loss of independence, the impact of social isolation and loneliness can be just as significant. Social isolation and loneliness are key issues for the elderly, affecting the rates of excess winter deaths and those living with dementia. Therefore, the JSNA identifies the need for a greater understanding about the impacts of social isolation and a partnership approach to reducing these impacts.

### **Havant Borough Local Authority Health Profile (2018)**

- 3.21 The Havant Borough Local Authority Health Profile (2018) has been produced by Public Health England (Public Health England, 2018a). The health profile assesses the statistics of Havant Borough against regional and national averages. Moreover, the health profile shows that Havant Borough performs significantly better than the England average in terms of:
- Life expectancy at birth (Male);
  - Hip fractures in older people (aged 65+);
  - Diabetes diagnoses (aged 17+);
  - Alcohol – specific hospital stays (under 18s);
  - Alcohol – related harm hospital stays;
  - Newly sexually transmitted infections; and
  - New cases of tuberculosis.
- 3.22 Nevertheless, the health profile also shows that Havant Borough performs significantly worse than the England average in terms of:
- Hospital stays for self-harm;
  - Dementia diagnoses (aged 65+);
  - Smoking prevalence in adults (aged 18+);
  - Children in low income families (under 16s);
  - GCSEs achieved; and
  - Violent crime (violence offences).

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<sup>6</sup> The World Health Organisation defines Healthy Life Expectancy as the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury.

# Key Health Priorities

- 3.23 The Council's Infrastructure Delivery Plan (IDP) shows that the demand for healthcare services is rising. The best way to create a healthy society is to prevent as much need for healthcare treatment as possible by improving public health. However, what makes one person healthy, and another unhealthy is complex and determined by many factors.
- 3.24 There is an opportunity for the planning process to have a significant and positive impact on public health through the location, design and layout of new development. This can influence a person's social, emotional, spiritual, occupational, intellectual and physical wellbeing which, in turn, can help create happy and healthy communities.
- 3.25 Nevertheless, improving health cannot be achieved by one organisation alone or through a single intervention. A partnership approach is required to support people to stay well rather than waiting until they are ill and/or injured. Over time, this will help reduce future demands on an already stretched health service
- 3.26 The information highlighted in this chapter demonstrates that the key health priorities for Havant Borough are:
- Increasing physical activity;
  - Reducing obesity; and
  - Improving mental health and wellbeing.

# 4. Policy Recommendations

- 4.1 Local and national guidance<sup>7,8</sup> identifies five key themes in which the planning system can help improve public health. These are:
1. Healthy Homes;
  2. Healthy Neighbourhoods;
  3. Food Environment;
  4. Green, Blue and Recreation Spaces; and
  5. Sustainability and Transport
- 4.2 A more detailed breakdown, along with recommendations for emerging policies in the HBLP 2036, can be found below.

## 1. Healthy Homes

### Homes - Quality

- 4.3 It is estimated that 20% of the UK's existing housing stock does not meet decent home living standards (BRE, 2010). Due to this, the cost to the NHS from injuries and illness directly attributable to poor-quality homes is estimated at £1.4 billion per annum, with a wider cost to society (including medical costs, lost education and employment opportunities) of leaving England's poor housing unimproved estimated to be £18.6 billion per annum (BRE, 2016). To prevent the above from worsening, new homes should be designed to be warm, energy efficient and provide adequate internal size and living space.
- 4.4 Living in a warm and energy efficient property can improve general health outcomes by reducing risk of respiratory conditions and related mortality, as well as improving mental health (WHO, 2005; Thomson, 2009; 2013; Gibson *et al.*, 2011; Krieger *et al.*, 2014). The growing body of research suggests that planning policies should include requirements for homes to be built to high energy efficiency standards. This coincides with the Government's Clean Growth Strategy which also highlights the need to improve energy efficiency to an Energy Performance Certificate (EPC) Band C standard for all homes by 2035 (DBEIS, 2018).
- 4.5 Nevertheless, in aiming to provide warm and energy efficient homes, it is important that issues such as overheating and poor ventilation are also addressed and not exacerbated. Overheating is an increasing concern as peak summer temperatures continue to rise and, if not planned and designed for adequately, can lead to adverse impacts on comfort, productivity and ill health. Regarding the

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<sup>7</sup> For more details:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729727/spatial\\_planning\\_for\\_health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729727/spatial_planning_for_health.pdf)

<sup>8</sup> For more details: <http://documents.hants.gov.uk/SpatialPlanningJointNeedsAssessment.pdf>

latter, this can include cardiovascular diseases, respiratory symptoms, sensory irritation and cancer (especially lung) (WHO, 2010; RCP, 2016). This can be overcome by making the most use of natural light and ventilation when warming and cooling homes. In doing so, homes can be made more energy efficient while addressing fuel poverty by remaining cheap to heat, cool and light.

- 4.6 In addition, overcrowded housing and lack of internal space are associated with an increased risk of accidents, infectious diseases, condensation and mould (MHCLG, 2006). This is linked to physical health outcomes such as respiratory illness, along with links to poor mental health such as depression, stress, anxiety and negative implications for children's education (Shelter, 2005). Homes of adequate internal size, however, can support health and wellbeing while providing flexibility for changing family circumstances. For example, the reconfiguration of the home for the needs of individuals who may be older, have a disability and/or care needs can ensure that individuals can remain in their own home for longer. This can be achieved through the adoption of Nationally Described Space Standards (MHCLG, 2015) and the encouragement of Lifetime Homes Standards (Lifetime Homes, 2010) (see below for further on the latter).

## **Homes – Provision and Types**

- 4.7 Living in high-quality and affordable housing is associated with many positive health outcomes not only for vulnerable groups, but also the general population. A diverse provision of private and affordable housing, as well as different types and tenures can help support social inclusion and perceptions of community safety, which may in turn support physical activity (Bambra et al, 2010; Fraser and Lock, 2011).

## **Homes - Access to Private Open Space**

- 4.8 It has been proven that access to outside space can have positive benefits on mental wellbeing. The [Oxford City Council Sites and Housing DPD Proposed Submission](#) for example includes a requirement for access to either private or shared open space, depending on the size of the dwelling.
- 4.9 Given that Havant Borough is predominantly urban in character, a policy requirement for access to outdoor open space should be explored. However, for flats where space is most at a premium, the previous standard in the Code for Sustainable Homes (CfSH) of 1.5 sqm per bedroom of private space or 1 sqm of communal space could be used.

## **Homes - Cycle Parking and Storage**

- 4.10 The [Havant Borough Parking SPD \(July 2016\)](#) requires all new properties to provide long-stay (overnight) cycle storage facilities. This includes at least one cycle parking/storage space for a one-bedroom property with this minimum requirement increasing depending on the number of bedrooms per property. Larger developments (schemes of 10 or more dwellings) are also required to make provision for short-term visitor parking. The above should continue to be required as it will help promote active travel (see Chapter 4.2 below).

## **Ageing Population**

- 4.11 As outlined in Chapter 3, the population of Havant Borough is ageing. As such, a key health priority is making new homes adaptable to the health needs of older residents.
- 4.12 The ability to require new housing to meet the Lifetime Homes standard (Lifetime Homes, 2010) was removed by central government in 2015 and replaced by Building Regulation Technical Standards. However, although some of the standards are optional, Part M sets out a range of measures which, if implemented, will help make homes more accessible and adaptable for a wide range of people, including not only the elderly, but also those who may have a disability. This would

make homes adaptable for older residents and those who may have a disability by, for example, providing enough room for a stair lift and including sockets to be of a certain height for those with restricted mobility. An example of where such a requirement has been successfully implemented includes West Lancashire Council.

## **Recommendations**

For policies regarding **high quality new homes**:

- Require new developments to meet Nationally Described Space Standards.
- Require access to appropriately sized private and/or communal outdoor amenity space.
- Require a proportion of a development proposal to meet part various standards of Part M of Building Regulations to ensure dwellings can be adapted for the needs of ageing and/or disabled residents.

For policies regarding **low carbon design**:

- Encourage developments to be energy efficient so to reduce the costs to heat, cool and light the buildings.
- Encourage developments to meet EPC Band C in line with the Government's Clean Growth Strategy.
- Encourage developments to maximise natural light and ventilation to reduce the possibility of overheating.

For policies regarding **affordable housing**:

- Require affordable housing to be of high-quality, integrated and evenly distributed within the rest of a development and indistinguishable in appearance from the rest of the homes within a development.

For policies regarding **transport and parking in new development**:

- Continue to require the minimum cycle parking/storage requirements as set out in the Havant Borough Parking SPD.

## 2. Healthy Neighbourhoods

- 4.13 The design of neighbourhoods can influence residents' physical activity levels, travel patterns, social connectivity and from these, physical and mental health. Design factors which influence how healthy a neighbourhood is can include, although no exhaustive to, access to open space, sport and recreational facilities, as well as the ease with which residents can participate in active travel (walking and cycling) for commuting and leisure purposes.

### Active Travel and Connectivity

- 4.14 The term active travel refers to travel by means of walking, cycling and public transportation. The Town and Country Planning Association's Six Healthy Weight Environments (TCPA, 2014) and Sport England's Active Design Guidance (Sport England, 2015) promote principles to inspire and inform the layout of cities, towns, villages, neighbourhoods, buildings, streets and open space so to encourage sport and active lifestyles. One of the principles of the latter includes "walkable communities" to create the conditions needed for active travel, in terms of walking and cycling between all locations.
- 4.15 Evidence suggests that provision of new, as well as connection to existing, pedestrian and cycle routes not only improves access to public transportation, but also helps to reduce perceptions of long distance trips and increase levels of physical activity, both for commuting and leisure purposes (Fraser and Lock, 2011; Wanner *et al.*, 2012; Grasser *et al.*, 2013; Larouche *et al.*, 2014; Carlin *et al.*, 2015; D'Hease *et al.*, 2015; Hajna *et al.*, 2015; Mueller *et al.*, 2015). As part of this, new and existing pedestrian and cycle routes need to be accessible, easy to cross, safe, well-lit, overlooked (providing natural surveillance) and welcoming for people of all ages and physical abilities. Where possible routes should connect with existing routes to town, district and local centres, as well as education and leisure facilities so to ensure linked trips (see below).
- 4.16 More specifically, when considering cycle provision the [Havant Borough Cycle Network Map 2017](#) provides an outline of the Borough's comprehensive cycle network. The 2011 Census ranked Havant Borough as number 13 in England for the percentage of people who regularly cycle (i.e. 3 or more days per week). However, the number has declined for those cycling as part of their commute over the past decade. To reverse this trend, whilst providing further opportunities for cycling as a leisure activity, new developments should provide new cycle routes which connect to the Borough's existing network as outlined above.
- 4.17 In combination with the Green, Blue and Recreation Spaces sub-section below, routes for active travel can provide further opportunities for street trees, as well as connection with open spaces, streams and ponds. This can provide additional benefits such as (although not exhaustive to) biodiversity promotion, removal of particulate matter from the air, flood risk management improvements, shade and shelter provision, urban heat island reduction, along with the creation of a sense of place.
- 4.18 It is thought that behaviour change (e.g. switching from private vehicle to active travel for commuting purposes) can be more easily achieved when assimilated into wider life changes or change in circumstance, for example when moving to a new home, starting a new job or when children start at a new school. Therefore, it is important that these choices are supported by appropriate infrastructure to encourage residents to walk and cycle rather than drive in and around new developments. This also emphasises the need for the timely delivery of such infrastructure as part of new developments, to facilitate the take-up of these behaviours at the point when residents first begin to occupy new homes. This is when messages aimed at encouraging modal shift away from the private vehicle (e.g. within resident packs and as part of a travel plan) may be more salient



and when behaviour change may be more achievable, as less desirable travel habits are not yet formed.

## Co-Location & Compact Neighbourhoods

- 4.19 Co-location is the grouping of destinations such as community facilities, schools, shops, work places, sports facilities and leisure centres within proximity of each other. The concept of co-location is supported in Sport England's Active Design Principles (Sport England, 2015) as it allows users to make one linked trip to an area for multiple reasons. Linked trips reduce the need to travel and, due to the increase in activity and footfall, can increase the probability of social interaction amongst older adults and reduce the fear of crime (Beard and Petitot, 2010; McCormack and Shiell, 2011; Levasseur *et al.*, 2015).
- 4.20 Compact neighbourhoods are those with higher street connectivity (typically designed using finer grid patterns) with diverse land use mixes and greater residential densities. The combination of co-location and compact neighbourhoods can help create communities which are more conducive to non-motorised transport (WHO, 2007; Durand *et al.*, 2011; McCormack and Shiell, 2011; Gomez *et al.*, 2015).

## Gambling Venues

- 4.21 The presence of gambling venues, such as betting shops and Adult Gaming Centres (AGC), on the high street are linked with increasing levels of problem gambling. This increase is also associated with the presence of Fixed Odds Betting Terminals (FOBTs)<sup>9</sup> within such venues. The Royal College of Psychiatrists has concluded that gamblers are more likely than others to have low self-esteem and anxiety, as well as being more likely to develop stress-related disorders, depression, poor appetite, sleeping patterns and, in extreme cases, substance misuse problems. There is also evidence to suggest that problem gambling is on the rise and can lead/contribute to problem debt.
- 4.22 Problem debt is linked to mental health difficulties, family breakdown, addiction, worklessness and crime (Centre for Social Justice, 2013). Moreover, problem debt increases when individuals turn to high-cost credit. Growing pressures on household budgets and restrictions on mainstream lending have led increasing numbers of low-income households to turn to high-cost credit/lenders including; pawnbrokers, payday lenders, home credit and illegal moneylenders (Centre for Social Justice, 2013).
- 4.23 Hampshire County Council's Public Health Team has confirmed that there are 21 gambling venues within Havant Borough as of 2018. This is the equivalent of 0.33 gambling venues per 1,000 population highlighting Havant Borough as having the second highest prevalence of gambling venues in Hampshire. In comparison, Hampshire County (as a whole) has 0.23 gambling venues per 1,000 population.
- 4.24 In combination with the above, data on gambling premises and their accessibility from the Consumer Research Data Centre and University of Liverpool<sup>10</sup> shows that Havant Borough's retail centres perform poorly in terms of having high levels of accessibility to gambling premises. For example, Leigh Park District Centre is in the 10<sup>th</sup> decile (i.e. worst performing decile) nationally in terms of accessibility to gambling premises. The retail centres of Havant & Bedhampton,

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<sup>9</sup> FOBTs are electronic gaming machines which pay out according to fixed odds on the simulated outcomes of games. They are classified under the Gambling Act as B2 machines. Under the legislation, betting shops can have four FOBTs per premises.

<sup>10</sup> For more details: [https://maps.cdrc.ac.uk/#/indicators/ahah\\_gamb/default/BTTTTFT/13/-0.9764/50.8092/](https://maps.cdrc.ac.uk/#/indicators/ahah_gamb/default/BTTTTFT/13/-0.9764/50.8092/)

Waterlooville, Emsworth and Hayling Island all fall into the 9<sup>th</sup> decile. This is especially concerning as the four wards which make up Leigh Park are all in the 10<sup>th</sup> percentile (i.e. worst performing percentile) according to the Hampshire Mental Health and Wellbeing Index<sup>11</sup>. The index includes health indicators such as income deprivation, unemployment, working age benefit, depression and mental health problems.

- 4.25 Betting shops and AGC are classed as ‘Sui Generis’ in the 2015 revision of the Land Use Class Order 1987. The classification of such uses as Sui Generis has allowed LPAs to manage and, where possible, reduce the prevalence of these types of units through planning policy. Given the negative mental health impacts highlighted above and the high concentration and accessibility of gambling venues in Havant Borough compared to county and national averages, the HBLP 2036 should seek to reduce the prevalence of gambling venues in the Borough.

## Recommendations

For policies regarding **health and wellbeing**:

- Refer and encourage applicants to consider the TCPA’s Six Healthy Weight Environments and Sport England’s Active Design Guidance when planning and designing the layout of a proposal.
- Encourage active travel by:
  - Requiring new developments to provide new, and enhance existing, pedestrian and cycle routes on-site;
  - Requiring new developments to connect on-site pedestrian and cycle routes to existing open space, community facilities, and pedestrian and cycle routes, which surround and/or are in proximity to the site;
  - Requiring high-quality surface treatments, landscaping, signage and lighting as part of new, and upgrades to existing, pedestrian and cycle routes to ensure ease of use, natural surveillance and perceptions of safety; and
  - Requiring new pedestrian and cycle routes to connect to existing and new open spaces.
- Promote co-location of new and existing community facilities to encourage linked trips.

For policies regarding **food, drink and entertainment uses**:

- Seek to reduce the prevalence of gambling venues in Havant Borough in line with the County average.

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<sup>11</sup> For more details please contact Hampshire County Council’s Public Health Team.

### 3. Food Environment

#### Hot Food Takeaways, Obesity and Deprivation

- 4.26 Nationally, the number of meals eaten outside of the home is increasing, with over one quarter of adults and one fifth of children eating from out-of-home food outlets at least once a week (Public Health England, 2017). Greater access to takeaway outlets near the home, work, schools and commuting routes is thought to be one factor that influences increased consumption, especially for fast-food (Ellaway *et al.*, 2012; Jaworowska *et al.*, 2013; Burgoine *et al.*, 2014; Caraher *et al.*, 2014).
- 4.27 Meals eaten outside of the home, particularly from fast-food and takeaway outlets, are associated with larger portions, higher intakes of fat, sugar and salt, along with lower intakes of micronutrients than meals eaten at home (Jaworowska *et al.*, 2013; Public Health England, 2017). As such, increased access to unhealthy food outlets, and therefore increased consumption of unhealthy fast-food, tends to be associated with increased weight status, among the general population. This association tends to be more marked in children residing in more deprived areas (Giskes *et al.*, 2010; Kent and Thompson, 2014; Cobb *et al.*, 2015). Individuals on lower incomes and/or with mobility issues are also more likely to be influenced by the local food offer (Fuentes Pacheco *et al.*, 2018).
- 4.28 Obesity impacts on health in many ways and is a cause of chronic disease leading to early death (Public Health England, 2014). More specifically, it increases the risk of type 2 diabetes (fivefold in men and twelvefold in women), raised blood pressure (two and four times respectively) and colorectal cancer (three and two times respectively) (*Ibid*).
- 4.29 In conjunction with the above, Public Health England (2017) have shown that fast-food outlets tend to be more densely concentrated (i.e. greater number of outlets per 1,000 resident population) in areas of greater deprivation (see Figure 4.1). This further reinforces the finding that a higher density of fast-food outlets can contribute to the widening of health inequalities (Marmot, 2010).

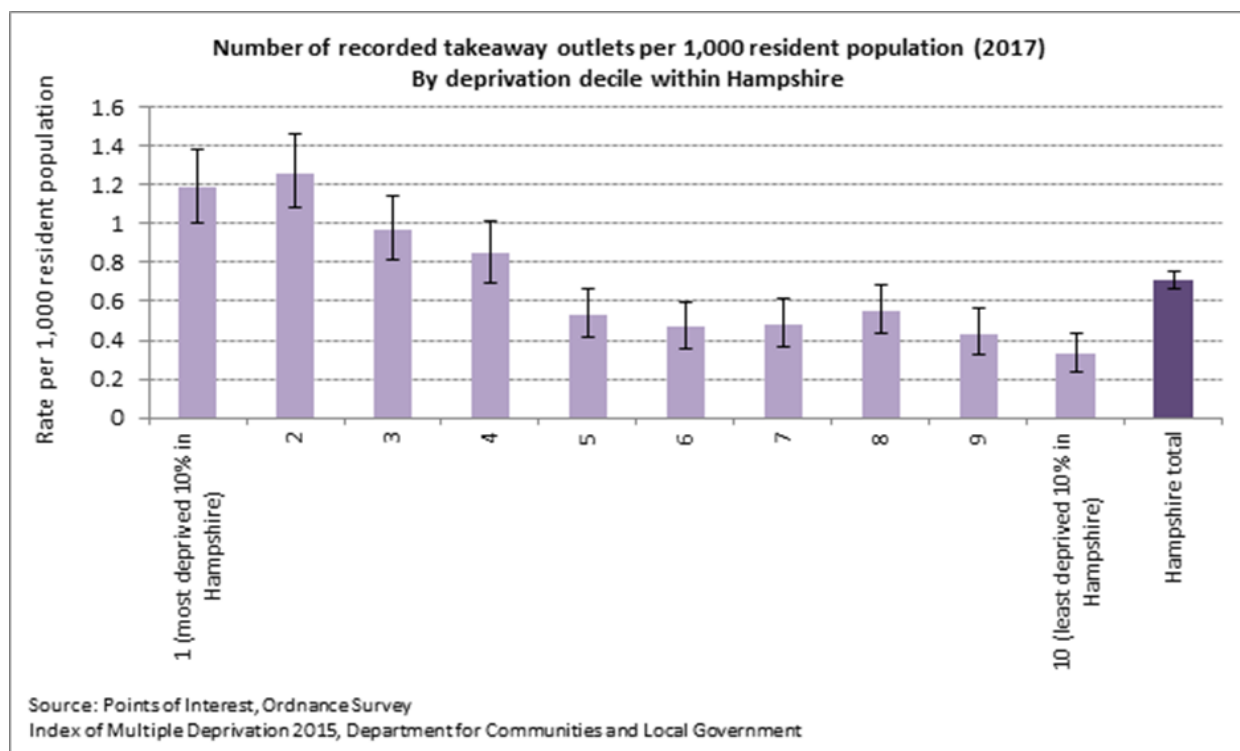


Figure 4.1 – Number of takeaway outlets per 1,000 resident population (2017) by deprivation decile within Hampshire.

4.30 At a more local level, the number of takeaway outlets per 1000 resident population per Borough and District within Hampshire (including Havant Borough) is set out below in Figure 4.2. Havant Borough has 110 takeaways as of December 2017. This is the equivalent of 0.91 takeaways per 1,000 population. In comparison, Hampshire County (as a whole) has 0.74 takeaways per 1,000 population.

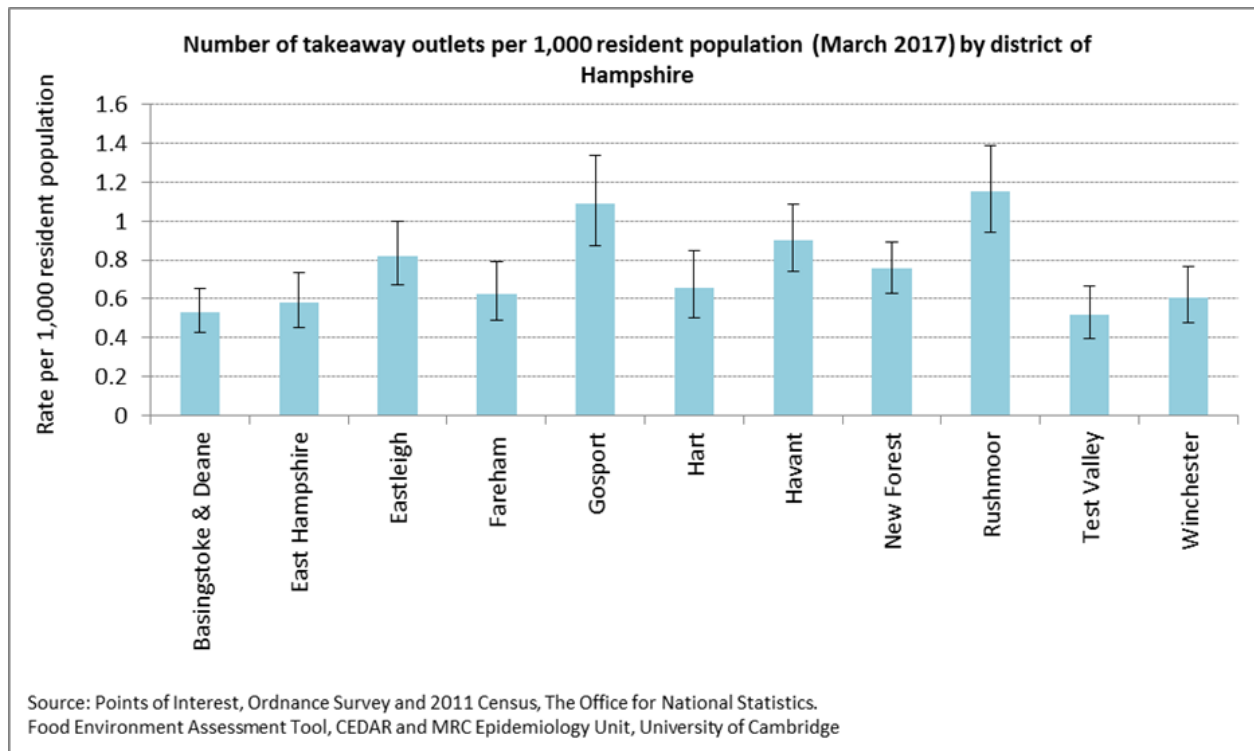


Figure 4.2 – Number of takeaway outlets per 1,000 resident population (2017) by Hampshire Borough/District.

4.31 This has then been broken down further to ward level in terms number of takeaway outlets per 100,000 population as shown below in Figure 4.3.

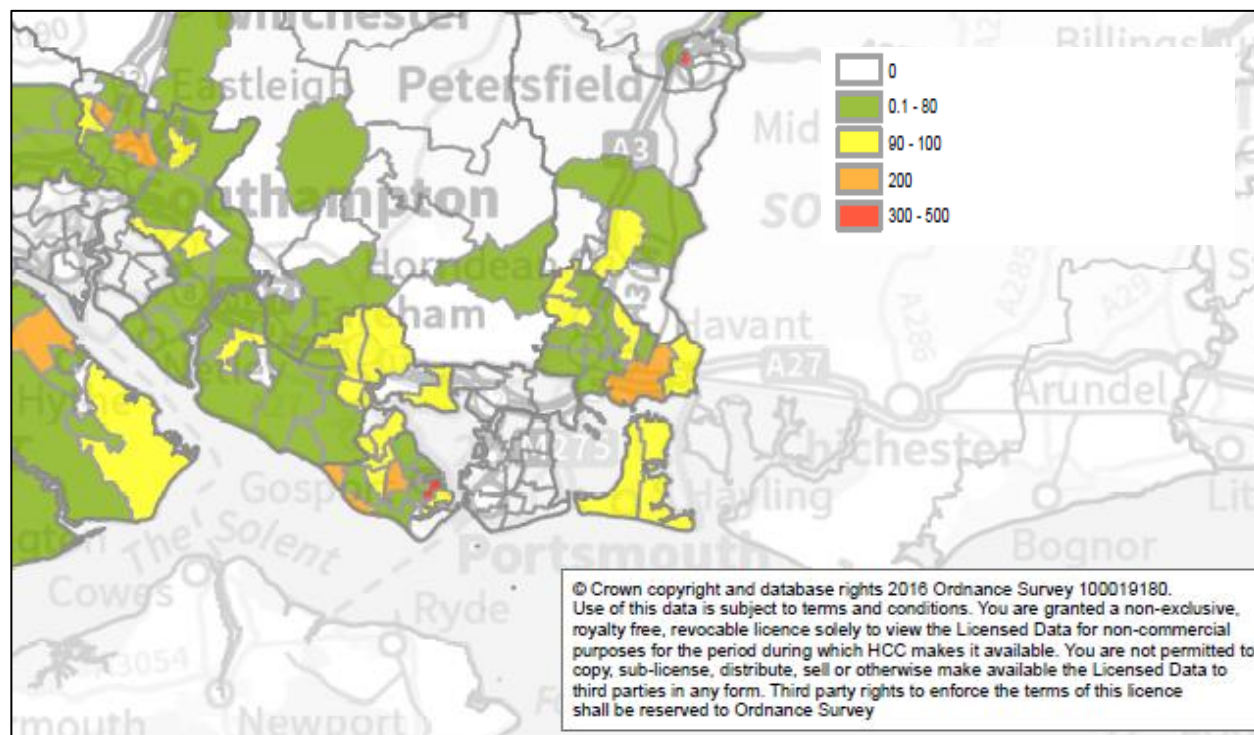


Figure 4.3 - Number of takeaway outlets per 100,000 resident population by ward level in south Hampshire.

- 4.32 The most recent data (December 2017) demonstrates that there are approximately 354 food outlets (including cafes, convenience stores, restaurants, speciality outlets, supermarkets and takeaways) in Havant Borough (Food Environment Assessment Tool [FEAT]). Of these 354, approximately 110 are classified as takeaways, representing 31.1% of the Borough's total. In contrast, Hampshire County's proportion is 24.9%. This means that in Havant Borough, there are more takeaways than any other type of 'out-of-home' food outlet. Whilst data suggests that in recent years, this has always been true, in June 2014 takeaways represented a smaller proportion of Havant Borough's out-of-home sector (29.6%), suggesting an increasing trend in the absolute and proportionate numbers of takeaways in Havant Borough and that they may be increasing at a disproportionate rate to other food outlets. Whilst this is a trend seen across Hampshire, Havant Borough continues to have a greater density of takeaway outlets than most of the other boroughs and districts in Hampshire, as shown earlier in this section (see Figures 4.2 and 4.3).
- 4.33 As set out in Chapter 3, 19% of Year 6 children (aged 11 years) in Havant Borough are classified as obese. Childhood obesity is linked to obesity and poorer health outcomes in adulthood and, once developed, is difficult to treat (Summerbell *et al.*, 2005; Public Health England, 2014). As set out in Chapter 3 of this report, there are stark inequalities in obesity rates between different socioeconomic groups. For example, nationally amongst children, the prevalence of obesity in the 10% most deprived areas is approximately double that of the 10% least deprived (Public Health England, 2014, 2018b). This is particularly concerning given the levels of deprivation (see Chapter 3) and concentration of fast food takeaways in Havant Borough (Figures 4.2 and 4.3).
- 4.34 It is acknowledged that unhealthy food sources can be found in convenience shops (Land Use Class A1), as well as cafes and restaurants (Land Use Class A3). Nevertheless, given the health priorities of Hampshire County Council and Havant Borough Council (Chapter 3), the health profile of Havant Borough (Chapter 3), and the findings above, it is considered that there is a justification for a policy in the HBLP 2036 which restricts fast food outlets in Havant Borough.

The **Food Environment Assessment Tool (FEAT)** can be used to track changes in the concentration of food uses year on year. It is easily and freely accessible to use and can be found here: <http://www.feat-tool.org.uk/map/>

## Hot Food Takeaway Restrictions

- 4.35 As outlined in Chapter 2, the NPPG states that LPAs can bring forward local plan policies and supplementary planning documents (SPDs) which limit the proliferation of certain use classes in identified areas providing there is a sufficient evidence base to do so. LPAs can do this by having regard to evidence highlighting high levels of obesity, deprivation and general poor health. This is also supported by the National Institute for Health and Care Excellence (NICE) who have previously recommend that LPAs restrict planning permission for takeaways and other food retail outlets in specific areas, for example, within walking distance of schools (Public Health England, 2014).
- 4.36 As such, some LPAs have already introduced measures to control the number and location of fast food outlets. St Helen's, Gateshead and Sandwell Councils have all introduced SPDs which restrict new fast food outlets based on health, concentration (ranging from concentrations locally to whole administrative areas) and location. It is important to note that Public Health England (2014) recommend that local plan policies, rather than just SPDs, also set out restrictions for A5 uses.
- 4.37 In terms of proximity to schools, children who eat school meals tend to consume a healthier diet than those who eat packed lunches or takeaway meals (Public Health England, 2014). However, the uptake of school-meals decreases when children move from primary to secondary school and,

in many cases, secondary school and college pupils can leave the school premises at lunchtime (*Ibid*) or choose to purchase food from nearby outlets before or after school. Therefore, improving the quality of the food environment around schools has the potential to influence children and young adults' food-purchasing habits, potentially influencing their future diets<sup>12</sup>.

- 4.38 Although previous LPA examples have excluded A5 uses within a certain distance of education facilities, these exclusions are loosened when the buffers overlap with designated town centres<sup>13</sup>. Given that most of Havant Borough's education facilities are within proximity to a designated town, district and/or local centre, it will be appropriate to restrict concentrations of A5 uses in designated town, district and local centres. This measure may be appropriate in combination with a restriction on the creation of any new A5 uses outside the Borough's designated town, district and local centres.
- 4.39 In summary, given the health priorities of Hampshire County Council and Havant Borough Council to reduce obesity, the high concentration of takeaways in Havant Borough (Figures 4.2 and 4.3) and the number of deprived neighbourhoods in the Borough, restrictions on Hot Food Takeaways (Land Use Class A5) should be included as part of the HBLP 2036.

### **Community Food Growing**

- 4.40 Community food growing (i.e. allotments and community orchards/gardens) can have many positive physical and mental health-related impacts and outcomes due to increased opportunities for physical activity, social interaction and connectivity, as well fruit and vegetable consumption (Garden Organic and Sustran, 2014; Public Health England, 2017). In combination with the Open Space Assessment which shows that Havant Borough currently has a deficit in allotment provision, it is vital that existing allotments are protected, and provision for new allotments is encouraged.

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<sup>12</sup> It is important to note that taking action on hot food takeaways is only part of the solution as it does not address sweets and other high-calorie food that children can buy in shops near schools.

<sup>13</sup> For more details see Sandwell Council – Hot Food Takeaway SPD (July 2016).

## Recommendations

For policies regarding **food, drink and entertainment uses**:

- Seek to reduce the prevalence of A5 uses in Havant Borough in line with the County average.
- Only permit A5 uses within designated town, district and local centres.
- Within designated town, district and local centres, consider examples implemented by St Helen's, Gateshead and Sandwell Councils which include restricting A5 uses:
  - Adjacent to ground-floor residential units;
  - Where there would be more than two A5 uses adjacent to each other; and
  - Where there would be less than 2 non-A5 units between individual or groups of A5 units.

For policies regarding existing, and the provision of new, **community food growing provision**:

- Protect existing community food growing provisions.
- Require new community food growing provisions on greenfield sites (especially those which contain the best and most versatile [BMV] agricultural land) to address the Borough's current deficit.

## 4. Green, Blue and Recreation Spaces

### Access

- 4.41 Access to and engagement with the natural environment is associated with positive physical and mental health benefits for all residents, irrespective of socioeconomic status (Mitchell and Popham, 2008; Lee and Maheswaran, 2010; Annear *et al.*, 2014). In terms of physical health, access to green, blue and recreational infrastructure (such as open green spaces, parks and playgrounds) is associated with positive improvements in some key indicators of cardiovascular health, such as blood pressure and cholesterol and, as such, a reduced risk of obesity, cardiovascular diseases and mortality (Lacasana *et al.*, 2005; Davison and Lawson, 2006; Dunton *et al.*, 2009; Calogiuri and Chroni, 2014; Teng *et al.*, 2014). As for mental health, evidence suggests that participation in physical activity in a natural, as opposed to indoor, settings is associated with more improved mental health outcomes. With this, high-quality green spaces and streetscape scenery (such as street trees and views of green spaces) are associated with reduced stress and perceived better general health (Clark *et al.*, 2007; Gascon *et al.*, 2015).
- 4.42 However, access to larger, more attractive (see below for design) green, blue and recreational spaces is associated with greater levels of walking and physical activity when compared to smaller spaces. The evidence emphasises, therefore, that existing green and blue infrastructure should be protected and that new provisions should be linked to new developments.
- 4.43 Furthermore, proximity to home (<500m or walking distance as defined by Fields in Trust<sup>14</sup>) is important for frequency of visits. This can result in greater healthy gains as there is strong evidence suggesting a dose-response relationship between exposure to green spaces and health gains. This emphasises the need for green and recreational spaces to be located within proximity of residential areas, which also compliments the principle of natural surveillance.

### Design

- 4.44 Perceived safety is an important motivator for visiting green, blue and recreational spaces. As part of this, the feeling of natural surveillance through the visibility of an individual's own surroundings (openness) and to that of nearby dwellings is key. Therefore, dense, isolated areas with low visibility of local human activity and a lack of lighting are associated with a reduced perception of safety. Similarly, a lack of maintenance and signs of vandalism contribute to feelings of anti-social behaviour and lower utility.
- 4.45 Perceived quality, however, is related to a variety of aesthetic features including walking paths, benches signage, trees (also providing shade), lawns, water as well as other features that attract wildlife. The incorporation and variations in the numbers of these features can increase visitation and improve physical activity amongst both children and adults (WHO, 2007; McCormack, 2011; Hunter *et al.*, 2015). This is because variations in vegetation and elevation can encourage play which positively affects cognitive and motor skill development in children.
- 4.46 In combination with the Healthy Neighbourhoods sub-section above, the greening (planting of trees) of an area can have a cooling effect on the environment contributing to the reduction of the urban

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<sup>14</sup> For more details: <http://www.fieldsintrust.org/Upload/file/guidance/Guidance-for-Outdoor-Sport-and-Play-England-Apr18.pdf>



heat island effect. For example, an urban park can be approximately 1°C cooler than a built development (Bowler *et al.*, 2010).

- 4.47 Moreover, high-quality and well-designed green, blue and recreational spaces with a variety of maintained features can provide areas for many types of social activities such as hosting local events, participation in sports and the enjoyment of nature. In doing so, such spaces can also enhance an area's historic and natural heritage and as part of this, sense of place.

## Availability and Need

- 4.48 As stated in Chapter 2, a review of Havant Borough's open spaces, indoor built leisure facilities and playing pitches has been undertaken in accordance with Sport England approved methodologies and guidance. The review comprises three documents, these are the Havant Borough Open Space, Built Leisure and Playing Pitch Strategies.
- 4.49 The strategies assess the existing provision in terms of quality, quantity and accessibility. All three strategies provide a comprehensive picture of provision in Havant Borough and, more importantly, identify opportunities for improvement. From the above, the strategies then make recommendations for future provision. These include, although not exhaustive to, appropriate provision on new development, improvements to existing facilities, along with the need to restrict the loss of existing facilities.

### Recommendations

For policies regarding **protection and enhancement of existing open spaces:**

- Refer to recommendations in the Open Space and Playing Pitch Strategies.

For policies regarding the **provision of new open spaces:**

- Encourage new pedestrian and cycle routes, benches, signage and additional tree planting.
- Encourage new play equipment for children and adolescents, designed to meet the needs of various ages and levels of development.
- Ensure principles of quality and design are used to enhance perceptions of safety, enjoyment and health benefits.
- When new open spaces are provided as part of a development, ensure these are located within the site and that residents will be no further than 500m from the space.
- Encourage views of and direct access to trees and green spaces.

## 5. Sustainability and Transport

- 4.50 Transportation plays an important role in supporting daily activities. However, an over-reliance on the car for day-to-day life can lead to variety of physical and mental health issues. These are outlined below in Figure 4.4.

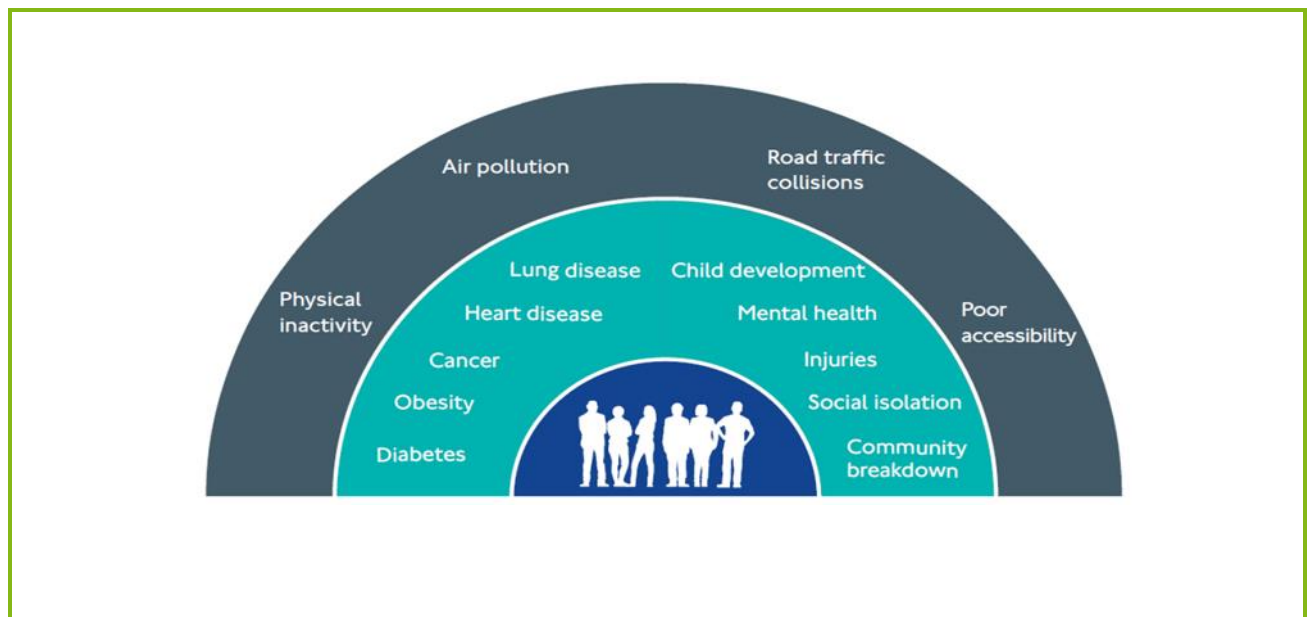


Figure 4.4 – Issues associated with over reliance on the car (Transport for London, 2015).

- 4.51 In combination with the Healthy Neighbourhoods sub-section above, many of these issues can be addressed by increasing opportunities for active travel (walking, cycling and public transportation). Active travel improves cardiovascular outcomes and weight status amongst the general population (Wanner *et al.*, 2012; Grasser *et al.*, 2013; Larouche *et al.*, 2014; Carlin *et al.*, 2015; D’Hease *et al.*, 2015; Mueller *et al.*, 2015). As such, it is important to prioritise pedestrians, cyclist and users of public transportation over users of private vehicles within the design and layout of new developments (MHCLG and DfT, 2007). This can be achieved by increasing an individual’s perceived road safety by; separating pedestrian and cycle lanes from road traffic (Fraser and Lock, 2011); including traffic calming measures [such as speed bumps and roundabouts] (MHCLG and DfT, 2007; Rothman *et al.*, 2014); and improving the public realm [i.e. street lighting] (Beyer and Ker, 2009). The above measures can also help reduce road injuries and some can help improve air quality.
- 4.52 Additional measures can also include restricting private parking provision on new residential developments that are in proximity to good public transport. This has already been considered in the [Havant Borough Parking SPD \(July 2016\)](#). In doing so, the Parking SPD also sets out which areas of Havant Borough are the most accessible due to proximity to public transport and community facilities and services and as a result, where smaller requirements for parking may apply.

## Recommendations

For policies regarding **transport and parking in new developments:**

- Require pedestrian and cycle (active travel) routes through new development which connects with existing routes outside the site.
- Encourage the site layout to prioritise pedestrians, cyclists and users of public transport by;
  - Requiring lower vehicle speeds;
  - Promoting the safe and convenient movement of pedestrians and cyclists;
  - Promoting, where appropriate, the provision for bus access and suitably located bus stops;
  - Using measures that prevent motorists from parking vehicles on verges and curbs; and
  - Encourage adequate, secure cycle storage, including within developments of flats

# 5. Conclusions

5.1 This report outlines the health needs of Havant Borough and how the planning process, or more specifically the HBLP 2036, has the potential to significantly influence the opportunities available for residents to live happy, healthy lifestyles. In turn, this will help reduce pressures on healthcare facilities and infrastructure. Moreover, the key local health priorities that can be supported through planning are to:

- Increase physical activity;
- Reduce obesity; and
- Improve mental health and wellbeing.

5.2 However, while planning can influence and contribute positively towards public health, it is acknowledged that the planning process cannot overcome the Borough’s health issues in isolation. A coordinated approach will need to be taken by key stakeholders, infrastructure providers and healthcare facilities. Development proposals should, therefore, demonstrate an integrated approach to health and wellbeing, designing in opportunities at the outset.

5.3 A summary of the policy recommendations outlined in this report can be found below in Table 5.1.

<b>Summary of Policy Recommendations</b>
<b>Healthy Homes</b>
Provide energy efficient homes which maximise natural light and ventilation
Require new developments to meet Nationally Described Space Standards and provide appropriately sized private and/or communal outdoor amenity space
Provide adaptable homes by requiring a proportion of development to meet Part M of Building Regulations
Require high-quality affordable housing which is integrated within the development
Require adequate and good quality cycle storage
<b>Healthy Neighbourhoods</b>
Encourage applicants to consider the TCPA’s Six Healthy Weight Environments and Sport England’s Active Design Guidance
Encourage the provision of new, and upgrade to existing, pedestrian and cycle (active travel) routes
Promote co-location of new and existing community facilities to encourage linked trips
Seek to reduce the prevalence of gambling venues in Havant Borough in line with the county average
<b>Food Environment</b>
Only permit new A5 uses within designated town, district and local centres
Seek to reduce the prevalence of A5 uses in Havant Borough in line with the County average

Consider A5 restrictions within designated town, district and local centres in relation to concentration and adjacent uses
Protect existing community food growing provisions
Require new community food growing provisions on greenfield development sites to meet the Borough's deficit
<b>Green, Blue and Recreation Spaces</b>
Encourage new active travel routes, benches, signage and additional tree planting within new open spaces
Encourage new play equipment for children and adolescents on new open space designed to meet the needs of various ages and levels of development
Ensure principles of quality and design are used to enhance perceptions of safety, enjoyment and health benefits
When new open spaces are provided as part of a development, ensure these are located within the site and that residents will be no further than 500m from the space
Encourage views of and direct access to trees and green spaces
<b>Sustainability and Transport</b>
Require new active travel routes which connect to existing routes
Encourage site layouts which prioritise pedestrians, cyclists and users of public transport
Using measures that prevent motorists from parking vehicles on verges and curbs, so as not to discourage walking and cycling, especially in the case of people with mobility difficulties or children in pushchairs
Encourage adequate, secure cycle storage, including within developments of flats

Table 5.1 – Summary of policy recommendations from Chapter 4

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